

00:00.000 --> 00:12.600 Support for Yale Cancer Center Answers comes from AstraZeneca, a biopharmaceutical business that is pushing the boundaries of science to deliver new cancer medicines. More information at [astrazeneca-us.com](http://astrazeneca-us.com). 00:12.600 --> 00:48.200 Welcome to Yale Cancer Answers with doctors Anees Chagpar and Steven Gore. Yale Cancer Answers features the latest information on cancer care by welcoming oncologists and specialists who are on the forefront of the battle to fight cancer. This week, in honor of men's health month, it is a conversation about men's health issues with Dr. Stanton Honig. Dr. Honig is a Professor of Clinical Urology, Director of the Male Reproductive Health Program and Director of the Male Sexual Medicine Program at Yale School of Medicine, where Dr. Chagpar is a Professor of Surgery. 00:48.200 --> 01:11.600

Chagpar So, Stanton, maybe we can start off, you know, it's men's health month and many men are thinking about cancer and the different kinds of cancers that men get, and so, maybe we can start there. Tell us what are the most frequent cancers that men get specifically and what kinds of things that they can be doing to make sure that they stay healthy this month and every month?

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Honig Well, first of all, men actually are not great at screening. You know, women are really very good at screening. They are good at breast cancer, they are good publicity, and men just do not really like to go to the doctor, especially between the ages of 18 and 40. They go as children and then they go off to college or work and then generally they have a family and they really do not come back to the doctor for many years. So, one of the important points that we are trying to make here is, especially for June, which is men's health month is that men need to go to the doctor to get checked for just regular exams to understand the important things that they should be doing, just monitor risk factors for cardiovascular disease, things like that, and for instance, one of the things that we recommend in young men is to do a testicular self-exam. Women are very attentive to examining their breasts, usually they are told once a month when they are having their period or just one particular time, but men do not have that and it is important that they examine themselves regularly because testicular cancer is a young man's disease, typically in men 20-45 when they are not going to the doctor. So, early detection is very important.

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Chagpar I think that is really critical because a lot of men think of cancer as an older person's disease. But testicular cancer is one that as you say happens in younger men. So, tell us a little bit more about how to do a testicular exam, how frequently people should be doing a testicular exam, what should they be looking for or feeling for, what things should prompt a guy to go to the doctor because as you say they are not going to go to the doctor just because?

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Honig Right. So, you can kind of think of the testicle as an egg, almost, and it

should be smooth on the outside, you should not feel anything inside. Anything outside the testicle generally is not a cancer, but it has to be in that egg part of the testicle. If you feel something that is in one or both of your testicles, specifically in the testicle, that is something that you should go to the doctor for as soon as possible, just to get checked.

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Chagpar What about if one testicle is bigger than the other? Is that a concerning thing?

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Honig Not a major concern for cancer. It might be a concern for fertility-related issues, but even men who just have one testicle actually have just the same rates of getting their partners pregnant as they do with two testicles, and one of the important points I would like to stress to men is that most of the male-related cancers are very treatable. So, for instance, of all the cancers one could get, testicular cancer is probably the most treatable with probably a 99% cure rate even in advanced stages. So, one of the things that men like to know is that not only if they have a problem, but is it treatable. So, one of the nice things about testicular cancer and prostate cancer especially when treated early, most of these are curable cancer. So, another reason to go to the doctor and get evaluated and treated because it is a treatable problem. It is not like you are going to die of the problem unless you just do not come in in a reasonable timeframe.

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Chagpar Right. And so, that leads to kind of this whole concept of early diagnosis, early treatment. So, is a lump in the testicle something within that egg of the testicle that feels a little abnormal, something that is not smooth, something that is bumpy in one testicle versus the other, are those really the main kind of things to look for in terms of early detection, is there anything else that guy should be looking for or is that really it?

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Honig That's pretty it. Most of the time, cancer of the testicle is not painful, it is usually painless, usually shows up as just an abnormality in that particular area of the egg. So, anything outside the egg, we do not worry about, but the inside of the egg or just kind of the egg itself is if you felt something that did not belong and you should check yourself pretty much once a month because you want to check for changes.

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Chagpar That's good to know, and I think the other point that you made that I just want to hit home is that these are generally painless, so many times patients think that if it is painless, it is probably nothing, but if it is painful, then it kind of signals them to go to the doctor, but remember if you feel something that is

out of the ordinary, something that is not quite in that nice smooth egg, even if it is painless, that might be something that you should go and get checked out.

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Honig Right. And the same thing is true for prostate cancer. So, prostate cancer is a disease of older men or middle-aged men, men between the ages of 50 and 80-85, generally as you get older, there is a higher chance of having prostate cancer, but many of those cancers once you get older are not tend to be like not aggressive cancers, but typically prostate cancer does not have any symptoms either. It is picked up on a routine blood test, which we recommend for men clearly between the ages of 55 and 70, and especially in the high-risk population such as a family member who has had prostate cancer and that would mean the first degree, so a brother or a father would be a first-degree relative, not necessarily an uncle. So, brother or father would be high risk and also the African-American population. So, that population we tend to screen a little bit earlier, in their 40s and early 50s as well.

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Chagpar But, otherwise, you want to be seeing these guys somewhere between the ages of 55 and 70 to get that blood test, the PSA?

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Honig And those are the AUA guidelines that is the recommendation is between 55 and 70 at the present time.

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Chagpar And what are the other symptoms that guys might have that might prompt them to go to the doctor outside of those age ranges or even if they are in those age ranges, something that might peek their curiosity that might be a signal that they may be sitting on a prostate cancer for example?

07:54.100 --> 09:07.600

Honig Well, some men will have urinary symptoms. So, they will get up a lot at night, they will go frequently during the day, their stream will get weaker. Most of the times, that is a sign of benign prostate growth, not cancer of the prostate. But there is treatment for that as well. We also see a lot of men as they age, relating to erectile dysfunction. So, about 30% of men over the age of 40 will have some degree of erectile dysfunction and that will increase as men get older, and one of the important things that I share with patients as soon as they come in to see me is that erectile dysfunction is a treatable problem okay. We have excellent treatments for men who have erectile dysfunction that range from pills to local treatment to the penis to surgical options, and I tell patients that there is a treatment for everybody, and some people will respond to early treatment, some will respond to more advanced treatments, but we can treat almost everybody who has a problem with erections.

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Chagpar And having a problem with erection does not necessarily mean that it is something bad like a cancer, it is sometimes just a physiological thing?

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Honig Well, two things. One, it is not necessarily a sign of cancer, but it may actually be a sign of blood flow problems elsewhere in the body. So, a lot of times, we will see a 45-year-old guy come in, he has no risk factors for erectile dysfunction, which would be things like smoking, high cholesterol, diabetes, high blood pressure and things like that, and we treat them for their erectile dysfunction and then a couple of years later, they will show up with these types of things. Or just conversely, someone will show up with erectile dysfunction, we will find out they are new diabetic. So, we will send them back to their internist to get risk factor modification for high cholesterol, get treated for diabetes and things like that. So, sometimes erectile dysfunction is not a sign of cancer per se, but can be a sign of underlying blood flow problems from other diseases.

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Chagpar Right. So, when we are thinking about male cancer and we are thinking, we talked a little bit about testicular cancer, prostate cancer. In both of these cases, you said that both of them are very treatable. Tell us a little bit more about the treatment. So, why do not we start with testicular cancer, how is that treated? I mean, especially being a cancer of young men, I am sure a lot of them are worried about, well if you are going to surgically remove a testicle, what does that do to my fertility, what does that do to the rest of my life, I am 25 years old having testicular cancer, might be a devastating diagnosis?

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Honig Right. So, as part of our kind of comprehensive male men's health program, we counsel patients on sexuality, fertility, things like that. Generally speaking, treatment for testicular cancer does not result in any sexual problems for men - short term or long term. But in some men who have testicular cancer, they may need to undergo, they will start with removal of the testicle, but some of them will need radiation, some will need chemotherapy, some will need subsequent surgery - all of which are curable types of things. So, in that population, we strongly recommend that men freeze their sperm before they undergo any type of treatment. So, it is very important for men to think about that, not only the patients but their primary care doctors, their oncologists. So, we try to spread the word to the general public as well as the practitioners that are involved with the care of these patients.

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Chagpar So, I know, you know, when young women have breast cancer for example, the same kind of thing right; if they are going to have chemotherapy, that can really have an impact in terms of their fertility and we talk about egg

preservation and so on. In terms of freezing sperm, a lot of guys may not think about this or might not know about it. Tell us a little bit more about what that involves and how do you do it, what is the cost, is it available everywhere, those kinds of things.

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Honig So, number one - it is readily available really in any particular center, and unlike retrieving eggs, which is an invasive procedure, it is just a matter of collecting a semen sample and sending it to the lab. And we are kind of, we closely work with the reproductive centers whereby if we know a patient is going to undergo chemotherapy in a timely fashion, we can get them in real quick. So, we will get them in in a timely fashion to collect a sample; you know, within 24 hours, if someone needs to start chemotherapy or radiation. There have even been situations where someone has been sick in an intensive care unit where we have actually been able to retrieve sperm from the testicle right in the intensive care unit. So, all these things are things that we focus in on men's health and we want to just make sure that especially in June which is men's health month, that men think about these things and their practitioners think of them as well.

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Chagpar Yeah. It is so great learning about more about men's health, but we need to take a short break for a medical minute. So, please stay tuned to learn more with my guest, Dr. Stanton Honig.

13:51.900--> 14:05.600 Medical Minute Support for Yale Cancer Answers comes from AstraZeneca, dedicated to providing innovative treatment options for people living with bladder cancer. Learn more at [astrazeneca-us.com](http://astrazeneca-us.com). 14:05.600 --> 14:56.200 This is a medical minute about pancreatic cancer, which represents about 3% of all cancers in the US and about 7% of cancer deaths. Clinical trials are currently being offered at federally designated comprehensive cancer centers for the treatment of advanced stage and metastatic pancreatic cancer using chemotherapy and other novel therapies. FOLFIRINOX, a combination of 5 different chemotherapies is the latest advance in the treatment of metastatic pancreatic cancer and research continues at centers around the world looking into targeted therapies and a recently discovered marker, HENT-1. This has been a medical minute brought to you as a public service by Yale Cancer Center. More information is available at [YaleCancerCenter.org](http://YaleCancerCenter.org). You are listening to Connecticut Public Radio. 14:56.200 --> 16:13.000

Chagpar Welcome back to Yale Cancer Answers. This is Dr. Anees Chagpar, and I am joined tonight by my guest Dr. Stanton Honig. It is men's health month this month of June and we are talking about men's health and particularly men's cancer as it pertains to reproductive organs. We were just before the break talking about testicular cancer - a completely treatable cancer effecting young men, but one that really might be kind of something that a lot of young men worry about when given that diagnosis in terms of sexual function and so on. So, Stanton we were talking about freezing sperm if you are going to

be undergoing chemotherapy to maintain fertility. And you were saying that this is readily available, one of the questions that comes up at least for women undergoing breast cancer treatment who needs to freeze eggs or ovary slices or whatever is the cost of doing that, to keep this in storage. Can you speak a little bit about, is it the same way for men, is that more costly, less costly; I mean, what are the barriers to fertility preservation in men?

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Honig Well, I think number one is the timeframe of collection. So, as I stated early, we have a working relationship with the sperm freezing team. So, we have a direct line, so if I see a patient in the office that needs chemotherapy very quickly, we can get them in usually within 24 hours to freeze sperm. The cost is not prohibitive but that is patient dependent. Some patients do not have very much money to freeze anything and the cost may run somewhere between 400 to 800 dollars to freeze a specimen and that may not be something that patients can afford. One of the nice things about Connecticut is that about a year ago, the state legislature passed a law stating that insurance companies have to cover fertility preservation, both in men and women. So, that is something that is important and not only does it extend for cancer but we are trying to extend that for other conditions, other patients who have benign conditions like rheumatoid arthritis or other type of immunological diseases, they may need some kind of cytotoxic drugs, drugs that kill the bad cells but they also kill the sperm cells. We also have tried to implement this for the transgender population to freeze sperm before they undergo hormone therapy or before they undergo gender-affirming surgery. So, we are focused in on men's health but we try to do a broad evaluation for the needs for fertility across the board.

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Chagpar That's really great. Now, how many patients who have testicular cancer will require chemotherapy or radiation, something that might affect fertility? Are there some patients if we talked a little bit before the break about early detection, are there some patients in whom simply removal of the testicle would be all that they need?

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Honig Yes. So, there are two general types of cancer of the testicle -- one is called a seminoma and that is the most common tumor, and most of those are confined to the testicle and I would say the majority of those patients who undergo that treatment will be cured just from removal of the testicle.

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Chagpar And then, they have got the other testicle so they do not need any fertility preservation because they can still...

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Honig That's true, but again it is something we check during the time of initial evaluation. So, it is important to make sure that your other testicle is okay. So, occasionally we will come across someone who has one testicle and I had a couple patients in the last couple of weeks who had masses in both testicles, which gets a little bit more complicated. So, some of those patients may require chemotherapy, some will require radiation. So, again it is important just to be thinking about the concept of freezing sperm ahead of time.

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Chagpar So, the seminomas, you might be good with surgery alone, and if your other testicle is okay, you might not need fertility preservation. You were telling us about a second kind of testicular cancer.

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Honig So, the second type is called non-seminomatous group and those tend to be a little bit more aggressive, but again, 99% cure rate, and some of them, we have put on an observation protocol with close follow-up and they may not need chemo or radiation. Some may opt for a what is called a retroperitoneal lymph node dissection. It is an evaluation of the lymph nodes, which is where the cancer of the testicle spreads. Sometimes, when that operation is done, it can affect a man's ability to ejaculate, so he could have an orgasm but no fluid comes out. So, that would be another reason to consider freezing sperm before that secondary surgery. Similarly, there are certain patients that will undergo either one course of chemotherapy if it is an early stage cancer or if it is a late stage cancer, they may need 3 or 4 courses, and you know, this concept that well, the chemotherapy is not that bad, it is going to go down to 0 and then it is going to bounce back, but if you are that guy that does not bounce back or what if you are that guy that does not respond to the first round of chemotherapy and needs the second round of more invasive and more cell-killing chemotherapy, it is also more likely to kill sperm cells, so we strongly recommend freezing sperm before patients undergo any of these treatments.

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Chagpar Does chemotherapy and radiation for testicular cancer cause difficulty with getting an erection or ejaculation? I mean, forget about sperm production, but does it cause other sexual dysfunction that a guy should be aware of?

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Honig Right. So, that's a really good question because the good thing about this particular situation is that the cells that produce testosterone in the testicle called the Leydig cells are very resistant to being damaged by chemotherapy and radiation - number one. Number two- it is very rare to develop a physical problem with erections or problems with a low testosterone relating to cancer of the testicle. So, it is not uncommon for me to see a young man that has had testicular cancer who may have some problems sexually and most of the time, it is what I would call situational anxiety; he has gone through treatment, he may

have gone through chemotherapy, he may have some body image issues relating to removal of the testicle. One of the nice things is that we have testicular prostheses, they are little testicles that are about the size of an egg that are filled with salt water that we can put in, so if men are generally little self-conscious about that, we can put in a matching testicle to the other side. So, again, we work through all these issues with our young patients and most of the time, we can treat them or get them back to where they were before.

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Chagpar Cool. Now, let's switch from the young patients and testicular cancer to the older patients who have prostate cancer. Tell us a little bit more about how prostate cancer is managed these days and what are some of the issues that men need to think about in terms of managing prostate cancer?

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Honig So, number one, prostate cancer treatment has really evolved over the last 10 years to us better identifying which ones that need to be treated and which ones do not. So, what I would call early stage prostate cancers that are relatively low grade, where we used to operate on everybody, we actually observe patients on a regular basis. Actually, we use the term active surveillance where we monitor the aggressiveness of prostate cancers in patients. So, for patients who have a relatively low, what is called Gleason score, we tend to monitor them with active surveillance as opposed to treating them in the past with radiation and surgery. The patients who have the intermediate grade cancers, typically need some kind of treatment and that usually will include surgically removing the prostate or radiation therapy. And the advanced cancers may require a combination, they may require what is called hormone deprivation therapy which involves removal chemically of the male hormone to the body with or without new chemotherapeutic regimens. In our clinic, we see a large number of patients who have problems with erections after their treatment. So, for patients who have undergone robotic prostatectomies or radiation therapy, we have a series of algorithms where we treat them again starting with pills and then with local treatments to the pens and in a certain number of patients' surgical treatments that may involve what is called a penile implant. So, again, patients who are treated for prostate cancer, we have a treatment for everybody who has problems with erections afterwards, it is just a matter of how far they want to go for treatment and that is an important message I would like to give out to patients because there are a lot of patients out there that undergo treatment, they think that there is nothing that we could do for them, and I stress that we really have a treatment for everybody.

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Chagpar So, people can get back to their usual sexual function because I can imagine how that can be something that a lot of guys are thinking about, you know, either with testicular cancer or with prostate cancer. What about penile cancers?



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Honig Well, penile cancers luckily are pretty rare, and they are usually associated with men who have not been circumcised and have abnormalities under their penis, typically when you cannot pull the skin back as well. And luckily that is a rare cancer and it is something that is very treatable as well -- again early detection, but luckily, it is a rare cancer. I would like to focus a little bit more on the erection issues with prostate cancer patients because I think that one of the things that you said they can get back to the way they were before, I think we got to be careful with how we say that because, you know, I think intimacy is very important for couples and it is also important to realize what expectations are reasonable and what may not be. So, someone who has had radiation, who has had a surgical removal of his prostate, they may not be able to go back to exactly the way they were before, but we can work with them and their intimate partner to get them back to having a sexual activity similar to where they were before. It may not be perfect, but we can get them much, much better, especially with a penile implant. Penile implant is one of those treatments that kind of gets a bad reputation on the internet because you read one thing about one guy who had a horror story, but if you look actually at the success rates or the satisfaction rates in patients who have penile implants, it is very, very high - it is over 90%. So, I encourage patients who are out there who have read kind of negative things on the internet about penile implants to hear a little bit more about it from patients who had it and have done very well.

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Chagpar Especially if their sex life is not the way that they want it to be, because there could be something that could ameliorate that for them?

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Honig Right. And we try to go through a stepwise approach. So, it is not you go directly to having surgery, there is actually injections that we can teach men to do directly into the side of the penis. An old man that comes sitting there saying, oh! my god I cannot imagine doing this, but the side of the penis has very little pain fibers and the needle that is used is like a diabetic needle, and patients come in, they are kind of petrified to do it, but they do it in our office. We give them a test dose in the office, we see how they respond and probably 70-80% of men who have undergone treatment for prostate cancer will have erections good enough to have penetrative relations with their partners with this kind of treatment. So, you know, you just have to find the right person who can treat you - things like that. I think, you know, one of the take-home messages for the whole hour is, you know, men need to come to the doctor, they need to be examined, examining themselves in terms of their testicles, prostate cancer is a treatable cancer as well and we have excellent treatments for sexually related issues, relating to men who have had treatment for prostate cancer.

29:26.300 --> 29:55.700 Dr. Stanton Honig is a Professor of Clinical Urology, Director of the Male Reproductive Health Program and Director of the Male

Sexual Medicine Program at Yale School of Medicine. If you have questions, the address is [canceranswers@yale.edu](mailto:canceranswers@yale.edu) and past editions of the program are available in audio and written form at [YaleCancerCenter.org](http://YaleCancerCenter.org). We invite you to join us next week to learn more about the fight against cancer here on Connecticut Public Radio.