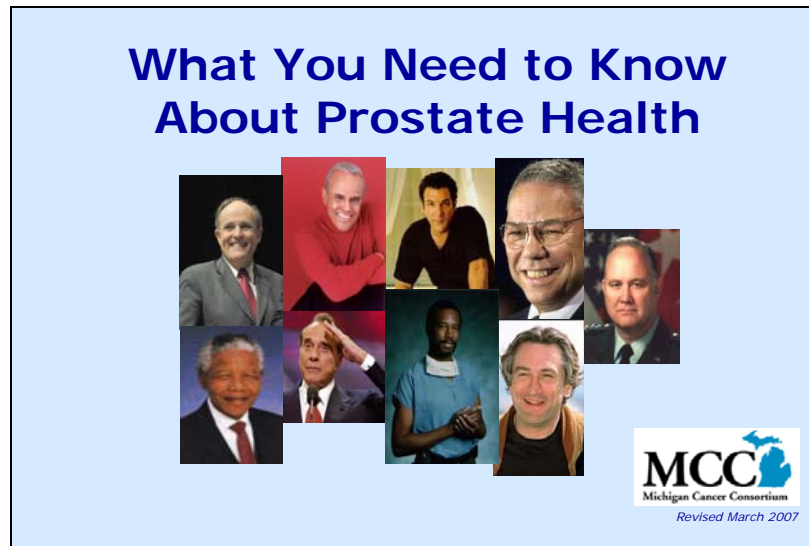




Slide 1



Good \_\_\_\_\_. My name is \_\_\_\_\_, and I am a volunteer community educator with the Michigan Cancer Consortium's statewide Prostate Health Awareness Program. I am not a medical professional, but I have been trained by the Consortium to share this important information about prostate health awareness with you.


The prostate gland was hardly in the news at all 10 years ago. But, today, it seems as if it is often in the limelight. Famous men, like those shown in this slide, have gone public after being diagnosed with prostate cancer, and because more men are living longer and growing older, prostate problems are becoming more likely, meaning we are hearing more about it.

While some of the issues about prostate health and prostate cancer are uncertain, there is still an important need for you to be informed about good prostate health. The information you will learn here will help you discuss prostate health with your own personal healthcare provider and make informed decisions about prostate cancer testing.



Slide 2

**A Michigan Cancer Consortium  
Prostate Health Awareness Program**  
*developed for the Consortium by*



the Barbara Ann Karmanos Cancer Institute

This program that I am going to share with you was developed for the Michigan Cancer Consortium by the Barbara Ann Karmanos Cancer Institute and its experts on prostate cancer and community education.

The Community Education staff at the Karmanos Cancer Institute put in countless hours of hard work developing these materials, and the Consortium would like to extend a special note of appreciation for their efforts in making this program a reality.



Slide 3



We would also like to thank the Michigan Department of Community Health and the Michigan Public Health Institute for their roles in making this project possible.

Before we begin the program, I'd like you to take a few minutes and complete the pre-program survey in your handouts. At the end of our session, I'll ask you to complete another survey so we can determine how much this presentation increased your knowledge about prostate health.

After everyone has passed in their questionnaires, we will begin.

[pause]



Slide 4

## **What We Will Talk About**

- ❖ Why we need to talk
- ❖ Cancer
- ❖ The prostate gland
- ❖ Risk factors and possible warning signs
- ❖ Non-cancerous prostate problems
- ❖ The risks and benefits of prostate testing
- ❖ Taking action — What you need to do

Thank you for taking the time to help us by completing the questionnaire. Let's get started.

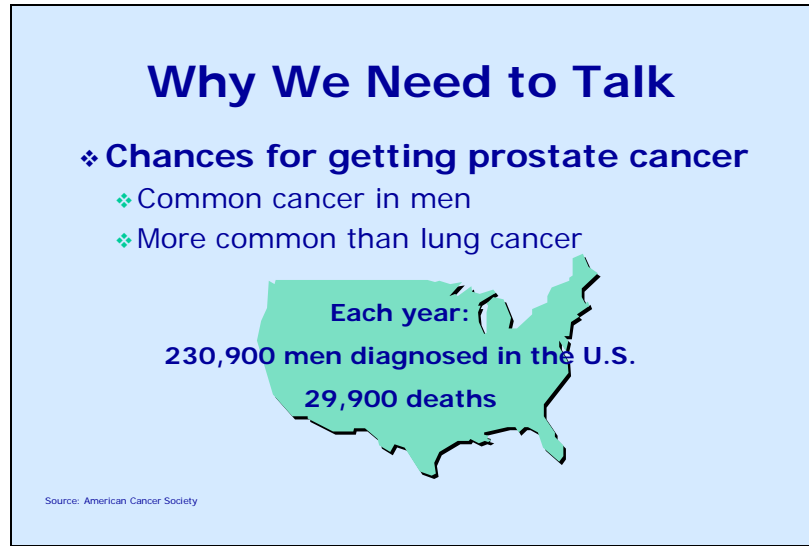
It's important to stress that the presentation you'll be hearing is not intended to tell you to go and get tested for prostate cancer. It is meant to inform you about prostate health and to encourage you to make an appointment to talk with your healthcare provider about your own personal risk factors and prostate health and what you need to do to stay healthy.

We are going to talk about:

- Why we need to talk about prostate health
- What cancer is
- The prostate gland
- Risk factors and possible warning signs
- Non-cancerous prostate problems
- The risks and benefits of prostate testing
- Taking action to manage your own prostate care



Slide 5



The American Cancer Society estimates that in 2005 — 232,090 men in the United States were diagnosed with prostate cancer. That same year, 30,350 men in the United States died from prostate cancer. (American Cancer Society: *Cancer Facts & Figures 2005*)

In the general population, a man has a 16% (a 1-in-6) chance of being diagnosed with prostate cancer and a 3% (a 1-in-33) chance of dying from it. In the Hispanic and Asian communities, a man's chances are lower.

In the African-American community though, the numbers are higher.

In his lifetime, an African-American man has a 19% (a 1-in-5) chance of being diagnosed with prostate cancer. He has a 5% (a 1-in-20) chance of dying from it.

(Centers for Disease Control and Prevention: *Prostate Cancer Screening: A Decision Guide for African Americans*)



## Why We Need to Talk



- ❖ **Each year in Michigan:**
  - ❖ nearly 8,540 men receive a new diagnosis of prostate cancer
  - ❖ nearly 1,110 men die from prostate cancer

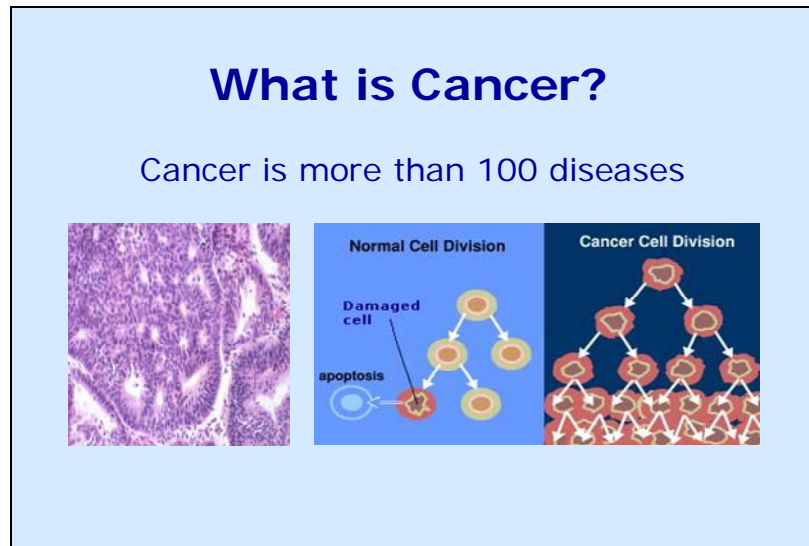
Source: American Cancer Society

In actuality, among men, heart disease is the number one killer, and cancer is number two. Lung cancer is the number one cause of cancer deaths. But, when we look at the prevalence of cancers today, prostate cancer is even more common than lung cancer.

*(Karmanos Cancer Institute: Prostate Health Awareness)*

American Cancer Society figures show that in 2005, 7,650 Michigan men received new diagnoses of prostate cancer and 1,000 Michigan men died from the disease.

*(American Cancer Society: Cancer Facts & Figures 2005)*



In order to really begin our discussion, it's important to know, first, just what cancer is. So, what is it?

Cancer is defined as abnormal cells growing out of control. From these cells, tumors are then formed. There are two primary types of tumors: malignant and benign.

**Malignant tumors are cancerous.**

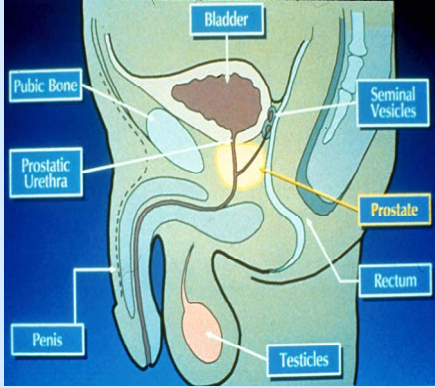
They can spread. Some cells may break away and enter the blood stream, causing tumors in other organs and destroying healthy tissues and organs.

**Benign tumors are NOT cancerous. They do not spread.**



Slide 8

### What is the Prostate?



The diagram shows a cross-section of the male reproductive system. The prostate gland is highlighted in yellow and is located below the bladder and in front of the rectum. It surrounds the prostatic urethra. Other labeled parts include the bladder, seminal vesicles, testicles, penis, and pubic bone.

- ❖ A walnut-shaped gland
- ❖ Part of the male reproductive system that produces semen

What is the prostate? It's a gland that only men have. It is shaped like a walnut, and it is part of the male reproductive system.

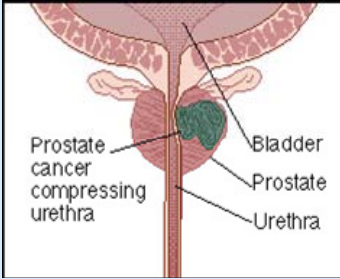
The prostate gland makes some of the components of semen. It is located under the bladder and in front of the rectum, and it surrounds the urethra, which is the tube that takes urine out of the body.

As men age, the prostate gland tends to increase in size. This increase in size causes the urethra to become narrowed or constricted, thus decreasing the flow of urine.



Slide 9

## Cancer of the Prostate



- ❖ A growth of malignant cells
- ❖ Starts as a small tumor in prostate gland
- ❖ Can grow and spread (Metastasis) to surrounding glands and tissues
- ❖ Some prostate cancers grow very slowly and may never have any effect

**BUT...**

- ❖ Some prostate cancers are very aggressive and spread quickly

So, what is prostate cancer? Prostate cancer is the growth of malignant or cancerous cells in the prostate gland. These cells may – or may not – grow and spread beyond the prostate to surrounding glands and tissues. Even if the cancer spreads beyond the prostate to other body organs, it is still called prostate cancer.

It is important to know that prostate cancer grows at different rates in different men. Compared to most cancers, prostate cancer tends to grow very slowly. Therefore, prostate cancer may have little or no effect on how a man feels, or how long he lives.

But, there are types of prostate cancer that *can* be very aggressive and grow and spread beyond the prostate gland to other parts of the body.

At this point in time, knowing which type of prostate cancer a man has can be very difficult for healthcare providers to recognize.



## **Risk Factors**

### **❖ What is a risk factor?**

Something that may increase a person's chances of developing a disease

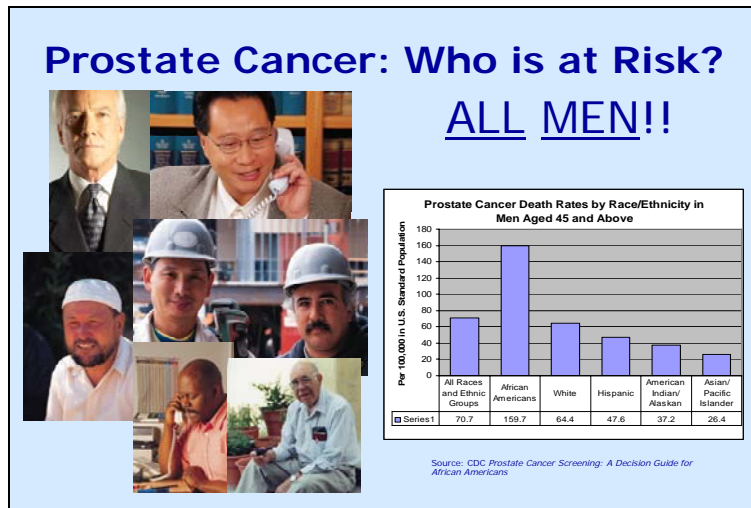
- Your healthcare provider can help you determine your risk factors for cancer and other illnesses

We are going to move on and talk about the risk factors for prostate cancer. Determining risk is talked about in terms of risk factors.

What is a risk factor? A risk factor is something that may increase a person's chance of developing a particular disease.

Some examples of risk factors for cancer include:

- age;
- a family history of certain cancers;
- use of tobacco products;
- certain eating habits;
- obesity;
- exposure to radiation or other cancer-causing agents; and
- certain genetic changes.



Ok. So, who is at risk for prostate cancer?

The answer is simple: All men are at risk. However, some men are more at risk than others. For instance, the risk increases as a man gets older, and men over the age of 50 are at greater risk than younger men.

African-American men ages 45 and older are at greater-than-average risk. In fact, African-American men in general are at higher risk, although we really don't know why just yet. What we do know is this: African-American men have higher rates of getting – and dying from – prostate cancer than do men from other racial or ethnic groups in the United States.

*(Centers for Disease Control and Prevention: Prostate Cancer Screening: A Decision Guide for African Americans)*

The chart in this slide shows that if we took a group of 100,000 men age 45 in the U.S. population, we would find:

- 160 African-American men dying from prostate cancer
- 64 Caucasian men dying from prostate cancer
- 48 Hispanic men dying from prostate cancer

*(Centers for Disease Control and Prevention: Prostate Cancer Screening: A Decision Guide for African Americans)*



Slide 12

### Greater-Than-Average Risk Factors



- ✓ Being an African-American man
- ✓ Eating a high-fat diet

All right. We've talked about age and ethnicity. What are some of the other identified risk factors that increase a man's chances of getting prostate cancer? Well, they include:

- **Diet** — Eating a high-fat diet that includes red meat and high-fat dairy products and very little fiber, such as you get by eating whole grains, fruits and vegetables, increases a man's risk for prostate cancer.



They also include having a close family history of prostate cancer. That means if your father, or relatives in your father's or mother's family have had prostate cancer, you are at greater-than-average risk for prostate cancer.

You should find out if there is a history of prostate cancer in your family.

If there is, find out who had it, and at what age they were diagnosed with prostate cancer. Find out at what stage the cancer was discovered.

You should also share that information with others in your family. We need to share what we know about our family history with our young people starting today, and we need to encourage them to share family health information with future generations, too.



Slide 14

### **Warning Signs of Prostate Problems**

- ❖ Frequent urination, especially at night
- ❖ Difficulty starting or stopping urination
- ❖ Weak or dribbling stream
- ❖ Inability to urinate
- ❖ Pain or burning sensation when urinating
- ❖ Blood in the urine or semen
- ❖ Constant pain in the lower back, pelvis, or upper thigh

In most men, early prostate cancer has no symptoms. In fact, prostate cancer can grow quietly for years.

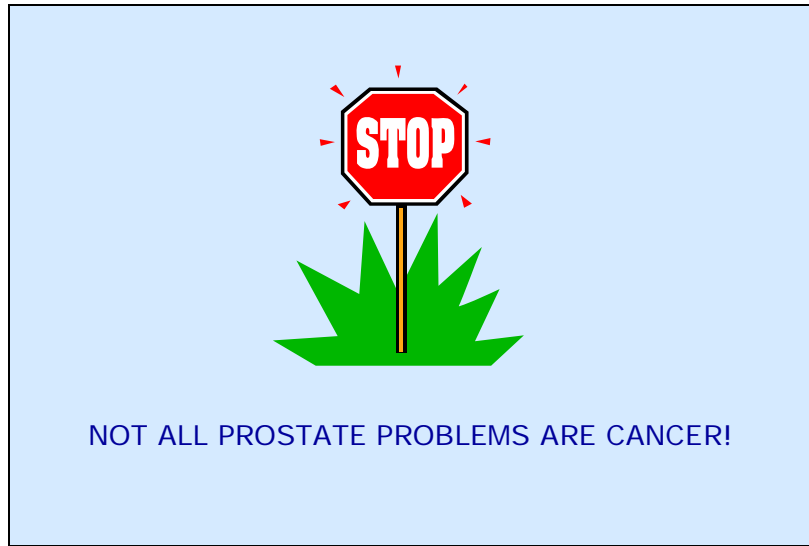
The symptoms listed on this slide can be caused by other prostate conditions, not just prostate cancer. If you or a man you care about has any of these symptoms, see a healthcare provider immediately.

The warning signs of prostate problems include:

- Frequent urination, especially at night
- Difficulty starting or stopping urination
- Weak or dribbling stream
- Inability to urinate
- Pain or burning sensation when urinating
- Blood in the urine or semen
- Constant pain in the lower back, pelvis, or upper thigh



Slide 15



Remember, it is important to know that not all prostate problems are the result of prostate cancer.

While they could indicate a possible cancer diagnosis, having one or more of the symptoms we just discussed could simply indicate a common prostate problem, such as Benign Prostate Hyperplasia, or BPH.



Slide 16

## Benign Prostate Hyperplasia (BPH)

- ❖ *Benign*: non-cancerous
- ❖ *Hyperplasia*: excessive growth of tissue

NCI: Understanding Prostate Changes

Benign Prostate Hyperplasia is actually a very common prostate problem. What is it? BPH simply means an enlarged prostate. The *B* is for *benign*, which means non-cancerous, and the *H* is for *hyperplasia*, which means excessive growth of tissue.

BPH results when there are small, non-cancerous growths inside the prostate gland. By age 60, more than ½ of all American men have microscopic signs of BPH. By age 70, more than 40% of all American men's prostates will have become grown to the point where the enlargement can be felt by their doctor during a physical examination.

*(National Cancer Institute: Understanding Prostate Changes)*

When the prostate enlarges like this, it can pinch the urethra (remember, that's the tube that carries urine out of the body) and block the flow of urine. This can cause the urine to dribble, rather than flow.



## Benign Prostate Hyperplasia (BPH)

### Symptoms

- ✓ Difficulty starting or stopping urination
- ✓ Weak or dribbling stream
- ✓ Incomplete emptying of the bladder
- ✓ Frequent urination, especially at night after going to bed

Here are the symptoms of BPH — an enlarged prostate. These symptoms are similar to the symptoms associated with prostate cancer. Diagnosing BPH is done in a similar fashion to diagnosing prostate cancer.

BPH cannot be cured. But, only in about 20% of men diagnosed with BPH do the symptoms become worse. If BPH symptoms do become worse, they can be treated through either drug therapy or surgery.

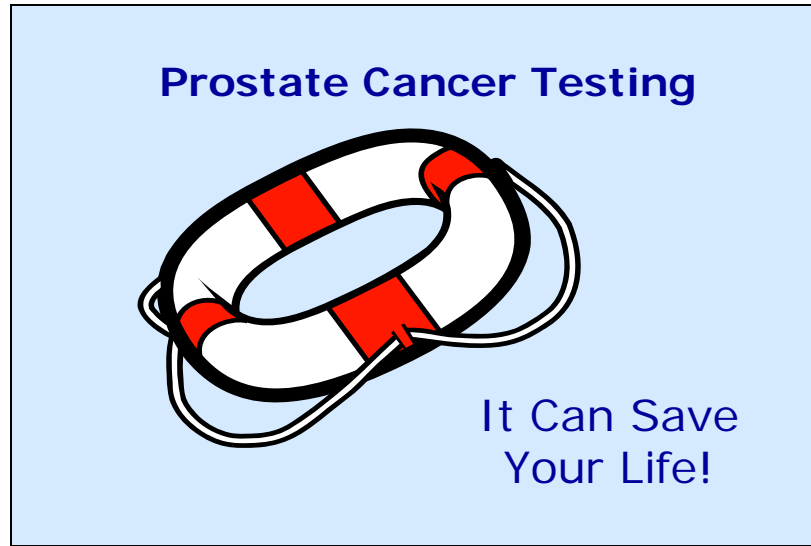
*(National Cancer Institute: Understanding Prostate Changes)*

Experiencing one or more of these symptoms **does not** always mean BPH or prostate cancer. However, it does indicate that something isn't normal. Only a healthcare provider can tell.

If you experience any of these symptoms, see your healthcare provider.



Slide 18



Testing for prostate cancer is easy and can save your life. If you are age 50 or older, talk to your healthcare provider about the right prostate testing for you. Ask about the benefits, as well as the drawbacks, of testing.

If you have a family history of prostate cancer or if you are African American, start talking to your healthcare provider at age 45.

The two tests for prostate cancer are:

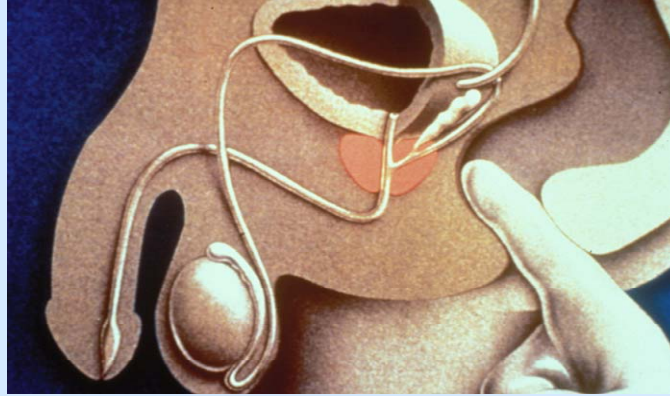
- The Digital Rectal Exam, or "DRE," and
- The Prostate Specific Antigen blood test, or "PSA."

Both the DRE and PSA may find prostate cancer early, when treatment can be the most effective.



Slide 19

## The **D**igital **R**ectal **E**xam (**DRE**)



This slide illustrates the **DRE**, or Digital Rectal Exam. It is a quick and painless test.

The doctor uses a well-lubricated, sterile-gloved finger, which he inserts into the rectum to feel the prostate gland for:

- enlargement,
- changes in shape, and/or
- lumps that may indicate a tumor.



## **How Accurate is the DRE Test?**

- ❖ No test is accurate all the time.
- ❖ The DRE is less accurate than the PSA. But, it can sometimes find cancer in men with normal PSA levels.
- ❖ The DRE may miss small cancers. Therefore, the PSA is usually done with the DRE.

How accurate is the DRE exam?

Of course, no test is accurate all of the time. The DRE may miss small cancers. But, it may find cancers in men where the PSA is at a normal level.



## Prostate Specific Antigen Blood Test (PSA)



The Prostate Specific Antigen test, also called the PSA test, is a test in which a small amount of blood is drawn from a man's arm and then tested in a laboratory to determine the level of PSA in the man's blood. PSA is a chemical (an "antigen") in the blood that is produced by the prostate gland and *only* by the prostate gland.

Most doctors consider a PSA level of between 0.0 and 4.0 to be "normal."

If your PSA results are above this normal level, it does *not* necessarily mean you have cancer. The PSA level can increase in men who have either prostate cancer or Benign Prostate Hyperplasia (BPH), which is an enlarged prostate. A high PSA level also could just be the result of a natural increase due to aging.

If your PSA level is high or borderline, your healthcare provider may recommend further testing to determine if prostate cancer is present.



## How Accurate is the PSA Test?

- ❖ No test is accurate all of the time.

### PSA accuracy in diagnosis of prostate cancer:

- ❖ African Americans: 40-45%
  - ❖ Caucasians: 30-35%
- ❖ A PSA outside the normal range may not indicate cancer, but often leads to further testing.

How accurate is the PSA test? Like the DRE, the PSA test is not accurate all of the time.

In African-American men, it accurately diagnoses prostate cancer in 40 to 45% of the cases. In Caucasians, it accurately diagnoses prostate cancer 30 to 35% of the time.

The PSA is good for suggesting that small cancers may be present, especially toward the front or sides of the prostate gland.

*(Centers for Disease Control and Prevention: Prostate Cancer Screening: A Decision Guide for African Americans)*



<b>Benefits and Risks of Prostate Cancer Testing</b>	
<b>Benefits</b>	<b>Risks</b>
<ul style="list-style-type: none"><li>❖ Finding prostate cancer early, when treatment can be most effective</li><li>❖ No problems found provides peace of mind</li></ul>	<ul style="list-style-type: none"><li>❖ Since tests aren't perfect, some cancers might be missed</li><li>❖ False "positive" test results</li><li>❖ Unnecessary additional tests</li></ul>

The benefits of testing for prostate cancer include:

- Finding cancer early. *Early detection saves lives!*
- Reducing anxiety and concern when no problems are found.

The risks involved in prostate testing include missing some cancers or reporting false positives.

Remember: BPH and other conditions can cause test results to be elevated. An elevated test, though, doesn't necessarily mean that you have cancer.

In fact, most men with an elevated PSA **do not** have cancer. In order to find out what an abnormal test means, additional tests will probably be necessary.

Even with testing, it's important to stay alert to the development of any new physical symptoms.



## Prostate Testing Recommendations

- PSA ?
- DRE ?
- Both ???

THE ANSWER... Making an informed decision with your healthcare provider

**Make the decision that is right for you!**

Medical experts disagree about what is *routine prostate testing* and *when* it should occur. Some doctors believe that PSA testing can reduce prostate cancer deaths. Other doctors believe that a "false" positive, additional tests, and unnecessary treatment can do more harm than good.

This is why it is very important that you talk with **your** healthcare provider about the risks and benefits of prostate health testing. This way, you can make an informed decision about whether prostate testing is the right thing for **you** to do. Whether or not to be tested is a personal decision based on **your** medical history, **your** needs, and **your** health.

So, while there is disagreement about routine prostate cancer testing, most medical experts **do** agree that it *is* something men should talk about every year with their healthcare provider once they turn 50. . . 45 if they have factors that put them at high risk for prostate cancer.

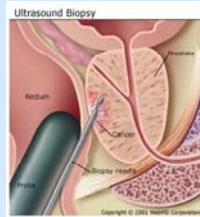


## How is Prostate Cancer Diagnosed?



### ❖ Transrectal Ultrasound

Sound waves produce a picture of the prostate and surrounding areas



### ❖ Biopsy

Most definitive method of diagnosing cancer

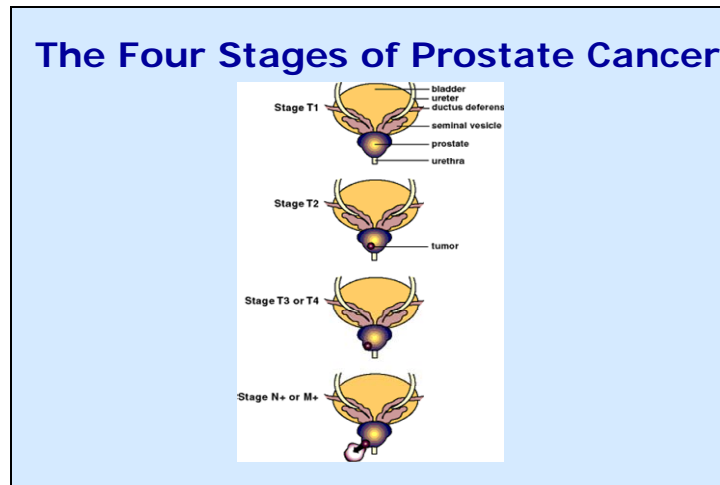
If a man shows symptoms of prostate cancer, or if the PSA or DRE test detect a possible problem, additional testing will probably be suggested.

The testing may include a test called the **Transrectal Ultrasound**. A small probe about the size of a finger is inserted a short distance into the rectum. The probe produces sound waves that bounce off the surface of the prostate. A machine then transforms the sound waves into an image of the prostate gland. The probe provides images at different angles so that the size of the prostate can be determined, as well as any abnormal growths.

(webmd.com)

If something abnormal is suspected, a **biopsy** may be necessary. A biopsy consists of removing small pieces of the prostate and having the pieces reviewed under a microscope in a laboratory. A biopsy is the most definitive method of diagnosing cancer. Like the Transrectal Ultrasound, the biopsy uses a probe placed into the rectum. The probe guides a biopsy needle into the prostate where the abnormalities are suspected. Usually, six to eight tissue samples are taken and then analyzed.

(webmd.com)



There are 4 stages of prostate cancer: A, also known as T1 ; B, also known as T2; C, also known as T3 or T4; and D, also known as N+ or M+. These stages gauge the severity of the cancer on an increasing scale and help providers determine the best treatment options.

**Stage T1:** This is when prostate cancer is the most curable, because it is still confined to the prostate gland. In this stage, the cancer is undetectable by the DRE or by ultrasound. It is usually discovered by a PSA test or biopsy.

**Stage T2:** Here also, the cancer is still confined to the prostate gland and is most curable. This tumor can usually be detected by DRE and ultrasound. When cancer is confined to the prostate gland, as it is in both stage T1 and T2, symptoms of prostate cancer may or may not be present. Possible warning signals at this stage are frequent urination at night and a weak urine stream.

**Stage T3 or T4:** In stage T3, the cancer has spread to tissue adjacent to the prostate or the seminal vesicles. Stage T4 tumors have spread to organs near the prostate, such as the bladder. Symptoms at this stage may include difficulty in urinating, fatigue, and/or weight loss for no reason.

**Stage N+ or M+:** Here, cancer has spread to pelvic lymph nodes (N+) or to lymph nodes, organs, or bones distant from the prostate (M+). There may be the inability to urinate. There may be pain in the bones. At these stages, treatment is directed toward helping to control symptoms and pain, but the cancer may no longer be curable.



## Treatment Options

When cancer is found early and has not spread:

- ❖ Watchful waiting
- ❖ Surgery
- ❖ Radiation therapy
  - ✓ External radiation
  - ✓ Brachytherapy (internal radiation/seed implants)
- ❖ Hormonal therapy
- ❖ Cryotherapy

If you are diagnosed with prostate cancer, your healthcare provider will talk with you about treatment options. You, the doctor, and your family can decide what treatment is the best for you. Because no two men are the same, your healthcare provider will consider your age, stage of cancer, physical condition, health beliefs, and other medical conditions that might impact treatment decisions.

Getting a second opinion from a prostate cancer specialist is very common when diagnosed with prostate cancer. It helps you know that you have covered all the options, and it can help educate you about any clinical research that might be taking place and for which you might qualify to participate.

When cancer is found early, before it has spread, a healthcare provider may suggest the following options:

- **Watchful waiting** involves monitoring the cancer without starting immediate treatment. This allows the doctor to see whether it is an aggressive cancer or a slow-growing cancer.
- **Surgery** involves a prostatectomy or removal of the entire prostate.



- **Radiation therapy** involves destroying cancer cells through radiation treatments. There are two types of radiation.
  - **External radiation** is where a beam of radiation is focused on the prostate gland from a source outside the man's body.
  - **Internal radiation, also called seed implantation**, is where small radioactive pellets called "seeds" are placed directly into the prostate. Each "seed" is about the size of a grain of rice. This type of treatment is becoming more popular, because most of the radiation is concentrated in the prostate gland and does not affect the urethra and the tissues around the prostate, such as the nerves, the bladder, and the rectum.
  
- **Hormonal therapy** involves slowing cancer growth through hormonal treatments.
  
- **Cryotherapy** uses a special instrument that freezes and destroys the cancer.



## Treatment Results

- ❖ 95% of men who are treated when prostate cancer is confined to the prostate gland can be considered cured.
- ❖ Possible side effects:
  - ❖ Impotence
  - ❖ Incontinence
  - ❖ Pain and discomfort of the treatment

The good news about treatment is that when prostate cancer is found early, when it is still confined to the prostate gland, 95% of men will be considered cured after treatment.

Treatment may have some side effects, though. They have all been spoken about in quiet conversations. It's important to remember that these side effects do *not* affect all men, and some side effects are the result of specific treatments. It is also important to remember that there are treatments for these side effects. Usually, healthcare providers make the treatment of side effects part of the care plan.

Possible side effects include:

- Impotence – the inability to get an erection;
- Incontinence – the inability to control urine flow from the bladder, or control bowel movement (These possibilities vary with the treatment chosen.); and
- Pain and discomfort of the treatment.



Understanding cancer treatment research, also known as clinical trials, means making informed choices. Clinical trials are research studies involving people. In cancer research, a clinical trial is designed to show how a certain anti-cancer approach affects people who receive it. **There are two types of trials for people *with* cancer:**

- **Treatment trials** – These are designed to determine what new cancer medicines can help people who have cancer, and what are the most effective medicines for people with cancer?
- **Quality of life/supportive care trials** – These trials seek to determine what new methods can improve the comfort and quality of life of people who have cancer.

Clinical trials are no longer seen as a last resort for cancer patients. Today, patients often choose to receive treatment in a clinical trial as their first choice. If you or someone you know is faced with cancer, tell them to ask about clinical trials. **There are also trials for people *without* cancer.** These include:

- **Prevention trials** – How can certain cancers be prevented in people who have never had cancer?
- **Early-detection/screening trials** – What are new ways of finding cancer in people before they have any symptoms?
- **Diagnostic** – How can new tests find cancer sooner?

Advances in cancer treatment, prevention, and detection cannot be made without everyone's help.



## Taking Action — What You Need To Do!

### Your annual physical exam should include:

- ❖ Talking about colorectal cancer testing
- ❖ Checking for high blood pressure
- ❖ Checking for diabetes
- ❖ Checking your cholesterol
- ❖ Talking about tobacco cessation, if you smoke
- ❖ Talking about prostate health



Now that you have learned about prostate cancer, you have heard about the importance of seeing your healthcare provider on an annual basis. If you haven't gone to your provider on a regular basis, go home and set up an appointment.

In addition to discussing your prostate health, your annual visit with your healthcare provider should also include an evaluation for the following:

- colorectal cancer;
- hypertension, or high blood pressure;
- diabetes;
- cholesterol;
- tobacco use; and, of course,
- prostate health.

Also, be sure to make an appointment to discuss any test results. Ask what the numbers mean, if further testing is necessary, and, in the case of a cancer diagnosis, about second opinions, treatment options, and clinical trials.

Have your wife or another designated person visit the doctor with you. It helps to have someone with you so that a second pair of ears can hear what is being said. Also, the more someone is aware of what is being discussed, the more support they can be to you.



## **Taking Action — What You Need To Do!**

- ❖ **Discuss prostate testing with your healthcare provider**
  - ❖ Beginning at age 50 for men
  - ❖ Beginning at age 45 for African-American men and men with a family history
- ❖ **Eat healthy!**
  - ❖ Low in saturated fats
  - ❖ High in fiber

Taking action, and what do you need to do:

**You need to discuss prostate testing with your healthcare provider during your annual physical exam.**

- Men who are not African American should begin the discussion when they turn 50 years old.
- Men who are African American or who have a family history of prostate cancer should begin discussing prostate cancer with their provider at age 45.

**You need to eat healthy.**

- Eat foods that are low in saturated fat and high in fiber.
- Research has shown that diets that are low in fiber and high in fat may promote tumor growth in the prostate.
- Some factors we have no control over, but some we do.
- Your diet is a risk factor that you have control over. Take it.



Slide 32

## Let's Review

**Who is at risk?**

- ❖ All men

**Who is at greater-than-average risk?**

- ❖ Men over 45-50
- ❖ African-American men
- ❖ Men who have a family history of prostate cancer (on either their father's and/or mother's side)
- ❖ Men who eat a diet low in fiber and high in fat and red meat

We are just about finished. Let's do a quick review!

Who is at risk for prostate cancer?

- All men

What men are at greater-than-average risk for the disease?

- Older men
- African-American men
- Men with a family history of prostate cancer (on either their father's or mother's side)
- Men who eat a diet that is high in saturated fat and red meat and that also is low in fiber, fruits and vegetables.



## **Let's Review**

- ✓ Prostate gland & function
- ✓ Prostate testing
- ✓ DRE (digital rectal exam)
- ✓ PSA (prostate-specific antigen)
- ✓ Informed decision-making
- ✓ Diagnosing prostate cancer
- ✓ Treatment options
- ✓ Clinical trials
- ✓ Health resources

In closing, I'd like to remind you that the purpose of our presentation is not to tell you to get tested, but to encourage you to talk with your healthcare provider about your own individual prostate health and risk factors.

We want you to make an informed decision about prostate testing. So, if you have not talked with a healthcare provider about your prostate health, please set up an appointment to do so. Remember to include a discussion of prostate health and testing at the time of your annual exam. If your healthcare provider does not bring it up, then you ask. Be sure to review the risks and benefits to prostate testing.

If you and your healthcare provider decide on prostate testing, a complete prostate exam should include a PSA blood test and the DRE or Digital Rectal Exam.

Finally, if you are tested, ask for your prostate test results, and then discuss those results with your healthcare provider.



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**Michigan Cancer Consortium**

- ❖ Web site: [www.michigancancer.org](http://www.michigancancer.org)
- ❖ resources for consumers
- ❖ resources for healthcare providers



If you would like more information about prostate cancer and other types of cancer, the Michigan Cancer Consortium Web site at [www.michigancancer.org](http://www.michigancancer.org) offers a wide variety of resources for both consumers and healthcare professionals.

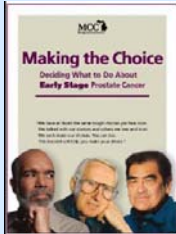


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**Resource for  
Early Stage Prostate Cancer**

*Making the Choice: Deciding What to Do About  
Early Stage Prostate Cancer*

- ❖ developed by Michigan Cancer Consortium panel of prostate cancer experts
- ❖ available in booklet, audio, and Web-based formats
  - ❖ booklet in English, Spanish and Arabic
- ❖ free of charge to Michigan residents
- ❖ call 800-249-0314 or visit [www.prostatecancerdecision.org](http://www.prostatecancerdecision.org)



To help men make the decision regarding prostate cancer treatment, the Michigan Cancer Consortium, through a network of prostate cancer experts, has developed a set of materials and a special, stand-alone Web site explaining the treatment choices for men diagnosed with early stage prostate cancer.

*Making the Choice: Deciding What to Do About Early Stage Prostate Cancer* is available in booklet, audio, and Web-based formats and is free of charge to Michigan residents.

The booklet and audio formats can be ordered by calling 800-249-0314 or by visiting [www.prostatecancerdecision.org](http://www.prostatecancerdecision.org).



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## **Additional Sources of Information**

### **American Cancer Society**

[www.cancer.org](http://www.cancer.org)

1-800-ACS-2345

1-800-227-2345

### **Cancer Information Service (NCI)**

[www.cancer.gov](http://www.cancer.gov)

1-800-4-CANCER

1-800-422-6237

Although they are national organizations, the American Cancer Society and the Cancer Information Service both provide information and services locally. This slide shows the Web site and the toll-free contact numbers for each.

These resources are also included in your handout entitled "Prostate Health Awareness Resource List."



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Thank you for listening to this important health message. I'll be happy to take a few minutes and answer any questions that you might have.

[pause]

Before you leave, I'd appreciate it if you would help us by taking a few minutes to complete the post-program questionnaire and then turning it in on your way out the door.

Thank you.