



THE CANCER SOCIETY OF THE BAHAMAS



My Prostate Gland & Us

Caring & Sharing

Your Award Winning CSOB: "2000 Clarence H. Moore Award" & the "1998 Silver Jubilee Award"



**THE CANCER
SOCIETY OF
THE BAHAMAS**



A Man's Guide To Informed Prostate Health

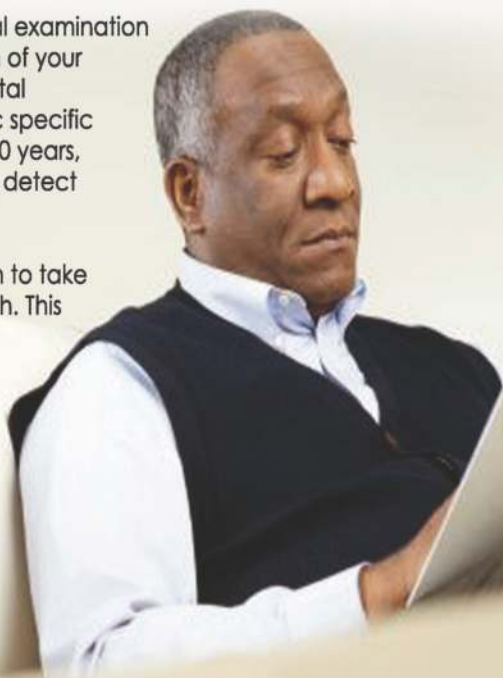
Congratulations! This booklet was developed just for you. It contains information that will help you to join the growing number of well informed, health-conscious men all over the Bahamas, who have educated themselves regarding prostate health decisions.

In this booklet, you will learn about the differences between the many myths that are commonly shared in our community about prostate health, and the real facts. We will discuss the conditions that most frequently affect your prostate, and you will learn how important it is for you to have your prostate examined on an annual basis, if you are 40 years or older.

You will also be taught how to examine your testicles – Why is this important? Testicular cancer is one of the most common forms of cancers among young males aged 15 – 34 years. If detected early, it is also one of the most easily cured forms of cancer.

You will learn that an annual medical examination that includes a physical examination of your prostate, by means of the digital rectal examination (DRE), and the prostatic specific antigen (PSA) blood test, from age 40 years, provides you the best opportunity to detect prostate cancer early.

We are happy that you have chosen to take an active responsibility for your health. This important decision will not only give you peace of mind – it can and will help to add years to your life ... and add life to your years!





Let's Talk About PROSTATE HEALTH



THE CANCER
SOCIETY OF
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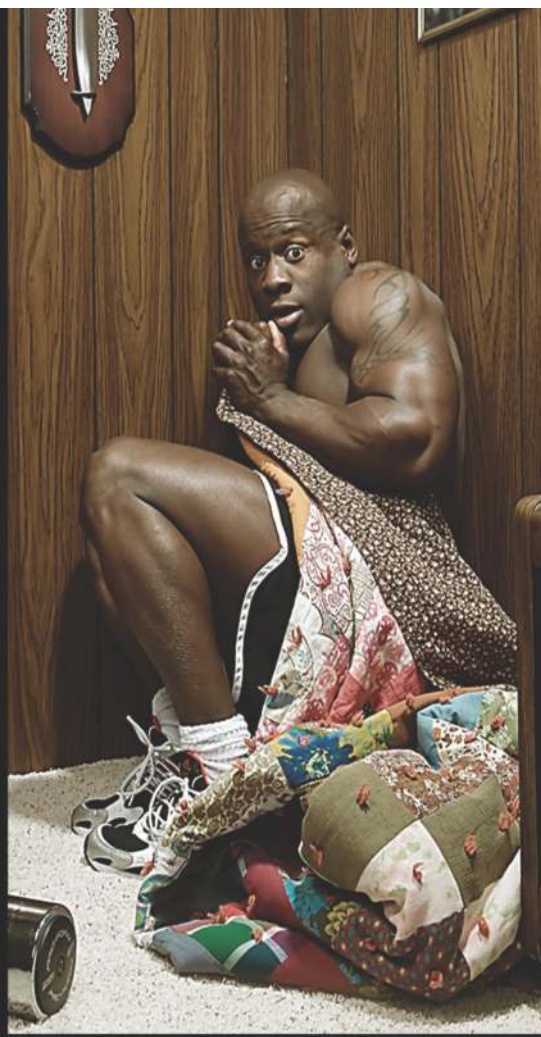
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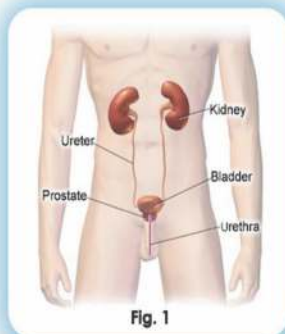
REAL MANLY MEN AREN'T AFRAID OF A LITTLE PROSTATE CANCER SCREENING...

**BECAUSE WITH A 1 IN 6 CHANCE OF BEING DIAGNOSED, THEY KNOW IT'S IMPORTANT TO GET CHECKED.
IF YOU'RE 40 OR OLDER, TALK TO YOUR DOCTOR ABOUT PROSTATE CANCER SCREENING**

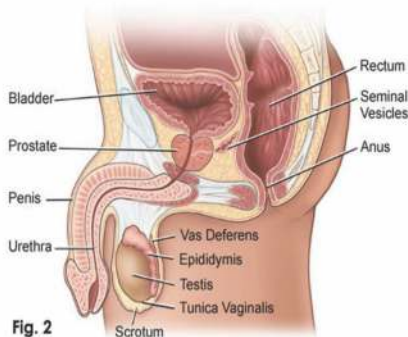
What is the Prostate Gland?

The prostate gland is hidden deep inside the mans body and is a part of the male reproductive system. It is responsible for secreting much of the fluid produced that is ejaculated during sexual stimulation. The gland is about the size of a small ping-pong ball or smal sour lime. It is situated at the base of the bladder, deep within the pelvis (see Fig. 1 - 3).

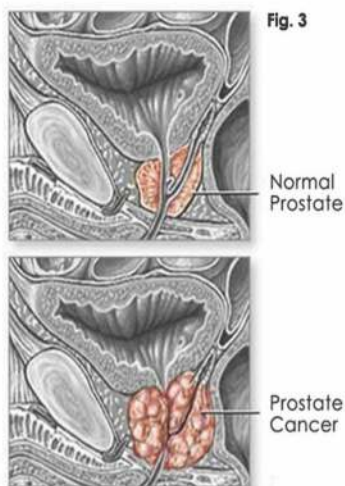
The Urethra is the tube which carries urine from the bladder. It passes through the prostate, along the length of the penis, and emerges through the head of the penis. On ejaculation, a male releases about 3 to 5 mls of seminal fluid (1 teaspoon equals 5 mls). Ten percent of this fluid is made up of sperms (male sex cells), and 90% secretion from the prostate gland. This secretion provides nutrients and a protective environment for the sperm.



Male Reproductive Tract



The Prostate is about the size of a small ping-pong ball and is situated at the base of the bladder, deep within the pelvis.



Disorders of the prostate are basically of two types, inflammation or tumor growth (see Fig. 3)

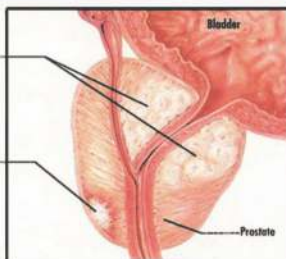
1. An inflammation of the prostate is called **Prostatitis**. It occurs in young men between the ages of 18 - 45. It recurs frequently and is resistant to a permanent cure. Prostatitis is a benign, non-progressive condition and usually responds to appropriate treatment.

The Prostate Gland

2. Tumor growth - The prostate gland becomes progressively larger with increasing age. As it grows, it squeezes the urethra (urine channel), blocking off the flow of urine, causing certain symptoms. This growth can be either benign (non-cancerous), referred to as Benign Prostatic Hypertrophy (BPH); or malignant, which is a cancerous growth. There are a number of treatment options for BPH, which may be non surgical or surgical.

BPH blocks urine flow through the urethra.

A cancerous tumor usually doesn't block urine flow.



An infected prostate narrows the urethra.

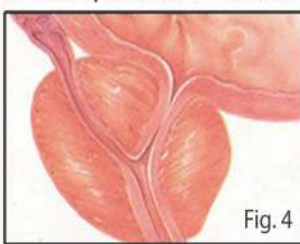


Fig. 4

Infection and Inflammation. Your Prostate can become infected or inflamed (a condition called prostatitis). This may cause swelling of your prostate. You may also feel a burning sensation while urinating, or see what looks like pus in the urine.

Is all this talk about prostate cancer true or is it just hype?

The word "cancer" remains an ominous one in our society; its diagnosis is perceived by many Bahamians as a death sentence. For many patients, the issues pertaining to the prostate and prostate cancer can be confusing; the misconceptions are many, but the facts are few.

Disregard the Myths & Get the Facts!

Myth 1: "Prostate Cancer is the other guy's problem."

Fact: All men are at risk of getting prostate cancer and about one-in-eleven will actually develop the disease. The chances are even greater for black men, with one-in-nine developing the disease. In most countries, prostate cancer has emerged as one of the top three (3) cancers most commonly diagnosed and causing the most deaths in men.

Myth 2: "Prostate cancer is a disease of old men."

Fact: Although prostate cancer becomes more common with age (the average age for diagnosis is about 70), 20% of men with the disease are 65 or younger. In black men, the age of onset is even younger, and the cancer is generally more advanced on its initial discovery as compared to white men.

Myth 3: "If a man feels fine, there is no need for a prostate examination."

Fact: Prostate cancer is a silent disease, often causing no symptoms or problems for months or years until the disease has spread to other parts of the affected man's body. Regular (annual) medical checkups are critical for early detection and effective treatment.

Prostate Gland Myths & Facts

Myth 4: "Prostate examinations are difficult and painful."

Fact: A rectal examination, by a trained physician, may be embarrassing or unpleasant for some men, but it is not painful. It is also simple and quick; it takes less than a minute. The Prostatic Specific Antigen (PSA) Test is another diagnostic tool. It is recommended for men under age 70. It measures the quantity of PSA in a man's blood. PSA is a substance that is only produced in the prostate gland. If the prostate is "normal", only small quantities of PSA are found in a blood sample. However, a significantly larger amount of PSA is produced when cancer is present in the prostate. High PSA volumes can also result for a 24 - 48 hour period following palpation of the prostate or sexual intercourse, so repeat tests may be needed to rule out a "false positive".



Myth 5: "Prostate cancer examinations are part of a yearly medical checkup."

Fact: In a recent survey, fewer than half the respondents who ever had a physical examination said a rectal examination was included. A rectal examination should be part of a yearly checkup for all men, age 40 years and older. Men should ensure that their doctor includes a complete prostate check, as part of their routine, annual, medical examination.

Myth 6: "Prostate Cancer is always fatal."

Fact: This statement is not true. Diagnosed in the early stages, prostate cancer is potentially curable. Even in advanced stages, new treatments can be effective. There is evidence that with effective treatment, survival can be improved and the progression of the disease decreased significantly.

Myth 7: "Prostate Cancer treatment is the end of an active sex life."

Fact: This statement is not true. New surgical techniques allow most men with early stage cancer, to stay sexually active and to maintain bladder and bowel control. Also, new drugs used in later stages, have fewer side-effects than earlier treatments.

Myth 8: "Elderly Patients are too old for surgery."

Fact: Advances in surgery have minimized the complications of major surgery and the effects of anesthesia in the elderly patient. There are now many viable alternatives to surgery, with comparable results. However, with most elderly male patients, due to the very slow rate at which their cancer grows, surgery is not often recommended. Alternative treatment is used in most cases.

Myth 9: "Prostate Disease is related to having too much sex when you were young."

Fact: There is no reliable study that shows a correlation between benign or malignant prostate growths and sexual activity. The aetiology (causes or origins) of prostate cancer have not yet been determined. Previous sexual experiences should not be the cause of a man not having his regular (annual) prostate examinations.

Myth 10: "Removal of the prostate gland means that I can not get prostate cancer."

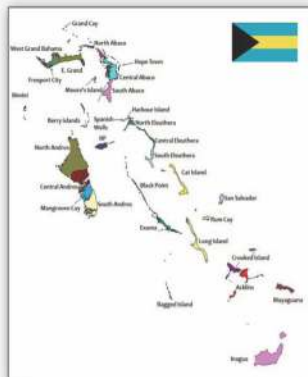
Fact: Most prostate gland operations are done for benign obstruction of the prostate. "Simple prostatectomy" is done to remove tissues blocking the prostate, and leaves the prostate tissue behind, which like any other tissue, is still at risk of undergoing malignant change(s). The total removal of the prostate gland (radical prostatectomy) is only done if there is prostate cancer.

Bahamian men are advised to seek early detection. The causes of Prostate Cancer remain unknown, making prevention of the disease virtually impossible. However, if it is detected early, most men can be treated successfully. As there is no available test to effectively detect prostate cancer, yearly examinations of the prostate for men 40 years and older, is the best way of finding the disease at an early, and potentially, curable stage.

Prostate Cancer In The Bahamas

Prostate Cancer is the most commonly diagnosed cancer in Bahamian men. In the Cancer Registry of the Princess Margaret Hospital (PMH) for the year 2009, eighty-five (85) men were diagnosed with prostate cancer; the Cancer Society of The Bahamas estimates that on average, two new cases of prostate cancer are diagnosed each week in the Bahamas.

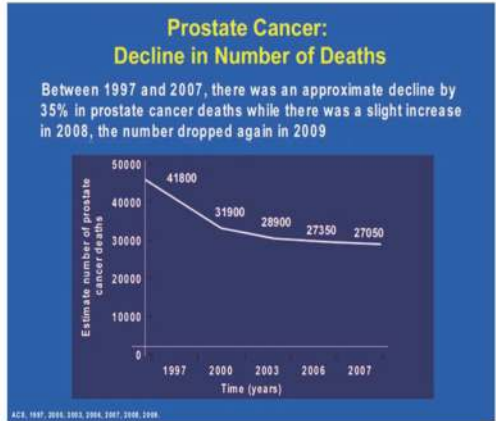
Prostate Cancer is also the most common cause of death in the Bahamas in men who die of cancer related deaths. Every week, approximately one Bahamian male dies due to cancer of the prostate.



In general, prostate cancer in black men appears to be more aggressive and fatal. In the United States of America, African American males when diagnosed with prostate cancer for the first time have a disease that is 50% more advanced, and are generally younger as compared to white American males. African Americans also have a mortality rate for cancer of the prostate that is 2 to 3 times higher than the rate for white males in the same geographical area, even when corrected for socio-economic status and age.

Prostate Cancer In The Bahamas

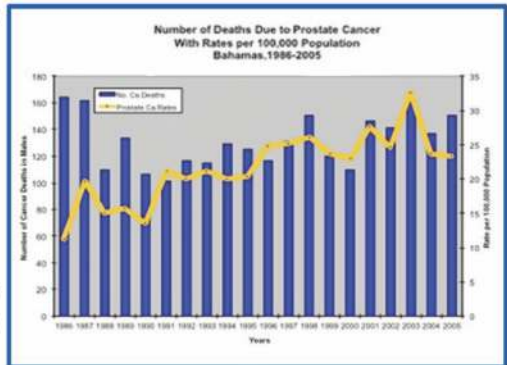
Worldwide, advances in Medicine and dissemination of health information have contributed to an increase in life expectancy. Men are living longer and as a result, their risk for prostate cancer is increasing, this is also true in the Bahamas. Although the risk for men being diagnosed with prostate cancer is unknown, the evidence suggest, that a high fatty diet and red meat are predisposing factors; these are the staple of the Bahamian diet.



Twenty years of prostate cancer screening by volunteers of the CSOB and US TOO Bahamas, show that Bahamian males have yet to accrue the benefits of early prostate cancer detection. While in Developed Countries, the annual rates of men dying from prostate cancer have decreased significantly, the reverse has occurred locally. Based on a review of the death registry in the Bahamas - the death rates for prostate cancer has continued to increase. Early detection campaigns in Developed Countries have resulted in 80% of men being diagnosed on initial presentation with early prostate cancer – that is, the disease is confined within the gland. This trend has not occurred in the Bahamas, 80% of men with prostate cancer have advanced disease – that is, the cancer had already spread outside the gland on initial diagnosis.

Our research in the Bahamas suggests that Bahaman males are uninformed about the seriousness of prostate cancer, and the importance of annual rectal examination and blood test for the detection of this disease.

The CSOB and Prostate Educational Councils worldwide, recommend an annual rectal examination for all men, along with a Prostate Specific Antigen test beginning at the age of 40 years.

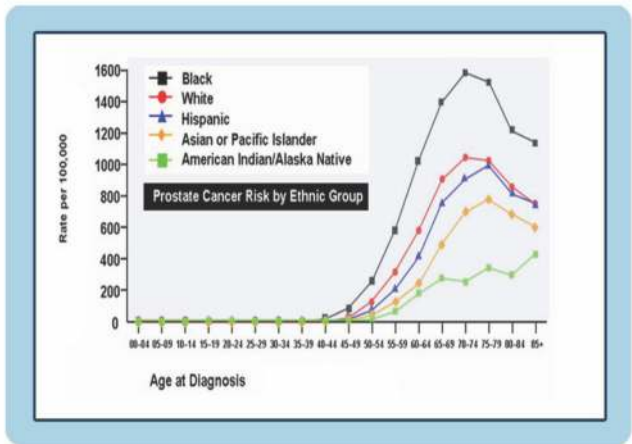


The outlook for patients with prostate cancer has improved steadily since 1950. Prostate cancer can be cured in its early stages with surgery and radiation. In the advanced stages, it often responds well to treatment, thereby providing relief and keeping it controlled. New drugs have been shown to control the spread of the disease, extend life and reduce some of the side effects associated with other treatment(s). The newest available treatment methods involve the concept of combination therapy.



A 1990 survey by the American College of Surgeons Commission on cancer showed that approximately one-third of 21,383 patients in over 1,000 hospitals, were diagnosed with advanced cancer. In 1993, a follow up study in 2,999 men between ages 55 and 70, found that only 3.8% of the prostate cancers detected on routine screening were in the advanced stage.

A 1994 study in the Bahamas, showed that 80% of prostate cancers on initial detection were in advanced stages, where cancer had spread beyond the confines of the prostate. Consequently, these men can only be considered for disease control or relief, rather than for a cure. This rate and outlook are unacceptably high.



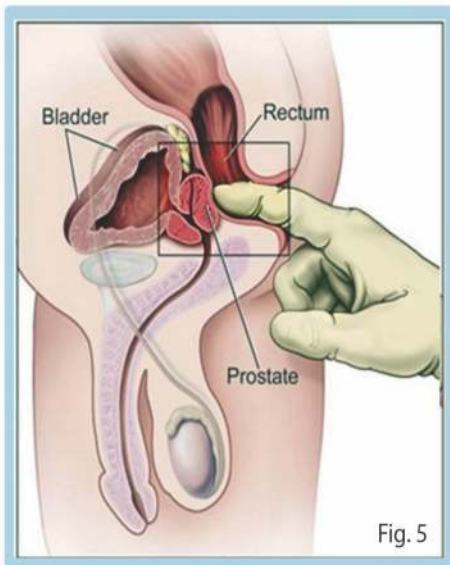
Making The Diagnosis

Prostate cancer is often difficult to identify because there are no symptoms in the early stages of its development.

Men should be on the lookout for the following symptoms:

- A. Weak or interrupted urine flow
- B. Inability to urinate or difficulty starting or stopping the flow
- C. The need to urinate frequently, especially at night
- D. Blood in the urine
- E. Painful or burning when passing urine
- F. Constant pain in the lower back, pelvis or upper thighs

The symptoms of prostate cancer are often associated with benign prostate enlargement. Both conditions are common in older men; the symptoms are the same, because both are the result of an enlarging prostate blocking off the urine channel from the bladder. The only way to distinguish between benign prostate growth and prostate cancer is through a thorough medical examination and a prostate biopsy.



The early detection of prostate cancer revolves around three simple procedures:

1. Rectal prostate examination
2. The prostate specific antigen (PSA) blood test
3. Prostate biopsy

The **Prostate Rectal Examination** (figure 5): It is recommended that men have an annual rectal examination starting at age 40. During this examination, the physician inserts a lubricated gloved finger, into the man's rectum and feels (or palpates), the prostate through the rectal wall. This procedure, called the digital rectal examination (DRE), takes very little time (less than a minute), and causes minimal discomfort.

Palpating the Prostate

If a hard or irregular area (called a nodule) is felt, the physician should recommend further examination by an urologist, the medical doctor with special training in the treatment of prostate disorders. The specialist urologist may then advise the man to have a biopsy (where cells are removed by a needle and examined under the microscope for the presence of cancer cells). This is the only way of confirming that cancer is present.

When prostate cancer is detected for the first time because the patient has symptoms related to blockage of the flow of urine, it's already at an advanced stage of the disease. Further investigations will reveal that the cancer has extended beyond the confines of the prostate; a lethal condition is eminent.

The initiative for diagnosing prostate cancer must focus on the detection of prostate cancer in its early stages before symptoms arise ... when the patient feels perfectly normal

There is some debate in many countries as to when men should start their annual examinations: At 40, 45 or 50 years of age. What is certain is that they all agree that men at higher risk should start earliest, at 40 years of age. This is particularly true for men with a family history of prostate cancer and males of African ancestry – a wakeup call for all Bahamian males.

Prostatic Specific Antigen - The PSA Story

Prostatic Specific Antigen (PSA), is a substance normally produced by the cells in the prostate gland. This substance is secreted in the seminal fluid, only trace quantities leak into the blood stream. If the prostate is normal, then only small quantities of PSA are found in a blood sample. A significantly larger amount of PSA is produced when there is cancer in the prostate as compared with the normal prostate. The PSA value would therefore increase when a man has cancer developing in his prostate. The prostate substance, or marker in the blood, the PSA, is specific for the prostate gland; no other tissue in the body, diseases or drugs will affect its value.



There is really no normal value for a PSA. The laboratory value of 4.0ng/ml is used only as a guide. The closer the PSA is to 0.0, the less likely it is that cancer would be found in the prostate. Ten percent of cancers are found when values are between 0 and 3ng/ml; 30% when values are between 3.0 and 9.0ng/ml. At values of 9.0 or greater, the cancer detection rate is 60%. If the physician feels an irregularity in the prostate, an elevated PSA would more likely predict that there is a cancer.

While the PSA is specific for the prostate, it is not specific for prostate cancer. Blood levels can undergo a sudden marked temporary increase due to prostatitis, a prostate biopsy or surgery; even a benign prostatic enlargement can cause large volume increases in the gland. Palpating the prostate and sexual intercourse may also cause a temporary elevation for 24-48 hours. It is recommended that the PSA specimen be drawn before the doctor examines the prostate, or preferably, wait for two days after the examination to obtain one.

The PSA Story (ctd.)

Of even greater accuracy in detecting prostate cancer, is the increase in the PSA on regular follow up sampling. If there is little change in the PSA from one year to the next, then it is unlikely that cancer is growing in the gland.

Routine PSA screening is not recommended for men over 70 as prostate cancer is a slow growing disease. Prostate cancer diagnosed initially at this age, is less likely to affect a man's health status over his remaining life-span.



The PSA versus the rectal examination. Given the choice, most men would avoid the rectal examination and do only the PSA test as the PSA can detect the early prostate cancer before it can be felt during the rectal examination. The fact however is that while the PSA is more sensitive for detecting early prostate cancer, it can also miss obvious prostate cancer too, which would have been detected readily by the rectal examination. The recommendation is that both tests should be taken at the same time each year. Together, the likelihood of detecting prostate cancer is higher with the two tests.

The Treatment of Prostate Cancer



The treatment of Prostate Cancer, is primarily determined by the extent, or stage of the disease. The disease is defined as "early", if it remains within the confines of the prostate gland, or "advanced", if it extends beyond the confines of the prostate gland. In the early stage, there is potentially a chance to successfully treat the disease. In the advanced state, the effort is to control the spread of the disease. In some instances, it is possible only to relieve the symptoms.

Treating cancer of the prostate is a very complex issue. Factors influencing treatment include: The spread of the tumor; the man's age; lifestyle; other diseases and general philosophical outlook regarding decision-making in other areas. Patients and their families are strongly advised to research all available medical information so as to be informed on all available treatment options. All treatments and their possible side effects, should be discussed with the doctor.

The Treatment of Prostate Cancer

In early prostate cancer, the treatment choices are: Radical prostatectomy, radiotherapy or a combination of both. Early prostate cancer refers to Stage A and Stage B disease. Stage A, is the incidental discovery of prostate cancer with a normal feeling prostate gland, and Stage B, is when the tumor has grown to the point where it can be felt during a rectal examination. There are no symptoms associated with prostate cancer at this stage.



The Radical Prostatectomy is a major operation where the prostate gland and its confined cancer are totally removed. Prior to surgery, another procedure, a pelvic node dissection, is performed to ensure that the cancer has not spread outside the prostate. Side effects associated with prostatectomy include impotence and incontinence. Both occur in a high percentage of patients, however, new surgical techniques are minimizing these complications.

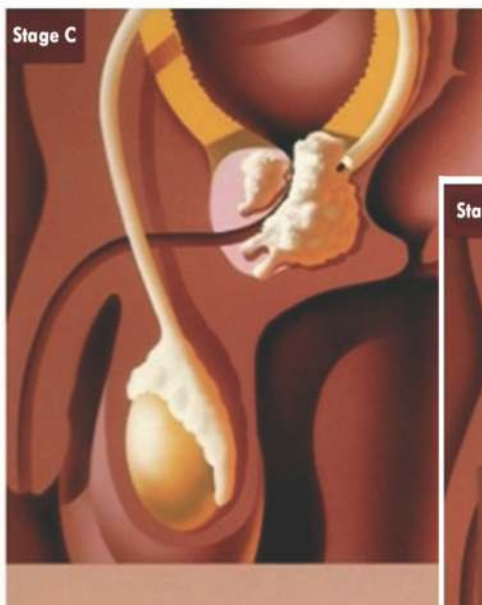
Radiation Therapy uses high energy X-Rays to kill prostate cancer cells. The X-Ray beam can either be directed from an external source directly into the prostate, or alternatively, be implanted directly into the prostate via small radioactive pellets. The radioactive pellets have the advantage of a one-time procedure as compared to the external radiation which requires a period of therapy lasting six weeks. Radiation therapy is good for patients who wish to avoid surgery and reduce their risk of incontinence and impotence. Side effects include: Fatigue, skin reactions in the treated areas, frequent and painful urination, upset stomach, diarrhea and rectal irritation or bleeding. Most of these side effects disappear once treatment is stopped.

There is ongoing debate about the advantages and disadvantages of radiation versus surgery. Studies have shown that treatment with radiation for localized cancer, is as effective as radical surgery. Men who have survived 15 years after treatment, have the same life expectancy as men without the disease.

The Treatment of Prostate Cancer

Physicians who favor radical surgery maintain that radiation does not kill all the cancer cells and relapse is more likely. The advocates of radiation therapy reveal that up to 50% of the patients with radical surgery have cancer extending beyond the confines of the prostate gland and similarly tend to recur. It is clear however, that for early disease both methods have proven to be effective.

In advanced cancer, Stage C, the tumor has spread from the prostate to the surrounding areas; and in Stage D, the tumor has spread to distant parts of the body such as the bone or lymph nodes. In advanced disease, men usually present with symptoms of prostate cancer. Hormonal therapy is the hallmark in the treatment of advanced prostate cancer. Hormonal therapy decreases the production of testosterone, which has been shown to fuel the growth of the cancer. While this therapy cannot "cure" prostate cancer, it can slow its growth, reduce the size of the tumor, as well as decrease, and often, totally relieve the symptoms.



The most common hormonal therapy is surgical removal of the testes by castration. This can be done on an outpatient basis.

For over 40 years, since the discovery of the hormonal effect on prostate cancer, it was impossible to improve the survival of a man once he had advanced cancer of the prostate. However, in the last few years, new drugs have been discovered which further prevent the action of testosterone. In some men, not only has the quality of their lives improved, it has prolonged their lives.

Unfortunately, hormonal therapy is very expensive ranging from \$300 to \$500 per month for the life of the individual. It is important that the man and his family, along with his physician, determine what might be the best treatment for him.

There is also considerable debate as to whether men with prostate cancer should be treated at all. The advocates of minimal treatment suggest that the man should be treated only if there are symptoms or complications of the cancer. Prostate cancer tends to grow slowly; in older men, many die of other causes before the prostate cancer proves fatal. If the man's life expectancy is less than 10 years, he should not be treated aggressively. Depending on his age and overall condition, the best treatment may be no treatment at all. Make no decision before a full medical examination and consultation with your physician.

While the treatment for prostate cancer is improving, the fact remains that the disease often goes unnoticed until it is quite advanced. The key to a healthy life is education, prevention and early detection through annual rectal examinations. Physicians can diagnose and appropriately treat prostate cancer before it has spread. But these professionals cannot do the job alone. **All men owe it to themselves to visit their doctor regularly – at least once each year to get a thorough examination.**

Tips for Cancer Prevention

1. Stay within a few pounds of your ideal weight. That is, be as lean and slim as possible without becoming underweight.
2. Be physically active for at least 30 minutes every day. Find a physical activity that you like - be it brisk walking, jogging, dancing, cycling, swimming or gardening - and do it, every day, for at least half-an-hour each day;
3. Limit your intake of sugary drinks - e.g., sodas, Kool-Aid, to no more than one (1) each day; and processed foods that are high in added sugar - e.g., cookies, candies, to no more than three (3) each day;
4. Add more fruits - for example: bananas, oranges, sapodillas, pineapples; vegetables - for example: cabbage, carrots, spinach; and legumes - e.g., black beans, kidney beans, lima beans, as well as green and dry pigeon peas, to your daily diet;
5. Cut down on the amount of red meats - for example, beef, lamb and pork - that you eat on a daily basis, and do not eat processed meats;

Tips for Cancer Prevention

- Cut down on (or cut out) the amount of alcohol you drink. It is recommended that if you do drink, men should drink no more than two (2) alcoholic drinks each day (that is, no more than 2 beers, or 2 glasses of wine, or 2 shots of "hard" liquor). It is also recommended that women drink no more than one (1) alcoholic beverage each day (that is, one beer or one glass of wine, or one shot of "hard" liquor each day);
- Limit the amount of salt you eat at each meal. Do not add salt to your food at the table. Read labels when grocery shopping. Buy canned or frozen items that say either "no salt", or "low salt, or sodium content";
- Do not use over-the-counter or home brewed supplements to fight cancer. Check with your doctor or health care provider before taking any medicine;
- DO NOT SMOKE.** If you smoke now, Quit! If you have not started, do not be tempted to start. Tobacco brings no benefits to the human body. However, it has been proven that tobacco takes our health, it takes our life and it takes our money.
- Get at least 7 - 8 hours of sleep each day, in a quiet, dark room; and
- Visit your doctor or health clinic at least once per year, for a complete physical examination. This should include a prostate exam and PSA blood test for all men who are 40 and older; a Pap smear test for all sexually active women, a breast examination and mammogram for those 40 years and older. Please note: This schedule will be different for persons with a history of cancer among their close relatives.

Adapted from the: AMERICAN INSTITUTE FOR CANCER RESEARCH

Testicular Self-Examination

IN THE SHOWER

Fingers glide over soapy skin, making it easier to feel the texture underneath. The heat causes the skin to relax, making the exam easier.

- Slowly roll each testicle between the thumb and fingers, applying slight pressure. Check for hard, painless lumps.



- Examine your epididymis for lumps. This crescent-shaped cord is behind each testicle. It may be tender to the touch.

- Examine the vas (the sperm-carrying tube that runs up from the epididymis). The vas normally feels like a firm, movable, smooth tube.



Symptoms

When testicular cancer symptoms do occur, they may include:

- Lump on testicle, epididymis, or vas
- Enlargement of testicle
- Heavy sensation in groin area or testicles
- Dull ache in groin or abdomen area

If you find a lump or have any of the above symptoms, see your healthcare professional immediately for an accurate diagnosis.

This simple 3-minute self-examination can detect one of the cancers most common among men aged 15 - 34. If detected early, testicular cancer is one of the most easily cured.

Us-TOO Organization



In February 1990, five males with prostate cancer created **Us TOO**, a support group for men who had prostate cancer. Two years later, their efforts had mushroomed to over 35 groups in Canada and the USA.

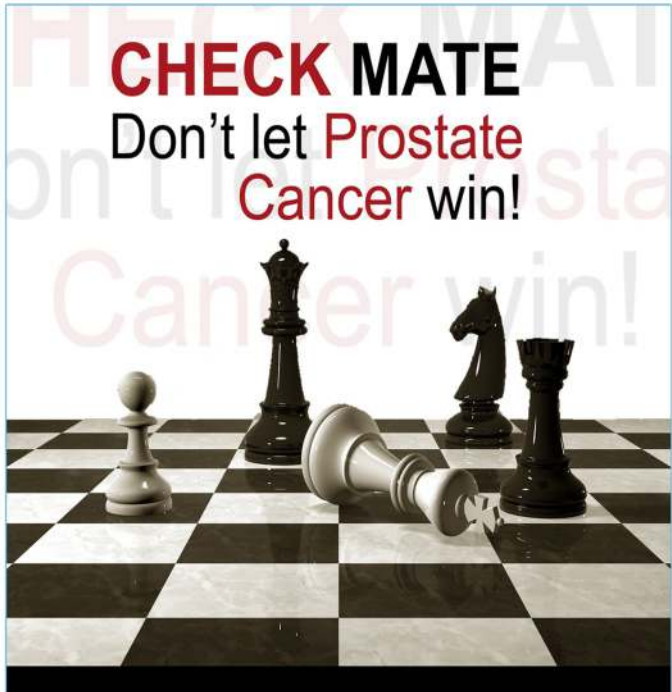
The primary objective of Us TOO is to give participants a forum where they can compare experiences and discuss matters of interest relating to prostate cancer.

Us TOO-Bahamas, provides local cancer survivors and their families, with a means of sharing through Caring, by Learning to Cope through Knowledge and Hope. The Cancer Society of the Bahamas invites all prostate cancer survivors, their families and friends, to join us and Us TOO at our head quarters. We need each other and we need your support.

REMEMBER: You hold the key to early detection. Always contact your healthcare provider if you have any urinary symptoms. Men between the ages of 40 and 70 should have annual screening for prostate cancer.

Special thanks to Dr. Robin Roberts for much of the information contained in this booklet. Please do not wait until you or someone you know gets Cancer to join the Cancer Society of the Bahamas.

Share your talents and Join the Cancer Society of the Bahamas today!



Every year, 19,000 men are diagnosed with **Prostate Cancer**. If you are over 40, **talk** to your doctor about getting your Prostate checked.



THE CANCER
SOCIETY OF
THE BAHAMAS

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