

Barbers Educating Men About Prostate Cancer Who's Educating? Let Virgil H. Simons Tell You

A fourteen-year prostate cancer survivor and founder of a non-profit organization called The Prostate Net, Virgil H. Simons is a man on a mission to provide quality education about prostate cancer and support black men who are at increased risk for the disease.

Black men are 2.5 times more likely to die from prostate cancer than Caucasian men and have the highest rate of prostate cancer in the world. On average, 1 in 4 black men will be affected by prostate cancer, compared to 1 in 6 in men overall.

Like most men, prostate cancer was not something Virgil thought about. Encouragement from a friend to get screened, and the subsequent diagnosis of cancer, emphasized the importance of risk awareness, early detection, and being informed to make the necessary treatment decisions balancing risks and benefits. His journey through prostate cancer moved him to reflect on the most important areas of his life. Perceiving the deep value of life itself and quality of life, Virgil personally felt inspired to help other men. He established The Prostate Net in 1996 and five years ago left his corporate job to exclusively focus on his non-profit.

Knowing that men are uneducated about health issues and caring for themselves, including monitoring for disease and especially in their reproductive area, The Prostate Net works to improve male behaviors and attitudes.

"Most guys do not want to put prostate cancer on their radar," explains Virgil. Referring to a variety of reasons, including male sexuality, Virgil emphasizes that men perceive themselves as invulnerable and think nothing will happen to them. Most men do not want to deal with the potential of their mortality.

"Men also place themselves lower in priority in their family and therefore do not take care of themselves," says Virgil.



Studies suggest white and black men with equal insurance coverage and equal access to medical care have the same outcomes when faced with prostate cancer. However, Virgil explains that too often inequality in outcomes for black men occurs when certain factors are present such as socioeconomic disparities, a lack of awareness among the black community of the increased risk, and insufficient access to education and early detection.

Along with financial issues, a general distrust of the medical system is a huge issue for black men. This can discourage them from being responsible about their health and having relationships with physicians. Instead of the medical establishment, black men look for guidance from people in and of their community. Trustworthy figures are part of their networks such as friends, co-workers, churches, fraternity members, and their barbers.

(Continued on Page 4)

In This Issue About Prostate Cancer (PC)

Topic	Page
Barbers Educating Men About PC	1, 4
8th Annual Ray Perkins Memorial Race	2
Gender Health Behaviors	2
Message from APCaP	2
Smoking Linked to PC	3
Inflammation Associated with PC Survival	4
Women as PC Advocates	5, 6
Infertility & PC	6
Improving PC Screening Through Education	7

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Alliance for Prostate



APCaP promotes prostate cancer awareness, education, and advocacy. Special emphasis is directed toward prostate cancer prevention strategies for healthy men in their 40s and 50s. APCaP supports these strategies through a quarterly newsletter, a website, physician-led educational lectures, exhibits at national meetings, patient peer counseling, as well as fundraising events. In addition, APCaP's board members serve as representatives on local, regional, state, and national prostate cancer related boards, commissions, committees, and advisory boards.

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9th Annual Ray Perkins Memorial 5K Race
also a
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A Benefit for APCaP

Sunday, September 19, 2010

Duke Island Park
Bridgewater Township, New Jersey

**For more information, call 908-281-9290 x22 Register
online at www.raceforum.com**

**Ray Perkins, a caring father of 6, died from prostate
cancer at age 69 in 1999.**

**Ray was a born activist and an inspiration.
His spirit and care touched many.**



Gender Health Behaviors

Studies show that men are typically much less aware of their symptoms compared to women. Men are also more reluctant to seek help by going to the doctor. General health maintenance and reporting health problems early are important steps for men to take better care of themselves.

Researchers in the United Kingdom evaluated links between how healthy people thought they were and their death rate. The study assessed how those aged 35-74 at the time of the 2001 Census rated their health and their mortality from 2001 to 2006. Women were more likely to report poorer health than men, but this was not reflected in their mortality rates.

These findings are consistent with previous research showing men are less likely than women to acknowledge health problems to themselves or others.

The researchers also referred to studies that have shown men who develop diseases like cancer and diabetes tend to be diagnosed later than women.

Cancer Prevention

Smoking Linked to Prostate Cancer

Most people associate smoking with lung cancer. The reality is that health risks from smoking are associated with many other conditions such as different types of cancer. A recent study indicates that cigarette smoking may increase a man's risk for developing and dying from prostate cancer.

The meta-analysis study pooled data from 24 studies involving 21,600 men with prostate cancer. Results of the studies found consistent evidence that both the chance of developing prostate cancer and dying from prostate cancer increases with smoking. The study was published in the April 2010 American Journal of Public Health.

In eight studies with in-depth numbers of cigarettes smoked per day in nearly 8,700 men, researchers estimate 30 percent greater risk of dying from prostate cancer in the heaviest smokers versus nonsmokers. Another group of four studies totaling 2,100 men suggest a 22 percent greater chance for developing prostate cancer in the heaviest smokers. Cigarette smoking appears to be associated with prostate cancer. Kick the habit and avoid second hand smoke.

Prevent Prostate Cancer

Inflammation Associated with Prostate Cancer Survival

C-reactive protein (CRP) is a protein produced by the liver and found in the blood. The levels of CRP rise in response to inflammation. A study published in the April 2010 Urology International evaluated 98 patients with localized prostate cancer. Their CRP was measured at diagnosis through a blood test. Study results indicate that the presence of a systemic inflammatory response at diagnosis independently predicts poor long-term cancer outcome in patients with localized prostate cancer.

Other studies suggest an association between inflammation and cancer. Low inflammatory levels appear to indicate reduced cancer risk and improved cancer survival. High inflammatory levels appear to indicate increased cancer risk and poorer prognosis. Some studies suggest that cancer patients with the lowest levels of inflammation were twice as likely to live through the next several years.

Prostate Cancer's Cost to Human Lives

Prostate cancer is the second most common form of cancer diagnosed among American men. This year, approximately 220,000 new cases of the disease are expected to be diagnosed, and about 27,000 men will die of the disease.

Message from Prostate Cancer Survivors at APCaP

Did you know that approximately 41 percent of Americans will be diagnosed with cancer in their lifetime? That translates to one in two men. These individuals are our family members, friends, neighbors, co-workers, community members, and fellow citizens.

Saving lives from cancer requires attention to prevention. Along with lifestyle interventions such as diet, exercise, stress reduction, and caring for other areas of health, increasingly research and public policy focuses on the relationship between the environment and cancer. Many lifestyle choices addressing the full scope of healthy living are associated with lower cancer rates and improved cancer survival. New behaviors toward improved quality of life and cancer risk reduction must begin with education.

Male Call is dedicated to providing you with reliable information about prostate cancer education, prevention, and healthy habits. The production of the newsletter is expensive. Each issue costs thousands of dollars to research, write, compose, print, and mail to you and thousands of other people. Please consider a contribution to support the ongoing work of Male Call. Join the APCaP family by giving a tax-deductible donation today. Kindly mail checks to APCaP 17660 South Tamiami Trail, Suite 106 Fort Myers, FL 33908. If your employer has a matching gift program, please enclose the appropriate form. We thank you for your support.

-In Good Health, APCaP Board of Directors

Barbers Educating Men About Prostate Cancer: Who's Educating? Let Virgil H. Simons Tell You (Continued from page 1)

Constantly expanding his vision to achieve his goals, Virgil has created innovative alliances and programs to support black men. After seeing the movie *Barbershop*, Virgil conceived the idea of using barbers and their barbershops to educate black men and their community about prostate cancer and other men's health issues. Virgil founded The Barbershop Initiative, a program features barbers educating black men otherwise not informed about prostate cancer and perhaps not getting screened for the disease. Collaborating with MGM studios, Virgil and The Prostate Net were involved in creating a public service announcement about prostate cancer featuring Hollywood stars from the movie as well as educational events around the country.

In the launch period of February to October 2004, the Barbershop Initiative enlisted 500 barbershops working with medical centers nationally resulting in 10,034 men being screened identifying 452 cases of prostate cancer. Other urological disease issues were also detected in 137 men. Since then, over 30,000 men have been educated and screened for prostate cancer at no cost through the Barbershop Initiative.

Men with abnormal test results receive some free follow up care such as preliminary disease work ups if necessary. The Prostate Net collaborates with medical centers and state government agencies such as the Centers for Disease Control and Prevention to build Barbershop Initiative programs and ensure that men receive some cancer care beyond diagnostic tests.

Educational materials in barbershops includes flyers, brochures, videos, and other items. Computers are also used at some barbershops around the country. Now, approximately 20 locations in the United States offer the Barbershop Initiative Computer Kiosks with information about prostate cancer detection and treatments.

Results of a pilot study published in the March 2010 *Journal of Cancer Education* focused on the feasibility of training barbers to deliver a brief culturally and literacy appropriate prostate cancer educational intervention to urban black men. The findings are consistent with Virgil's experience over the last five plus years. Barbers are a reliable source of prostate health information to the community and especially to black men.

The black barbershop is often a country club for the black community, according to Virgil. Regardless of social economic strata, class is stripped away as investment bankers and garbage men sit next to each other in a community environment. Considered respected leaders, barbers cultivate unique relationships that are often ongoing for many years and sometimes from childhood. The Barbershop Initiative approaches barbers emphasizing their historical role in the community and how they can become health leaders.

Virgil expanded the Barbershop Initiative in collaboration with the National Association of Barber Boards of America and Barbers International. His work is truly international with barbershop programs in other countries such as Australia and India with 48 shops in Orissa Province to reach rural men.

This successful program with broad outreach is one man's vision and work supported by networks devoted to prostate cancer education and advocacy. APCaP hopes that you use Virgil's inspiration to take better care of your health, help men to engage improved self-care, receive prostate cancer screening, and find your own unique mission to create a better world.



To learn more about The Prostate Net, visit their award winning website at www.prostatenet.org for information about prostate cancer diagnostics, treatments, quality of life, educational events, news, and other resources.

PSA RECOMMENDATIONS

Healthy men should have a PSA test beginning at age 40, repeated at age 45, and then annually starting at age 50. African Americans and people with a family history of prostate cancer should begin annual testing at age 40.

Cancer Prevention

Women as Prostate Cancer Advocates

Since men often do not give proper attention to their health, women play a critical role in prostate cancer education and advocacy. Women can encourage men to learn about the disease, choose a healthy lifestyle, monitor potential problems, schedule screening tests, and other medical appointments. The following Q&A provides key information about prostate cancer for women and men alike.

What is the prostate?

The prostate is a walnut-shaped gland found only in men located in front of the rectum sitting just below the bladder where urine is stored surrounding the tube that carries urine from the body. The gland functions as part of the male reproductive system by making a fluid that becomes part of semen, the white fluid that contains sperm.

What is prostate cancer?

Prostate cancer occurs when a group of cells begins growing abnormally out of control in the prostate and invades healthy tissue. The cancer cells may also spread from the prostate to other parts of the body.

How common is prostate cancer?

Overall, 1 in 6 men will be diagnosed with prostate cancer in their lifetime. On average, statistics indicate that 1 in 4 African American men will be diagnosed with the disease. Prostate cancer is the second most common form of cancer diagnosed among American men. This year, approximately 220,000 new cases of prostate cancer will be diagnosed and about 27,000 men will die of the disease.

What are common prostate cancer risk factors?

Some common risk factors associated with prostate cancer include age, family history, race, unhealthy lifestyles, dietary fat and red meat consumption, toxic exposures from the environment such as cadmium, pesticides, dioxin exposures, and bisphenol A, occupational hazards such as lack of exercise and nighttime shift work, geographics, and genetics.

What is the specific role of genetics?

The risk of developing prostate cancer increases 2 to 4 fold with a history of the disease in close relatives and is particularly increased when prostate cancer develops early in the life of a close relative.

Genetics also interact with the environment meaning that a person with a genetic predisposition to prostate cancer may be more likely to experience harm from toxic environmental exposures.

What healthy foods support prostate cancer prevention?

Research suggests that dietary choices can either protect against to possibly prevent or promote prostate cancer. Top foods to eat are vegetables, fruits, grains, legumes, and nuts. Top foods to avoid are animal fats, red meats, dairy products, and sugars.

What is the relationship between exercise and prostate cancer?

Physical activity probably reduces men's risk of prostate cancer by 10 to 30 percent, according to the National Cancer Institute. Moderate to vigorous exercise several times weekly helps with weight loss, protection against heart disease, and cancer prevention. Obesity has been associated with diluted PSA levels, an increased likelihood for more-aggressive tumors, and a cancer recurrence after surgery.



How is prostate cancer diagnosed?

The two screening tools currently available to assess prostate cancer risk are the prostate specific antigen (PSA) and the digital rectal exam (DRE). The PSA test measures a protein in the blood associated with prostate cancer risk. The DRE test is conducted by a physician that looks for abnormalities by feeling the prostate through the rectum.

(Continued on page 6)

Infertility & Prostate Cancer

Infertile men may have an increased risk of developing aggressive prostate cancer, according to research findings in the March 2010 journal *Cancer*. Researchers tracked more than 22,000 men evaluated for infertility for over 30 years and compared them with a similar group of fertile men.

Over the decade following the evaluation, 0.4 percent of the fertile men developed prostate cancer, compared with 1.2 percent of those diagnosed as infertile. Calculating for age, results indicate a 160 percent increased risk of developing aggressive tumors and a 60 percent increased risk of developing slow-growing tumors. Infertility increased the chances of diagnosis with aggressive tumors 2.6 times and with slow-growing cancers 1.6 times.

Researchers said the specific effect on aggressive tumors was important for two reasons. Firstly, the increased risk is not only a result of infertile men being screened more often because of their visits to the urologist. If that were the case, researchers would expect to see the same increase in slow-growing cancers. Secondly, infertility might point to more lethal cancers by identifying men that need screening due to their biology.

As the scientific community searches to identify men that will benefit the most from prostate cancer screening and treatment, infertility may lead to a prostate cancer biomarker. According to Dr. Otis Brawley, chief medical officer of the American Cancer Society, the current research findings suggest infertile men should be screened for prostate cancer at an earlier age.

Why do infertile men have a higher risk? Researchers speculated that the risk might result from damage to the male sex chromosome perhaps from exposure to environmental toxins in the womb. Other risk factors for prostate cancer include older age, being African American, family history, and obesity. More research is necessary to confirm these study findings and explore potential mechanisms between infertility and prostate cancer.

Women as Prostate Cancer Advocates

(Continued from page 5)

When should men have prostate cancer screening tests?

Men over age 50 should have an annual PSA blood test. African-Americans and people with a family history of prostate cancer should begin testing at age 40.

What are common symptoms of prostate cancer?

Difficulty urinating or changes in flow with symptoms including not being able to start urination when there is an urge, a hard time stopping the flow of urine, a flow that starts and stops, or a stream that's weaker than normal. Other symptoms include difficulty having an erection, blood in the urine or semen, and frequent pain in the lower back, hips, or upper thighs.

What other prostate conditions can cause similar symptoms?

As men get older, their prostate may grow bigger and block the flow of urine or interfere with sexual function. This common condition, called benign prostatic hyperplasia (BPH), is not cancer, but can cause many of the same symptoms as prostate cancer. Although BPH may not be a threat to life, it may require treatment with medicine or surgery to relieve symptoms. An infection or inflammation of the prostate, called prostatitis, may also cause many of the same symptoms as prostate cancer.



*"Many women are more at ease with a female doctor.
That's why I'm wearing the wig."*

Improving Prostate Cancer Screening Through Education

Researchers continue to investigate more reliable prostate cancer diagnostic tests. An immediate way to improve prostate cancer screening is through education. Empowering men with reliable information allows them to make informed decisions, engage in shared decision making with their provider, and strengthen the alliance between doctors and patients.

APCaP continues to recommend that men have prostate cancer screening through the PSA until a better test is identified. Men need education to become more informed about how to interpret the PSA test and the role of prostate cancer treatments. Education is necessary before a questionable PSA or clear prostate cancer diagnosis.

Education Before Screening

For the first time since 2001, the American Cancer Society (ACS) has updated its prostate cancer screening guideline. The new guideline has a more pronounced emphasis on informed decision-making (IDM) than in the past. ACS states that men should only be screened “after they receive information about the uncertainties, risks, and potential benefits associated with prostate cancer screening.”

ACS continues to recommend that the PSA value of 4.0 ng/mL be used as a “reasonable threshold” for further evaluation. However, their new recommendation recognizes that approximately 25% of men with PSA levels between 2.5 and 4.0 ng/mL harbor prostate cancer. For men in this range, ACS has added a recommendation that physicians consider an individualized risk assessment for these men and take into account non-PSA risk factors, such as race, family history, results of previous biopsies, and DRE results.

In contrast, the American Urological Association (AUA) differs on PSA values. There is no single PSA standard that applies to all men, and nor should there be, according to AUA. Furthermore, AUA asserts that although prostate cancer risk correlates with serum PSA, there is no PSA value below which a man may be reassured that he does not have biopsy-detectable prostate cancer. AUA also advocates for a baseline PSA test at the age of 40, and subsequent rescanning that evaluates, among other risk factors, free and total PSA, PSA velocity, and PSA density.

Data from a survey of American men 40 years and older reflects that thirty percent of men underwent PSA testing for prostate cancer without their doctor first discussing the test with them. These findings were published in the September 2009 Archives of Internal Medicine.

In the survey, only 20% of the respondents indicated that they had discussed the pros and cons of PSA testing with their healthcare provider and that they were asked if they wanted to have the test done.

The study analyzed results from a telephone survey of a national sample conducted among 3010 adults, including 375 men who had either undergone a PSA test or discussed one with their doctor in the previous 2 years.

Recommendations and information from the healthcare provider strongly influenced testing decisions by the 240 men who went on to get the PSA test. Study results indicate that a healthcare provider recommendation was the only “discussion characteristic” associated with testing. The healthcare providers emphasized the pros of testing in 71.4% of discussions but infrequently addressed the cons at 32%.

Doctor-Patient Communication about Treatments

Specialists usually recommend the therapy they deliver themselves. Researchers from several U.S. medical centers have reported that “specialist visits relate strongly to prostate cancer treatment choices,” according to results in the March 2010 Archives of Internal Medicine. The study evaluated how visits to specialists and primary care physicians affected treatment choices for men with localized prostate cancer. Using Surveillance, Epidemiology, and End Results (SEER)-Medicare linked data base, they identified 85,088 men with localized prostate cancer who were 65 years of age or older treated between 1994 and 2005. “There was a strong association between the type of specialist seen and primary therapy received,” according to the study researchers.

If screening results in conversations about prostate cancer treatments, men need to understand the necessity of becoming informed about all available therapies from more than one source before selecting a specific therapy.



Prevent Prostate Cancer

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