It’s not often that we associate good news with cancer. But according to recent statistics from the American Cancer Society (ACS), the disease is claiming significantly fewer lives. Cancer death rates fell 21.0% among men and 12.3% among women during 1991 to 2006, as noted in the ACS’s recently-released report, Cancer Statistics 2010.

Researchers estimate that approximately 767,000 cancer deaths have been avoided since the early 1990s. The number of new cancer cases is also waning, from 1.3% per year among men from 2000 to 2006 and 0.5% per year from 1998 to 2006 among women.

“This steady decline is mainly attributed to falling smoking rates, better treatments, and earlier detection of cancer,” says Dr. George Hollenberg, founding director of Acupath Laboratories, Inc., a cancer genetics and specialty medical lab in New York. As a pathologist who specializes in the diagnosis and classification of diseases, Dr. Hollenberg is dedicated to early detection because “the sooner a malignancy is found, the greater potential for a cure.”

Pathology labs, including Acupath, are using cutting edge science to reach that goal. “One revolution in testing is proteomics, the study of all proteins in a cell, tissue, or organism,” Dr. Hollenberg says. “Since the proteome is much larger and more complex than the human genome, it can advance methods for early detection, diagnosis, and prognosis of cancer.”

Pathologists are also on the forefront of prostate cancer research, which the American Cancer Society is highlighting this year. According to the ACS, prostate is the most common non-skin cancer (and the second leading cause of cancer death) in American men. About 1 in 6 men will be diagnosed with prostate cancer during his lifetime and approximately 1 in 36 men will die of the disease.

Dr. Hollenberg offers five tips for early prostate cancer detection:

- **Know your history:** Age is the main risk factor. In the United States, most men with prostate cancer are over 65; rarely does the disease afflict men under 45. The risk is higher if your father, brother, or son had prostate cancer. Race is another factor; prostate cancer is more common among black men than white or Hispanic/Latino men.

- **Get your PIN number:** Pathologists can evaluate prostrate cells for abnormalities such as high-grade prostatic intraepithelial neoplasia (PIN), which may indicate an increased risk of prostate cancer. Similarly, pathologists can view genome changes in specific chromosomal regions that may illustrate elevated risk. “However, most men who have risk factors never develop the disease,” Dr. Hollenberg adds.

- **Understand the symptoms:** A man with prostate cancer may not have any symptoms. For those who do, common symptoms include impotence, urinary problems (not being able to pass urine, having a hard time starting or stopping the urine flow, frequent urination, weak flow, pain or burning during urination, or blood in the urine or semen), or frequent pain in the lower back, hips, or upper thighs.

- **Consult your physician about testing:** Recent findings from a major European trial publicized in the New England Journal of Medicine showed a 20% survival benefit associated with prostate-specific
antigen (PSA) screening in men who were followed for an average of nine years. “Non-cancerous
diseases of the prostate are a common cause of many of the symptoms described above,” says Dr.
Hollenberg. “Because early prostate cancer usually causes no symptoms, it is most often found by a PSA
and/or DRE (digital rectal exam) test. With a PSA test, a lab checks the level of PSA in a blood sample.
The prostate makes PSA and a high level of it is commonly caused by inflammation of the prostate or it
may be a result of prostate cancer.

• Get a second opinion: DRE and PSA tests can detect a problem in the prostate. However, they can't
show whether the problem is cancer or a less serious condition. If the test results are abnormal, your
doctor may suggest a urine test to check for blood or infection or require biopsies to determine whether
the findings are cancer. Not all men whose prostate cancer is detected through screening require
immediate treatment, but they may need periodic blood tests and prostate biopsies to evaluate the need
for future treatment.

Bio: As the founding director of Acupath Laboratories, Inc., Dr. George Hollenberg supervises the
analysis of thousands of biopsies each year, utilizing the most cutting-edge technology in histology and
immunocytochemistry, as well as the latest advances in computerized report preparation. He is a veteran
in the fields of pathology and dermatopathology, with expertise in the areas of dysplastic nevi, melanoma
and other forms of cancer. Board-certified in dermatopathology, and clinical and anatomic pathology, Dr.
Hollenberg boasts visiting fellowships in dermatopathology from New York University Medical Center and
Jefferson University Medical Center. After receiving his medical degree from New York Medical College,
he completed his residency in clinical pathology at Cornell University Medical Center and in anatomic
pathology at Columbia Presbyterian Medical Center. Dr. Hollenberg is currently a consultant in
dermatopathology for North Shore University Hospital in Manhasset and an assistant professor in
dermatology at Stony Brook University Medical Center. Often contacted by editors for his expertise, Dr.
Hollenberg has written dozens of medical articles and has had his work published in various acclaimed
medical journals and publications.

Acupath Laboratories, Inc. located in Plainview, New York, is an anatomic pathology and cancer genetics
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