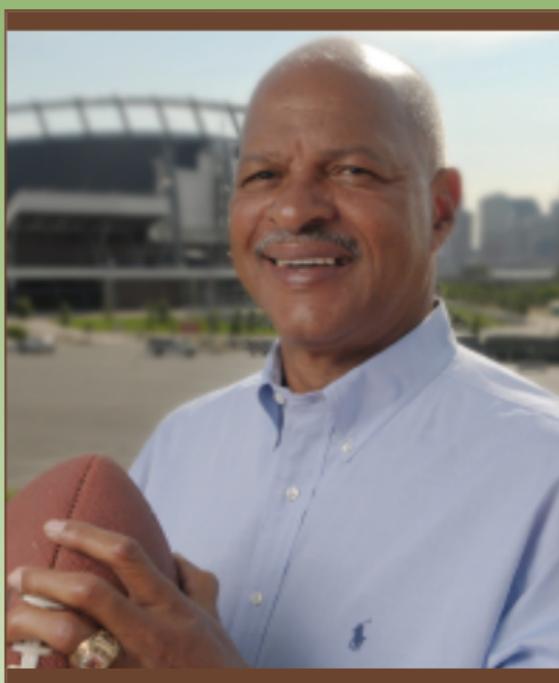


The African American Man and His Prostate



**From the Known
to the Unknown**



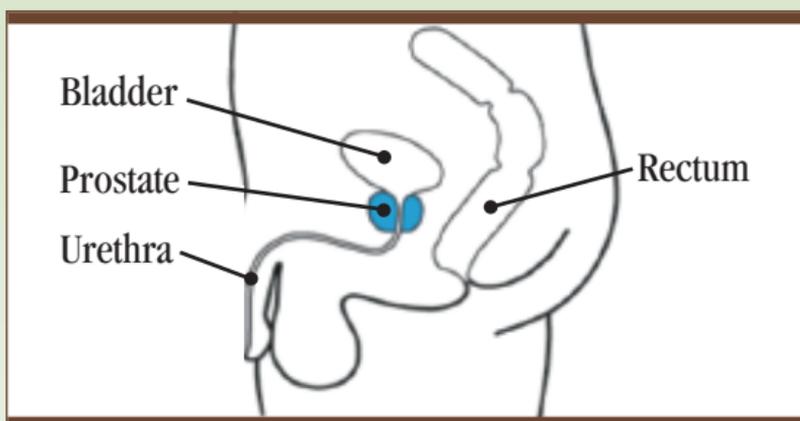
**The Center for
African American Health**

Empowering the Community to

Live Well!

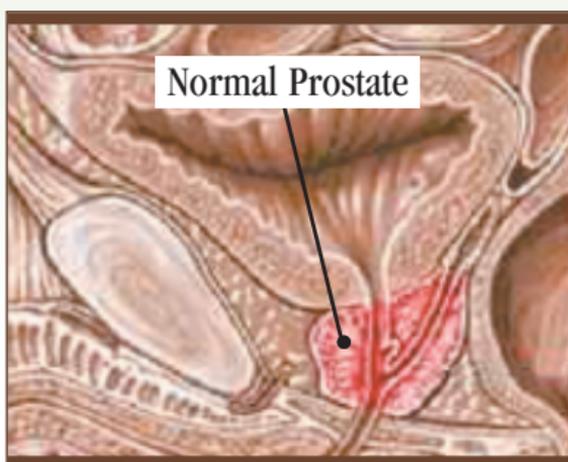
What is the prostate?

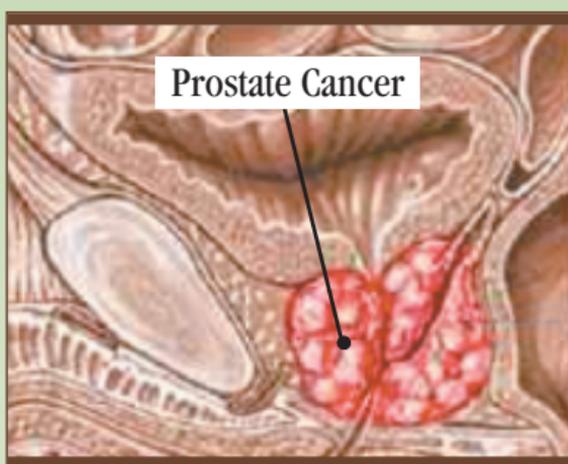
The prostate is a walnut-sized gland that only men have. It is part of the reproductive system that makes the fluid that carries sperm. As you can see in the picture below, the prostate is located in front of the rectum and just below the bladder. The urethra (the tube that carries urine from the bladder to outside the body) runs through the center of the prostate. As men age, the prostate tends to increase in size. This can cause the urethra to narrow and decrease urine flow.



This is what we know

Prostate cancer is made up of cells that do not grow normally. The cells divide and create new cells that the body does not need, forming a mass called a tumor. These abnormal cells sometimes spread to other parts of the body, multiply, and cause death.





- Prostate cancer is the most common type of cancer (other than skin cancer) found in American men.
- More than 180,000 new cases of prostate cancer are reported each year.
- More than 31,000 men die of prostate cancer annually.
- 20% of all new prostate cancer cases come from African American men. African American men have higher rates of getting and dying from prostate cancer than men of other racial or ethnic groups in the United States.
- Some researchers believe that Blacks in America have the highest incidence of prostate cancer in the world.
- African American men get prostate cancer earlier in life.
- After age 40, your chance of getting prostate cancer goes up sharply.
- If your father, brother, uncle or son had prostate cancer, your risk is higher.
- Medical experts believe, in some cases, prostate cancer may never affect a man's health, especially in older men.
- Prostate cancer treatment can cause temporary or long-lasting side effects like impotence (inability to keep an erection) and incontinence (inability to control the urine flow, resulting in leakage or dribbling).

This is what we do not know

- Medical experts do not know what causes prostate cancer.
- Medical experts do not know how to prevent prostate cancer.
- Medical experts do not know why African American men have such high incidence and death rates of prostate cancer.
- It is unknown why there appears to be a personal aversion to prostate screening among African American men.



20% of all new prostate cancer cases come from African American men.

The decision to get screened

What does it mean to get screened?

There are current controversies over whether or not a man should be screened regularly because additional tests may pose some risks. However, early detection provides the best chance, and, most options, for cure or control. You must use all of the available information to make an informed decision about being screened.

Regular screening and early detection are the most important tools in assuring a successful fight against prostate cancer. Those individuals at high risk for prostate cancer, such as African American men or those with a family history of prostate cancer or other cancers, should have a basic test done by age 40 in

order to establish a baseline of medical information for future evaluation.

What is screening?

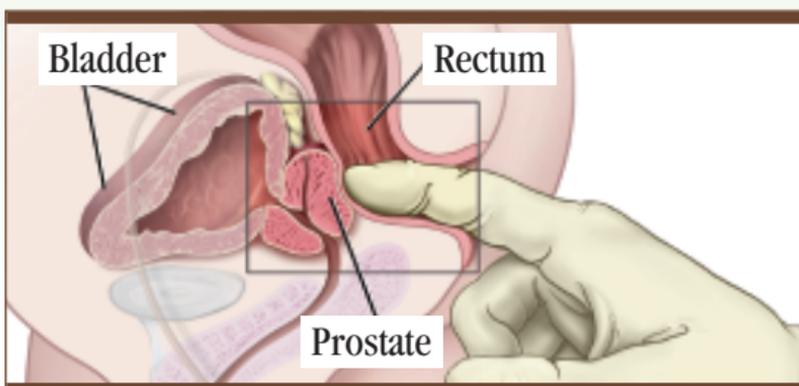
Screening means looking for signs of disease in people who have no symptoms. So, screening for prostate cancer is looking for early-stage disease when treatment may be more effective. The main screening tools used are the DRE and PSA.

How accurate are the screening tests?

No test is right all the time, and this is true of the PSA test and DRE. The PSA test is better at suggesting that small cancers are present, especially those toward the front or sides of the prostate gland, or deep within it. But the DRE can sometimes help suggest cancers in men with normal PSA levels. That is why both the PSA test and the DRE are usually done.

PSA: PSA stands for “prostate specific antigen.” It is a protein that is produced by cells from the prostate gland and released into the blood stream. The level of PSA in your blood is measured by the PSA blood test, where a small amount of blood is drawn from the arm and analyzed. As a rule, the higher the PSA level in the blood, the more likely a prostate problem is present. However, many factors can affect PSA levels. As a result, it is important for a doctor to interpret your results.

DRE: DRE stands for Digital (finger) rectal exam. This is a quick exam for checking the health of the prostate.



For this test, the doctor inserts a gloved and lubricated finger into the rectum. This allows the doctor to feel the back portion of the prostate for size and abnormalities.

TRUS: The transrectal ultrasound imaging device provides a view of the prostate and is used to identify areas of potential tumors.

Although the above tests can pick up abnormal findings, they do not confirm the presence of prostate cancer; that diagnosis *can only be made after a biopsy*.

To screen or not to screen?

The decision is up to you and your doctor. Know your risk factors for prostate cancer and the pros and cons of screening. Make an informed decision.

Informed decision making occurs when an individual:

- Understands the nature and risks of prostate cancer;
- Knows the risks, benefits, and alternatives to screening;
- Participates in decision making at a level he desires;
- Makes a decision consistent with his preferences and values, or defers the decision to a later time.

What to do if there is a problem

Do not panic. Most men who go for further testing do not have cancer. If your PSA test or DRE suggests a problem, your doctor most likely will refer you to a urologist (a doctor who has special training in prostate-related problems). Additional testing is necessary to determine if the problem is cancer or something else.

If the urologist suspects cancer, tiny samples of the prostate may be removed with a needle. This is called a biopsy. A biopsy is usually performed in the urologist's office. The samples are examined under a microscope to determine if cancer cells are present.

What happens if prostate cancer is found?

No two men with prostate cancer are the same. Many factors affect the decision whether or not to treat the disease: the patient's age, whether the cancer has spread, the presence of other medical conditions, and the patient's overall health.

When prostate cancer has been found in its early stages and has not spread beyond the prostate, a doctor and his patient may decide upon:

- Watchful waiting: monitoring the patient's prostate cancer by performing the PSA test and DRE regularly, and treating it only if and when the prostate cancer causes symptoms or shows signs of growing;
- Surgery (radical prostatectomy): removing the prostate;
- External radiation therapy: destroying cancer cells by directing radiation at the prostate;
- Internal radiation therapy (brachytherapy): surgically placing small radioactive pellets inside or near the cancer to destroy cancer cells;
- Hormone therapy: giving certain hormones to keep prostate cancer cells from growing;
- Cryotherapy: placing a special probe inside or near the prostate cancer to freeze and destroy the cancer cells.

References

Confronting Prostate Cancer: Know Your Options

The Prostate Net. 2003. www.prostate-online.org

Facts on Prostate Cancer and Prostate Cancer Testing

American Cancer Society. 2002. www.cancer.org

Informed Decision Making: How to Make a Personal Healthcare Choice CDC (Centers for Disease Control and Prevention). 2007. www.cdc.gov

Prostate Cancer Screening: A Decision Guide for African Americans CDC (Centers for Disease Control and Prevention). 2003. www.cdc.gov

Prostate Cancer: The Public Health Perspective

CDC, Division of Cancer Prevention and Control.

Fact Sheet 2004/2005.

www.cdc.gov/cancer/prostate/index.htm

Resources

National Cancer Institute

www.cancer.gov 1-800-4-CANCER

American Cancer Society

www.cancer.org 1-800-227-2345

Mission

The Center for African American Health is committed to improving the health and well being of the African-American community.



**The Center for
African American Health**

Empowering the Community to

Live Well!

3601 Martin Luther King Jr., Blvd., Denver, CO 80205
303-355-3423, Fax 303-355-1807, www.caahealth.org