



Prostate Cancer: Education & Outreach

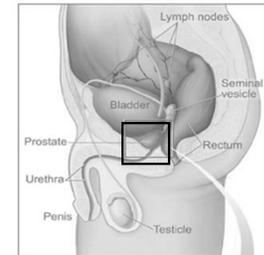
Center for Cancer Prevention & Control
Prevention and Health Promotion Administration
Maryland Department of Health & Mental Hygiene

April 2013

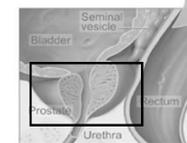


What is Prostate Cancer?

- Prostate cancer starts from the prostate gland which is:
 - Found below the bladder and in front of the rectum
 - The size of a walnut or golf ball
 - Makes the fluid that is part of semen



This shows the prostate and nearby organs.



This shows the inside of the prostate, urethra, rectum, and bladder.

National Cancer Institute



Purpose

- To provide overview of Prostate Cancer
- To highlight the importance of Informed Decision Making

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How many men get prostate cancer and die from it?

- USA (in 2011-estimate)*
 - 240,890 new cases of prostate cancer will be diagnosed
 - 37,660 men will die from prostate cancer
- Maryland (in 2011--estimate)*
 - 5,060 men will be diagnosed with prostate cancer
 - 710 will die from it

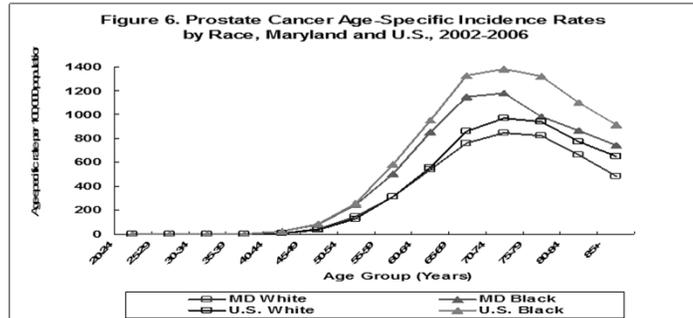
* American Cancer Society's Cancer Facts and Figures 2011

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Risk factors for prostate cancer

- Age is the strongest risk factor
 - 63% of prostate cancer occurs in men over the age of 65.

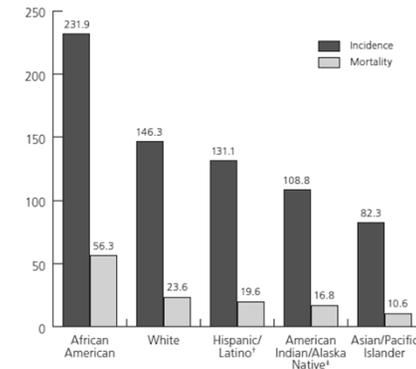


Maryland rates from Maryland Cancer Registry, 2002-2006
U.S. (SEER 17) rates from NCI SEER*Stat

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Figure 1. Prostate Cancer Incidence and Mortality Rates* by Race and Ethnicity, US, 2002-2006



*Per 100,000, age adjusted to the 2000 US standard population. †Persons of Hispanic/Latino origin may be of any race. ‡Data based on Contract Health Service Delivery Areas (CHSDA) counties.
Source: Edwards, et al.†



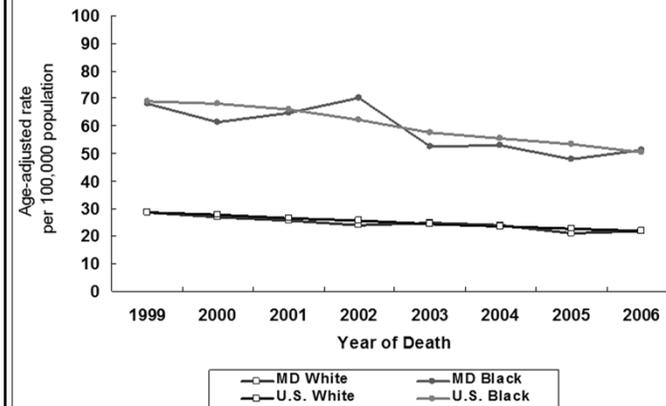
Risk factors for prostate cancer

- Age is the strongest risk factor
 - 63% of prostate cancer occurs in men over the age of 65.
- Race
 - More common in African American men than other men (the reasons are unknown)

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Figure 3. Prostate Cancer Mortality Rates by Race Maryland and U.S., 1999-2006



Rates are age-adjusted to 2000 U.S. standard population
Source: NCHS Compressed Mortality File in CDC WONDER



Risk factors for prostate cancer (continued)

- Family history
- Genes
 - Account for about 5-10% of prostate cancer
- Other areas that need more research include:
 - Diet, obesity, exercise, and sexually transmitted diseases (STDs)

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Symptoms of prostate cancer

- Prostate cancer may not produce symptoms in its early stages. A man can look healthy, feel fine, and not know he may have a problem.
- If signs and symptoms are present, they may include:
 - blood in the urine;
 - the need to urinate frequently, especially at night;
 - weak or interrupted urine flow;
 - pain or a burning feeling while urinating;
 - inability to urinate; and
 - regular pain in the lower back, pelvis, or upper thighs.

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What is the lifetime risk of prostate cancer?

- African American man
 - 19% chance (1 in 5) of being diagnosed with prostate cancer
 - 5% chance (1 in 20) of dying from prostate cancer
- General population
 - 16% chance (1 in 6) of being diagnosed with prostate cancer
 - 3% chance (1 in 33) of dying from prostate cancer

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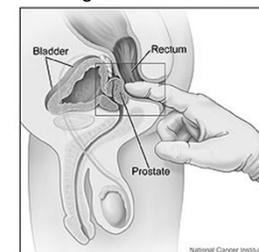


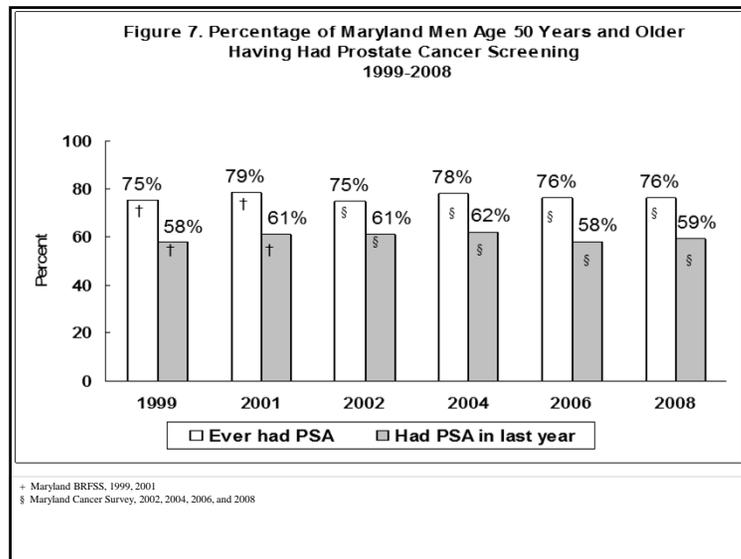
Ways to find prostate cancer

- PSA (prostate-specific antigen)
 - PSA is a protein produced by cells of the prostate gland.
 - PSA test measures the level of PSA in the blood.
- DRE (digital rectal exam)
 - Doctor feels the surface of the prostate gland for bumps, hard spots, and any other abnormalities



Digital Rectal Exam





What can increase the PSA level (continued)?

- Prostatitis
 - Infection/inflammation of the prostate gland
- Ejaculation
 - Increases PSA levels for a short time
 - Men are asked to abstain from ejaculation for 2 days before testing

Clearly, factors other than prostate cancer can increase PSA level.

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What can increase the PSA level?

- Prostate cancer
- BPH (benign prostatic hyperplasia)
 - Enlargement of the prostate gland (not cancer)
- Age
 - PSA level tends to go up with age

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Screening for Prostate Cancer?

- In May 2012, The United States Preventive Services Task Force (USPSTF) recommended **against** PSA-based screening for prostate cancer.
- USPSTF decided that the *expected harms* outweigh the *possible benefits*
- There are no exceptions to the recommendation due to race or age

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Possible Benefit of Prostate Cancer Screening

- 1 man in 1,000—at most—avoids death from prostate cancer because of screening for prostate cancer over 10 years (based on current information)

DHMH – Prostate Cancer Minimal Elements, 2012

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Can prostate cancer be prevented?

- It is not known yet how to prevent prostate cancer.
- However, the key behaviors in cancer prevention, such as:
 - not-smoking,
 - healthy diet,
 - physical activity, and
 - healthy weight

help to lower the risk of many types of cancer, while also reducing the risk of heart disease, diabetes, and stroke.

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Expected Harms of Prostate Cancer Screening

- For every 1,000 men who are screened with the PSA test:
 - 30 to 40 men will develop erectile dysfunction or urinary incontinence due to treatment
 - 2 men will experience a serious cardiovascular event, such as a heart attack due to treatment
 - 1 man will develop a serious blood clot in his leg or lungs due to treatment
- For every 3,000 men who are screened with the PSA test:
 - 1 man will die due to complications from surgical treatment

DHMH – Prostate Cancer Minimal Elements, 2012

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Informed Decision Making

“I want all the facts before I can decide if I should get prostate cancer screening.”



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Get the facts before getting screened.



Questions?

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SECTION OF SLIDES FOR OUTREACH STAFF AND HEALTH EDUCATORS



Maryland Prevention and Health Promotion Administration

<http://phpa.dhmf.maryland.gov>

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Learning Objectives

At the end of this training (basic slides and additional slides for local staff), staff will understand:

1. Basic anatomy of the prostate gland
2. Burden of prostate cancer
3. Risk factors for prostate cancer
4. Race and prostate cancer
5. Symptoms of prostate cancer
6. Conditions that can increase a man's Prostate Specific Antigen (PSA) level
7. Screening for prostate cancer is currently not recommended (USPSTF)
8. Possible benefit and expected harms of PSA screening
9. General healthy behaviors in cancer prevention
10. Recommended public health message for prostate cancer education and the role of informed decision making

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The role of education and outreach

- Encourage men to speak with their doctors to learn more about:
 - their personal risks for prostate cancer,
 - options for screening, and
 - the pros and cons of prostate cancer detection and treatment.

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The role of education and outreach

- Inform men that the decision to get prostate cancer screening is between them and their doctor
- Encourage men to speak with their doctors to make an informed decision, and to get tested if they decide to.

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The role of education and outreach

- Educate men about prostate cancer including:
 - Risk factors for prostate cancer
 - Symptoms for prostate cancer
 - Screening tests
 - Conditions other than prostate cancer that can elevate the PSA
- Provide men accurate information about prostate cancer screening using publications from credible sources (e.g., ACS, NCI, DHMH)

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The role of education and outreach

- Inform men that if **prostate cancer is diagnosed**:
 - Get all the information.
 - The decision about the **type** of prostate cancer treatment is between the man and his doctor(s)
 - Surgery, radiation therapy, and “active surveillance” are possibilities.
 - Active surveillance is where the man has further testing over time before deciding whether more invasive treatment is needed.

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Informed Decision Making

" I want to know more so I can make an informed decision."



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Questions?

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Please take the Prostate Cancer Quiz
and email or fax it to:

Cynthia Walker
Email: cwalker@dhmf.state.md.us
Phone: 410.767.0787
Fax: 410.333.5210

For questions on updated information, call
410.767.5123

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