



Hampton Roads
Prostate Health Forum a 501 (c)(3) organization

Treating the man
and the cancer.

(757) 827-0488

email: info@hrprostatehealth.com

www.hrprostatehealth.com

HAMPTON ROADS PROSTATE HEALTH FORUM POSITION STATEMENT

1. Promote knowledge of early detection through awareness and educational activities with a focus on the benefits and potential harms of PSA testing and wellness involving diet, nutrition, exercise, weight control, psychosocial and cultural sensitivities starting at age 35.
2. Baseline PSA testing for men of African descent and other men deemed to be at high-risk for prostate cancer is suggested beginning at age 40 for predicting their risk of prostate cancer. These men should make individualized decisions to be tested and examined based on their risk factors after discussion with their health care provider. Individualized decision making should be extended to men age 70 and above provided they have a potential life expectancy of 15 years or more.
3. PSA testing should not be considered on its own, but rather as part of a multivariate approach to early prostate cancer detection. That would include digital rectal examinations, prostate volume, velocity, and density measurements, and other tools that can help improve risk stratification.
4. A prostate cancer diagnosis must be uncoupled from prostate cancer intervention.

The African American Prostate Cancer Crisis
in Numbers

1

- * Prostate cancer is the most commonly diagnosed cancer in African American men.
- * African Americans have the highest rate of prostate cancer diagnosis compared to all other men.
- * African Americans have the highest prostate cancer death rate of all men.
- * The African American prostate cancer death rate is the highest for any type of major cancer.

2

- * Prostate cancer is the 2nd leading cause of cancer-related deaths among African American men.
- * African Americans are more than twice as likely to die of prostate cancer than all men.

3

- Virginia has among the highest prostate cancer morbidity and mortality rates in the nation.
- In the most recent data published for 2008-2012, the rate of prostate cancer deaths in Virginia was 22.4 per 100,000.
- Please compare the state rate with the following health district rates:

Virginia	22.4
Chesapeake	27.8
Hampton	31.0
Norfolk	24.7
Peninsula	23.1 (excludes Hampton and includes Newport, Williamsburg, Poquoson, James City and York Counties)
Portsmouth	37.4
Virginia Beach	20.7
Western Tidewater	32.9 (includes Suffolk, Isle of Wight, Franklin City, and Southampton County)
- Most disturbing is the death rate for African American men. Between 2008 and 2012, the death rates for African American men compared with white men are as follows:

	White	Black
Virginia	18.9	46.2
Chesapeake	20.9	45.8
Hampton	19.7	50.9
Norfolk	19.4	37.4
Peninsula	20.2	42.4
Portsmouth	- - - -	65.0
Virginia Beach	18.4	47.4
Western Tidewater	20.4	61.5

Primary Source: Virginia Cancer Registry and VDH
Division of Health Services

A SUMMARY OF POSSIBLE
BENEFITS AND RISKS OF

A PSA TEST

POSSIBLE BENEFITS OF HAVING A PSA TEST

1. A normal PSA test may put your mind at ease.
2. A PSA test may find prostate cancer early before it has spread.
3. Early treatment of prostate cancer may help some men avoid problems from cancer.
4. Early treatment of prostate cancer may help some men live longer.

POSSIBLE RISKS OF HAVING A PSA TEST

1. A normal PSA test may miss some prostate cancers (a “false negative”)
2. Sometimes the test results suggest something is wrong when it isn’t (a “false positive”) This can cause unnecessary stress.
3. A “false positive” PSA test may lead to an unnecessary prostate biopsy (tissue sample)
4. A high PSA test may find a prostate cancer that is slow-growing and never would have caused problems.
5. Treatment of prostate cancer may cause you harm. Problems with getting erections, leaking urine or bowel function can occur.

Note: The primary source of this information is the Urology Care Foundation (The Official Foundation of the American Urological Foundation) publication titled “To Test or Not To Test For Prostate Cancer --A Shared Decision Between A Patient and A Doctor”. This information was excerpted from a Prostate Health Education Network (PHEN) document.