



*Brothers, Check In:*  
Protecting Black Men  
from Prostate Cancer

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BlackDoctor

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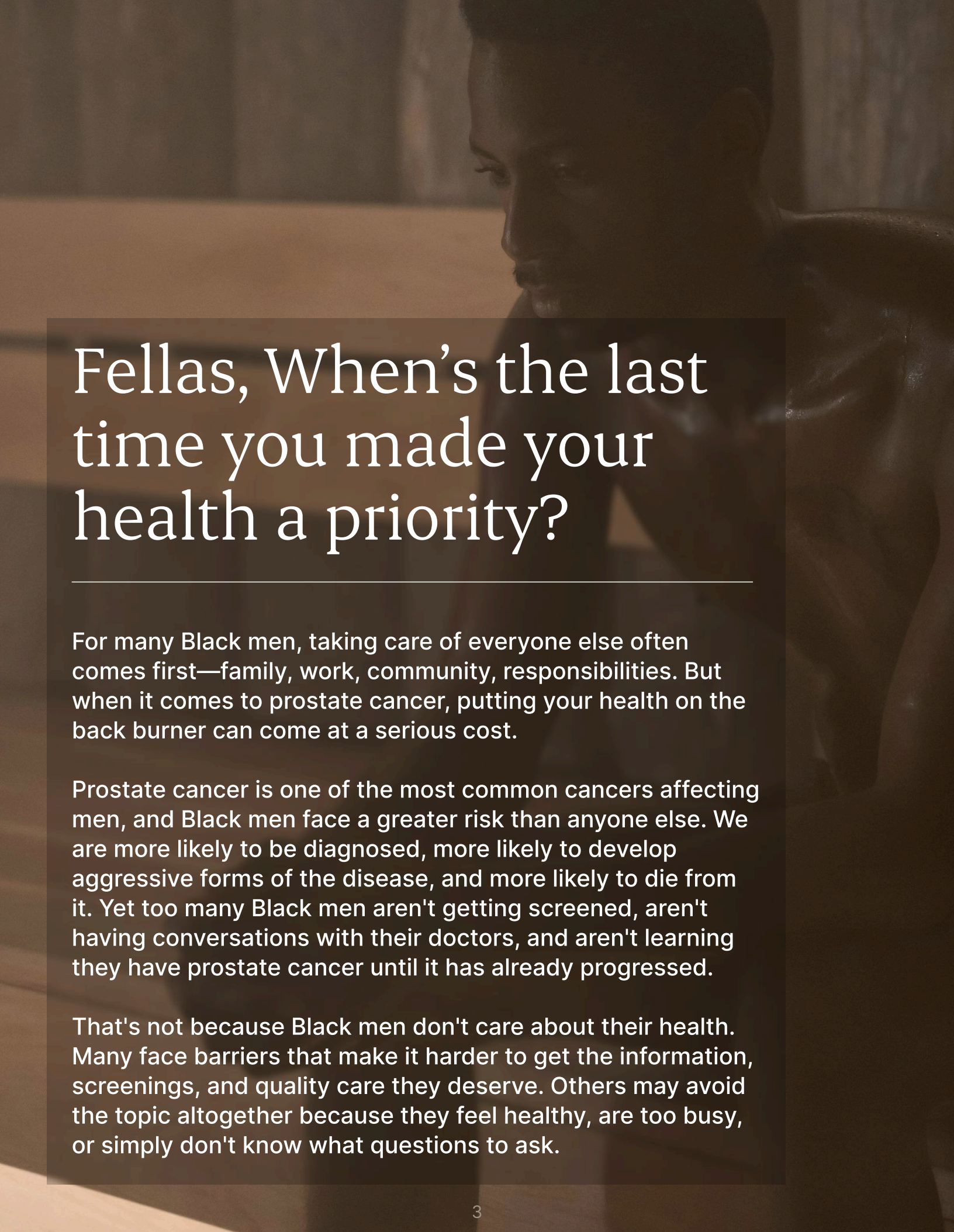
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FURTHER READING





# Fellas, When's the last time you made your health a priority?

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For many Black men, taking care of everyone else often comes first—family, work, community, responsibilities. But when it comes to prostate cancer, putting your health on the back burner can come at a serious cost.

Prostate cancer is one of the most common cancers affecting men, and Black men face a greater risk than anyone else. We are more likely to be diagnosed, more likely to develop aggressive forms of the disease, and more likely to die from it. Yet too many Black men aren't getting screened, aren't having conversations with their doctors, and aren't learning they have prostate cancer until it has already progressed.

That's not because Black men don't care about their health. Many face barriers that make it harder to get the information, screenings, and quality care they deserve. Others may avoid the topic altogether because they feel healthy, are too busy, or simply don't know what questions to ask.



# The good news is that knowledge can save lives

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Learning about prostate cancer, understanding your risk, and knowing when to get screened can help you take control of your health before a problem becomes a crisis. While no one can completely prevent prostate cancer, there are steps you can take to support your overall health and improve your chances of catching the disease early, when treatment is often most successful.

This guide was created specifically for Black men. Inside, you'll find practical information about prostate cancer, screening recommendations, treatment options, and ways to advocate for yourself throughout your healthcare journey. Most importantly, you'll learn how to make informed decisions that help protect your health today and for years to come.





# The numbers are hard to ignore

Every African American man should have at least a general, working knowledge of prostate cancer, and for stark reasons.

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70%

Black men are about 70% more likely to be diagnosed with prostate cancer & more than twice as likely to die from the disease compared to white men.

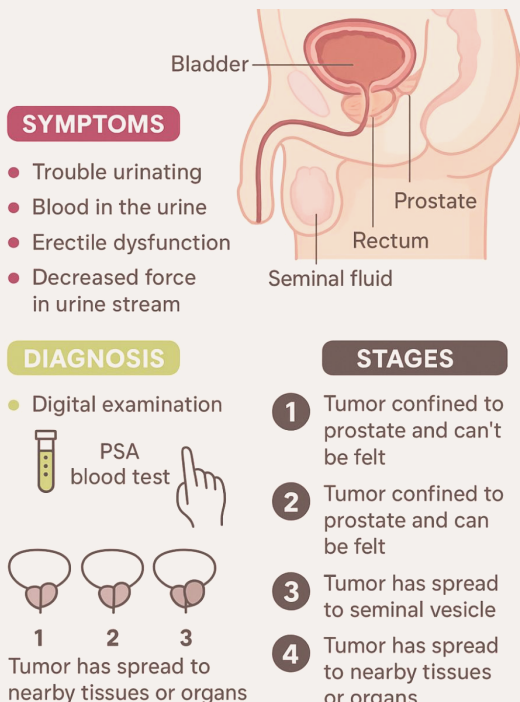
But this story is about more than statistics. It's about fathers, sons, brothers, husbands, mentors, and friends. It's about making sure more Black men have the information they need to protect their health, ask questions, get screened, and advocate for the care they deserve. Because when one brother checks in, the impact reaches far beyond him.

# So, What Exactly is Prostate Cancer?

In **prostate cancer**, cells inside the prostate gland start to grow out of control and can form masses known as tumors. The prostate is a small walnut-shaped gland found in males that is below the bladder and in front of the rectum. It produces the seminal fluid that nourishes and transports sperm.

While some types of prostate cancer can be localized to the prostate and don't progress quickly. Others are more aggressive and spread rapidly outside the prostate. Those that are localized have a higher chance of being treated effectively. However, if you have the kind that progresses quickly, treatment may be more complicated.

During its early stages, prostate cancer may not have any symptoms. When you start to notice changes in your health, you may have trouble urinating, blood in the urine, blood in the semen, erectile dysfunction, and decreased force in your urine stream. Any of these symptoms can be a sign that you need to see the doctor for a diagnosis. Getting a diagnosis starts with screening, which can entail a digital examination and a blood test that checks your levels of prostate-specific antigen (PSA).



Depending on the results of these tests, your doctor may suggest that you undergo ultrasounds, Magnetic resonance imaging scans (MRIs), or biopsies to determine whether or not you have prostate cancer.

They will also need to know its grade and stage. Grading prostate cancer is a way of stating how aggressive it is, and the most common scale used is the Gleason score.



**The Gleason score** uses a combination of numbers to indicate how aggressively the cancerous cells will spread. Two is the lowest score and denotes a non-aggressive cancer, while ten denotes a highly aggressive cancer.

Staging prostate cancer, on the other hand, means determining the extent to which the cancerous cells have spread. The stages of prostate cancer are numbered from 1 to 4 and may have subcategories depending on the results of your tests.

In the first stage, there are no discernible growths that can be felt during a digital examination or seen during screening. However, these may be discovered during surgery for another condition. At stage two, the tumor is large enough to be felt and seen but is confined to the prostate. If the tumor grows outside of the prostate or spreads to the seminal vesicles, it's categorized as stage three prostate cancer.

In stage four, the cancerous cells have spread to tissues or organs that are adjacent to the prostate but aren't the seminal vesicles. They may have progressed into the rectum, bladder, urethral sphincter, or pelvic wall.

## Why Black Men Face Higher Risks

1/6

Statistics show that one in six Black men will be diagnosed with prostate cancer in their lifetime.

1.7x

This translates to Black Americans being 1.7 times more likely to get that diagnosis than other ethnicities

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Black men tend to develop prostate cancer at an average of three years younger than white men, which may explain why many of them have a more advanced form of the disease when they finally receive a diagnosis.

While the average age of prostate cancer diagnosis is 67, recent studies have shown that Black men are diagnosed with the condition approximately three to nine years earlier than other racial groups.

Even when they get an early diagnosis, Black men are statistically less likely to be placed on structured active surveillance and more likely to receive no treatment at all than white men. Though this can be an option for some persons who have a certain stage of prostate cancer, doctors usually need to continue follow-up to ensure that the disease isn't progressing.

When it comes to mortality, Black Americans are twice as likely as white men to die from prostate cancer.



# Why Prostate Cancer Hits Black Men Harder

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## Genetic Factors

While more research needs to be done, some studies suggest that Black men may owe their predisposition to prostate cancer to their genes. In 2023, a vast study was conducted that only included Black men. Researchers discovered nine new genetic mutations that increased their risk of developing prostate cancer. Interestingly, seven of those mutations were found primarily or exclusively in men of African ancestry.

One variation that caught the researchers' attention is in the **8q24** region. Based on what the study found, that mutation would not only increase your risk of developing prostate cancer but would also make it more likely for you to have an aggressive form of the condition.

Being able to identify these genetic mutations in Black men can help the medical community develop a screening guide that's specific to them. The guide would include how soon and how often Black Americans will need to be screened. In the future, it may even help with personalized treatments.

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## When the Healthcare System Falls Short

Studies consistently show that healthcare inequities can heavily influence how quickly the illness is diagnosed and treated. One of those is access to healthcare facilities that carry out prostate cancer screenings, offer certain treatment options, or participate in clinical trials.

The relationship between the medical community and Black Americans can also affect the kind of care they receive. It's been shown that some Black men don't know they should be screened regularly because their doctors never communicated the importance to them. Worse yet, some doctors are unaware of the proposed guidance that Black men get screened at an earlier age and more frequently than other ethnicities.

When it comes to treatments, the lack of communication also has an impact. Doctors are less likely to tell Black men about all their options for treating prostate cancer, including clinical trials. Additionally, they don't act as quickly to treat the disease.

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## Breaking the Silence Around Prostate Cancer

Stigma about prostate cancer and the DRE that's involved in screening also play a role in why Black American men avoid being tested for the illness. Some men are concerned about how the illness will affect their sexual function and perceived virility. This isn't a topic that they may feel comfortable talking about with anyone, let alone doctors whom they already don't trust. When it comes to prostate cancer screening, they may also view the DRE as being too invasive.

However, they may be more likely to listen to their peers about prostate cancer and how it affects the Black community. That's why it's important to have these conversations on a community level. Doing that allows men to hear about other people's experiences while sharing their concerns privately.

# What Increases Your Risk?

Several risk factors can contribute to the development of prostate cancer. While these factors don't guarantee that you'll have the illness, they signal an increased chance of it happening. One major issue is age.

1/6

Generally, most men develop prostate cancer after the age of 50. About 6 in 10 of the men who are diagnosed with this form of cancer are over 65.

African American men have a higher risk of getting the disease than other ethnicities

If people in your family have had the illness, you're also prone to developing it. In some cases, this doesn't only mean prostate cancer. Doctors estimate that having someone in your family with breast cancer can affect you as well.

A couple of other issues aren't as directly related to prostate cancer, but researchers have established a link. Being overweight or obese might not impact your risk of developing the disease, but it may affect how your cancer behaves. Having weight issues may increase the likelihood of your cancer being more aggressive.

While more research needs to be done, your diet may also play a role in getting prostate cancer. It's possible that consuming dairy products in excess may increase your risk of prostate cancer. However, this hasn't been strictly established, so it's best to explore the likelihood with your doctor. Other researchers suggest that eating red meat, saturated fat, and processed foods can contribute to your risk of prostate cancer.



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# Daily Habits That Make a Difference

You can't change your genes or age, but that doesn't mean you're completely powerless in preventing prostate cancer.

Studies show that making certain diet and lifestyle changes can reduce your risk of prostate cancer:

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Exercise regularly and eat balanced meals to help manage your weight.

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Try an anti-inflammatory diet to help reduce inflammation.

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These diets are low in sugar, processed foods, dairy, and red meat

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Eat lots of brightly coloured fruits and vegetables, fish, and plant-based proteins.

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Add tomatoes, broccoli, and cauliflower to your regular meals.

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Avoid taking too many supplements and get nutrients from a balanced diet instead.

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Avoid smoking and drinking to support overall health.

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Though research continues, it's possible that your calcium intake can increase your risk of developing more aggressive forms of prostate cancer. Since calcium is an important part of a nutritious diet, you can't cut it out entirely. Health experts suggest getting your calcium from plant-based sources like almond, tofu and leafy green vegetables.

# Understanding Your Family History

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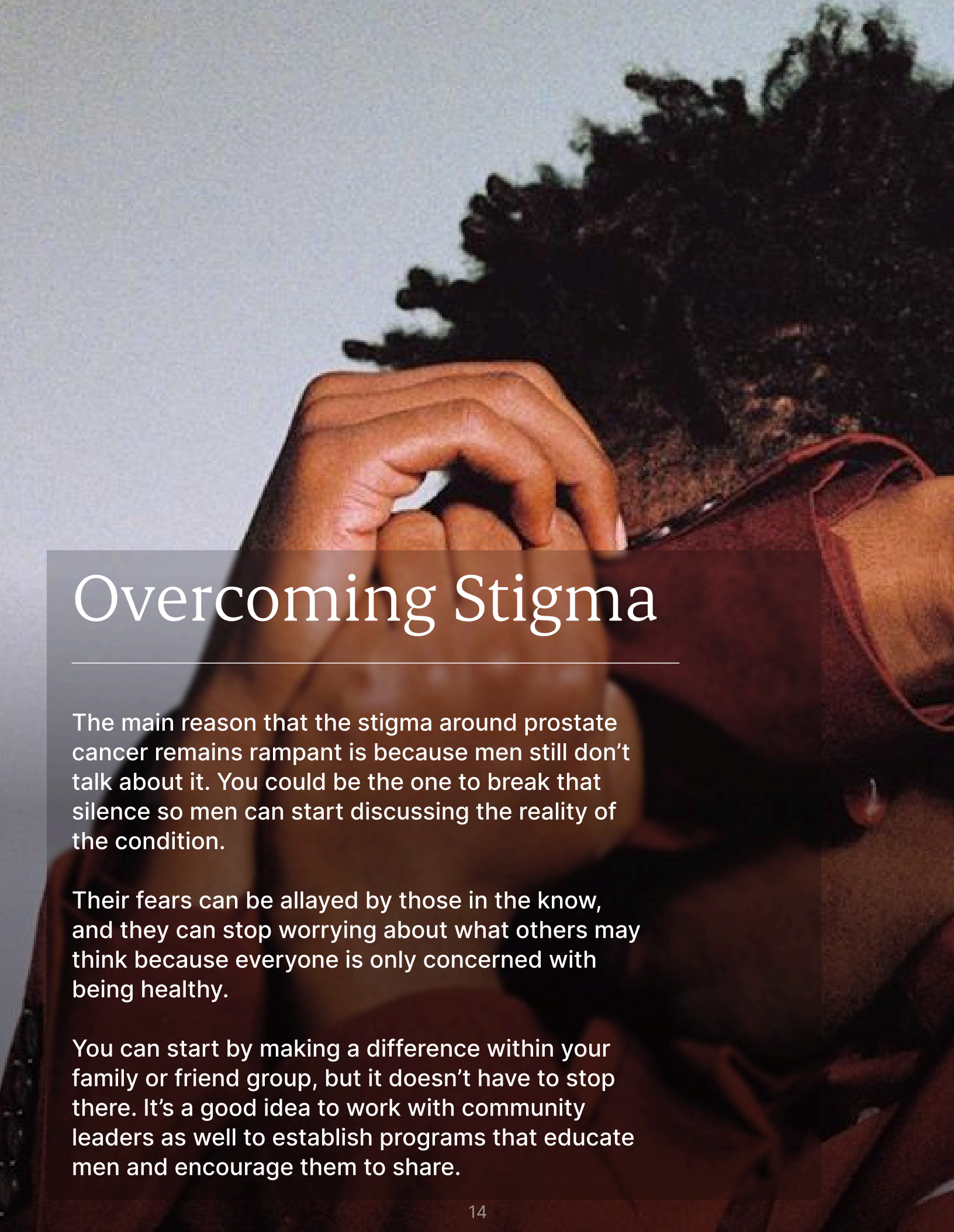
Your family history of prostate cancer can be a critical determinant of whether or not you may develop the condition. Ideally, all families will discuss anyone's cancer diagnosis, but this is rarely the case. Depending on how your family treats illness, some people may not know if any of their male family members were diagnosed with or died from prostate cancer.

This is where genetic counseling and testing can be helpful. A genetic counselor can work with you to assess whether testing is a good fit. A few of the questions they may ask include if anyone in your family has had prostate cancer, other types of cancer, or aggressive forms of cancer that spread throughout the body.

Even if you don't have answers to those questions, you may still be eligible for testing. During this test, a medical professional will collect a sample of your blood or saliva, or from a swab of the inside of a cheek. The sample will then be analyzed for genetic mutations that can lead to prostate cancer.

If any mutations are found, you may be advised to undergo screening for prostate cancer. The counselor will also recommend that you talk to your children and siblings about getting tested as well.





# Overcoming Stigma

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The main reason that the stigma around prostate cancer remains rampant is because men still don't talk about it. You could be the one to break that silence so men can start discussing the reality of the condition.

Their fears can be allayed by those in the know, and they can stop worrying about what others may think because everyone is only concerned with being healthy.

You can start by making a difference within your family or friend group, but it doesn't have to stop there. It's a good idea to work with community leaders as well to establish programs that educate men and encourage them to share.



# Screening Guidelines

Prostate cancer screening is the only way to guarantee the early detection and diagnosis of the condition. Even if you aren't having symptoms, the American Cancer Society (ACS) has recommendations for when men should undergo screening. The Prostate Cancer Foundation's 2024 guidelines, published in NEJM Evidence, recommend baseline PSA testing for Black men between the ages of 40 and 45.

You should get screened if you are:

40

and at high risk

45

and at medium risk

50

and at average risk.

These recommendations, however, aren't necessarily universal, as some organizations, such as the American Urological Association (AUA), don't differentiate their suggestions based on risk. This results in some Black men not being referred for prostate cancer screening because of their age. Given their higher risk, though, Black men should start getting screened for prostate cancer at 40 and repeat it every two years or as recommended by their doctors.

# Screening

Screening may involve a prostate-specific antigen (PSA) blood test and a digital rectal exam (DRE).

## A. PSA Blood Test

A blood test that measures prostate-specific antigen (PSA) levels in the blood

Used to identify potential signs of prostate cancer, even when there are no symptoms.

Cancerous prostate tissue can produce higher amounts of PSA than normal prostate tissue.

Recognized as the primary screening method acc. to 2023 AUA guidelines and the USPSTF.

Normal PSA levels may vary by age.

## B. Digital Rectal Exam

A physical exam that checks the rectum, anus, and prostate gland.

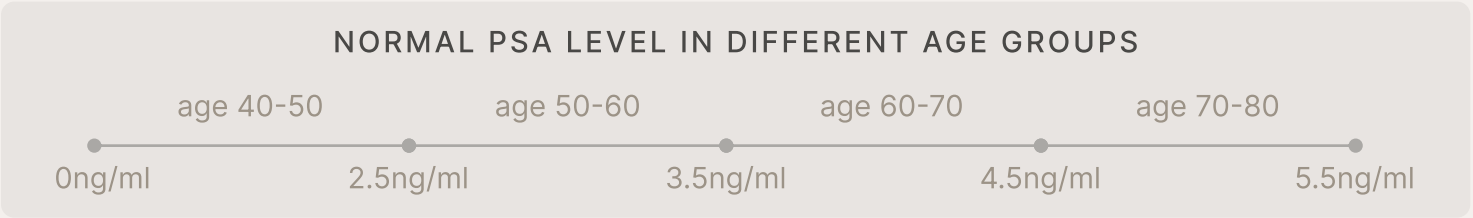
Used to feel for abnormalities in the prostate gland and surrounding area.

A medical professional gently inserts a lubricated, gloved finger into the rectum.

No longer strongly recommended as a standalone screening tool.

Usually used as an optional or supplementary procedure.

If your levels are within the expected range, your doctor may recommend being retested in two years. Those who have a higher than normal PSA level with no other sign of prostate cancer should be retested in a year.



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# Symptoms to watch for

It's possible to have early-stage prostate cancer but have no symptoms. However, if you experience any such as:

frequent urge to urinate

blood in the urine or semen

trouble urinating

needing to wake up to urinate

When the cancer starts to spread, this is known as metastatic or advanced prostate cancer. At this point, the symptoms will become more pronounced. You may have:

back pain

difficulty getting an erection

weakness in your arms or legs

accidental urine leakage

unexplained weight loss

chronic fatigue

## Challenges in Diagnosis

Despite their increased risk of prostate cancer, studies show that Black men are less likely to be diagnosed in time. This may happen because Black Americans aren't close to health centers that offer prostate cancer screening, and they might not know that they should start being screened earlier.

However, there are other potential obstacles to being diagnosed. As mentioned earlier, some doctors aren't aware that Black men should be screened at an earlier age than white men. Additionally, recent studies suggest that exceptions may also need to be made for African Americans when it comes to their PSA levels.

While levels higher than 2.5 ng/ml are a reason for concern in white men aged 40 to 64, Black men showed a higher risk of developing prostate cancer in four years if their PSA levels were above 1.9 ng/ml.

On a personal level, Black men often may not trust the medical community and find the screening process uncomfortable. The first issue is understandable based on the experiences that the African American community has had with health professionals and the systemic bias that several studies have revealed. The medical community continues to work to change this, but you may get the care you need by finding the right doctor for you.

Where prostate cancer screenings are concerned, the PSA test and DRE are done quickly, so you won't be there long. The discomfort is minimal and pales in comparison to the potential for saving your life.



# Traditional Treatments

Treatment for prostate cancer is usually determined based on several factors. These can include your overall health, if and how far the cancerous cells have spread, and how quickly the tumors are growing. Your doctor will also consider the pros and cons of the available treatment options.

Sometimes, if you have low-grade prostate cancer, your doctor may opt to forgo immediate treatment and actively monitor your condition. This is called active surveillance. It's usually recommended for persons who don't have any symptoms, have slow-progressing cancer, or have other health conditions that would make treatment difficult.

During this surveillance, you may have regular blood tests, rectal exams, and prostate biopsies to monitor the progression. If there is evidence that your cancer is growing, your doctor may recommend treatment.

The traditional treatments for prostate cancer are:

surgery

hormone therapy

chemotherapy

ablative therapy

radiation therapy

Your doctor will likely opt for surgery if the cancerous cells are confined to the prostate. When doing a prostatectomy, a surgeon might remove the prostate gland, few lymph nodes, & some tissue that surrounds the prostate.

While there are different ways to carry out this surgery, your doctor will discuss which one will be right for you.

# Radiation Therapy

In radiation therapy, high-powered energy is used to kill cancerous cells.

Two types of radiation therapy are:

- External radiation therapy
- Internal radiation therapy, also known as brachytherapy

Doctors generally choose external radiation therapy when the cancer is confined to the prostate. External radiation therapy can also be used after surgery to kill any remaining cancerous cells and help prevent the cancer from spreading.

If the cancer has spread, radiation therapy can be used to slow the progression of abnormal cells.

During external radiation therapy, you lie on a table while a machine moves around you directing energy beams, such as X-rays or protons, at the affected areas.

If low-dose beams are used, treatment may happen five days per week for a few weeks.

If a higher dose of radiation therapy is used, the treatment time may be shorter.

During internal radiation therapy, or brachytherapy:

- A doctor places tiny radioactive sources into the prostate tissue.
- These inserts deliver small doses of radiation over a long period.
- This treatment works well for cancerous growths that are confined to the prostate.

# Ablative therapy

It may be suggested if:

- You have small cancerous tumors that make surgery impossible.
- You have advanced prostate cancer that hasn't responded to other treatments.

In ablative therapy, a doctor uses either heat or cold to destroy cancerous cells.

When cold is used, the treatment is called:

- Cryoablation
- Cryotherapy

During cryoablation or cryotherapy:

- Cold gas is used to freeze the affected tissue.
- Once the tissue thaws, it is frozen again.
- This freezing and thawing cycle is repeated as needed.
- The cycle kills abnormal cells, along with some healthy tissue.

When heat is used, the doctor may use high-intensity focused ultrasound, or HIFU.

During HIFU treatment:

- Ultrasound is used to heat the prostate tissue.
- The heat kills the targeted cancerous cells.

# Hormone therapy

In hormone therapy, you are given medication that stops your body from producing testosterone.

Hormone therapy can be effective because cancerous cells often use testosterone to grow.

Without testosterone, cancerous cells may die or grow more slowly

Hormone therapy may be recommended for people with advanced prostate cancer.

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# Hormone therapy

There are currently two types of medications used in hormone therapy:

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## A. Luteinizing hormone-releasing hormone, or LHRH

These are also called gonadotropin-releasing hormone, or GnRH, agonists and antagonists.

They prevent the body's cells from receiving the messages that tell the body to make testosterone.

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## B. Anti-androgens

These block testosterone from reaching the cancerous cells.

They are typically given together with LHRH agonists.

This is because LHRH agonists may cause a temporary spike in testosterone when first taken.

If the cancerous cells have spread or your cancer hasn't responded to hormone therapy, your doctor may suggest chemotherapy. During this treatment, drugs are administered through a vein or in pill form to kill the abnormal cells.



# Emerging Therapies

Thanks to advances in medical treatment, you're not limited to the treatments outlined above. Research continues into more effective ways to treat cancer without adversely affecting healthy cells. They're also helpful to those with advanced prostate cancer that hasn't responded to other forms of therapy. Two of these are immunotherapy and targeted therapy.

## A. Immunotherapy

Medication encourages the immune system to attack and kill cancerous cells. One of the reasons that your immune system doesn't do this by itself is that it isn't trained to identify cancerous cells as harmful.

An option is taking a sample of your immune system cells, genetically engineering them in a lab to identify cancerous cells, and then injecting them into your body.

Doing this will train your immune system to find and destroy the intended cells.

## B. Targeted Therapy

For targeted drug therapy, doctors use specialized medications to home in on specific cellular vulnerabilities:

**PARP inhibitors (such as olaparib and rucaparib)** target advanced metastatic castration-resistant prostate cancers with BRCA or homologous recombination repair (HRR) gene mutations, preventing cancer cells from repairing their damaged DNA.

**General targeted drugs** use agents that specifically interfere with genetic, hormonal, or chemical abnormalities unique to cancerous cells, causing them to die, which often involves your doctor submitting tissue samples to a lab to determine which specific drugs will work for you.

Additionally, **radiopharmaceutical therapy such as lutetium Lu 177 vipivotide tetraxetan (Pluvicto)** delivers targeted radiation directly to prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer cells, offering a major precision-medicine advancement for patients with advanced disease.

To identify what you need, your doctor may submit samples of your cancerous cells to a lab so they can determine if any drugs will work for you.

# Personalized Medicine

While the existing treatment programs can be effective for many people with prostate cancer, they don't work for everyone. This is where personalized or precision medicine comes in. In this case, doctors design a treatment plan based on a patient's genetic profile and the specific mutations involved.

One example is where doctors use a PSMA PET scan to determine if your cancerous cells have PSMA on their surface. If they do, you can be given medication that targets this hormone and interferes with the cells' viability.

This treatment could be groundbreaking for Black people, given their possible genetic propensity for developing prostate cancer.



# Clinical Trials

Clinical trials are imperative for developing and exploring new ways of diagnosing and treating prostate cancer. These trials also give researchers a lot of data about the participants and how they respond to the medications they've been given. This data can inform further trials or the medical community as a whole. Unfortunately, the lack of diversity in clinical trials can skew the information researchers receive, resulting in diagnostic tools and treatments that don't adequately address Black people's needs.

Despite having a higher risk of developing prostate cancer, Black men are underrepresented in clinical trials. Acc. to a study led by Emily Rencsok at Harvard T.H. Chan School of Public Health and presented at AACR 2020, 96% of the participants in 59 trials they investigated were white.

While Black men made up 11.3 percent of these trials in 1995, they were only 2.8 percent in 2014.



In recent years, the number has hovered at around five percent. When assessing the reasons for this disparity, researchers noted that most Black people didn't live in areas that were close to where clinical trials were conducted. However, an even bigger obstacle was the fact that most African Americans didn't know about clinical trials. Therefore, educating Black men about their options will be essential to increasing the number of African Americans included in clinical trials.

# Life After Treatment

Getting treatment is essential to stopping the progression of prostate cancer. However, all the options have potential side effects you must learn to manage. For example, some possible issues you can encounter after undergoing treatment include

urinary incontinence

sexual dysfunction

bowel dysfunction

infertility

chronic fatigue

digestive issues

hair loss

You should always discuss the potential side effects of your treatments with your doctor so you know what to expect and when you might need medical intervention.

Issues like nausea and diarrhea can be managed with at-home remedies or over-the-counter medications. You may also be able to reduce urinary incontinence with bladder training. However, most of them will need your doctor's help.

With urinary incontinence, you may undergo a medical procedure that tightens the passageway from the urethra so urine doesn't leak through as easily. For those who have trouble urinating, there are medications that can help improve the flow of urine.

Some medications can help with erectile dysfunction. Depending on the cause of the issue, you may also need topical creams, vacuum pumps, penile injections, or implants.

It's always best to discuss your options with your doctor, as some side effects are only temporary.



# Mental and Emotional Health

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The effects of prostate cancer are not only physical. People dealing with prostate cancer may also experience: Depression or anxiety

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After a diagnosis, it can be helpful to find a therapist who works with Black men dealing with prostate cancer.

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Finding a culturally competent therapist is important because ethnicity can affect how someone deals with mental health and cancer diagnosis

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Psychology Today has a [tool](#) that can help find Black therapists near you.

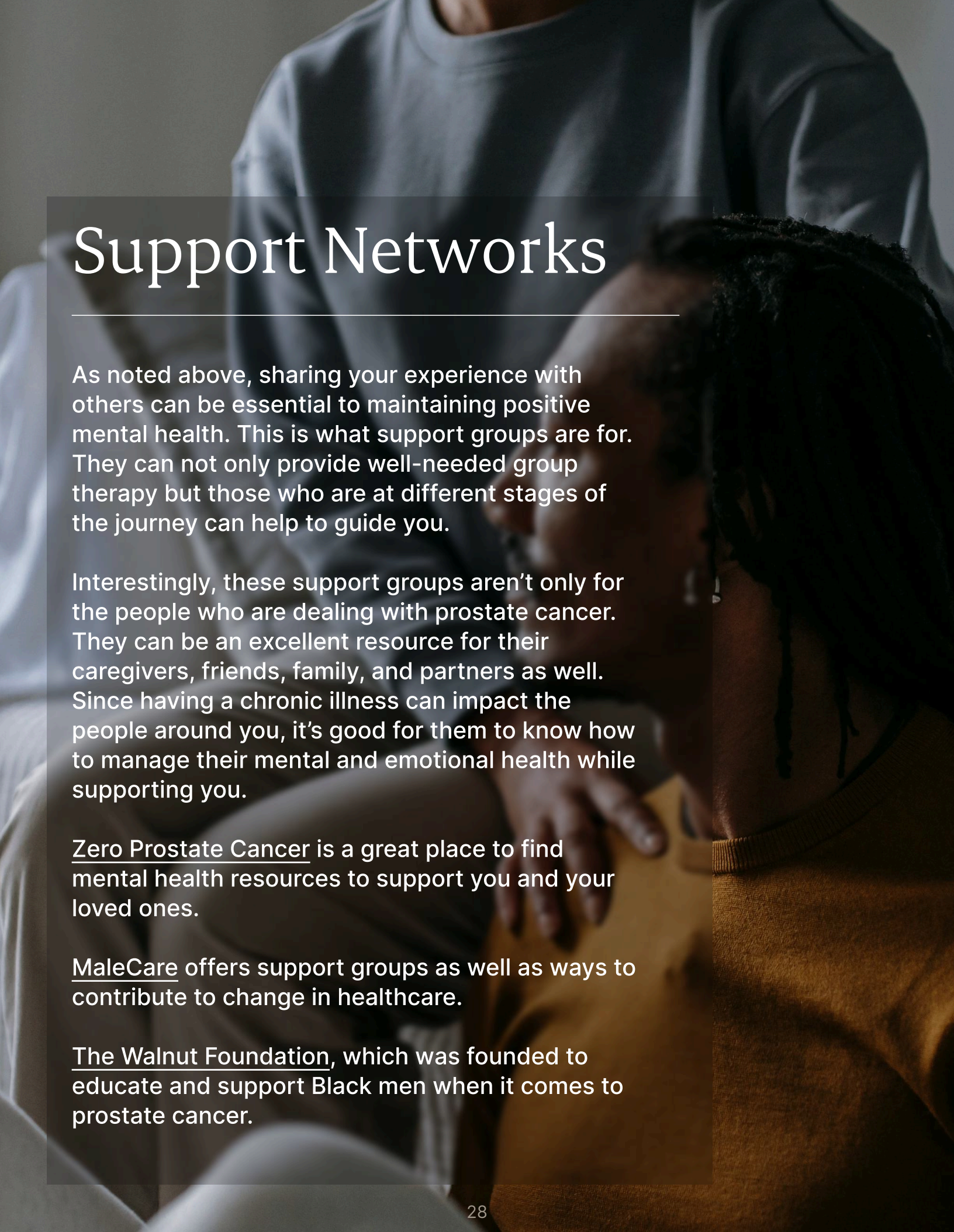
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While exploring therapy, there are other ways to support your mental and emotional health, including:

- Finding new hobbies
- Talking to others who are dealing with similar health issues
- Exercising regularly
- Trying relaxing activities, such as meditation and yoga
- Sharing your feelings with loved ones





A photograph of a person with dark dreadlocks wearing a blue long-sleeved shirt, being supported from behind by another person whose hands are visible on their shoulders. The background is softly blurred.

# Support Networks

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As noted above, sharing your experience with others can be essential to maintaining positive mental health. This is what support groups are for. They can not only provide well-needed group therapy but those who are at different stages of the journey can help to guide you.

Interestingly, these support groups aren't only for the people who are dealing with prostate cancer. They can be an excellent resource for their caregivers, friends, family, and partners as well. Since having a chronic illness can impact the people around you, it's good for them to know how to manage their mental and emotional health while supporting you.

Zero Prostate Cancer is a great place to find mental health resources to support you and your loved ones.

MaleCare offers support groups as well as ways to contribute to change in healthcare.

The Walnut Foundation, which was founded to educate and support Black men when it comes to prostate cancer.

# Building Community Support

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Though it's great to learn more about prostate cancer, real change starts when people come together to lobby for change. A great place to start is with churches, other faith-based organizations, fraternities, community leaders, and charities. With them, you can build community support and spread the word about prostate cancer.

You can also develop support structures for those who are already living with the disease. It can also open up the way for different organizations to mobilize testing centers for prostate cancer screenings and clinical trials.

## Advocating for Health Equity

It may seem daunting to advocate for change in the healthcare policies that govern how the medical community treats Black Americans, but it's possible.

With the community behind you, you can advocate at the local government level for changes that would benefit the community. Additionally, you can partner with organizations that are already pushing for policy changes.

These can include those that are only focused on how Black people are treated currently, as well as those that are pursuing general change.

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# Empowering the Next Generation

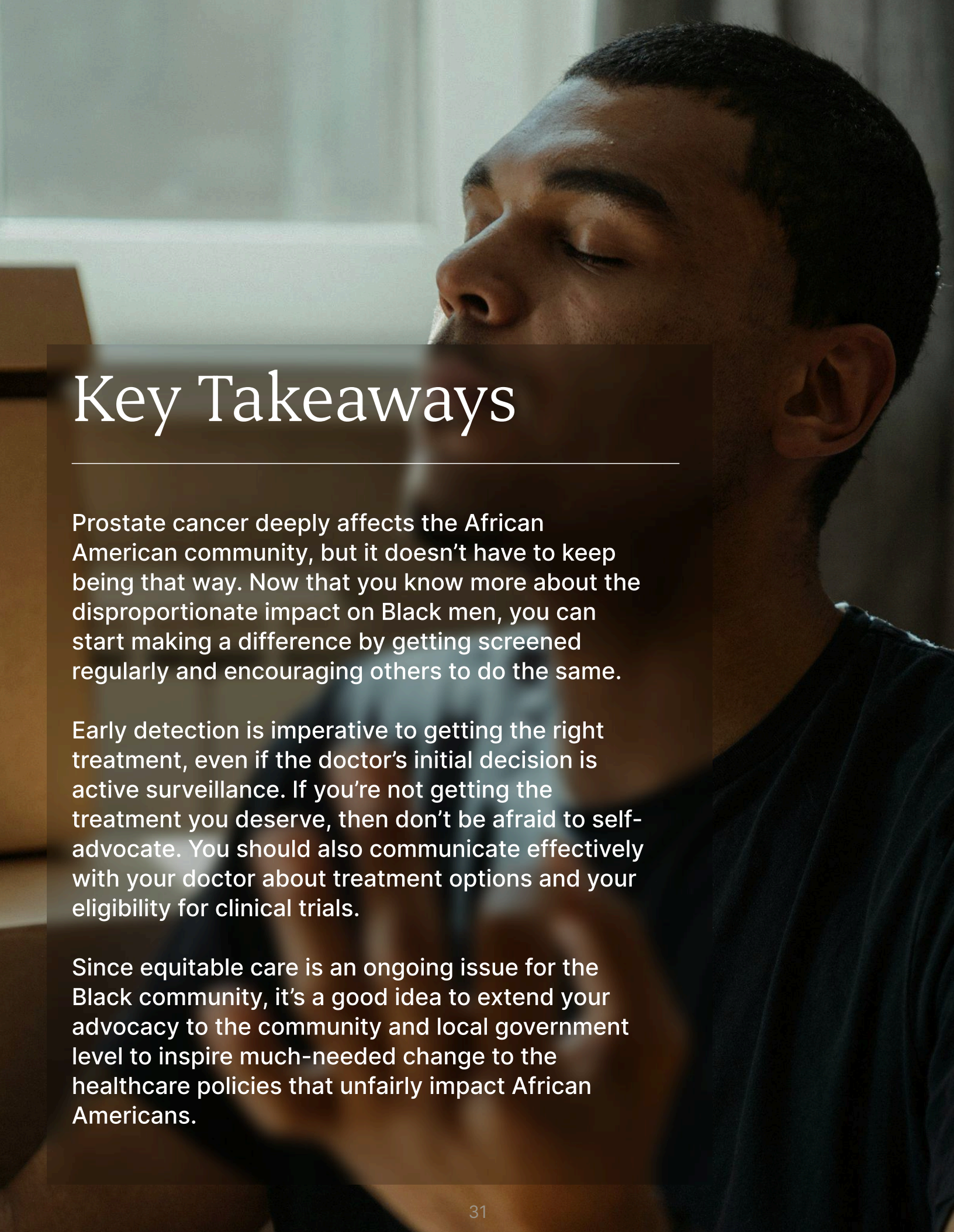
Given that Black men can develop prostate cancer at a much younger age than other ethnicities, it's essential to educate the next generation about the condition. While stressing their higher risk, you should let them know how they can catch the illness early so they have a higher chance at survival.

You must let them know that prostate cancer screenings are the only way to check for early stages of the condition, as they may not have any symptoms. Still, you should share the list of possible symptoms they may experience as the disease progresses.

The aim is to empower the younger generation to get into the habit of screening at an earlier age, whether or not doctors decide to follow the proposed guidelines for Black Americans.

Over time, this will result in earlier diagnoses, so fewer Black men will only get diagnosed with advanced stages of prostate cancer. As a result, the mortality rate would improve.





# Key Takeaways

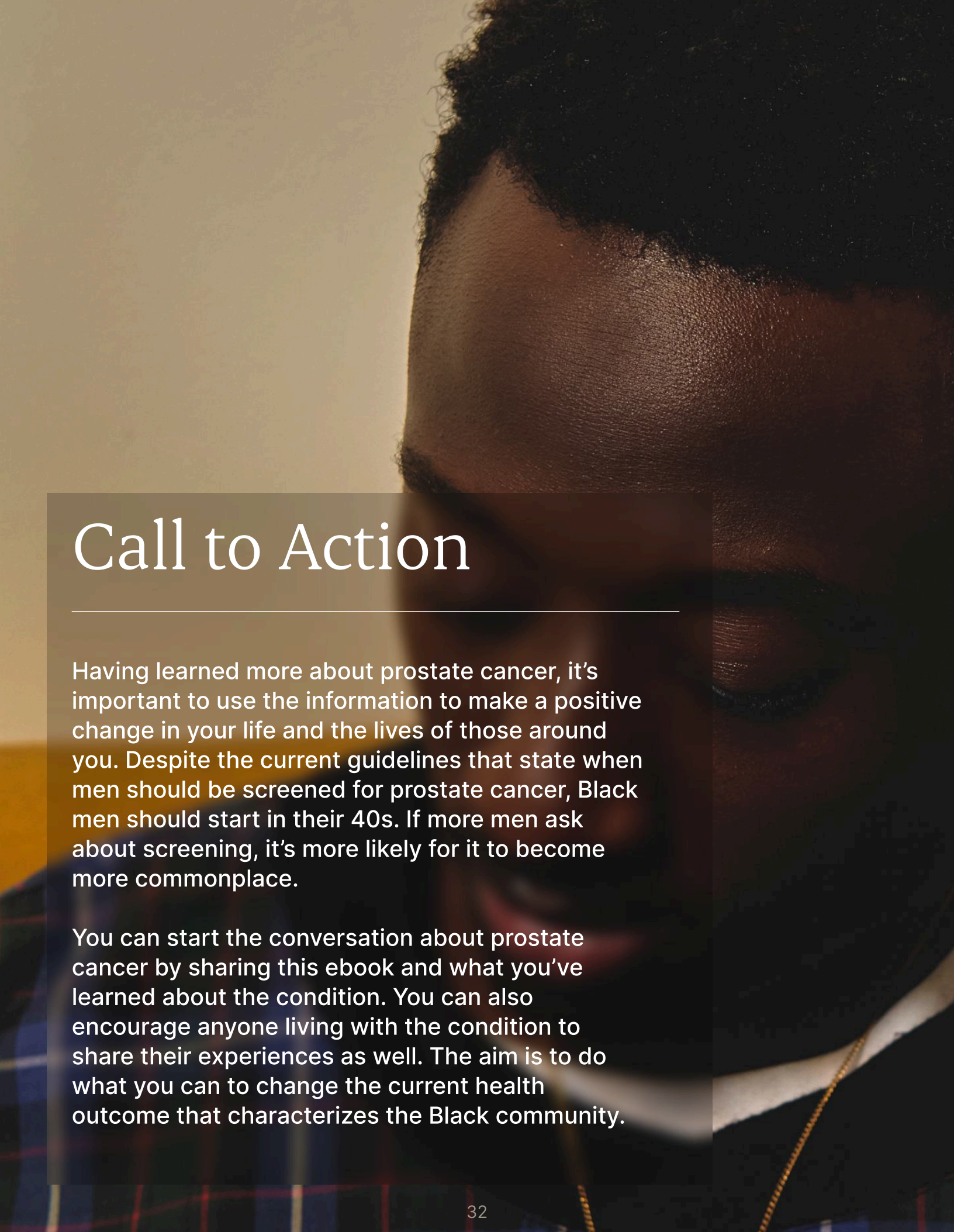
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Prostate cancer deeply affects the African American community, but it doesn't have to keep being that way. Now that you know more about the disproportionate impact on Black men, you can start making a difference by getting screened regularly and encouraging others to do the same.

Early detection is imperative to getting the right treatment, even if the doctor's initial decision is active surveillance. If you're not getting the treatment you deserve, then don't be afraid to self-advocate. You should also communicate effectively with your doctor about treatment options and your eligibility for clinical trials.

Since equitable care is an ongoing issue for the Black community, it's a good idea to extend your advocacy to the community and local government level to inspire much-needed change to the healthcare policies that unfairly impact African Americans.





# Call to Action

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Having learned more about prostate cancer, it's important to use the information to make a positive change in your life and the lives of those around you. Despite the current guidelines that state when men should be screened for prostate cancer, Black men should start in their 40s. If more men ask about screening, it's more likely for it to become more commonplace.

You can start the conversation about prostate cancer by sharing this ebook and what you've learned about the condition. You can also encourage anyone living with the condition to share their experiences as well. The aim is to do what you can to change the current health outcome that characterizes the Black community.



## GLOSSARY

**Adjuvant therapy:** Additional cancer treatments, such as hormone therapy or chemotherapy, given after surgery or radiation therapy.

**Androgen deprivation therapy (ADT)** — A treatment to disrupt testosterone production and reduce testosterone levels in the body. This can be done through surgery (removing the testicles) or through drugs.

**Antiandrogen** — A drug that prevents testosterone from stimulating prostate cancer cells, generally added to androgen deprivation therapy (ADT) either at the start of therapy or when the cancer progresses.

**Biopsy** — A procedure in which small samples of tissue are removed from the body for microscopic examination.

**Brachytherapy** — A type of radiation therapy in which tiny radioactive seeds are implanted directly into or near the prostate. The implants may be temporary (HDR brachytherapy) or permanent (LDR brachytherapy). Also called internal radiation therapy or interstitial implants.

**Catheter** — A thin, flexible tube used to drain fluids or instill fluid. A catheter may be inserted into the bladder through the urethra to drain urine.

**Combination therapy** — Using two or more modes of treatment (such as surgery, radiotherapy, chemotherapy, hormone therapy, and immunotherapy) together.

**Hematuria** — Blood in urine.

**Adrenal glands** — Two glands – one located above each kidney – that produce several kinds of hormones, including a small amount of testosterone.

**Androgens** — A group of hormones, the main one being testosterone, that stimulate the development of male characteristics. Androgens also stimulate the growth of most malignant as well as normal prostate cells.

**Benign** — Refers to a tumor that is not malignant (cancerous) and does not spread to other organs. **Benign prostatic hyperplasia (BPH)** — Noncancerous enlargement of the prostate that may cause urination difficulty. A common condition in older men.

**Bipolar androgen therapy (BAT)** — A treatment that alternates androgen deprivation therapy with high-dose testosterone supplements.

**Castration-resistant prostate cancer (CRPC)** — Prostate cancer that can grow in a low-testosterone environment and doesn't respond to androgen deprivation therapy (ADT).

**Chemotherapy** — A form of cancer treatment that uses powerful drugs to kill cancer cells. Can be the first therapy for metastatic prostate cancer or used after other therapies stop working.

**Combined androgen blockade (CAB)** — A treatment to block testosterone activity in the body through the combination of medical or surgical castration and an antiandrogen.

**High dose rate (HDR) brachytherapy** — A type of radiation therapy in which radioactive material is placed inside the prostate for a few minutes and then removed. The goal is to deliver a large dose of radiation directly to the tumor while sparing healthy tissues.

## GLOSSARY

**High-intensity focused ultrasound (HIFU)** — A treatment that uses the heat produced by high-intensity sound waves to destroy cancer cells.

**Hormone-refractory prostate cancer** — A prostate cancer that can grow despite treatment with androgen deprivation therapy (ADT) and advanced antiandrogens (such as Zytiga, Xtandi, Erleada and Nubeqa). Also known as ADT-resistant prostate cancer, castration-resistant prostate cancer (CRPC) or androgen-independent prostate cancer.

**Hormone therapy** — For prostate cancer, this treatment method interferes with the production or activity of testosterone and other male hormones that promote prostate cancer growth. The regimen may include both androgen deprivation therapy (ADT) drugs and antiandrogens.

**Imaging tests** — A variety of studies – such as X-rays, MRIs, CT scans, PET scans, and ultrasound – that produce pictures of organs and other internal structures. These can be used in diagnosing and staging cancer.

**Immunotherapy** — Cancer treatments that aim to harness the body's own defenses in fighting cancer, generally by stimulating specific immune cells called T cells to attack the tumor.

**Incontinence** — Inability or reduced ability to control the flow of urine from the bladder (urinary incontinence) or the passage of feces from the intestines (fecal incontinence).

**Hormone** — A chemical substance produced in the body that regulates the activity of certain cells or organs. Endocrine glands produce many hormones, but sex hormones, such as testosterone, are mainly produced in the reproductive organs.

**Hormone-sensitive prostate cancer** — Also called ADT-sensitive cancer. Prostate cancer can be controlled by reducing the body's testosterone levels.

**Image-guided radiation therapy (IGRT)** — The use of an imaging technology, such as MRI, to improve the precision and accuracy of radiation delivery.

**Immune system** — A complex network of cells, tissues, organs, and the substances they produce that help the body ward off infection and disease. The immune system includes white blood cells, the lymph nodes and lymph vessels, the spleen, the tonsils, and bone marrow.

**Impotence** — Difficulty in achieving or maintaining an erection. Also called erectile dysfunction (ED).

**Intensity-modulated radiation therapy (IMRT)** — A technique that adjusts the radiation beam to the contours of the tumor, allowing delivery of higher, more effective doses of radiation while minimizing exposure to surrounding healthy tissues. This is the most advanced form of 3D-CRT (see three-dimensional conformal radiation therapy).

## GLOSSARY

**Intermittent ADT** — A type of androgen deprivation therapy (ADT) that allows patients to take a break in treatment after the PSA reaches its lowest level. Typically, the patient takes ADT for a year or so, followed by several months off ADT.

**Localized prostate cancer** — Cancer confined to the prostate gland.

**Locally advanced prostate cancer** — Cancer that has spread to the tissues around the prostate but not to other organs, nearby lymph nodes, or the bloodstream.

**Lymphatic system** — The network of tissues and organs – including the bone marrow, spleen, thymus, and lymph nodes – that produces, stores, and carries the white blood cells that fight infection and disease.

**Metastasis** — The spread of cancer cells from the original tumor site through the bloodstream or lymphatic system to other body parts. Prostate cancer can spread to form new tumors in soft tissue (visceral metastases) or in the bones (osseous metastases).

**Nerve-sparing** — A surgical technique that may be performed in prostatectomy to preserve one or both of the neurovascular bundles, which control erections.

**Open prostatectomy (OP)** — The traditional method of prostate surgery in which the surgeon operates through a single long incision to remove the prostate and nearby tissues.

**Palpable tumor** — A prostate tumor that can be felt during a digital rectal exam (DRE).

**Laparoscopy** — A surgical approach that allows the surgeon to access internal parts of the body without having to make a large incision. Instead, the operation is done with specially designed fiber optic cameras and instruments that can be inserted through small incisions. Also called minimally invasive surgery or keyhole surgery.

**Localized therapy** — A cancer treatment directed only to the organ or area where the cancer is.

**Lymph nodes** — Also called lymph glands. These small, bean-shaped structures play a key role in the immune system by filtering bacteria, foreign particles, or cancer cells from the circulation. They are often the site of tumor metastases.

**Malignant** — Refers to cancerous cells or a cancerous tumor that can grow and spread to other parts of the body.

**Neoadjuvant therapy** — A treatment given before or during the primary therapy, such as when a patient receives androgen deprivation therapy (ADT) before starting radiation therapy.

**Oncologist** — A doctor who specializes in diagnosing and treating cancer. In prostate cancer, a medical oncologist generally supervises your anticancer medications. A radiation oncologist supervises any radiation treatments you receive. A urologic oncologist performs any surgery you may need.

**Orchiectomy** — Surgical removal of the testicles performed as a means of reducing testosterone production to a very low level. This is a treatment option for advanced prostate cancer.

**Pelvic lymph node dissection** — Removal of lymph nodes in the pelvic area so they may be examined for the presence of cancer cells.

## GLOSSARY

**Pelvis** — Area of the body below the waist and surrounded by the hip and pubic bones.

**Prostate** — A walnut-shaped gland that produces fluid for semen. Located between the base of the penis and the rectum.

**Prostate-specific antigen (PSA)** — A protein produced by both normal and malignant cells in the prostate gland. Elevated levels in the bloodstream can indicate prostate cancer or benign prostatic hyperplasia (BPH). The PSA blood test is used to help detect prostate cancer, estimate the extent of cancer and monitor treatment results.

**Remission** — Disappearance of the signs and symptoms of cancer, either temporarily or permanently.

**Seminal vesicles** — The pair of tubular glands above the prostate that produce and store most of the fluid that makes up semen.

**Stage and staging** — A cancer's stage usually uses numbers and sometimes letters to describe the tumor's size and to what extent the disease has spread beyond the initial site. Staging refers to the tests and examinations done to determine the stage. These may include biopsies; lab tests; surgical procedures; and imaging tests, such as X-rays, CT scans, MRIs, PET scans and ultrasounds.

**Testosterone** — The primary male sex hormone or androgen. Testosterone stimulates the development of masculine features, such as deep voice, facial hair, and greater muscle mass than female bodies, as well as the growth and activity of the male sex organs. It's also necessary for prostate cancer cells to grow.

**Perineum** — Area of the body between the anus and base of the scrotum. This is where a surgeon may gain access to the prostate for biopsy, brachytherapy or a prostatectomy.

**Prostatectomy** — Surgical removal of the prostate and adjacent seminal vesicles. Prostatectomy was originally reserved for patients whose cancer hadn't spread to other parts of the body, but some recent studies suggest it also may benefit patients who have only a small number of metastatic tumors.

**Prostate-specific membrane antigen (PSMA)** — These proteins grow on the surface of prostate cancer cells and can be a biomarker of prostate cancer. PSMA proteins can be used as targets for radioactive isotopes, which can identify cancer cells on a PET scan or potentially destroy them.

**Salvage treatment** — The treatment used when a cancer recurs after it was treated.

**Side effect** — A secondary and usually negative effect of a drug or procedure used to treat a condition.

**Testicles (testes)** — The glands beneath the penis that produce sperm and almost all of the male body's testosterone.

**Urethra** — The tube that carries urine from the bladder or semen from the sex glands to exit the body. A section of the urethra runs through the prostate.



# Further reading

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Prostate Cancer - <https://www.mayoclinic.org/diseases-conditions/prostate-cancer/symptoms-causes/syc-20353087>

Prostate Cancer Stages - <https://www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/staging.html>

Why Black Men Should Consider Earlier Screening for Prostate Cancer - <https://www.mskcc.org/news/things-black-men-should-know-about-prostate>

Nutrition and Prostate Cancer - <https://www.ucsfhealth.org/education/nutrition-and-prostate-cancer#:~:text=Several%20studies%20indicate%20a%20positive,of%20which%20is%20saturated%20fat.>

Prostate Cancer in Black Men - <https://www.webmd.com/prostate-cancer/prostate-cancer-black-men>

Prostate Cancer Clinical Trials - <https://www.pcf.org/patient-resources/patient-navigation/prostate-cancer-clinical-trials/>

Be Your Own Health Advocate - <https://www.webmd.com/healthy-aging/aging-health-advocate>

Removing Barriers to Prostate Cancer Care - <https://zerocancer.org/about-prostate-cancer/health-equity/removing-barriers-prostate-cancer-care>

Living Well With Prostate Cancer - <https://www.pcf.org/patient-resources/living-prostate-cancer/>

PSA Test - <https://my.clevelandclinic.org/health/diagnostics/24615-psa-test>