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Boston Public Health Commission

Prostate cancer: Screenings save lives

Regular testing to detect prostate cancer in its early stages has been relatively successful. It's a little surprising, then, that the federal government last month issued a recommendation that men 75 and older should not get screened.

The U.S. Preventive Services Task Force, a panel of 10 primary care physicians appointed by the Public Health Service to determine appropriate preventive measures, argued that tests and subsequent treatments for prostate cancer often cause more harm than good.

In its first update of recommendations for prostate cancer in five years, the task force went even

further, suggesting that the testing may not be beneficial for younger men as well.

The reaction from Dr. Anthony Victor D'Amico, chief of Genitourinary Radiation Oncology at Brigham and Women's Hospital, was quick and emphatic: The panel should reconsider these guidelines.

"If a man has at least a 10 years' life expectancy, which can be when he's 78 or 58, prostate cancer screening should be recommended," he said. "Age itself should not be used as the breakpoint of when to recom-

mend screening for prostate cancer or not."

Life expectancy and overall health status are better indicators, according to D'Amico. He said that age is just a number.

"If a man is 55 and has other significant illnesses, such as renal failure, his life expectancy is low," D'Amico explained. "Likewise, if an older man has congestive heart failure and a recent heart attack, you might not worry as much about a PSA."

The PSA is the prostate-specific antigen, a blood test used to detect prostate cancer.

But a man older than 75 with a high PSA could have a reasonable life expectancy and should not be denied screening or treatment.

"Ask the question — is this man likely

to live five years?" he said. In general, men die of aggressive prostate cancers within five years of diagnosis.

D'Amico said he believes that the very men who would be ignored are the ones who would benefit from screening.

"The vast majority of men with aggressive prostate cancers are those over 70," D'Amico explained. "As men age they are more likely to get a more aggressive cancer."

In addition, D'Amico points out, African Americans have a higher incidence

“If a man has at least a 10 years' life expectancy, which can be when he's 78 or 58, prostate cancer screening should be recommended.”

— Dr. Anthony Victor D'Amico



Robbie Robinson won his bout with prostate cancer more than five years ago. He is still able to hit the links several times a week at the William Devine Golf Course at Franklin Park.

of prostate cancer regardless of age, and would be overlooked if these guidelines were followed.

D'Amico bucks the system when it comes to a screening timetable as well, and offers a schedule different from what is now advised.

He prefers a schedule similar to that for breast cancer. He recommends for all men a baseline screening at the age of 35, another at 40, and one every year thereafter to detect even minor changes.

"What we're looking for is a change in the numbers from year to year," D'Amico said. "That's a better indicator of cancer."

A half-point rise in the PSA in men under the age of 60, and one full point increase in men older than 60, indicates a potential problem that requires a urological workup,

according to D'Amico.

There's no telling how following these recommendations would have changed the life of Robbie Robinson.

He had just turned 60 years old when he was diagnosed with prostate cancer.

He didn't see it coming. For years he tried to take care of his health by closely monitoring his diabetes and cholesterol. He also had regular screenings for prostate cancer.

As far as he knew, he didn't have any symptoms. He admits to increased frequency of urination, but diabetes has similar symptoms.

But the telltale signs were there. His PSA increased from 2.5 to 3.7 in one year. A biopsy confirmed cancer. His Gleason score,

Robinson, continued to page 4

A survivor urges others to be proactive

As assistant principal of the Martin Luther King Jr. Middle School in Dorchester, Richard Salmon, 59, is known as a tough man.

But when it comes to African American men and prostate cancer, Salmon is even tougher.

"Black men need to take the time for their health," he said. "We're walking around with cancer and don't even know it. Get off that macho kick."

Salmon should know.

He was diagnosed with prostate cancer two years ago and credits his life in part to participation in the Prostate Health Education Network (PHEN) at Dana-Farber Cancer Institute, a support group developed by Tom Farrington.

About 10 years ago, Salmon had heard Farrington, a survivor himself, speak at the Myrtle Baptist Church in Newton and ever since, Salmon said, "I wanted to be proactive."

Salmon had ample reasons to be proactive.



Richard Salmon, assistant principal of Martin Luther King Jr. Middle School, is no stranger to cancer. He is a three-time colon cancer survivor, and was treated for prostate cancer two years ago.

He had already beaten back three bouts of colon cancer: the first in 1987 when he was 35 years old, the second in 1990, and the third in 1992. Two of his brothers had already died from colon cancer: one at the age of 48, the other at 50.

Prostate cancer was something relatively new to Salmon. But he stayed on top of it. He decided to be screened every six months instead of the usual 12, not only with the prostate-specific antigen (PSA) test and digital rectal exam, but a biopsy as well.

Salmon said that he was aware that the PSA was an imperfect test and could result at times in false readings. He wanted the

biopsy just to make sure.

He remembers the day he learned his test scores had gotten worse. It was in September 2006, the start of a new school year. His PSA had jumped signifi-

cantly since his last test. A biopsy was positive. His Gleason score, a measurement that gauges the aggressiveness of prostate cancer on a scale between 2 and 10, came in at 8.

It came as a shock.

Decisions had to be made, and though Salmon said he had been through cancer several times before, it was still hard to accept.

"I try to stay away from negative thinking," Salmon said. "I am thankful for my blessings from God."

Fortunately, the cancer was confined to the prostate. He chose radiation seed implantation over radical prostatectomy, the surgical removal of the prostate.

The procedure has been successful. Salmon says he visits his urologist and primary care physician every three to six months. His PSA readings remain stable.

Salmon is quick to remind anyone who will listen to take the time to understand prostate cancer and possible treatments.

"The key is people need to educate themselves," he said.

Prostate cancer: The scourge of men

While approximately 186,000 American men are diagnosed with prostate cancer annually, nearly 90 percent of prostate cancers are detected before they spread beyond the gland. Widespread screening has helped the disease become highly curable, and after five years men who have undergone treatment remain cancer-free in many cases.

Prostate cancer is the second most common cause of death from cancer in men of all ages, the most common cause of death from cancer in men over 75 years old, and is rarely found in men younger than 40. Because prostate cancer is often a very slow-growing disease, it can sometimes take 10 years or more for small tumors to spread beyond the gland and pose a serious threat to health.

Age, race and family history can affect the risk of developing prostate cancer and those at a higher risk for being diagnosed with the disease include African American men and men with a family history of prostate cancer. According to the American Cancer Society, American Urological Association and National Comprehensive Cancer Network, men should receive regular screening tests for prostate cancer beginning at age 50. However, African American men or those who have a family history of the disease should begin screening tests at age 45.

"It is extremely important for men to be aware of their personal risk for all diseases, including prostate cancer," said Dr. Mark Drews, an internist at Whittier Street Health Center. "This information is readily accessible at local community health centers or from your primary care physician who you should visit regularly for preventive care, not just when you are feeling ill."

A number of screening tests for prostate cancer are available, including a digital rectal exam and a prostate-specific antigen (PSA) test. Thanks to PSA testing, many prostate cancers are now found before they start to cause symptoms. A PSA test measures how much PSA, a protein essential to human reproduction, is in a man's blood. A measure of PSA will help determine whether a man has cancer of the prostate. Since the prostate regularly produces PSA, a small amount of the protein is normal. In general, expected readings range from one to four. However, because cancer cells produce extra PSA, a higher PSA reading can be dangerous.



Mark Drews, M.D.
Internist
Whittier Street Health Center

The PSA test is essentially painless. The doctor draws a blood sample from which the level of PSA is easily measured. The results are available within a few days. If the PSA level is below 4, most doctors agree that testing is not necessary for another year. On the subsequent test, it is important to remember that it is entirely normal for a reading to increase by a few tenths of a point every year. In general, only a drastic increase in PSA (from one half point to one point, depending on age) is considered a reason to worry.

Men who have been diagnosed with prostate cancer should consult with a urologist as well as his primary care physician to determine the proper course of treatment. The three most common treatment options for early-stage prostate cancer are watchful waiting, surgery and radiation therapy. Treatments for prostate cancer are serious and may have lasting side effects, such as incontinence — the inability to control urine — and impotence.

Therefore, the decision of when and if to begin treatment must be considered carefully and discussed with your physician. Watchful waiting doesn't mean the cancer will be ignored; a doctor will conduct regular PSA and other tests to determine tumor growth. If the cancer starts growing faster than expected, treatment may be warranted.

"The trust that is developed between a patient and [a] primary care physician is an important and useful tool for all men dealing with a prostate cancer diagnosis or any other health issue," said Drews. "Through the discussion of all options available, the patient and primary care physician can determine the treatment option that makes the most sense for the patient's life in all cases."

A matter of men

The Men's Health Program at Whittier Street Health Center offers an innovative and comprehensive approach to outreach, education, screening and referral services, all designed to connect men to the center's numerous primary health care and support services.

According to Dalton Skerritt, manager of Whittier's Men's Health Program, providing those services is a team effort.

"I work with a talented and dedicated staff to reach out to men in the community to provide them with health education and make them aware of the variety of support services available to them at the Whittier Street Health Center," he said.

While the program aims to provide health education to all men, it places a particular emphasis on reaching African American and Latino males. Establishing a line of communication with these and other hard-to-reach populations can be a tough task in its own right.

After the connection is made, according to Skerritt, the goal is "to introduce them to the services at Whittier Street." The program works not only to inform men through educational outreach and keep their health on track with individual case management, but also to create a larger context for education by involving the community in the process.

Men's Health Program staffers foster community organizing among men, provide a variety of health screening opportunities, and identify and enroll uninsured men for health care coverage, among other services. They also reach out to "pre-released" male criminal offenders, or those gradually transitioning



Dalton Skerritt, (middle) program manager of the Men's Health Program in the Edward Harris Clinic at Whittier Street Health Center, leads a discussion on men's health issues.

from prison life back into the outside world.

A key part of informing men about the health center's many options is convincing them that preventive care and seeking medical help are by no means admissions of weakness.

"We have found that many men perceive health centers to be only for women and children," Skerritt said. "It is the intent of our entire staff to change that misconception and help these men view the center as a resource that can help them lead healthier lives."

Setting the record straight is particularly critical when it comes to the scourge of prostate cancer. September is Prostate Cancer Awareness Month.

"Given the fact that the population we work with has a high percentage of African Americans and African American men are at the highest risk for prostate cancer, one of our main initiatives is to increase prostate health education and awareness among this population," Skerritt said. "We provide information on the importance of screenings and how to access them."

Skerritt admitted that addressing some misconceptions about prostate screenings prevalent in the African American community "has been a challenge for us." To aid in dispelling the misinformation, Whittier's Men's Health Program has partnered with the Prostate Health Education Network, a local nonprofit organization committed to education and awareness efforts targeting African Americans.

"In all of our daily interactions in the community, our goal is to empower men to take care of their health and to become ambassadors of men's health in their own communities," Skerritt said.

One of Skerritt's favorite stories about his program involves a man that came to the center a few years back with no job and no health insurance.

"While at the center, he received a prostate cancer screening test, which indicated that he had prostate cancer," Skerritt recalled. "Our doctors arranged for early treatment, and his regular check-ups with his primary care physician indicate that he is now doing well and monitoring his condition."

While the outcome was fantastic, that's not why it's Skerritt's favorite story.

"As a result of his positive experience at the center, he enrolled in the eight-week Men's Health Education Program, and will soon become an ambassador for the center in the community," Skerritt added. "He is a perfect example of what we hope to accomplish at the Whittier Street Health Care Center through the Men's Health Program."

Check it out.

It is estimated that prostate cancer will affect over 186,000 American men in 2008.

With more than 70 percent of those cases occurring among people over age 65, regular screenings are essential to being the healthiest you can be.

So do what's right for yourself and your family. If you're age 50 or older, talk to your doctor about scheduling regular prostate cancer screenings.



MASSACHUSETTS

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Prostate cancer

Questions & Answers

1. If a man has no symptoms, does that mean he does not have prostate cancer?

No. Prostate cancer can be present without any symptoms at all. In fact, some men do not find out that they have prostate cancer until it is quite advanced because there were no initial symptoms.

2. Is prostate enlargement, which is common in older men, a precursor to prostate cancer?

Enlargement of the prostate is not a precursor or risk factor for prostate cancer.

3. How does the digital rectal exam help detect prostate cancer?

A digital rectal exam (DRE) can detect prostate nodules that may be cancerous. If the exam reveals nothing, it's still possible that a growth may be located on a part of the prostate that the doctor can't reach. That is why the DRE should be done in conjunction with the prostate-specific antigen test, which can also detect prostate cancer.

4. Is an elevated prostate-specific antigen (PSA) level always an indication of prostate cancer?

The prostate-specific antigen blood test is a screening test that measures the amount of a chemical produced in the prostate called prostate-specific antigen. PSA levels normally increase as a man ages, but a higher-than-normal PSA level can mean that cancer has developed in the prostate gland. However, high levels of PSA also can be found in other conditions that are noncancerous, including prostatitis (inflammation of the prostate) and benign prostatic hyperplasia, or enlargement of the prostate, that affects many older men.

5. What role can wives play in ensuring compliance with prostate cancer screenings of their spouses?

Wives and partners should encourage their spouses/partners to schedule regular annual routine physical exams with their physicians to increase adherence with prostate cancer screenings.

6. Is prostate cancer curable?

Yes. Prostate cancer is most easily — and successfully — treated when it's still "localized," meaning it has not yet spread outside the prostate gland. Survival rates of prostate cancer decrease if the cancer has spread to the lymph nodes, bones or other parts of the body.

7. Why is there controversy surrounding screening for prostate cancer?

The number of new cases of prostate cancer has increased over the years; however, fewer men are dying of prostate cancer, even in regions of the U.S. or in other countries where there is very little screening. So, deaths from prostate cancer are decreasing equally in areas or regions where there is a lot of screening and in areas where there is very little screening. In addition, prostate cancer can occur in an aggressive form, which we can cure early with surgery or radiation. These treatments can have serious side effects. It can also occur in a milder, slow-advancing form that rarely causes harm and we often just watch it over time. We don't yet know how to distinguish between the two forms of prostate cancer when it is detected early. Thus, we cannot identify at an early stage if it is the harmless form that does not require treatment or the aggressive form that would respond to the treatment.

8. Why is the death rate from prostate cancer so much higher in blacks than whites?

African American men have higher rates of prostate cancer and may be less likely to see a physician or receive treatment. As a result, they are more likely to die of this disease. When they do receive adequate treatment, African American men with prostate cancer appear to live as long as white men who are similarly treated.

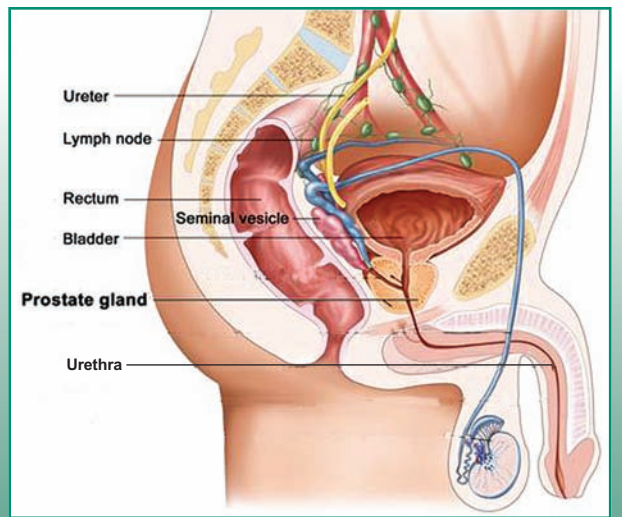


Lisa Michelle Owens, M.D.
Medical Director
Brigham Primary Physicians at
Faulkner Hospital

A closer look

The prostate is a small gland that is part of a man's reproductive system. It produces seminal fluid that nourishes and helps transport sperm. The prostate is situated in front of the rectum and below the bladder. Like a donut, it surrounds the urethra, a thin tube that transports urine from the bladder. When enlarged, it squeezes the urethra, causing difficulty in urination. Because of its position in front of the rectum, the digital rectal exam allows the doctor to feel the prostate for lumps and irregularities that can be signs of prostate cancer.

If prostate cancer is not found early, it can spread to the lymph nodes, bones and other parts of the body. When treated early, the five-year survival rates are almost 100 percent; when found late, only one-third of men afflicted live another five years.



Source: National Cancer Institute

Risk factors

Some men are more likely than others to develop prostate cancer due to certain risk factors. A risk factor is a condition or characteristic that may increase the chance of developing a disease. In prostate cancer, there are four major risk factors.

• RACE

For unknown reasons, prostate cancer is more common in African American men than in white men. In Boston, death rates from prostate cancer for black men are roughly twice that for white men.

• FAMILY HISTORY

A man's risk of prostate cancer increases if his father or brother also had prostate cancer. The risk rises if multiple relatives are afflicted.

• AGE

Men typically get prostate cancer later in life. In this country, most men with prostate cancer are older than 65. Black men, however, often are diagnosed in their forties or fifties.

• DIET

Some studies have established a link between prostate cancer and diets high in saturated fats found in red meat and dairy products.

Healing the racial divide in health care

Bostonians come in many flavors.

But we're working to make health care excellent for everyone.

Boston is rich in ethnic and racial differences. They make our city vibrant.

But when those differences show up in the quality of health and health care, that's a cause for concern. And action.

This is a national problem that Boston shares. Last year, a survey by the Boston Public Health Commission revealed that Boston's racial and ethnic groups have strikingly different risks of illness and death.

The percentage of babies born prematurely and at a low birth-weight to black mothers is nearly double what it is for white mothers. Black men are twice as likely to die from diabetes as white men.

Latino Bostonians are more likely to be hospitalized for or die from asthma and have a higher incidence of diabetes and HIV. Asian people in Boston have higher rates of tuberculosis and hepatitis B.

Mayor Thomas Menino formed a task force to find ways to eliminate disparities in health and challenged hospitals and community health centers, among others, to take concrete steps to make the quality of health care excellent for all Bostonians.

Brigham and Women's Hospital (BWH) and Massachusetts General Hospital (MGH) provided significant funds for the City's special disparities

program and along with other hospitals agreed to take immediate actions that include:

- measuring the quality of patient care and patient satisfaction by race, ethnicity, language, and education;
- improving education and cultural competence for doctors, nurses and other caregivers, and staff and patients;
- helping patients take an active role in their care;
- working to diversify their professional workforce and governing boards;
- collaborating closely with members of the community.

BWH established the Health Equity Program to reduce disparities in neighboring communities. The hospital's new Center for Surgery and Public Health will, among other things, examine disparities in surgical care.

MGH created the Disparities Solutions Center to work with providers, insurers and community groups in Boston and nationwide. The hospitals and Partners HealthCare are putting more than \$6 million into finding and fixing disparities in care.

If there's one place where we should all be the same, it's in the excellence of our health care.

More information at Boston Public Health Commission at www.bphc.org



Signs and Symptoms

• Urinary problems

- Not being able to urinate
- Having a hard time starting or stopping the urine flow
- Needing to urinate often, especially at night
- Weak flow of urine
- Urine flow that starts and stops
- Pain or burning during urination
- Difficulty having an erection
- Blood in the urine or semen
- Frequent pain in the lower back, hips or upper thighs

Source: National Cancer Institute

BRIGHAM AND
WOMEN'S HOSPITAL

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A charitable non-profit organization

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GENERAL HOSPITAL

The basics of prostate cancer screening

The two screening tests are the PSA, a simple blood test, and the DRE which allows palpation of the prostate.

- Discuss with your doctor the benefits and limitations of screening to make an informed decision.
- Get screened before you have symptoms — early prostate cancer is silent.
- Start yearly screening at age 50 if you have a life expectancy of at least 10 more years*
- Start at age 45 if you are African American or have a first-degree relative — father, brother or son — with prostate cancer.
- Start at age 40 if you have more than one first-degree relative with prostate cancer.
- Get both screening tests — PSA and DRE — to increase accuracy.

Source: American Cancer Society

* Some doctors recommend baseline tests at 35 and yearly screenings beginning at age 40, regardless of risk.

Celebrate Prostate Cancer Awareness Month with Free Events

Get screened



PSA

DRE

Image Source: National Cancer Institute

Get educated



Get support



Date	Activity	Institution	Address	Time	Tel. No.
9/6	PSA, DRE, Education	Health Care Revival Mattapan Community Health Center	249 River Street, Mattapan	9:30 a.m. - 3 p.m.	617-296-0061
9/10	Support Group	Prostate Health Education Network (PHEN)	44 Binney Street, Smith Bldg. Room 304, Boston	5:30 - 7:30 p.m.	617-632-4860
9/12	PSA, DRE, Education	NE Shelter for Homeless Veterans	17 Court Street, Boston	1 - 5 p.m.	617-632-6694
9/15 & 16	PSA	Whittier Street Health Center Men's Health Program	1125 Tremont Street, 2nd Fl., Roxbury	9:30 a.m. - 5 p.m.	617-989-3028
9/16	Support Group	Boston Medical Center	88 East Newton Street, Boston	6:00 p.m.	617-638-4178
9/17	Educational forum	Whittier Street Health Center Men's Health Program	1125 Tremont Street, 3rd. Fl., Roxbury	5:30 - 6:30 p.m.	617-989-3028
9/27	PSA	Beantown Jazz Festival	Columbus Avenue between Mass. Ave. and Burke St.	12 - 6 p.m.	617-638-6138
10/1	PSA, DRE, Urinalysis	The Barron Center for Men's Health Mount Auburn Hospital	330 Mount Auburn Street Cambridge	10 a.m. - 3 p.m. by appointment	617-499-5722
10/25	PSA, DRE	Boston Medical Center	Moakley Building 830 Harrison Ave., Boston	8:30 a.m. - noon	617-638-4178
10/25	PSA	Angelical Ministries	1295 River Street Hyde Park	10:30 a.m. - 2 p.m.	617-989-3028
Thursdays	PSA	Whittier Street Health Center	1125 Tremont Street Roxbury	4 - 8 p.m.	617-989-3290

Robinson

continued from page 1

a measurement that assesses the aggressiveness of prostate cancer, was 7. Scores range from 2 to 10: cancers with higher scores have a worse prognosis.

Fortunately for Robinson, his cancer was confined to the prostate gland and had not metastasized, or spread to other parts of the body.

"It was overwhelming," he recalled. "You always associate cancer with death."

Depressed, Robinson, a building service manager, would come home from work and curl up in bed for hours at a time.

His wife, Shirley, at first allowed him to work through the emotional trauma, but eventually said enough was enough.

"Let's focus on what we have to do," she said she told him. "We'll work on this together."

They did, and after gathering information and meeting with doctors, Robinson decided on radical prostatectomy — surgical removal of the prostate. He was uncomfortable with his other option of seed implantation, a form of radiation therapy.

"I wanted to cut it out and rid myself of it," he said.

So far, so good. Robinson is back on the golf course. Most important, his prostate cancer has not spread to other parts of his body. But just in case, he said he still has regular checkups.

And that's the key — regular checkups.

Despite an ongoing debate over screenings and at what age they should begin, no one can argue they are not effective at detecting prostate cancer.

Screenings, as well as advances in treatment, are credited with lowering death rates from prostate cancer since 1975. The five-year survival rate in blacks increased from 61 percent between 1975 and 1977 to 95 percent between 1996 and 2003.

As it is now, men run a one-in-six

chance of developing prostate cancer at some point in their lives. It is the most common non-skin cancer among men in this country and the second most deadly cancer in men trailing only lung cancer.

According to the American Cancer Society, more than 186,000 new cases in the United States are expected this year and about 29,000 deaths.

Age is the biggest risk factor for prostate cancer. Only 9 percent of men diagnosed with prostate cancer are under the age of 55, while almost 63 percent of all men diagnosed are older than 64.

Race is also a factor. For unknown reasons, African American men have the highest rate of prostate cancer in the world. The National Cancer Institute, an arm of the National Institutes of Health, determined that from 2001-2005 in the U.S. the rate of new cases of prostate cancer was almost 60 percent higher for black men than for whites.

Death rates were even more drastic. Black men died of the disease at more than twice the rate of whites.

Family history has an impact as well. Having a first-degree relative — father, brother or son — with the disease doubles a man's risk of prostate cancer; the risk increases fourfold if two first-degree family members are affected.

Prostate cancer is silent in the early stages; as it progresses, it causes urinary problems. Pain in the hips, spine and ribs can indicate the cancer has spread to the bones.

Situated in front of the rectum and beneath the bladder, the prostate is a small gland that is part of a man's reproductive system and surrounds the urethra, a thin tube that transports urine from the bladder.

Several things can go wrong with the prostate. It can become inflamed, enlarged or cancerous.

According to D'Amico, about 80 percent of all men will experience prostate enlargement.

The growth itself is not an indicator of cancer. Men commonly experience a benign non-cancerous growth of the prostate called benign prostatic hyperplasia, or BPH. It's not fatal.

There are two screening tests for prostate cancer. The PSA is a simple blood test. In the digital rectal exam, (DRE) a clinician inserts a lubricated, gloved finger into the rectum to feel for hard or lumpy areas in the prostate for possible signs of cancer.

The tests are not perfect. Men without prostate cancer can have an elevated PSA, and some men with normal levels of PSA have been determined to have cancer. DREs can miss some cancers as well. The two tests together are better than either test alone.

The American Cancer society recom-

mends that both tests be offered yearly to men beginning at age 50 who have at least a 10-year life expectancy. Men of increased risk — African Americans and those with a family history — should begin the screenings earlier at 45 or even 40.

Johnson is now 66 years old and credits his primary care physician at Dimock Community Health Center for recommending a prostate test. He credits his wife for providing the support he needed to get through his ordeal.

Together, they have made a healthier lifestyle a way of life. They eat more fish and salad and drink lots of water. And they both exercise regularly.

"Early detection is the key," Johnson said.

A look at lycopene

Lycopene is a powerful antioxidant that helps protect the body against cancer. Lycopene destroys free radicals, or extra oxygen atoms, that can cause changes in DNA, transforming a normal cell into a cancerous cell. Some studies have found that consuming at least two servings of lycopene a week — roughly a half-cup per serving — especially cooked or processed tomatoes, can significantly decrease the risk of developing prostate cancer. Furthermore, lycopene was found to reduce the risk of disease progression in men diagnosed with prostate cancer.

Lycopene is found in:



TOMATO SAUCE



PINK GRAPEFRUIT



WATERMELON



PAPAYA



GUAVA



TOMATO JUICE

Source: Prostate Cancer Foundation

Questions or comments on Be Healthy? Contact Karen at kmiller@bannerpub.com.