

About Prostate Conditions Education Council



A national organization committed to men's health, Prostate Conditions Education Council (PCEC) is the nation's leading resource for information on prostate health and is dedicated to saving and improving the lives of men and their loved ones from prostate disease. Founded in 1989, PCEC is a 501(c)(3) nonprofit. The Council comprised of a consortium of leading physicians, health educators, scientists and prostate cancer advocates aims to conduct nation-wide men's health assessments and perform research that will aid in the detection and treatment of prostate and men's health conditions.

As the founder and coordinator of the national Prostate Cancer Awareness Week (PCAW) Program, PCEC has screened over 5 million men across the country for the disease and have become one of the largest and most successful prostate health assessment projects in the world. We also support men's health events year round as well.

PCEC is not only the national leader in providing prostate health assessments for men in all stages of the disease; it is also the national leader in increasing awareness and education on prostate disease. Our national SET the PACE Event Series is integral to this mission. Featured activities are diverse including runs, golf tournaments, health conferences, etc. In fact, SET the PACE is the only national series that allows local partners to retain funds, thereby creating a greater impact in the local community. With new events being added every month, SET the PACE events ensures men and women from all walks of life are reached.

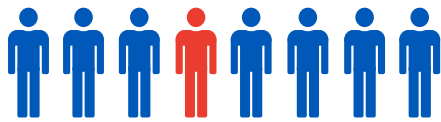
ORGANIZATIONAL MISSION

As the leading innovative organization, saving and improving the lives of men and their loved ones, we SET the PACE in early detection, research, education and awareness for prostate cancer and all prostate conditions.

OBJECTIVES

- To reach men and the people in their lives to increase awareness of prostate cancer and its treatment options for all stages of the disease.
- To reach a variety of demographics including patients, caregivers and physicians with updated and current information on the disease.
- To provide access to free early detection for prostate cancer and other men's health issues, including evaluation for advanced cancer patients.

PROSTATE CANCER STATS & FACTS



1 in 8 American men will be diagnosed with prostate cancer in their lifetime.



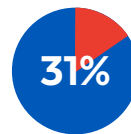
Prostate cancer has **no symptoms** in its early stage and there are **no self-tests** for this disease.



Prostate cancer is the **most diagnosed cancer in American men**, second only to non-fatal skin cancer.



The 5-year survival rate **is nearly 100%** if prostate cancer is detected in its early stage.



The 5-year survival rate **drops to 31%** if prostate cancer spreads to other parts of the body.

FACTS


- Over 3 million men are living in the USA today with a history of prostate cancer.
- 66 is the median age at diagnosis for prostate cancer.
- Screening is the only way to detect prostate cancer in its earliest stages.
- By the age of 80, nearly 90% of all men are diagnosed with an enlarged prostate.
- Since 1989, PCEC has provided free screening for prostate cancer to nearly 5 million men across the country.

RISK FACTORS

- All men's risk of developing prostate cancer or an enlarged prostate increases with age.
- Recent studies show men with a family history of prostate, ovarian, colon or pancreatic cancers may be at an increased risk of prostate cancer.
- African American men are twice as likely to get prostate cancer and twice as likely to die from it.
- Recent studies suggest in high-risk occupational setting may expose men to certain chemicals known to cause cancer. For example, veterans and firefighters and farmers are at an increased risk of developing prostate cancer.

SCREEN SMARTER

Prostate Cancer Early Detection Guidelines



Prostate Conditions Education Council (PCEC) recommends:

A baseline prostate health assessment, including PSA and digital rectal exam (DRE), for all men at 40 years of age is beneficial for risk stratification. Based on this initial baseline assessment, PCEC recommends that men establish a detection follow-up schedule as stated below:

- Men with a baseline PSA result greater than 1.5ng/ml or those with an abnormal DRE should be monitored and evaluated. If the baseline PSA result is below 1.5ng/ml men and the DRE is normal testing can be every five years except for:
- African American men, those with a family history of prostate or breast cancer, presence of the BRCA gene, exposure to certain chemicals known to cause cancer or men over the age of 65 years. These men should be monitored more frequently.

*PCEC does not advocate screenings in men with a decreased life expectancy due to other issues with no signs or symptoms of the disease.

Additionally:

PCEC believes that all men should be informed of the pros and cons of early detection, diagnosis and treatment of prostate cancer.

- PCEC encourages men to undergo a complete Men's Health Evaluation and encourages a men's health assessment which includes testing for: Testosterone, total Triglycerides, total Cholesterol, HDL, LDL, Glucose, PSA and new prostate cancer genomic markers and imaging tools as they become available. Men should be educated on the importance of a wellness prevention program including diet modification, exercise and weight.
- Early detection programs are valuable for men who may not otherwise have access to or visit a physician on a regular basis.
- Men must understand that screening identifies a man at risk for prostate cancer. Also, early detection of prostate cancer may find a cancer that does not need treatment and that many treatment options for prostate cancer often cause serious and life altering side effects.
- A PSA blood test does not only look for cancer but also for other prostate abnormalities like enlarged prostates or prostate infections. A PSA greater than 1.5ng/ml is often used as a prostate health indicator of an issue with your prostate and it may be worth talking with a Urologist.
- PCEC will continue to support the development of personalized medicine through new genomic markers for all conditions including the diagnosis and prognosis of prostate cancer through education and the unitization of our serum biorepository.

E. David Crawford, M.D.
Chairman, PCEC
University of California
San Diego, CA

Leonard G. Gomella, M.D.
Thomas Jefferson University
Philadelphia, PA

Mark Moyad, M.D., M.P.H.
University of Michigan Medical Center
Ann Arbor, MI

Alan W. Partin, M.D., Ph.D.
Johns Hopkins Medical Institution
Baltimore, MD

Daniel Petrylak, M.D.
Yale Cancer Center
New Haven, CT

Wendy Poage, M.H.A.
President, PCEC
Centennial, CO

Neal Shore, M.D.
Carolina Urologic Research Center
Myrtle Beach, SC

Nelson N. Stone, M.D.
Mount Sinai School of Medicine
New York, NY

IN THIS TOGETHER

Women play a critical role in the fight against prostate cancer. Research shows that nearly two-thirds are the primary healthcare decision makers for their families. For this reason, Prostate Conditions Education Council (PCEC) has developed resources for women about prostate health.



TIPS FOR WOMEN:

- **Encourage prostate cancer screenings:** While prostate cancer is often treatable if detected early, there are frequently no warning signs or symptoms in its earliest stages, making early detection crucial for saving lives. PCEC advises a baseline prostate health assessment, including PSA and digital rectal exam (DRE), for all men at 40 years of age.
- **Promote a healthy life style:** Studies show that eating right, including foods rich in omega-3 fatty acids and antioxidants and exercising may help outcomes after prostate cancer treatment.
- **Research family history:** Men with a first or second degree relative who have had prostate, breast, ovarian, colon or pancreatic cancer are more likely to develop prostate cancer.
- **Chemical Exposure:** Exposure to certain cancer causing chemicals may have higher than average rates of prostate cancer. Veterans and firefighters are just some of the men who are at an increased risk because of these chemicals.
- **Race:** African American men are more than twice as likely to be diagnosed with prostate cancer and to die from the disease.
- **Know the numbers:** Keep a list of blood test results. Noticing a slight change in the PSA levels over time may help your doctor recognize the development of prostate cancer. It is important to track all-important numbers including: testosterone, lipids, glucose, etc.

A cancer diagnosis may be the most difficult challenge a man ever has to tackle, but he doesn't have to fight it alone. Women play an important role in helping their loved one manage their prostate cancer. Below are suggestions PCEC has developed to help women support their loved one with prostate cancer.

- **Find & share information:** Learn more about the disease, including treatment options, clinical trials, symptom management and resources (such as care and support services).
- **Ask questions:** Develop a list of questions to ask the doctor, prioritizing them in the order you want to ask.

- **Attend doctor appointments:** Whenever possible attend appointments with your loved one to offer support and to serve as a resource by taking notes and helping to stimulate recollection of your loved one's health history or symptoms.
- **Research a team of specialists:** Get to know the potential specialists, including urologist, radiation oncologist and medical oncologist that can help your loved one manage their condition. Ask his physician about assembling a team to ensure all treatment options are fully explored.
- **Discuss treatment pros and cons:** Help your loved one weigh their treatment options. Be sure to listen and be receptive to your loved ones needs.
- **Identify other allied health professionals:** Ask the medical team about other resources, such as nurses, oncology social workers, home health aides, psychologists, nutritionists and clergy.
- **Provide care & emotional support:** There are many ways that women can support their loved one, including keeping the lines of communication open and encouraging healthier lifestyles. Remember, it takes a team to manage prostate cancer. Ask for help from family and friends and make use of resources available to you through the community, government and prostate cancer organizations. Resources are available in a variety of forms, including support groups, counseling, home care assistance, transportation, financial concerns and more.

PCEC reports that about 60 percent of the men screened are encouraged to do so by the women in their lives and more than half of the appointments are scheduled by women.

KNOWLEDGE IS POWER

Important Information about Prostate Cancer



STATISTICS



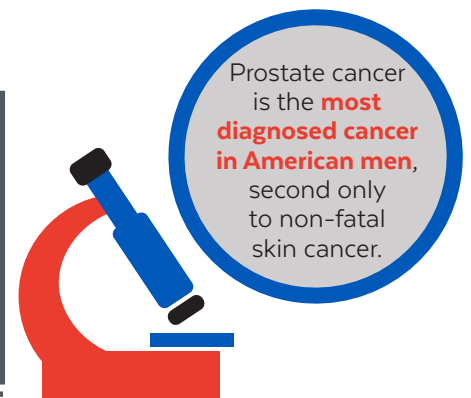
1 in 8 American men will be diagnosed with prostate cancer in their lifetime.



Prostate cancer usually has **no symptoms** in its early stage and there are **no self-tests** for this disease.



Prostate cancer is nearly **100% survivable** if caught early.



Prostate cancer is the **most diagnosed cancer in American men**, second only to non-fatal skin cancer.

GET THE FACTS

- Screening with the Prostate Specific Antigen (PSA) blood test and the Digital Rectal Exam (DRE) detects cancer at an earlier stage than in men who have no screening.
- Prostate cancer screening may be associated with a reduction in the risk of dying from prostate cancer.
- The PSA test and DRE are not perfect tests and may have false-positive or false-negative results.
- The treatment of prostate cancer may lead to temporary or permanent side effects, which include urinary, bowel and sexual health problems.
- Abnormal results from a prostate cancer screening do not mean a man has prostate cancer. A prostate biopsy is required to determine if prostate cancer is present.
- Not all men who are diagnosed with prostate cancer require immediate treatment for the disease; however, they may need periodic tests to determine the need for future treatment.

RISK FACTORS

Age: The risk of prostate cancer increases with age.

Race: African American men have the highest risk of prostate cancer and are more than twice as likely to die from the disease.

Family History: Men whose fathers or brothers that have had prostate cancer are 2 to 3 times more likely to develop prostate cancer. Prostate cancer risk also appears to be slightly higher in men from families with a history of breast cancer.

Diet: The risk of prostate cancer may be higher for men who eat a diet high in fat.

Agent Orange: Veterans who were exposed to the defoliate Agent Orange are 49% more likely than non-exposed veterans to be diagnosed with cancer.

Firefighter: Recent studies show that firefighters are at a 1.28 times greater risk to develop prostate cancer compared to the general population.



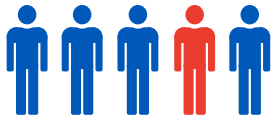
BIOMARKERS AND GENOMIC TESTING:

One of the most significant challenges in prostate cancer is identifying disease that needs to be treated and the treatment plan that is best for each patient. PCEC is joined by many scientists and leading industry biomarker and genomic diagnostic testing companies to help patients and their doctors make better, informed treatment decisions.

VETERANS & PROSTATE CANCER



An estimated **500,000** veterans in the VA system have prostate cancer. **16,000** of these patients have metastatic prostate cancer.



1 in 8 men will be diagnosed with prostate cancer and **1 in 5** men who are military personnel will be diagnosed.



Prostate cancer rates **in the military** are **twice** as those in the general population.

In the VA, prostate cancer is one of the **most commonly diagnosed** forms of cancer among Veterans, many of whom also have service-related **exposure to carcinogens**.



GET CHECKED!

Veterans are at a higher risk of prostate cancer. Finding the disease in its earliest stages will give you the best opportunity to cure the cancer. When found early, survival approaches nearly 100% percent of men will be alive five years later. Two tests are commonly used to screen for prostate cancer: the Prostate Specific Antigen (PSA) blood test and the Digital Rectal Exam (DRE). Several new tests are in development to aid in the early diagnosis of prostate cancer. Prostate health assessments can also reveal non-cancerous conditions such as, prostatitis and benign prostatic hyperplasia (BPH).

MISSION ACT

For veterans who are already enrolled in VA healthcare, the MISSION Act allows you to receive healthcare within your community without impacting your existing VA healthcare or any other VA benefit!

Qualifications:

- If you have been, or will be, waiting more than 20 days for VA medical care (28 days for specialty care),
- If you live more than a 30-minute drive from a VA primary care,
- Mental health and extended care service facility (or a 60-minute drive for specialty care)
- If you need a service not offered at any VA medical facility, you may be eligible for this program.
- If deemed a medical necessity by your VA provider.

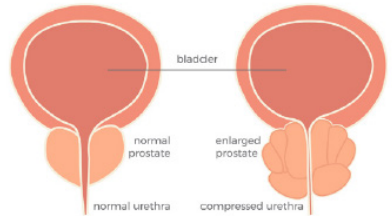
ENLARGED PROSTATE (BPH)



WHAT IS BENIGN PROSTATIC HYPERPLASIA (BPH)?

Benign Prostatic Hyperplasia (BPH) is a noncancerous enlargement of the prostate that may cause difficulty in urination. BPH is common in men as they age, and may cause a negative impact on quality of life but symptoms are often easily treatable. However, the fact that the prostate begins to grow larger is not necessarily a problem.

In fact, some men have extremely enlarged prostates but suffer no ill effects. On the other hand, some men have prostates that are only slightly enlarged and they suffer from bothersome urinary symptoms.



- 90% of men over the age of 80 have BPH.
- Risk factors: age and family history are primary risk factors. Obesity and a sedentary lifestyle may also increase risk.

SIGNS AND SYMPTOMS

- Trouble starting to urinate
- A weak urine stream that can start and stop, or only urinating a little bit
- Needing to urinate more often and/or get out of bed several times at night to urinate
- Leaking or dribbling urine after going to the bathroom
- Feeling like the bladder has not been emptied, even after urinating
- Having a strong, sudden urge to pass urine
- Feeling the need to push or strain to urinate
- Elevation in the PSA blood test

TREATMENT OPTIONS

ACTIVE SURVEILLANCE

This is common for men with mild symptoms. Active surveillance means monitoring the problem with a doctor to keep a watchful eye on it through regular check-ups.



MEDICATION

- Relax muscles in the bladder and around the urethra. These medicines, known as Alpha-blockers, have been able to help urinary symptoms in men. Alpha-blockers do not stop or slow down the enlargement of the prostate. They have also been known to have side effects such as dizziness, ejaculation problems, tiredness, low blood pressure, headaches, etc.
- Shrink the prostate. These medicines, known as 5-Alpha-reductase inhibitors (5ARI), lower the amount of hormone involved in prostate growth. These medications take longer to reduce symptoms. Men taking these medications are less likely to have a blocked bladder and are less likely to need surgery. The known side effects to these medications are trouble having an erection, lowered sex drive and male breast growth.
- Phytotherapies are herbal therapies. Please consult a health care provider before taking any supplements to treat BPH.

SURGERY

- Minimally invasive surgeries. There are several types of minimally invasive surgeries that can be done in your doctor's office or outpatient center.
- Remove the enlarged part of the prostate. This procedure is called transurethral resection of the prostate (TURP). It is the most common approach. There is a risk of side effects including a decline in sexual function and loss of bladder control.
- Remove the prostate. This is a major surgery that is typically only done on men with very large prostates. There is a risk of losing bladder control and experiencing sexual side effects.

PROSTATITIS



WHAT IS PROSTATITIS?

Prostatitis is an infection or inflammation of the prostate gland; it is not cancer. Often resulting in swelling or pain. There are four main classifications of prostatitis.

ACUTE BACTERIAL PROSTATITIS

This is an acute infection of the prostate gland and usually occurs in men aged 40 to 60 years caused by a bacterial infection and comes on suddenly. There is often blood in the urine and a PSA blood test result may be higher than normal.

SYMPTOMS:

- Sudden onset of fever and chills
- Pain in lower back or rectum
- Irritated or obstructive urinary symptoms
- Prostate is warm, swollen, and tender upon exam

CHRONIC BACTERIAL PROSTATITIS

This is a recurrent infection of the prostate and occurs in men aged 50 to 80 years. It is associated with chronic urinary infection and, commonly, calcifications in the prostate (prostatic stones).

SYMPTOMS:

- Relapsing urinary tract infections
- Ejaculatory pain
- Some men may not have any symptoms
- Painful urination
- Pelvic or genital pain

ASYMPTOMATIC INFLAMMATORY PROSTATITIS

This form of prostatitis has no symptoms, and is often found when undergoing tests for other conditions.



7208 S. Tucson Way • Suite 230 • Centennial, CO 80112
1.866.4Prost8 | info@ProstateConditions.org
www.ProstateConditions.org

PROSTATITIS INFORMATION

RISK FACTORS OF PROSTATITIS

- Being a young or middle-aged man
- Having a past episode of prostatitis
- Having an infection in the bladder or urethra
- Having a pelvic trauma, such as injury from bicycling
- Dehydration
- Using a urinary catheter

DIAGNOSIS OF PROSTATITIS

Typically your physician will look over your health and sexual history, conduct a physical exam and may conduct other tests as well. Other tests may include:

- Urine Culture
- Prostate Massage
- Digital Rectal Exam (DRE)
- Semen Culture
- Prostatitis may cause elevation in the PSA

TREATMENT OPTIONS FOR PROSTATITIS

- Anti-inflammatory drugs along with warm baths.
- Antibiotics for infectious prostatitis. These drugs are not effective treatments for noninfectious prostatitis.
- For chronic infectious prostatitis, antibiotics are taken for a longer period of time. About 75% of all cases of chronic infectious prostatitis clear up with this treatment. For cases that don't, taking antibiotics at a low dose for a long time may be recommended to relieve the symptoms.
- Pain medications or muscle relaxants.
- Supportive therapies for chronic prostatitis, including stool softeners and prostate massage.



ERECTILE DYSFUNCTION



WHAT IS ERECTILE DYSFUNCTION?

Erectile dysfunction can be defined as the inability to achieve and/or maintain an erection sufficient for satisfactory sexual activity.

CAUSES FOR ERECTILE DYSFUNCTION

Many people incorrectly believe that ED is a purely psychological problem. Erectile dysfunction is primarily physical in origin, but psychological factors, alone or in combination with physical factors, can cause ED.

Among the conditions associated with ED are:

- Hypertension
- Diabetes
- Hardening of the arteries and other vascular disorders that interfere with the flow of blood to the penis and the mechanism of erection
- High cholesterol
- Trauma, including injuries to the pelvis or spinal cord
- Certain types of surgery and radiation therapy
- Multiple sclerosis and other nervous system disorders
- Depression
- Habits that worsen vascular disorders (e.g., abusing alcohol or smoking)



It is estimated that as many as **100 million men** worldwide suffer from erectile dysfunction.

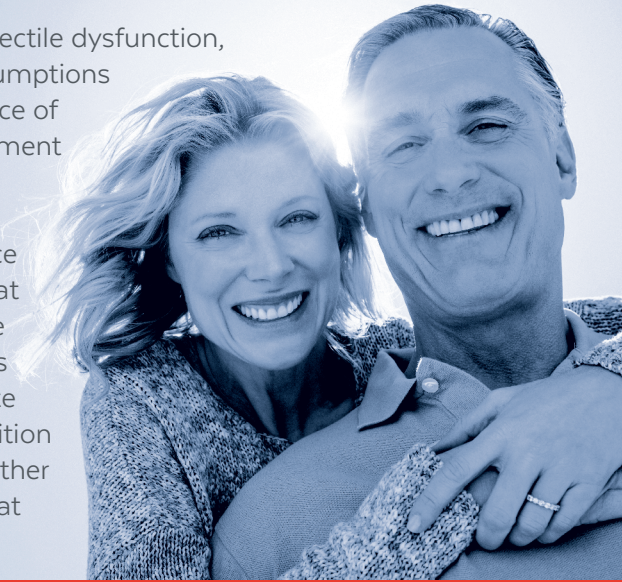
However, more than **85%** of men with ED do not seek treatment.



7208 S. Tucson Way • Suite 230 • Centennial, CO 80112
1.866.4Prost8 | info@ProstateConditions.org
www.ProstateConditions.org

ERECTILE DYSFUNCTION TREATMENT

Among the reasons men get erectile dysfunction, there are also the incorrect assumptions that ED is a normal consequence of aging and that there is no treatment available. The truth is that the likelihood of ED does increase with age because the prevalence of the underlying conditions that are associated with ED increase with age. The failure of sufferers to seek treatment is unfortunate because ED is a treatable condition and may be a symptom of another underlying medical problem that needs to be treated.



TREATMENT OPTIONS

Various treatment options are available and you should discuss them with your doctor. A primary care doctor can give a preliminary diagnosis of ED based on a patient history and a physical examination, but may refer a patient to a specialist, such as a urologist.

Current treatments for ED include:

- Oral medication
- Intraurethral suppositories
- Injectable drugs
- Vacuum devices
- Penile implants
- Counseling and sex therapy

These methods have varying degrees of effectiveness and tolerability, and are used to treat ED caused by physical or psychological conditions.



7208 S. Tucson Way • Suite 230 • Centennial, CO 80112
1.866.4Prost8 | info@ProstateConditions.org
www.ProstateConditions.org