



# Prostate Cancer: What Black Men Need to Know

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**Sources:**

*The Black Man's Guide To Good Health*, by James W. Reed, M.D., F.A.C.P., Neil Shulman, M.D. and Charlene Shucker, Hilton Publishing Company, Roscoe, IL

*Good Health for African Americans*, by Barbara M. Dixon, L.D.N., R.D. and Josleen Wilson, Crown Publishing, New York, NY

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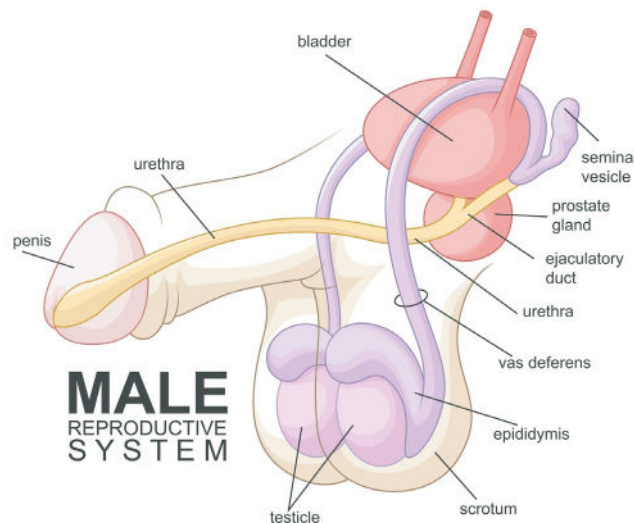
# 1.

## So, What is Prostate Cancer?

Prostate cancer, as the name suggests, is an especially common and potentially deadly cancer in men that occurs in the prostate gland. The gland, which is located within the pelvic cavity and is generally shaped like a walnut, is responsible for the production of seminal fluid—the fluid which carries and sustains a man’s sperm.

An important element of the male reproductive system, the prostate is located in front of the rectum, just below the bladder and surrounds the tube that empties urine from the bladder, called the urethra. Prostate cancer is widely prevalent in men. In their lifetimes, about one in nine men will be diagnosed with it. While prostate cancer doesn’t grow aggressively in its early stages, there are some instances where it does, and spreads rapidly around the body.

Prostate cancer is the most frequently occurring, non-cutaneous cancer among men in this country, and it’s second only to lung cancer among the leading causes of cancer-related deaths. It grows beginning in the prostate gland usually over a span of many years, and given enough time starts to spread to nearby tissues, as well as through both a patients’ lymph nodes and vessels toward other tissues via the bloodstream.



Upon diagnosis, a man’s treatment options and outlook are determined depending upon how extensively the cancer has spread. Early and regular screening is critically important, and is the pathway to saving your and/or your loved ones’ lives. Once a positive diagnosis is made, your next step will be tests to determine the cancer’s extent.

Prostate cancer is usually confined in its initial stages to the prostate gland and the health threat is less severe. While researchers remain uncertain as to the specific cause of this disease, they do know for sure that it is birthed from abnormality in the prostate cells. The DNA of these irregular cells may mutate over time, and with the resultant cell division these cells experience more rapid growth as compared with the normal cells within the prostate.

Once the normal cells die off, the irregular cells persist, accumulating over time. Eventually, these cells form a tumor which, on its own, expands, eating into the areas of surrounding tissues. These irregular cells break off and metastasize (spread to other parts of the patient's body) in some instances. A numerical system called "staging" is how doctors assess the cancer's status, its severity and how it's affecting the gland.

Interestingly, older-aged men tend to be diagnosed with prostate cancer most, with roughly 60 percent of the diagnoses being in men who are at least 65. It is rare in men under the age of 40. About 30,000 men die of prostate cancer every year in the United States.

**The potential risk factors are:**

- A family history of prostate cancer
- Man over 40 years of age
- A high-fat diet
- Engaging in sexual activity at an early age, and with multiple partners
- Vasectomies
- Toxic employment hazards

## 2.

# The Facts about Prostate Cancer and African American Men

Every African American man should have at least a general, working knowledge of prostate cancer, and for stark reasons. Black men in the United States are 1.8 times more likely to receive a prostate cancer diagnosis (as compared to white men), and they are 2.2 times more likely to die from it.

What's more, Black men tend to be diagnosed with prostate cancer about five years earlier than white American men, and they have the highest prostate cancer incidence rate of any racial or ethnic group in the world. The cancer is almost 60 percent higher in Blacks than in whites, and African American men have a risk rate 74 percent higher than non-Hispanic white men.

Lastly, they are more likely to develop the more aggressive strains of this cancer and boast the highest risk of both developing this cancer and it being terminal. African American men's survival rate is 13 percent lower than that of white men.

Inarguably, many factors can be attributed to the racial divide with respect to prostate cancer in this country, and others around the world. Inequities in access to standard health care, day-to-day stress, diet and even genetics all contribute to the disproportionate toll exacted upon Black men by this equal opportunity disease.

To name only a few, prostate cancer has claimed the lives of luminary Black men including the late poet Langston Hughes, activists Stokely Carmichael and Eldridge Cleaver, Congressman Ron Dellums, Ghanaian President Kwame Nkrumah, actor Robert Guillaume, journalist William Raspberry, musicians Hugh Masekela and Earl Van Dyke, boxer Floyd Patterson and visionary music composer Leon Ware.

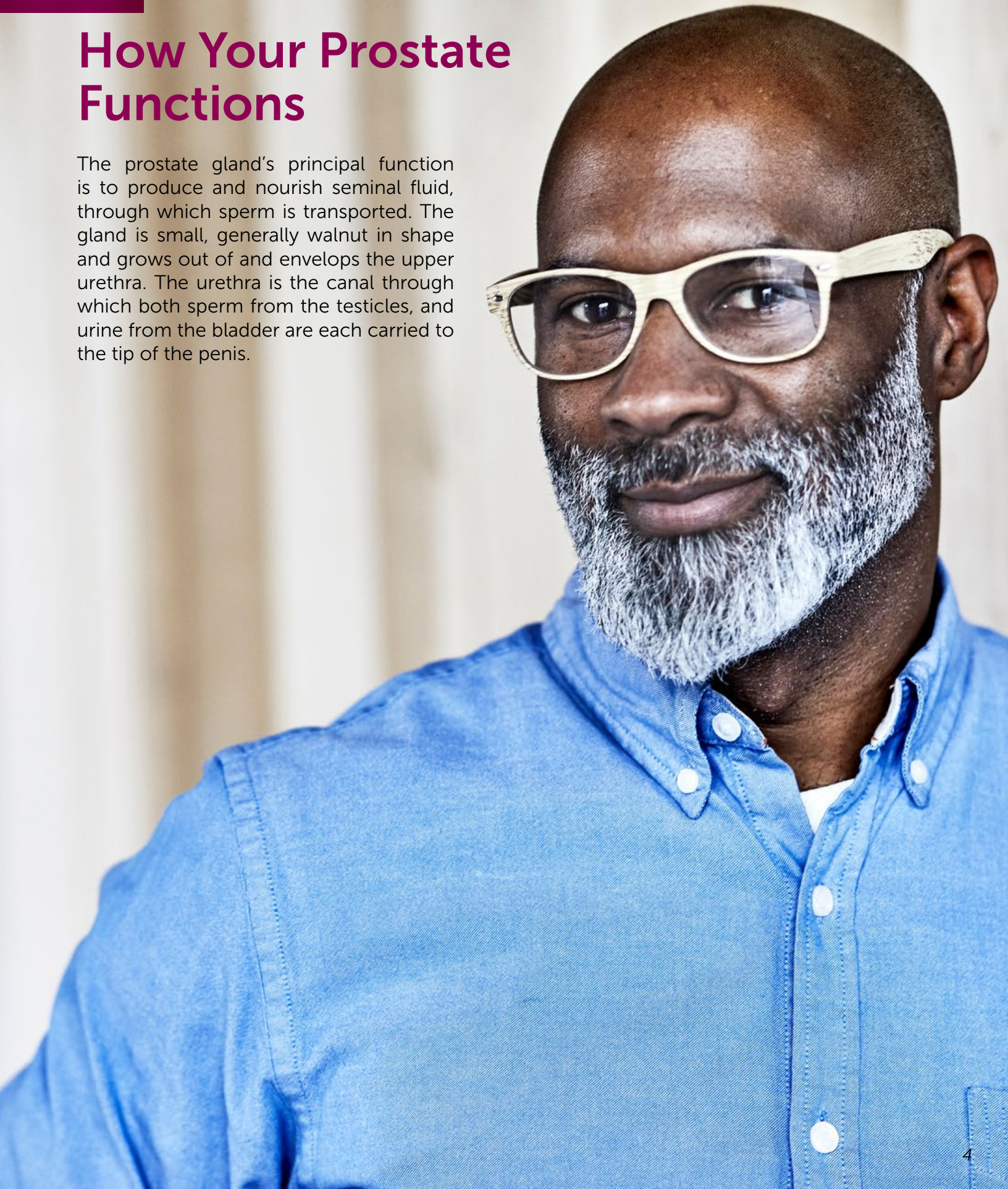


It stands as the second-deadliest killer of African American men, which is why educating our men and their families about it is a cultural imperative. Noted prostate cancer survivors who are now vocal advocates for getting tested include actor-activists Harry Belafonte and Sidney Poitier, baseball legend Ken Griffey, Sr. and former Secretary of State, General Colin L. Powell.

3.

## How Your Prostate Functions

The prostate gland's principal function is to produce and nourish seminal fluid, through which sperm is transported. The gland is small, generally walnut in shape and grows out of and envelops the upper urethra. The urethra is the canal through which both sperm from the testicles, and urine from the bladder are each carried to the tip of the penis.



# 4.

## Recognizing the Signs and Symptoms

The only way to know for sure about a prostate cancer diagnosis is through a proper checkup and examination by a physician, as the disease may often produce no symptoms at all until it's too late to treat. Also, some relatively harmless conditions such as an enlarged prostate (which happens to all men as they get older), though suggestive of prostate cancer, may produce symptoms that are similar.



While none of the symptoms listed as follows necessarily means that prostate cancer is indeed present, these are the warning signs that one should heed and bring to a doctor's attention immediately:

- The difficulty or inability to urinate
- Any weak or interrupted flow; dribbling of urine
- The frequent urge to urinate—especially during night
- Blood or pus in your urine or semen
- Any pain or burning sensation when urinating or ejaculating
- A nagging, persistent pain or stiffness in the lower back, hips, upper thighs, pelvis or rectal area
- Fatigue, or anemia

As previously mentioned, any one of these symptoms may be an indication of prostate cancer whether others are present, or not. Again, see your doctor promptly if you experience any one of these.

# 5.

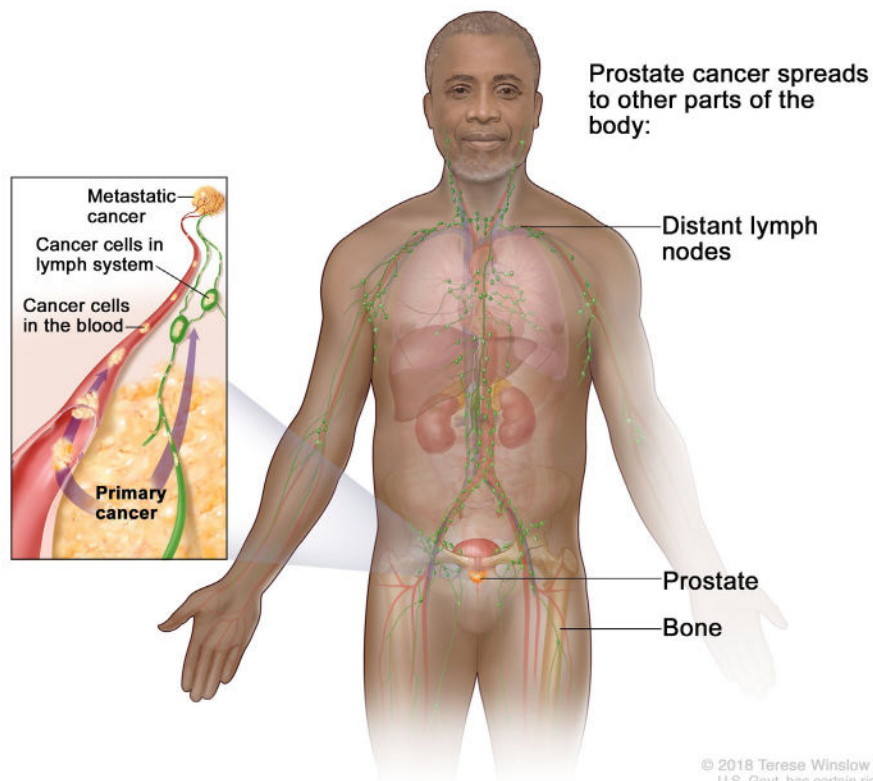
## Metastatic Prostate Cancer

If your physician explains that your prostate cancer has spread to other parts of your body, he'll likely use the term that it is "metastatic," or that your cancer has "metastasized." While it most often spreads to the lymph nodes or to your bones, it's not uncommon for it to also move into the liver or the lungs. Wherever it may spread to, it's still prostate cancer, and metastatic prostate cancer is an advanced form of it. Although some men may have metastatic disease when first diagnosed with prostate cancer, others may not encounter it until the cancer returns after initial treatments with radiation or surgery.

Male hormones like testosterone enable prostate cancer growth, so patients who are metastatic typically receive Androgen Deprivation Therapy (ADT) as their initial treatment offering. ADT works to reduce the body's levels of male hormones to shrink the cancer in the prostate, as well as in other areas where it has traveled. Metastatic prostate cancer that may respond, or that does respond to ADT is referred to as Metastatic Hormone-Sensitive prostate cancer (mHSPC).

Recent research is showing a great deal of promise, but to date there is no cure. Even so, it can be treated and controlled, and most men—including those with advanced forms of prostate cancer—can live a relatively normal life of many years. Nearly half of all men diagnosed with local prostate cancer will get metastatic cancer in their lifetimes, and a small percentage of men aren't diagnosed with prostate cancer until it has become metastatic. Doctors are able to identify metastatic cancer upon studying the cells from a sample of the tissue.

### Stage IVB Prostate Cancer



Advanced prostate cancer has been known under several names over the years, including Hormone-Resistant prostate cancer (HRPC), and Androgen-Insensitive prostate cancer (AIPC) and others. More recently, the term CRPC, or Castration Recurrent prostate cancer has also been introduced.

**a. Hormone Sensitive**

Metastatic Hormone-Sensitive prostate cancer (or mHSPC) is the disease form in which men have metastatic prostate cancer, and have never received, or may be sensitive to androgen deprivation therapy.

**b. Castration Resistant**

Castration-Resistant prostate cancer (CRPC) is best described by the progression of the disease in spite of androgen depletion therapy. CRPC may appear either as a continued increase in serum prostate-specific antigen levels, also known as PSAs, a progression of the pre-existing disease and/or new metastases.

## 6.

# Detection, and How Prostate Cancer is Treated

Detecting prostate cancer early and treating it is the best way to address it, and get it under control. Finding it early is when it's the most responsive to treatment, and if discovered in time it can be overcome in more than 90 percent of cases. Far too many men—especially Black men, however, ritually fail to get the examination soon enough to save their lives.

As to prevention methods, it is essential that men submit to an annual rectal examination, as well as a digital exam, an ultrasound probe and a blood test. Research has also shown that this cancer may be prevented by maintaining a healthy diet rich in fruit and vegetables, most notably tomatoes.

Experts recommend that although it's a presumptive test, men over the age of 40 should have the digital rectal exam as part of their regular annual checkup, and that men aged 50 and older should submit to a yearly prostate-specific antigen (or PSA) blood test.

The intent of prostate cancer treatment is to hopefully shrink the tumor, slow the rate at which it grows and to manage the symptoms. Surgery, radiotherapy, focal therapies and local treatments are often employed by doctors to treat this cancer, as well as the injection of medications to reduce a patient's male hormone levels. What's more, there are several promising new drug treatments in currently in clinical trials that are on the horizon.

Whatever your treatment method, for a truly successful outcome it is critically important that men continue to undergo annual checkups and examinations even after all traces of the cancer are no longer detectable.



# What to Know about Clinical Trials

Clinical trials are research studies conducted to help doctors find out if study drugs (whether used alone, or along with other treatments) are safe, and if they can prevent, treat or cure diseases and other conditions. A patient participating in a clinical trial can expect to have to visit the study site on a set schedule, so physicians can observe and measure how well a study drug is working for you. During your study visits, you will likely be subject to:

- Physical examinations
- Blood and urine tests
- A biopsy for tumor tissue collection
- The research study drug(s)
- Imaging scans such as CTs or MRIs
- Questionnaires probing how you're feeling and/or are functioning

If you elect to be a part of a study, your doctor will need to stay in repeat contact with you well after your visits are concluded.

## **a. African American men and clinical trials**

Despite Black men's disproportionate affliction and mortality from prostate cancer, research has historically been centered upon the biology, diagnosis and treatment of the disease among white men. In fact, a recent literature review of prostate cancer clinical trials in the U.S. revealed that 96 percent of study participants are white, and as a result most prostate cancer therapies are actually targeted to white men and thus may have limited effectiveness among underrepresented populations.

Some of the factors which contribute to the low participation among Black men in prostate cancer clinical trials include health care access and socioeconomic status, plus studies suggest that some lower-income patients are less likely to participate in the trials owing to financial constraints, and even the lack of transportation to the medical facilities. Additionally, Black American men may be hesitant or less willing to participate in clinical trials given the extensive, well-documented legacy of racial discrimination, experimentation and mistreatment they've endured at the hands of U.S. medical establishment.

Other factors impacting their participation are the lack of knowledge about clinical trials, negative interactions with providers, and concern about trial side effects. Researchers today are working to develop interventions to improve minority participation in prostate cancer clinical trials, and physicians are being thoroughly trained to understand the importance of having diverse participant populations as equitable representation is critical to countering the disparity of this cancer among Black men.

## 8.

# What You Should Do if Your Cancer has Returned

After your checkup, if your PSA blood level shows that your prostate cancer has recurred after the initial treatment, additional follow up treatment may be beneficial to you. What method your doctor prescribes will depend upon exactly where the cancer is, as well as the treatments that you've previously undergone. If your cancer is believed to be still in or around the prostate area, another attempt to cure it might be possible, so expect that imaging tests such as a CT, an MRI or bone scans may be performed on you, the patient, to get the best idea of its location.

Should you be experiencing any pain from the cancer, ensure that your doctor and/or health care team are fully informed about it. As we've documented here and on our website, [BlackDoctor.org](http://BlackDoctor.org), many promising new medicines are now being tested in the fight against prostate cancer, among them vaccines, monoclonal antibodies and other new types of drugs. Nonetheless, in the meantime, African American men are encouraged to strongly consider joining in clinical trials.



## 9.

# Why a Support Network is Important

When developing a truly comprehensive plan of care for men battling prostate cancer, health care providers should identify whether there's adequate relatability available within a man's family support network to meet the informational and emotional needs that a patient ritually encounters. Absent this, sharing information about the presence of prostate cancer support groups should be a part of any complete plan of care.

In the absence of sufficient personal support networks, a program of one-on-one support should be established with volunteers who are prostate cancer survivors, as they know firsthand what it's like to cope with issues commonly regarded as embarrassing such as this one. Convening regularly with others who've faced similar circumstances may help to alleviate some of the fears and isolation that often come with a prostate cancer diagnosis.





## 10.

# Keeping Your Spouse, Family and/or Caregiver Informed

It cannot be emphasized enough how important it is to make sure that your family, especially your spouse, siblings, friends, your children, your caregiver and anyone else close to you are thoroughly informed about your prostate cancer diagnosis and treatment. Virtually any one can step up and become a caregiver for a man with prostate cancer. Some can be emotional supports, while others can assume other weighty roles and responsibilities and reduce your stress.

# 11.

## It's in Your Hands: Lifestyle Changes You Can Make Now

Consuming a healthy diet and regular physical activity are the keys to good general health and can enable you to maintain your optimum body size, physique and weight. This is especially the case if you have, or potentially have prostate cancer, as there is considerable evidence that being overweight increases your risk of being stricken with the aggressive or advanced forms of the disease.

A healthier lifestyle also goes a long way toward enabling you to manage many of the side effects of treatments for prostate cancer. Although this book is not intended to advance any specific dietary program or exercise regimen, we do recommend that you consider instituting some simple lifestyle changes to improve your overall health and these, in-turn, may help with your prostate cancer.

### **Tips for healthier living:**

1. Adopt a healthy, plant-based diet (minimize animal products)
2. Be more physically active, as regularly as possible
3. Work hard to achieve and maintain a healthy weight
4. Limit your consumption of alcohol
5. Quit your use of tobacco. If you don't use it already, never start
6. Limit your skin's exposure to UV radiation
7. Schedule regular physical examinations, and speak with your doctor about your risk for prostate cancer.

