

Welcome Remarks

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The Prostate Net, Inc.

The Prostate Net uses the information that we glean from symposia that we hold across the country to help us format meetings for the future and to go back to the pharmaceutical industry to talk about the value there is in supporting events like this. We appreciate the effort of our faculty and the wealth of the information that these medical professionals have.

Men's Health Issues

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President & Founder

The Prostate Net, Inc.

I. Introduction

The Prostate Net is involved in about 50 countries worldwide in terms of getting our message out, and in my other role as the chair of the Department of Defense Prostate Cancer Research program, we are looking at initiatives for finding a cure for prostate cancer. We want to find a way to ameliorate the negative impact that prostate cancer has, and we see that the issue goes beyond our borders. We need to spread the access to information, to education, to awareness and to the cure throughout our entire society.

We spend approximately one-seventh of our GDP on health care, which is more than the next five industrialized nations combined. We spend more than \$650 billion on cancer treatment alone, which is more than the next seven industrialized countries combined. What are we getting for our money? Preventive health care lags significantly behind other gains in health care, and the access to care and information vary widely between socioeconomic, racial and ethnic groups.

II. Understanding the Risk

Men don't understand the risk that they face. A man's risk of dying from prostate cancer is 1:36, and a man's risk of getting prostate cancer is 1:6. The numbers are worse for African American men.

III. Pathways to Cancer

In terms of a research agenda and addressing the pathways to cancer, we must consider the awareness of risk, the access to information and care, the environment in which we

live, the lifestyle we choose to have, the culture in which we reside, the genetics of our family and our society, and our knowledge that every cancer is different. The way that we manage risk and treatment is going to have to change based on the pluralistic nature of our society and care. We have many research partnerships that have been designed to find a way to fight this disease, to address the ills that are out there and to change them. The Worldwide Prostate Cancer Coalition, an international group, was launched two years ago, and to date we have done three major symposia. We want to take the American experience and share it with other advocacy groups like us around the world to build initiatives that will take the best of what we know and do to the rest of the world to help them come up to the standard of action and education that we have.

IV. We Don't Know What We Don't Know

Too often men don't know the risk that they face. Men say they will wait until they have a symptom because they don't know the risk, or they talk about holistic standards because they don't understand the staging or grade of the disease. We have to break down the barriers to understanding and communicate the problem correctly and appropriately.

V. Communicating the Problem

There is a big disconnect between patients and professionals, and there is a lack of clear-cut risk communication. There is also an enhanced risk of advanced-stage disease at diagnosis. Finally, there is a need for actionable patient information, which the patient can use to bring about change.

We have to get more men into clinical trials to advance the state of research, but if they don't know what they're getting into and why it's important to them and to the community, we will have difficulty with recruiting subjects. In addition, from the perspective of clinicians there is a financial aspect to getting patients into clinical trials. Are finances and economics driving the standard of care as opposed to the standard of care itself? It is a matter of finding a way to get patients and professionals on the same page to make change happen.

VI. Defining Barriers to Men's Participation in Health care

There are clinical barriers to men participating in health care, and those include lack of awareness, lack of access and lack of finances. There are also attitudinal barriers. There is gender role stoicism and work role stoicism—the acculturation of men in America. Men are trained not to be in touch with pain, and the culture does not allow men to benefit from taking responsible for their own health. There is also an innate distrust in the health care system. Fatalism is another barrier, and there is maladaptive self-reliance. “A ‘man’ takes care of his own problems.”

VII. Barriers to Early Detection

There is a lack of consensus among U.S. agencies with regard to early detection. The lack of “risk” determination, the decline in doctors in primary care in medicine, the closing of Emergency Rooms and the continuing shortage of nurses are all barriers to early

detection. These coupled with the psychological barriers result in more and more advanced-stage disease at first diagnosis.

VIII. Treatment Impact

From the standpoint of treatment, there are conflicting preventative therapeutic recommendations. There are skeletal impacts from androgen deprivation therapy, and there are cardiovascular issues related to hormone therapy. Emerging technologies have minimal curative benefit, and there is variable benefit from emerging drug therapies.

IX. Evaluating Public Education

Looking at the issue of public education, 34% of public health agencies do not use evidence-based strategies, and 85% of the activity taking place in public health is not being informed by needs assessment. Fifty percent of the activities are not even evaluated in terms of whether they will result in a benefit and whether they have a place. There is the perception that public education strategies are costly. Programs are concerned about meeting the demand generated by public education, and there is a comfort level with the usual strategies.

X. Prostate Net

In an effort to neutralize media negatives, The Prostate Net is utilizing the current network to develop a “Proof of Concept” educational module with the goal of providing information that people can use to determine their own need and risk. We are also raising consumer awareness about topics such as sexual intimacy and cancer and nutrition for prevention and progression. We see that social network integration is going to be more and more important, and we are broadening our reach through a Spanish-language web site and an effort to reach Korean-American men. We have to take the best standard of knowledge to the communities that need it.

XI. Complicating the Issue

The issue is complicated because there is gender/disease inequity. There is more than three times as much funding for breast cancer than there is for prostate cancer. Public health funding is inconsistent at best when it comes to prostate cancer, and there aren't really any public health agencies dedicated to prostate cancer. In terms of the federal focus, there are seven agencies geared to women's health, five to children's health and only one to men's health, which happens to be under the Indian Health Service. Lastly, women are simply more likely to utilize health services. They are often the “health police” for the family, and there is the matter of challenging men to become participatory in their own health. Men do best when they have motivated partners, and women are usually more experienced and knowledgeable in health matters. The Prostate Net has partnered with Harley Davidson in the “Ladies and Gentlemen, Check Your Engines” campaign, and that will be continued and expanded going forward.

The Barbershop Program is another initiative in which we seek to empower communities through risk communication. It is a model that has been proven in several public health

programs in the U.S. and internationally, and it is a way of bringing medicine and health into the community.

XII. The Benefits of Positive Men's Health in the Community

We can reduce health care costs by having healthy men, and we can have a positive impact on the overall health care expenditures by getting men to become more responsible for their health.

XIII. The "Iron Triangle"

You build health empowerment by taking the three sides of a triangle, which in this case are the community and patient interest groups working with government enabling agencies and putting pressure on Congress to get the programs that are needed and support that is needed to ensure that there will be health in our society.

XIV. Conclusions/Observations

Federally funded prostate cancer early detection is dependent on the resolution of policy conflict issues and disease funding inequities. It is a case of being able to get early detection and federally qualified health care programs more equitably distributed through communities. It is providing consistency in terms of the community facilitators that are needed to make the programs work. Finally, third-party providers are necessary to fulfill the mission of government in public health by taking the things that are necessary for the community and delivering them appropriately.