

African Americans and Prostate Cancer

An Interview with Jim Williams

1. What are the most important facts for African American men to know about prostate cancer?

African American men are 2.5 times more likely to die from prostate cancer than Caucasian men. African American men have the highest rate of prostate cancer in the world. On average, **1 in 4** African American men will be affected by prostate cancer, compared to **1 in 6** in men overall. These are startling facts, and most African American men do not know them.

Most African American men also do not know that the chances of prostate cancer are **1 in 3 (or 33%)** for men with one close relative with the disease, **83%** with two close relatives, and **97%** with three close relatives.

Any man with a family history of prostate cancer may be at increased risk for the disease, and should consider screening tests before age 50. **Due to the increased risk, every African American man should be screened starting around age 40.**

The good news is that early detection and treatment equals 100 percent 5-year survival. If prostate cancer is detected early, African American men have the same outcomes as Caucasians.

Prostate cancer often has no early warning signs. It is an asymptomatic disease that may not produce symptoms in the early stages. Since men usually do not liaison with the medical community until they are sick, prostate cancer is, more often than it should be, diagnosed in later stages. The reasons for

increased incidence in African American men and their poorer outcomes are multifacted.

2. Why does prostate cancer affect African American men differently compared to other ethnicities?

Research is ongoing, and so far, science has not isolated a gene definitively responsible for higher incidence of prostate cancer in African American men. The problem of bringing race as it is defined in the United States into science is difficult. **Studies indicate the biggest factors related to higher mortality of prostate cancer in African American men involve social, economic, and political issues.** For instance, prostate cancer diagnosis occurs at later stages in African American men compared to other men due to a lack of awareness about prostate cancer, a lack of insurance, social status, communication patterns of African Americans with doctors, and many other issues.

A study published in the Journal of the American Medical Association in 1995 by Optenberg and colleagues evaluated prostate cancer treatments in the military assessing access to care and quality of care. **The study results suggest that equal treatment creates equal outcomes between blacks and whites.** We have a long road toward providing African American men with equality in prostate cancer diagnosis, treatment, and follow-up care.

3. What are the barriers to educating African American men about prostate cancer?

• Most Men Are Not Natural Health Advocates

Men often take better care of their cars than their health. Men generally do not like to appear weak or out of control. Most men do not focus their attention on their health until they have a problem. Their general knowledge about health is poor. One man asked me if a colorectal exam evaluated the prostate, too. My experience is that most men do not know their baseline numbers, whether it is their PSA, blood

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APCaP seeks the collaboration of public/private business leaders, legislators, health providers/administrators, researchers, federal/state/local health officials, and prostate cancer advocates into coordinated cohesive forums to enhance and promote prostate cancer awareness, education, research, and primary/secondary prevention programs. This diversified stakeholder group seeks to reach out to men in their 40s and 50s, and their wives or partners, to educate them about the basics of prostate cancer and what can aid in its prevention. APCaP accomplishes this through physician lectures, a newsletter, and website. APCaP also evaluates and implements ambitious plans that are designed to eliminate prostate cancer as a health threat in the United States by 2015.

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Lower Cholesterol, Lower PSA

Men who keep their cholesterol down might also help lower levels of their prostate specific antigen (PSA), a protein that can warn of prostate cancer, according to a new study presented at the May 2008 American Urological Association meeting.

The study analyzed data from 1,214 men taking cholesterol-lowering drugs called statins. **Researchers found that PSA levels were lower after starting the statins with the drop in PSA proportional to the drop in cholesterol.** These results confirm those of a previous study suggesting that lowering cholesterol lowers PSA.

Researchers believe this effect comes from the relationship between prostate cancer, testosterone, and cholesterol. Prostate cancer is controlled by the male hormone testosterone. The main molecule that forms testosterone is cholesterol. Therefore, the science indicates that lowering cholesterol lowers testosterone, which appears to lower PSA.

Is the potential chain reaction of lowered cholesterol to testosterone to PSA, if confirmed in additional studies, also lowering the risk of prostate cancer?

Researchers expressed caution about the lack of clarity around whether lowering PSA with cholesterol lowering drugs may hide developing prostate cancer. Studies have suggested that PSA exams are not always consistent predictors of prostate cancer.

Studies will continue to analyze this important research question. Since maintaining low cholesterol levels provides many health benefits, APCaP recommends that men take this precaution in general and as a potential safeguard against prostate cancer.

Steps toward Lowering Cholesterol

- **Exercise**
- **Limit Animal Fats & Cheese**
- **Eat Vegetables, Grains, Fiber, & Garlic**

PSA RECOMMENDATIONS:

As a reminder, current recommendations suggest healthy men over 50 have an annual PSA blood test. However, African Americans and people with a family history of prostate cancer should begin testing at age 40.

Evaluating Prostate Cancer Diagnostics

Evaluating Prostate Cancer Diagnostics

For many years, the digital rectal exam (DRE) determining tactile irregularities in the prostate, the PSA test measuring a protein in the blood, and a biopsy when necessary, has been considered the standard diagnostic tool for prostate cancer. Some research results have questioned the reliability of the PSA in prostate cancer diagnosis. A new study published in the April 2008 *British Journal of Urology* indicates improved survival against prostate cancer from the PSA test.

Improved Prostate Cancer Survival with PSA

Tyrol, a state in Austria, offered free PSA screening tests for all men ages 45 to 75 beginning in 1993. What was the result of free PSA screening in Tyrol between 1993 and 2005? During this time period, the expected prostate cancer death rate decreased by 54 percent, which compared with a decline of 29 percent in the rest of Austria where free screening was not available. After the program was launched, the death rate in Tyrol started falling by an average of 7.3 percent a year, more than twice the 3.2 percent observed in the rest of Austria. Nearly 87 percent of men ages 45 to 75 in Tyrol had at least one PSA screening test, which was an increase of 11 percent before the free program began. This study indicates that routine PSA testing can improve survival. However, the researchers acknowledged that routine PSA screening remains controversial, and questions such as which men stand to benefit most from screening are still unresolved.

Controversies & Trends

The controversy about whether or not the PSA is a reliable prostate cancer diagnostic involves many variables. Prostate cancer is often very slow-growing. PSA screening may lead to treatments of tumors that would never become life

threatening. Since treatments carry side effects, men need to carefully evaluate the risks and benefits of treatments in association with their specific diagnosis. PSA concentrations can also increase for a reason other than prostate cancer. In addition, prostate cancer diagnosis requires a biopsy that might have side effects.

A new study in the April 15, 2008 *Cancer* discusses trends in prostate cancer diagnosis. The research suggests that changes in medical practice have partially undermined the value of the PSA test as a diagnostic tool for prostate cancer. In men that are screened regularly, study authors say that with an abnormal DRE, the PSA test is predictive. But for men with a normal DRE, the PSA has lost some predictive accuracy. More studies are needed to evaluate these claims.

The *Cancer* study also explains that in the 1990s, biopsies were generally limited to men with PSA readings higher than 4. Since around 2000, biopsies have been done when the PSA levels are between 2.5 and 4. Another change involves the number of needles used in biopsies. In the early to mid-1990's, 6 needles were used in biopsies compared to the 14 used today.

Bottom Line

The ways in which any diagnostic trends impact men concerned about prostate cancer depends on each individual's situation. The controversies and trends indicate that men need to become more educated about prostate cancer. APCaP agrees with many scientists, researchers, clinicians, and patient advocates that more predictive prostate cancer markers are needed. Until new tools are available, APCaP recommends prostate cancer screenings with DRE and PSA, as well as biopsies when necessary.

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pressure, cholesterol, or diabetes. As consumers, we need to know this information, especially about our health. And since employers are changing insurance carriers, men may not have the same doctor year to year, and therefore medical records may not get passed along, or interpreted in the same ways. Men need to be their own advocates. It is not just okay to know that your PSA is normal. Men must know these numbers, and track them year to year since studies indicate the PSA's velocity, or rate of increase over time, is a very important predictor of prostate cancer. African American men are generally not informed about their high risk of prostate cancer. Lack of awareness reduces the potential for self-care.

♦ **Lack of Consensus on the PSA**

There is a lack of consensus about the PSA within the medical community and insurers. The value of the PSA has been questioned by some cancer organizations, and this demotivates men to monitor their prostate health. The American Cancer Society recommends that men discuss PSA testing with their physician and make a joint decision. This position does not provide a consistent approach and places the responsibility on each physician and consumer. Due to this lack of consensus and the devaluing of the PSA, health insurance companies say it is not cost effective. Only 23 or 24 states require insurance companies to pay for prostate cancer screening through the PSA. Only 2 to 3 % of health care costs are allocated to prevention. Researchers, physicians, insurers, and consumers need to recognize the benefits of prevention. Overall, our environment, culture, and social support systems must become more conducive to health.

♦ **Fear of Diagnostic Tests & Sexual Dysfunction from Treatments**

Studies indicate that African American men are especially uncomfortable with the digital rectal exam (DRE). The DRE, which involves a physician inserting their finger into the rectum assessing prostate enlargement, can challenge a man's sexual identity and manhood. Men need to overcome this fear since both the DRE and PSA (along with needle biopsies when called for) need to be conducted together for optimal prostate cancer screening and diagnosis.

♦ **Lack of Prostate Cancer Advocacy**

Compared to a disease like breast cancer, there are not as many advocates in the prostate cancer community increasing awareness about the disease and, in terms of prevention, ensuring that the best diagnostic recommendations are widely known. Comparing the current science about mammogram and PSA testing for early diagnosis, both tests have high levels of false positives and negatives. While the large cadre of breast cancer advocates have clearly stated that women should continue to have mammograms until a better test exists, there is only a small cadre of prostate cancer advocate voices saying the same for PSA testing. Until we have a better diagnostic test, PSA testing is critical to prostate cancer screening.

♦ **Primary Care Physicians Not Always Advocates for Prostate Cancer**

Primary care physicians often do not discuss prostate cancer with their male patients. One study indicated that 50 percent of primary care physicians include PSA testing and 50 percent do not. Men often need to ask for PSA testing. African American men may not feel as empowered to advocate for their health and communicate with their physician for many reasons.

4. What are some actions African American men can take to empower one another with information about prostate cancer prevention?

♦ **Early Education Through Trusted Partnerships**

Community groups that are trusted sources of support and information are best poised to educate men about prostate cancer prevention. These groups can organize their own programs, as well as collaborate with non-profits such as APCaP. We are constantly trying to identify community groups and social networks with power and credibility, along with ways in which to work with them.

♦ **Establishing Physician Relationships**

Women take care of their health and develop relationships with health care providers early in life. Most men do not, and it is harder to establish a medical relationship once diagnosed with a disease. African American men would benefit from finding doctors they trust sooner than later.

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Bone Fracture Linked to Prostate Cancer

New research indicates a link between prostate cancer and a higher risk of bone fracture, according to a study published in the May 2008 journal *Bone*.

A study by scientists at the Garvan Institute for Medical Research in Australia followed 822 men for 20 years beginning at age 60. **The results suggest that men with prostate cancer have a 50 percent higher risk of bone fracture. While prostate cancer increased their fracture risk, most of the men who developed prostate cancer started out with a higher bone mineral density than average.**

This study did not evaluate the relationship between effective interventions to build bones and prostate cancer prevention. However, men might consider having their bone health assessed and taking steps to build better bones.

Bone Assessment Guidelines

Osteoporosis is no longer considered just a woman's disease. Osteoporosis rates among men are expected to increase 50 percent over the next 15 years. Current U.S. rates of osteoporosis are estimated at 7 percent in white men, 5 percent in black men, and 3 percent in Hispanic men.

A new clinical guideline on screening for osteoporosis in men has been developed by the American College of Physicians (APC). It says doctors should periodically assess older men for osteoporosis risk factors. The

guideline, based on a review of previously studies, was published in the May 2008 *Annals of Internal Medicine*.

Risk factors for osteoporosis in men include older age, low body weight, weight loss, physical inactivity, previous fractures not caused by substantial trauma, low-calcium diets, low levels of testosterone, and ongoing use of certain drugs.

The precise age to start screening and the specific methods to use are still uncertain, according to the APC. Although recommendations from other organizations suggest a bone mineral density test for men aged 70 or older, it is never too early to support healthy bones in your body. Supporting bones also provides health benefits throughout the entire body.

Osteoporosis Prevention & Bone Restoration

- ◆ **Balanced diet with calcium, vitamin D, and other nutrients**
- ◆ **Weight-bearing exercise**
- ◆ **Healthy lifestyle with no smoking or excessive alcohol intake**
- ◆ **Bone density testing and, when appropriate, medication**

For more information, visit the National Institute of Arthritis & Musculoskeletal & Skin Diseases website at www.nih.niams.gov, or Dr. Susan Brown's program at www.betterbones.com.

Breast and Ovarian Gene Linked to Prostate Cancer-

Men in families with a strong history of breast and ovarian cancers may be up to four times more likely to have prostate cancer in later life, according to a recent study in Australia. The gene associated with breast and ovarian cancer is called BCRA2. Previous research has indicated a potential link between BCRA2 and prostate cancer. Some scientists have also suggested that men with the BRCA2 error might develop more aggressive prostate cancer. More research is needed in this area to confirm the association between BCRA2 and prostate cancer. If this gene is found in more aggressive prostate cancers, the finding will also allow doctors to customize the most appropriate treatments for men with and without the mutation.

New LIVESTRONG Effort

"Change is driven by daily action." -LIVESTRONG.COM

LIVESTRONG.COM, built by Lance Armstrong and Demand Media, is a new website featuring information about health, fitness, and lifestyle. The goal is to help people take action to make the most of their life, time, body, and world. The website serves as a practical resource to find information from experts and the community, as well as a proactive way to have a daily conversation about being healthy and living an active lifestyle. LIVESTRONG.COM advocates that health is not just static information; rather it's an ongoing conversation between experts, doctors, caregivers and patients. There are many empowering, interactive features at LIVESTRONG.COM!

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♦ **Collaborate with Women**

Some men will not monitor and tend to their health without support from their wife or a close female friend. Women can help empower men with information about prostate cancer prevention, to establish relationships with physicians, and encourage them to have screening tests.

♦ **Communication, Not Silence**

Men who have been affected by prostate cancer are often silent about the disease. The more men educate one another about prostate cancer and prevention, the better. Survivors have credibility and the community benefits when they speak out.

5. Did you know this information before your own prostate cancer diagnosis? Can you share a little bit about your journey with and through prostate cancer?

I was diagnosed with prostate cancer 16 years ago, and had no knowledge about the disease at that time. I needed more positive resources than I was able to find in books. I was living in the Chicago area and learned about Us TOO, a prostate cancer non-profit. These men were empowered and focused on creating change, as well as increasing awareness. There were no African Americans involved in Us TOO, and I wanted to ensure my community was represented in prostate cancer advocacy. Several other prostate cancer survivors and I founded APCaP in 2000. Our focus is prevention, and we are constantly evaluating our advocacy strategies.

6. What are some ways men can help one another prevent prostate cancer?

In my second Vietnam tour as Military Assistant Command Advisor, I remember the story of Major Ba from Long An Province about firing his doctor. He explained that in Eastern Medicine the doctor's purpose is to ensure the patient stays well. If you get sick, then your doctor is not doing his or her job in maintaining wellness, preventing disease, and keeping you in balance.

I think the focus on prostate cancer is too narrow. We need more emphasis on men's health, including body, mind, and spirit. Prostate cancer prevention may have more impact if included within the context of this larger focus.

The prostate cancer community needs to speak in one voice. Together, we need to educate men with consistent messages. More research money is also needed, and research must look in new directions. Too much money is spent on wars and smart bombs. We need a smart bomb for cancer.

Jim Williams is a retired Regular U.S. Army Colonel, President of Jim Williams and Associates, Chair-Elect of the Intercultural Cancer Council (ICC), APCaP Board Member, and 16 year prostate cancer survivor. He lives outside of Harrisburg, Pennsylvania with his wife Lois, with whom he has three children and one grandchild.

Statistics referenced in Question #1 are attributed to the American Cancer Society 2007-2008 estimates.

FAST FACTS: 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.



"It's got to come out, of course, but that doesn't address the deeper problem."

Hereditary Cancers

All cancers result from an abnormality in DNA, or the genetic blueprint of each person. The majority of cancers are caused by genetic abnormalities from the environment. The “environment” in this context means everything outside of the human body that interacts with it. Environmental factors include smoking, diet, sun exposure, infectious diseases, chemicals and radiation in our homes, workplaces, general surroundings, and more.

A May 27, 2008 New York Times article “Red Flags for Hereditary Cancers” by Jane Brody discusses important issues related to hereditary cancers passed from the genetics of a parent to their child. **Brody reports that an estimated 5 to 10 percent of cancers are strongly hereditary, and 20 to 30 percent are more weakly hereditary,** according to Dr. Kenneth Offit, chief of clinical genetics at Memorial Sloan-Kettering Cancer Center in New York.

“In hereditary cancer, the mutated gene can be transmitted through the egg or sperm to children, with each child facing a 50 percent chance of inheriting the defective gene if one parent carries it and a 75 percent chance if both parents carry the same defect,” writes Brody.

As referenced in the article, Megan Harlan, senior genetic counselor at Sloan-Kettering, lists indicators suggesting cancer might be hereditary, including diagnosis of cancer at a significantly younger age than it ordinarily occurs, occurrence of the same cancer in more than one generation of a family, and occurrence of two or more cancers in the same patient or blood relatives.

The article offers a call to action around cancer prevention. **“Knowing that you have a high-risk cancer gene mutation offers the chance to take preventive actions like scheduling frequent screenings starting at a young age or removing the organ at risk.** While surgery is clearly a drastic form of cancer prevention, in the future drugs may be able to thwart cancers in people at high risk,” says Dr. Offit in the article.

Brody highlights another important question about disclosing hereditary cancer risk. **“Though many people fear limits on their job and ability to obtain affordable health insurance, a federal law was passed this month to prevent such genetic discrimination,”** writes Brody.

The article also discusses how the deciphering of the human genome has prompted companies to offer DNA tests evaluating genes associated with diseases. This testing can lead people in varied directions. Some might take more charge of their health. Others might be overwhelmed with information that could provide a false warning if a risk does not exist. Dr. Offit refers to this testing as premature. He warns that companies offering DNA tests may provide prescriptions based on results that may not be appropriate.

For more information about gene testing, please visit the National Cancer Institute’s website at www.cancer.gov/cancertopics/understandingcancer and click on “Gene Testing.”

Prevent Prostate Cancer by 2015

High Fat Diets Increase Prostate Cancer Progression- Diets high in saturated fat may increase the risk of prostate cancer progression, says M. D. Anderson Cancer Center researchers in the June 2008 *International Journal of Cancer*. In a follow up study **of men who had their cancerous prostates removed, researchers found that men who consumed higher amounts of saturated fat (steaks, burgers, cheese, ice cream, salad dressings, and mayonnaise) were nearly two times more likely to experience disease progression after surgery than men with lower saturated fat intake.** Researchers used standard food questionnaires to assess the saturated fat intake of 390 Caucasian men with an average age of 60, as well as medical and family history for other risks,

during the year before surgery for localized prostate cancer. They consumed between 600 and 5,000 calories daily with 293 men averaging 10 percent of their daily energy from saturated low fat intake and 97 men averaging 14 percent high intake. Researchers found significantly shorter disease free survival times among obese men who ate high amounts of saturated fat compared with non-obese men consuming diets low in saturated fat. Obese men with a high saturated fat intake had the shortest disease-free survival of 19 months. **Obese men with a low intake had disease-free survival of 42 months. Non-obese men with low intake had the longest disease free survival at 46 months. Non-obese men with high intake had disease free survival at 29 months.**



Prevent Prostate Cancer by 2015

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