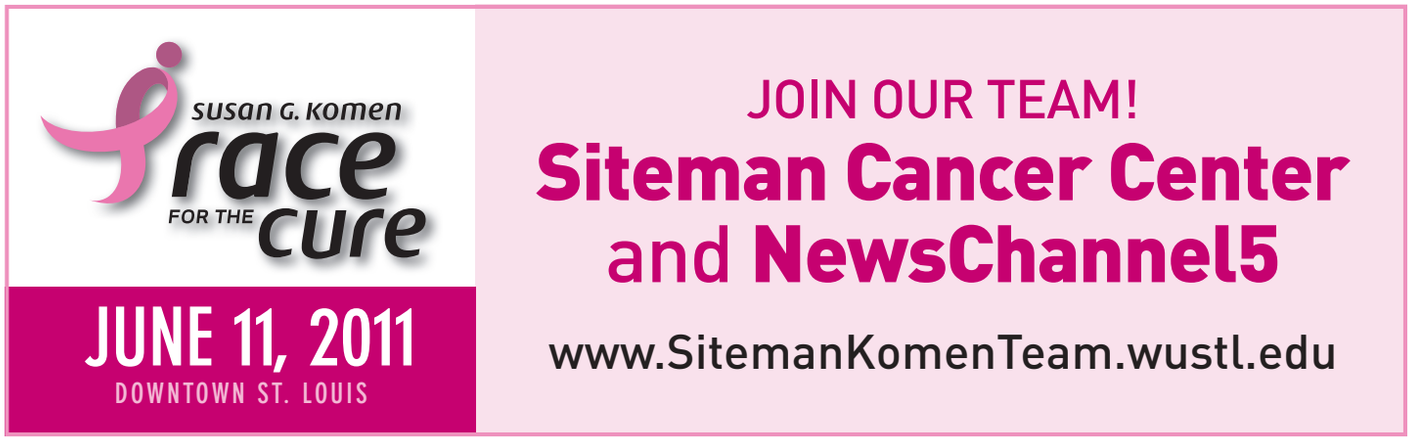
Race for the Cure

You can help fight breast cancer by joining the Siteman Cancer Center and NewsChannel 5 for the Komen St. Louis Race for the Cure on June 11 in downtown St. Louis.

This year marks the 13th anniversary of the event, and the second time Siteman and NewsChannel 5 have joined forces to create a unified team. Participants can select from several race options, including a timed 5K run ($30 entry fee), a noncompetitive 5K run/walk ($25 entry fee), or even "sleep in" for a Cure, for those who are unable to participate but still want to support the cause ($35 entry fee)

To sign up as a member of the Siteman and NewsChannel 5 team, visit www.SitemanKomenTeam.wustl.edu. Click on the "Join Team" link in the box under the "110005-Siteman Cancer Center and NewsChannel5" headline and follow the steps for registration. The deadline for online registration is noon on May 21.

For questions, call the team hotline at 314-747-0328 or e-mail sitemankomenteam@gmail.com.



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PECaD
Program for the Elimination of Cancer Disparities

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PROGRAM FOR THE ELIMINATION OF CANCER DISPARITIES

STL Connection

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Nourishing Body and Soul: PECaD and Faith Communities Joined for Health (FCJH)

continue their partnership to reduce health disparities

The Program for the Elimination of Cancer Disparities (PECaD) at Siteman Cancer Center is providing continued support to the Faith Communities Joined for Health (FCJH) consortium in their adoption and implementation of Body & Soul, as they extend their existing program beyond the fruits and vegetable consumption focus to include cancer prevention content. PECaD's involvement is part of a broader effort to promote cancer education and prevention messages in the community. Body & Soul, a faith-based wellness program developed for African-American churches, reinforces the importance of a healthy diet in decreasing the risk of cancer and other chronic diseases. The program combines pastoral leadership, educational activities, and a church environment to help congregations make healthier nutrition choices and take steps to ensure a healthier future.

PECaD recently hired a Community Health Educator (CHE) who will provide technical assistance to FCJH churches and help integrate cancer prevention and control information into Body & Soul activities and programs. A centralized training session for churches new to the program took place on Saturday, February 26th. Staff members from four area churches participated in the training. Additional Body & Soul trainings will be offered throughout the year, covering topics related to cancer prevention, educational activities to raise awareness about healthy living, and self-assessment of the health and wellness needs of individual congregations.

For more information about the Body & Soul program or to schedule a Body & Soul training, please contact PECaD Program Coordinator Jackie Bernstein at bernsteinj@wustl.edu or 314-286-0095. Additional information about Body & Soul can be found at: www.bodyandsoul.nih.gov or at the National Cancer Institute (NCI) at 1-800-422-6237.

SITEMAN CANCER CENTER®
BARNES-JEWISH HOSPITAL • WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
A National Cancer Institute Comprehensive Cancer Center

BARNES-JEWISH Hospital BJC HealthCare

Washington University in St. Louis SCHOOL OF MEDICINE

New PECaD Staff

Jackie Bernstein, MPH joined PECaD as Program Coordinator in December 2010. She has 12 years experience in public health and previously worked as a Research Coordinator at the University of Colorado Denver's Department of Family Medicine. She has a particular interest in health disparities, community development, and participatory research. She is working primarily on PECaD outreach activities, promoting cancer education and prevention messages in the community.

Kimberly Carter, PhD joined PECaD in December 2010 as a part-time Research Assistant. With both a Masters and a Doctorate in Social Work, she complements her wealth of experience in public health with a grassroots community and research perspective. Her background is specifically in the areas of community mental health, healthcare disparities, family care giving/chronic illness, and African-American family well-being. She will be working on PECaD's prostate cancer pilot project, focused on barriers to tissue research. The project is led by Dr. Bettina Drake, Assistant Professor in the Division of Public Health Sciences of the Department of Surgery, WUSM.

Michael Trent Johnson serves as a focus group facilitator for the PECaD prostate pilot project (mentioned above) to help determine barriers to African-American men related to donating tissue for research. Johnson has served as a sickle cell educator with St. Louis Children's Hospital and conducted focus groups with the Department of Public Health and Public Policy and Urban Affairs at Saint Louis University.

Clinician Corner: Putting It All Together

Issues in PSA Screening and Treatment of Prostate Cancer

By Lannis Hall, MD, MPH, *Siteman Cancer Center at Barnes-Jewish St. Peters Hospital*

Prostate cancer is the most common non-skin malignancy diagnosed in men yearly and it is expected that approximately 215,000 men will be diagnosed in 2010. Prostate cancer was the second leading cause of cancer death in men after lung cancer. Consequently, one in six men will be diagnosed with prostate cancer sometime in their life and one in 36 will die of the disease. There is marked ethnic variation in the development of prostate cancer within the US. African American men have the highest incidence and mortality rates, with a 60% increase in incidence and a 140% increase in mortality.

Screening for prostate cancer has become increasingly controversial. Since the advent of the Prostate-Specific Antigen (PSA) test there has been a threefold rise in the incidence from 85,000 men in 1985 to 244,000 men in 1995. Autopsy studies indicate that men 50 years of age without a clinical history of prostate cancer harbor occult disease in 30% of prostate specimens and men 80 years of age without a clinical history of prostate cancer have occult disease in 70% of specimens. Therefore the potential exists for over diagnosis and treatment of clinically insignificant prostate cancers. Most other solid tumors progress steadily and are ultimately fatal. However, prostate cancer sometimes progresses slowly and does not lead to death, so determining who should be screened and treated has become a major health concern.

In an effort to evaluate the efficacy of PSA screening, the Prostate, Lung, Colorectal and Ovarian cancer screening trial (PLCO) conducted between 1993-2001 assigned 76,693 men to receive either annual PSA screening and digital rectal exams (four of six visits) or usual care by a health care provider in one of ten U.S study centers. More prostate cancer was diagnosed in the screening group (2820) than in the control group (2322). The prostate cancer specific mortality was low regardless of screening and mortality was the same in both groups.

The negative results of this screening study and the concern for overtreatment of clinically insignificant prostate cancers have caused confusion for organizations attempting to provide screening recommendations. The American Cancer Society recommends an informed decision making session with a health care provider. The United States Preventive Services Task Force does not recommend routine screening. The American Urologic Association recommends that informed men are offered a DRE and PSA test at the age of 40. This variation in screening recommendations exists despite clear improvement in prostate cancer mortality rates in the past 20 years. Surveillance Epidemiology and End Results reports five year survival of 100% for men presenting with localized disease and five year survival of 30% for men presenting with metastatic disease. The Center for Prostate Disease Research (CPDR) reports that the percentage of men presenting with metastatic disease in the US has declined from 19.8% in 1989 to 3.3% in 1998. Prostate cancer mortality rates continue to fall at a rate of 4.1% per year annually. The improvement in survival parallels directly with the PSA screening era and can be attributed in part to diagnosis at an earlier stage. The most pressing issue for public health officials and health care providers is balancing the benefit of detecting disease at an earlier stage with distinguishing who needs radical local therapy versus close observation.

There are several ongoing clinical trials that will determine the utility of therapeutic intervention in early stage prostate cancer. The Phase III Study of Active Surveillance Therapy against Radical Treatment (START) in patients with favorable prostate cancer is a comparison of active surveillance (close monitoring with treatment intervention if indicated) compared to immediate local therapy of patient's choice (surgery, external radiation or seed implant). The Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine are participating in this North American study. Clinical trial participation in the diagnosis and management of prostate cancer is imperative for future consensus regarding screening and treatment.