

VILLAGE TIMES

Prostate Cancer: A Guide for Aging Men



Prostate cancer is one of the most frequently diagnosed cancers in the world, despite it only being diagnosed in males ([females do not have prostate glands](#)). In fact, [more than 70 percent of men](#) over the age of 80 have some quantity of cancer cells in their prostate.

It's so common that it sometimes doesn't go diagnosed until autopsies are performed, though that doesn't mean the cancer is the cause of death. On the contrary, the overall prognosis for men diagnosed with prostate cancer is as positive as you can get when talking about the dreaded "c" word. The five-year survival rates for the disease are close to 100 percent, especially when talking about prostate cancer that is caught early on in the process—before it spreads.

Nevertheless, prostate cancer is serious business, and the best way to handle a diagnosis is to be informed. Let's take a look at the frequency at which it's diagnosed, how you're tested for it, how it can affect your daily life, and what we can do to try and prevent the disease.

What Is Prostate Cancer?

Prostate cancer is the second most common form of cancer in the world among men (skin cancer is first, lung cancer is third). Males are the only people who can contract prostate cancer, simply because they are the only people who have prostates. (Just like women are the only people who can have ovarian cancer.) [Nearly 200,000 men](#) are diagnosed with the disease every year, and most of them are over the age of 50. It's estimated that nearly 30,000 men will die because of prostate cancer in 2018. Despite these large mortality numbers, the overall prognosis of prostate cancer is positive. The [American Cancer Society](#) (ACS) notes that the 15-year survival rate for those diagnosed with prostate cancer is 96 percent—meaning that 96 percent of people diagnosed with the disease live for 15 years past their diagnosis date. That number is even higher when you look at the 5- and 10-year survival rates. This can be attributed to early detection and treatment options, which we'll discuss soon. It's also entirely possible for a man to die while having prostate cancer, but the prostate cancer not be the cause of death. The prostate is a small gland, about the size of a walnut (about an inch and a half in diameter) located between your bladder, penis, and rectum. The primary function of the prostate is to excrete prostate fluid, which mixes with sperm to become semen during ejaculation. The urethra also runs through the prostate from the bladder to the penis. When ejaculating, the prostate closes off the urethra from the bladder and thrusts the semen from the testes, through the prostate, and to the penis. The fluid that comes from the prostate makes up about one-third of [the overall semen fluid composition](#). Because the prostate is packed between other vital organs like the bladder, rectum, penis, and urethra, when it grows—as it usually does with prostate cancer—it can cause a lot of issues.

Treatment

There are several treatment options available in the early stages of prostate cancer. These options include:

Cont. pg. 1

Surgery: A prostatectomy—surgery that removes parts of the prostate—is typically a choice in younger, healthy men who want to get rid of the problem while the side effects from surgery are less likely to be risky. There are [different types of surgery](#) (open prostatectomy, laparoscopic surgery, perineal prostatectomy) that require incisions on different parts of the body and have varying risk factors, which can also affect someone’s decision. A study found that men who did decide to undergo surgery to remove the part of the affected prostate within a year of being diagnosed [didn’t have higher rate of relapsing](#) the longer they waited to decide to undergo this treatment process. So while surgery is an effective treatment, it’s also okay to sit on the decision and make sure that it’s the right treatment for you. **Radiation:** Treating prostate cancer with radiation is a good option for older men with diminished health whose cancer is progressing. Surgery may be too risky of an option for these older patients, so radiation attacks the cancer without having to surgically invade an older body. Like surgery, there are varying radiation options that require different lengths of treatment, and whichever one is recommended as the best option to you may sway you toward or away from this treatment. For example, one treatment option sees small seeds placed in your prostate that emit radiation over the course of many months to attack the cancer, while another option requires radiation sessions that run 15 to 30 minutes long, four or five days a week. **Observation:** Sometimes the best treatment is no treatment at all, but rather consistent check-ups and tests to make sure the cancer isn’t progressing faster than usual. The risks of waiting and monitoring can outweigh the risks of other treatments, making observation the best treatment option for the time being. This option makes sense for many men. If an 80-year-old man is diagnosed with a beginning-stage prostate cancer, and it’s not expected to affect the man’s life over the next couple years, why rush treatment? The same can be said for a man in his 50s, who doesn’t feel the need to address the problem until it starts spreading and affecting his health. When prostate cancer is in its early stages, patients have time to consult other doctors and family members to decide which treatment is best for them and their health. For instance, a man in his 80s may be more reluctant to surgery than a man in his 50s, whose body may be able to handle the treatment option better. Also, men whose cancer is diagnosed with a low Gleason score may be more inclined to wait rather than a man whose cancer is close to spreading to other parts of the body. You can change your mind on treatment options whenever you’d like. If you decide to wait and later feel surgery is the best option, inform your doctor of your decision.

MANAGEMENT: MRS. DEE RUSH

FRONT DOOR ISSUES

Over the past two weeks, we have experienced problems with the voluntarily opening of the door. We are well aware of this issue and working diligently with two companies to resolve the problem. For the record, when the door is out of order staff and management makes it a priority of monitoring the door for your safety. If you have questions, please address them Ms. Harvey or Mrs. Rush. Let me again assure you that your safety is one of our major concerns.

REMINDER: Please DO NOT linger near the front door, the sensors are triggered and that makes the door stay open longer.

Social Security Announces 1.3 Percent Benefit Increase for 2021

The recently announced annual cost-of-living adjustment (COLA) will impact Supplemental Security Income (SSI) benefit amounts for approximately 70 million Americans. The 1.3% COLA increase will begin with benefits payable to more than 64 million Social Security beneficiaries in January 2021. Increased payments to more than 8 million SSI beneficiaries will begin on December 31, 2020. The monthly maximum federal benefit amounts for SSI in 2021 are \$794 for an eligible individual, and \$1,191 for an eligible couple. Social Security and SSI beneficiaries are normally notified by mail starting in early December about their new benefit amount.

Most people who receive Social Security payments will be able to view their COLA notice online through their personal my Social Security account. Beneficiaries may create or access their my Social Security account online at <https://www.ssa.gov/myaccount/>.

Information about Medicare changes for 2021 is forthcoming. For Social Security beneficiaries receiving Medicare, Social Security will not be able to compute their new benefit amount until after the Medicare premium amounts for 2021 are announced.

At this time you can change your insurance provider if you wish.

OCTOBER 15 – JANUARY 1, 2021

REMEMBER TO BE THANKFUL

Prostate Cancer

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| diagnose | Neuroendocrine tumors | Small cell carcinomas | Sarcomas |
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| immunotherapy | chemotherapy | blood in urine | swelling in legs |
| genetics | treatment | bladder neck | neuroendocrine cells |
| luminal cells | basal cells | prostate cancer | |

**NON - MAINTENANCE RELATED PLEASE CALL
(850) 933-6009 (Ms. Parrish - On-Site Monitor)
ALL MAINTENANCE EMERGENCIES PLEASE CALL
(850) 933-3019 (Mr. Gavin)**

THE HAPPENINGS IN THE VILLAGE

**FACE MASKS ARE TO BE WORN PROPERLY ANYTIME
OUTSIDE OF YOUR APARTMENT**



**BUSINESS OFFICE HOURS
MONDAY - FRIDAY
8:30 AM - 3:30 PM
LUNCH BREAK: 1:30 - 2:00 DAILY
OFFICE CLOSSES DAILY AT 4:00 PM
(850) 222-0561**

STAFF AND MANAGEMENT

**Ms. Katrina Harvey, Residential Manager
Mrs. Patrece Broadnax, Asst. Residential Manager
Mr. Keith Gavin, Maintenance Mechanic
Mrs. Beverly Jefferson, Service Coordinator (850) 222-0277
Ms. Florida Parrish, On-Site Monitor**

Key to Independent Living

