

What are protective behaviors to reduce the risk of prostate cancer?

- Limit high fruits and vegetable diet
- Daily physical activity
- Maintain recommended body weight
- Follow prostate health screening guidelines
- Men 50 years of age and over need to be screened every two years (NIH/NCI)
- Men who have family history or symptoms should begin screening at a younger age

The "shield" of health protecting against prostate cancer may include daily physical activity, healthy, low fat, and limited or no alcohol, and so on

Risks that "damage" the shield of health include:

- Male
- Age: Men over 50 (risk increases as you get older)
- Family history ("1st degree relative" brother, father, son)
- Race
 - African Americans have 2 times the incidence as white men
 - Northern or Southern Plains higher incidence than other tribal Nations
- Diet (high fat, especially animal fat)
- Alcohol (>4 drinks a week)
- Smoking (high testosterone)
- Chemical exposure (Cadmium exposure, other industry)
- Abuse (habitual use of tobacco possible)
- Multiple sexual partners (STDs)

Partially supported by Native Navigators and the Cancer Continuum (NNACC) PI: Burhansstipanov, R24MD002811

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What "causes" prostate cancer?

- "Cause" means there is a direct link between the behavior or "factor" eventually resulting in cancer (like habitual use of manufactured tobacco causing lung problems)
- "Risk" causes is something that increases your chances of getting cancer (see the shield of health risks)
- "Risk Factors" usually refers to behavioral functions (something that increases your chances of getting cancer (see the shield of health risks))

What does the shield have to do about the man's cancer risk?

The shield of health / risks

The man has risks for prostate cancer

Native American Cancer Research Corporation Prostate Health Fact Sheet

check my Status

Research shows Northern & Southern Plains Native men have 15x times more prostate cancer than do Native men from other regions. Identifying prostate problems early helps.

You can take with your provider about your prostate health risks. Now you know. Now you can.

What is the prostate gland?

- The prostate is inside the male's body (women do not have a prostate gland)
- It's below your bladder in front of the rectum
- Think about holding and clearing the lower car engine
- The "gap" between the legs includes the prostate gland
- It's made of fat because it's small and embedded in the tissues
- All men have a prostate gland and no-logged have a prostate gland
- We are all raped!
- See gland in men
- It makes part of the semen/fluid that allows the sperm to swim / move
- If the prostate gland can't make its fluid, the sperm cannot get a woman pregnant
- The prostate gland is about the size of a walnut, in (left) its shell

Symptoms of Prostate Problems

- Trouble urinating
- Decreased force in the urine stream
- Frequent desire to urinate (even that sometimes with little success)
- Nighttime urination is more common
- Blood in your urine
- Blood in your semen
- Swelling in your legs (most of the Native men had an explanation for why their legs were swollen other than a potentially serious health problem)
- Discomfort in the pelvic area (some Native men thought they had a minor hernia)
- Bone pain (this is very painful and most Native men visited doctors, such pain)

Native Men Talking about Prostate Symptoms

- "I need to pass water all night long"
- "I need to pass water all the time"
- "I have to force myself to pee"
- "I can't start my stream"
- "I have a dribbling stream"
- "My water doesn't reach"
- "I can't pass water"
- "I used to be able to urinate my vehicle name in the snow - even during the '80s. I can't even write my first name in snow these days"
- "I'm passing blood down there"
- "It burns when I pass water"

Most prostate problems are NOT cancer. Please talk with your healthcare provider, such pain!

http://MayoClinic.com; http://cancer.gov

Excerpt from NACRC "Get on the Path to Prostate Health": This Fact Sheet is dedicated to Native Health

What is prostate cancer?

- Cancer cells form in the prostate gland
- The prostate gland is part of the male reproductive system (part of semen, also called "cum")
- It is located below the bladder, in front of the rectum
- It surrounds the urethra (tube that empties urine from the bladder)

Prostate Cancer Incidence Rates - Males, 1999-2004

State	Rate per 100,000 per year, adjusted to 2003 U.S. population
US (Overall)	124.0
Alabama	114.7
Arizona	114.7
Arkansas	114.7
California	114.7
Colorado	114.7
Connecticut	114.7
Delaware	114.7
District of Columbia	114.7
Florida	114.7
Georgia	114.7
Hawaii	114.7
Idaho	114.7
Illinois	114.7
Indiana	114.7
Iowa	114.7
Kansas	114.7
Kentucky	114.7
Louisiana	114.7
Maine	114.7
Maryland	114.7
Massachusetts	114.7
Michigan	114.7
Minnesota	114.7
Mississippi	114.7
Missouri	114.7
Montana	114.7
Nebraska	114.7
Nevada	114.7
New Hampshire	114.7
New Jersey	114.7
New Mexico	114.7
New York	114.7
North Carolina	114.7
North Dakota	114.7
Ohio	114.7
Oklahoma	114.7
Oregon	114.7
Pennsylvania	114.7
Rhode Island	114.7
South Carolina	114.7
South Dakota	114.7
Tennessee	114.7
Texas	114.7
Utah	114.7
Vermont	114.7
Virginia	114.7
Washington	114.7
West Virginia	114.7
Wisconsin	114.7
Wyoming	114.7

Prostate Cancer & Native Men Facts

- Prostate cancer has no prejudices: Native men do get prostate cancer
- Much more common among Northern and Southern Plains Native men
- Most men over 50 years have prostate cancer cells (may be normal part of aging)
- But most older men do not die because of prostate cancer
- The cancer may just "wait" and cause the man few problems
- For those who do have problems, treatment choices are available
- Talk with your healthcare provider

Prostate Cancer Mortality Rates - Males, 1999-2003

State	Rate per 100,000 per year, adjusted to 2003 U.S. population
Alabama	23.8
Arizona	23.8
Arkansas	23.8
California	23.8
Colorado	23.8
Connecticut	23.8
Delaware	23.8
District of Columbia	23.8
Florida	23.8
Georgia	23.8
Hawaii	23.8
Idaho	23.8
Illinois	23.8
Indiana	23.8
Iowa	23.8
Kansas	23.8
Kentucky	23.8
Louisiana	23.8
Maine	23.8
Maryland	23.8
Massachusetts	23.8
Michigan	23.8
Minnesota	23.8
Mississippi	23.8
Missouri	23.8
Montana	23.8
Nebraska	23.8
Nevada	23.8
New Hampshire	23.8
New Jersey	23.8
New Mexico	23.8
New York	23.8
North Carolina	23.8
North Dakota	23.8
Ohio	23.8
Oklahoma	23.8
Oregon	23.8
Pennsylvania	23.8
Rhode Island	23.8
South Carolina	23.8
South Dakota	23.8
Tennessee	23.8
Texas	23.8
Utah	23.8
Vermont	23.8
Virginia	23.8
Washington	23.8
West Virginia	23.8
Wisconsin	23.8
Wyoming	23.8

What are Prostate Health Screening Tests?

- Prostate Specific Antigen (PSA)**
 - Blood test
 - Recommended as part of annual checkups
 - For men over 50 years old
 - For younger men who are at high risk for the disease
 - Healthy men have 4.0 ng/mL or lower in the blood
- Digital Rectal Exam (DRE) Physical exam by the provider**
 - Provider feels the prostate with a finger through the wall of the rectum to try to find
 - Abnormal lumps
 - Abnormal surfaces
 - How tests are being developed

Prostate Health Screening

If you have an abnormal test, you need to follow-up with your healthcare provider within 12 weeks.

During that time, you may want to discuss abnormal test findings with other doctors, your family, your spiritual religious leader or spiritual leader.

Cancer symptoms may "come" and "go". They may be due to an infection. They may become worse as prostate cancer grows.

For most men 50 years old who are at "average" or "normal" risk for cancer, and have an abnormal test finding, PAREL has it spread to other parts of the body. Cancer spreads slowly.

PSA Tests (nanograms per milliliter circulating in the blood (ng/mL))

PSA Level	Probability of Cancer
0.2 ng/mL	1%
2.4 ng/mL	15%
4.0 ng/mL	25%
>10 ng/mL	>50%

As cited on 05/07/2010 from MD Anderson website: <http://www.mdananderson.org>

Excerpt from Abe's Story

Abe Doolen shared his story about prostate cancer. He said that he had been having problems urinating, and it was getting worse and worse. After we got all that history out of him, it was cancer. That was the first time that I really felt it. I told of our first time. I know that I should have gone earlier.

and we should go check it out, and do a biopsy. They did this, and it came back benign, and I was really happy about that. [Abe the provider] said "You should go in and do a biopsy on this prostate gland." He came in and he said "I'm sorry after we got all that history out of him, it was cancer." That was the first time that I really felt it. I told of our first time. I know that I should have gone earlier.

Title: New Fact Sheets for NNACC Community Members

Background: NNACC is a community-based participatory research (CBPR) project among Native American Cancer Research Corporation (NACRC) (Colorado), Intertribal Council of Michigan, Incorporated (ITCMI) (Michigan), Rapid City Regional Hospital (RCRH) (South Dakota) and Aberdeen Area Tribal Chairmen's Health Board (AATCHB) (South Dakota). Twice each year, in partnership with 2 local Native organizations, the trained Native Navigators implement 48 hours of community education related to the full continuum of cancer care in CO, MI, and SD. The rationale is to increase cancer knowledge among the community participants, but also to increased the visibility and availability of the local Navigator(s) who are available to help them schedule screening appointments, carry out follow-up recommendations, and provide support and education for those diagnosed with cancer.

Advance: Rather than continuing to distribute large, bulky Power Point® handouts to participants at the NNACC community workshops, during April 2010, NACRC started converting the information into a 1 double-sided, ledger-size page for Fact Sheets. As of July 2010, 6 Facts Sheets were drafted and piloted with community members. At least 6 more will be developed and then submitted for Western IRB Review and approval in September.

Public Impact Statement/Significance: The pilot testing of the new layout and format has been very well accepted by the community. They requested the graphs of cancer incidence and mortality be made larger and found some errors that were corrected.

Specific Area of Opportunity: Health disparities

Grant Support (solicited vs. investigator-initiated): Please give grant number and title. If solicited, also include the solicitation number and link to the solicitation.

"Native Navigators and the Cancer Continuum (NNACC) [PI: Burhansstipanov, R24MD002811]

Publication Citation and Link to Publication: There will be links on the NACRC website after we receive WIRB approval to disseminate the new products.

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