

African-Americans and Prostate Cancer

WHAT IS PROSTATE CANCER?

Prostate cancer is the most common form of cancer, other than some kinds of skin cancer, among men in the United States. Prostate cancer is made up of cells that do not grow normally. The cells divide and create new cells that the body does not need, forming a mass of tissue called a tumor. These abnormal cells sometimes spread to other parts of the body, multiply, and cause death.

RISK FACTORS

- **Age.** Prostate cancer, although primarily a condition of older men, can begin as early as age 35. While the risk of prostate cancer increases for all men as they age, the rate differs by race.
- **Race.** Prostate cancer is more common in some racial and ethnic groups than in others, but medical experts do not know why. Prostate cancer is more common among African American men than among white men. It is less common among Hispanic, Asian, Pacific Islander, and Native American men. From 1995 - 1999, African- American men in San Mateo County had almost twice the rate of prostate cancer as Asian or Hispanic men and 1.5 times that of Caucasian men, according to the San Mateo County Department of Public Health.
- **Family history.** A man with a father, brother, or son who has had prostate cancer is two to three times more likely to develop the disease himself.

PREVENTION

Medical experts do not know how to prevent prostate cancer, but they are studying many factors. They do know that not smoking, maintaining a healthy diet, staying physically active, and seeing your doctor regularly contribute to overall good health. Doctors recommend men age 40 or above get an annual prostate exam.

SIGNS & SYMPTOMS

- Blood in the urine
- The need to urinate frequently, especially at night
- Weak or interrupted urine flow
- Pain or burning feeling while urinating
- The inability to urinate
- Constant pain in the lower back, pelvis, or upper thighs

DIAGNOSIS & TREATMENT

The two most common tests used by physicians to detect prostate cancer are the digital rectal examination (DRE) and the prostate-specific antigen (PSA) test. For the DRE, the doctor inserts a gloved and lubricated finger into the rectum. This allows the doctor to feel the back portion of the prostate (where most cancers begin) for size and any irregularities. The PSA test is a blood test that measures the prostate-specific antigen, an enzyme produced only by the prostate, to see if the PSA level is within normal limits. The doctor also may use this test to check for any change in PSA level compared to the previous PSA test.

- Watchful waiting: monitoring the patient's prostate cancer by performing the PSA test and DRE regularly, and treating it only if and when the prostate cancer causes symptoms or shows signs of growing
- Surgery (radical prostatectomy): removing the prostate
- External radiation therapy: destroying cancer cells by directing radiation at the prostate
- Internal radiation therapy (brachytherapy): surgically placing small radioactive pellets inside or near the cancer to destroy cancer cells
- Hormone therapy: giving certain hormones to keep prostate cancer cells from growing
- Cryotherapy: placing a special probe inside or near the prostate cancer to freeze and destroy the cancer cells

RESOURCES

Centers for Disease Control and Prevention: www.cdc.gov/cancer/prostate/

National Cancer Institute: www.cancer.gov/cancertopics/types/prostate

American Cancer Society: www.cancer.org

National Prostate Cancer Coalition: www.fightprostatecancer.org

Prostate Cancer Survivor: www.psa-rising.com/medicalpike/africanamer.htm

FOR MORE INFORMATION:

Contact the African-American Community Health Advisory Committee at gbrown@aachac.org or call (650) 696-4378.