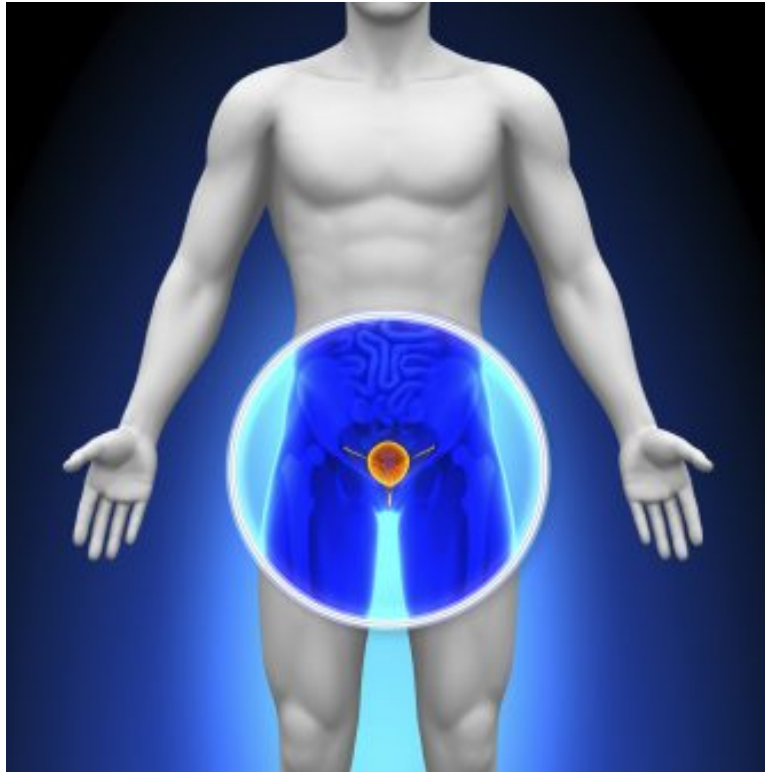


Early detection of prostate cancer is a matter of life and death



Prostate cancer is one of the most common cancers to affect men. In the U.S. this year over 160,000 men will be diagnosed with prostate cancer and over 26,000 men will die from prostate cancer.

African American men are 65 percent more likely than Caucasian men to be diagnosed with prostate cancer during their lifetimes. Additionally, African American men are 2½ times more likely to die from prostate cancer than Caucasian men.

Prostate cancer tends to appear sooner in African American men, and the type of prostate cancer in African American men tends to be more aggressive, meaning it can spread beyond the prostate to other areas of the body.

We are not sure why African American men fall victim to prostate cancer more so than others, but emerging research suggests factors including genetics, socio-economic status, nutritional status, lifestyle and social habits (including smoking), and access to medical care make a big difference in the long-term survival of men with prostate cancer.

The U.S. Preventive Services Taskforce (USPSTF) has made prostate cancer screening recommendations, starting at age 50. Unfortunately, these recommendations are controversial, and some physicians don't believe they take into account the higher risks and death rates seen in African American men with prostate cancer.

In fact, to some physicians, the recommendations were either confusing or simply not accepted. Some doctors feel that the decision to screen or not is very complex. The discussion revolves around a simple blood screening test for a protein called "prostate-specific antigen" (PSA).

New screening guidelines issued

The USPSTF, an independent and distinguished panel of experts, recently issued new guidelines for screening for prostate cancer for the first time since 2012. At that time, they did not recommend a PSA screening test.

For many physicians who serve patients of color with a higher rate of prostate cancer, this recommendation missed the mark. As an African American physician, I feel those recommendations were simply atrocious.

The new guidelines state that men ages 55 to 69 should "make a personal decision about prostate cancer screening with their doctor."

That is a significant update from the 2012 "no PSA test" statement. They still, however, recommend no routine PSA testing after age 70.

The reason PSA testing is so controversial is that the test can give a false positive result leading to additional (expensive) testing and (potentially) unnecessary treatment, as well as high

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amounts of anxiety. There are reasons that the PSA test can be positive other than having prostate cancer.

Additionally, some real forms of prostate cancer are so slow-growing that they do not need aggressive treatment, but, rather, only a careful, yet, watchful eye. Additionally, some physicians believe that the significance of a PSA test is not necessarily picking up a test with high levels of PSA, but rather detecting significant changes in the PSA number over time. Discovering a considerable increase in PSA numbers over time may be a better signal for prostate cancer than observing an elevated one-time number alone.

What can men do right now?

Have a discussion with your doctor at your next visit. If you are over the age of 30 and have not had a general medical examination in two years, make an appointment today.

At all general medical examinations for men over the age of 30, a digital rectal exam should be performed. Be sure to specifically ask your doctor about getting a digital rectal exam. If an enlarged prostate is detected, additional testing or examinations may be done.

Benign prostate hypertrophy (enlargement) is common with age, and not cancerous. If your prostate is enlarged, or if tests come back suspicious, and if you are African American with a positive family history of prostate cancer, your physician may recommend that blood test screenings start at age 40 to 45, rather than age 50.

Keep in mind that the PSA test can provide false positives. Be sure to discuss this with your doctor and have a plan on what to do if the test comes back positive.

Prostate cancer can be successfully treated with either medicine and/or surgery. The most important thing to know about prostate cancer is that when it is located in the prostate, the prognosis is excellent. If the prostate cancer has spread beyond the prostate to other parts of the body, the prognosis is much worse, so detecting prostate cancer early – especially in African American men – is most important.

Unfortunately, the new guidelines are not clear-cut. Circumstances such as family history, ethnicity, and personal history have to be considered. Make sure you talk to

and encourage all the African American men you know over the age of 40 to talk to their doctors and ask if prostate cancer screening is appropriate for them. You could very well save a life.

This article is brought to you by the Crutchfield Dermatology Foundation www.crutchfelddermatology.com/foundation and the Minnesota Association of Black Physicians. www.maaap.org

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