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14. ABSTRACT African American men are disproportionately affected by prostate cancer. In order to positively impact this disease, early interventions that encourage early detection and treatment are essential. The primary purpose of this study is to test an investigator developed community-based intervention that explores the impact of peer-outreach workers on prostate cancer knowledge, perceived benefit and barriers, and overall screening behavior. The target sample for this study will be Black men over age 40 who have never participated in prostate cancer screening. Achievement of this objective will result in an increase in prostate cancer knowledge, an increase in perceived benefit prostate cancer screening and treatment; a decrease in perceived barrier to screening, and an increase in screening among men in the intervention group.					
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Introduction

The primary purpose of this study is to test an investigator developed community-based intervention that explores the impact of peer-outreach workers on prostate cancer knowledge, perceived benefit and barriers, and overall screening behavior. The target sample for this study will be Black men over age 40 who have never participated in prostate cancer screening. This intervention will be tested in churches within the Baltimore City area with a large Black male membership. The study will build on prior knowledge of motivators of urban Black men, specifically cancer. These studies showed that faith leaders and community individuals, specifically those who have or have had the disease, are strong motivators of health seeking behaviors for urban Black men. Specific aims for this study are: 1) Establish an infrastructure for the development of faith-based prostate cancer outreach in West Baltimore; 2) identify and train a cadre of outreach workers that will assist with the development of prostate cancer prevention and control initiatives in their church; and 3) evaluate the effects of peer-led prostate cancer initiative on prostate cancer knowledge, perceived benefits and barriers to seeking screening, and participation in prostate cancer screening. This study will use a participatory action research approach. Churches will be randomly assigned to an intervention and control groups. In the intervention group, faith leaders and someone from the church will be recruited and trained in prostate cancer prevention outreach. This individual will be a prostate cancer survivor or someone who has participated in screening. They will then conduct prostate cancer prevention outreach for Black men 40 years and older who have never participated in prostate cancer screening. The control churches will receive outreach traditional outreach from a professional (the study team). Free screening will be offered to men in both groups. In order to accomplish the objective of this study, 200 men (100 per group) will be recruited to participate in the outreach. Using logistic regression, the team will evaluate the effects of this intervention on perceived benefits of and barriers to screening and overall screening behaviors of these men.

The long term benefits of this project is a better understanding of the role of faith communities and peers in motivating men to seek prostate cancer screening. The long term goal is to reduce prostate cancer mortality disparity among Baltimore City Black men through early detection and treatment. This project will also enhance the capacity of individuals and groups to address other diseases within their community and neighborhood. Using outreach workers who are community based is effective and cost efficient.

Baltimore City Faith-Based Prostate Cancer Prevention and Control Coalition

The following hypotheses will be tested:

1. Men who are exposed to peer-led intervention will show an increase in prostate cancer knowledge, perceived benefits, and screening activity.
2. Men who are exposed to the peer-led intervention will show a decreased in perceived barriers to screening.

Objectives

Specific aims for this study are:

1. Establish an infrastructure for the development of church-based prostate cancer outreach in churches in Baltimore City.
2. Identify and train a cadre of outreach workers that will assist with the development of prostate cancer prevention and control initiatives in their church.
3. Evaluate the effects of peer-led prostate cancer initiative on prostate cancer knowledge, perceived benefits and barriers to seeking screening, and participation in prostate cancer screening.

Body:

Institutional Review Board approval was obtained on March 16, 2004. Request for human subject approval was submitted to the Human Subjects Research Review Board (HSRRB) for review. Final approval to recruit human subjects was received on January 10, 2005. We are a year behind in our goals due to final approval dates from DOD. An update IRB approval letter is included with this report.

The following tasks have been accomplished to objectives of this study:

Task I. Establish an infrastructure for the development of church-based prostate cancer outreach in churches in Baltimore City.

A communication specialist and educator have been hired to assist with the development of project infrastructure. We have had 4 meetings with faith communities to begin developing the infrastructure. All faith communities identified an individual to receive additional training in prostate prevention. All individual from the experimental group have completed the training. A copy of the training modules is included with this report. Each faith community has a designated education resource area for men with specific information on prostate cancer. Meeting with prostate cancer outreach specialists has been done. A meeting was held with Dr. Isaac Powell, Urologist, and Dr. Thomas Laviest at Johns Hopkins University. Dr. Plowden continues to collaborate with the prostate cancer demonstration project at Johns Hopkins School of Public Health. Since last year, the research team has partnered with Johns Hopkins University Cancer Center, where free screening and other outreach activities can be obtained.

Task II: Identify and train a cadre of outreach workers that will assist with the development of prostate cancer prevention and control initiatives in their church.

Health Educators have been recruited and trained for faith communities in the experimental group. All trained educators have developed a resource area in their designated faith community and provided at least 1 outreach per year targeting men over 40 who have not received training. Each faith community was given education material to display in a designated area. We have provide

educational material to be displayed and distributed in all participating faith communities.

Task III. Evaluate the effects of peer-led prostate cancer initiative on prostate cancer knowledge, perceived benefits and barriers to seeking screening, and participation in prostate cancer screening.

To date, we have completed the first round of outreach activities with recruited faith communities. We will need to recruit 1 more faith community for the control group before analysis can begin.

Key Research Accomplishments:

- Local IRB and Army Human Subjects Research Review Board (HSRRB) have been obtained
- Staff have been hired
- Curriculum develop for training of peer workers
- Faith communities have been recruited and trained.
- Resource centers have been established in recruited faith communities
- Outreach to faith communities.

Reportable Outcomes:

Approvals have been obtained. Health Educators have been recruited and trained. Outreach is underway for faith communities.

Conclusion:

To date, there are not findings to reports for this study. Findings from earlier studies, such as recruitment strategies, have been implemented. Faith communities responded and have been recruited and trained.



The Prostate Cancer Screening Initiative

University of Maryland
School of Nursing

Keith O. Plowden, PhD, RN

Principal Investigator

Today's discussion . . .

- How many people have and die from prostate cancer in Baltimore City
- Cancer
- The prostate gland
- Non cancer and cancer problems of the prostate gland
- Testing
- Where to get help if needed

How many men are getting prostate cancer

- Prostate cancer
 - the most common reportable cancer among men
- Baltimore City, 2000
 - 4,080 cases were diagnosed

Black men and prostate cancer

- Disparity
 - Black men are twice as likely to develop prostate cancer when compared to White men

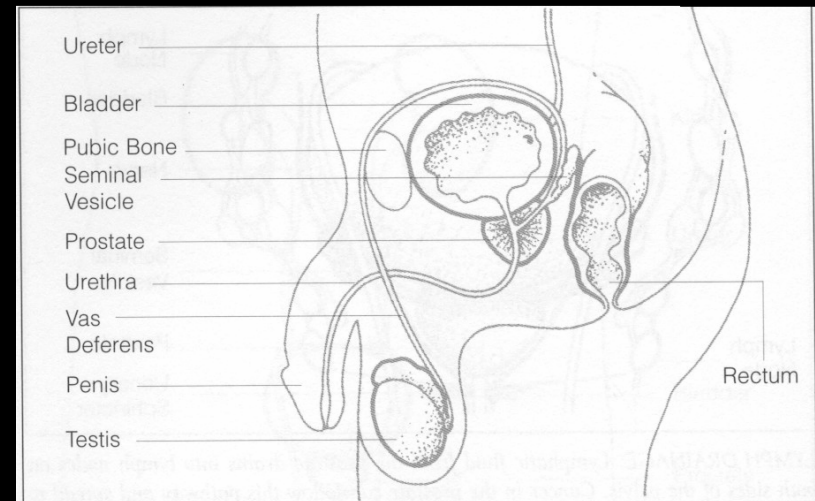
Prostate Cancer Mortality

- Prostate cancer is the 3rd leading cause of cancer death in Maryland
- In 2000, 541 men died because of prostate cancer
- Black men were twice as likely to die from prostate cancer than White men

The Prostate Gland



- Located deep in the pelvis
- Acts as a valve that allows sperm and urine to flow out through the urethra
- Helps to nourish sperm
- Size of a walnut
- Needs male hormones to function





Changes in Prostate Gland

- Begins to grow larger in most men after age 40
- Enlarged prostate pushes against urethra and bladder, blocking normal urine flow
- Symptoms of enlarged prostate in >59% of men ages 60-7-, 90% in men ages 70-90
- Non-cancerous changes such as benign prostatic hyperplasia (BPH) and prostatitis are not cancer



Signs and Symptoms of a Problem

- Need to urinate frequently, especially at night
- Difficulty starting or stopping urination
- Inability to urinate or weak or interrupted flow
- Painful or burning urination
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in lower back, hips or upper thighs



Risk Factors for Prostate Cancer

- Being male
- Getting older
 - more than 70% diagnosed in men ages 65+
- Being African American
- High fat diet, especially animal fat
- High levels of testosterone
- Family history



Early Detection Is The Key

- Begins slowly and silently
- Often no symptoms
- Prostate cancer can be cured if found early enough – have regular checkups
- Five-year relative survival rate
 - 100% when localized
 - 94% when spread to surrounding tissue
 - 31% when spread to other parts of the body



ACS Recommendations To Discuss With Your Doctor

- Men At High Risk Beginning at Age 50
 - Prostate Specific Antigen (PSA) Blood Test Annually
 - Digital Rectal Exam (DR) Annually
- African-American Men & Other Men at High Risk Beginning at Age 45
 - Annual PSA Blood Test
 - Annual DRE



Prostate Specific Antigen Blood Test

- Also called PSA test
- Can be done by family practice physician
- Measures the level of prostate specific antigen
- Results under 4 usually considered normal
- Results of 10 or more are considered high
- Ask your doctor about it; scores change with age



Digital Rectal Examination

- Also called DRE
- Physician inserts a gloved finger in rectum to manually examine the prostate
- Physician can search for lumps and enlargement by feeling most (not all) of the gland, especially the back wall



Diagnosing Prostate Cancer

- Biopsy is the only way to confirm cancer
- High PSA reading does not automatically mean prostate cancer
- Biopsies done on outpatient basis
- Results back in 7-10 days
- Biopsy does not increase chance cancer will spread



If The Biopsy Is Positive

- You do not have to make a quick decision!
- Obtain as much information as you can
- Discuss treatment options with your doctor
- Think about involving your family and even friends in discussions
- Make informed decisions



Common Treatments

- Surgery
 - Called prostatectomy
 - Removes all or part of the prostate gland
 - Often used in early stages of the disease



Common Treatments (Continued)

- Radiation
 - High energy rays kill prostate cancer cells
 - Most often used when cancer has not spread to distant area
 - In brachytherapy or seeding, radioactive seeds are inserted into the prostate



Common Treatments (Continued)

- Cryosurgery
 - For localized prostate cancer
 - Metal probe flash-freezes diseased tissue
- Hormonal Therapy
 - Surgical removal of testicles which make male hormones
 - Drugs that prevent production or block action of male hormones



Common Treatments (Continued)

- Chemotherapy
 - Sometimes used if cancer has spread outside of prostate gland and hormone therapy has failed
 - May slow up tumor growth and reduce pain
- Expectant Therapy
 - Also know as watchful waiting
 - Careful monitoring of PSRE levels for one or more years



American Cancer Society Services

- Man to Man Education and Support Groups
 - Forum for men and their spouses to hear topics related to diagnosis, treatment and management
 - Share experiences, ideas, questions
- Man to Man Visitation
 - Personal visit by prostate cancer survivor by phone or face-to-face to answer personal questions prior to or after treatment

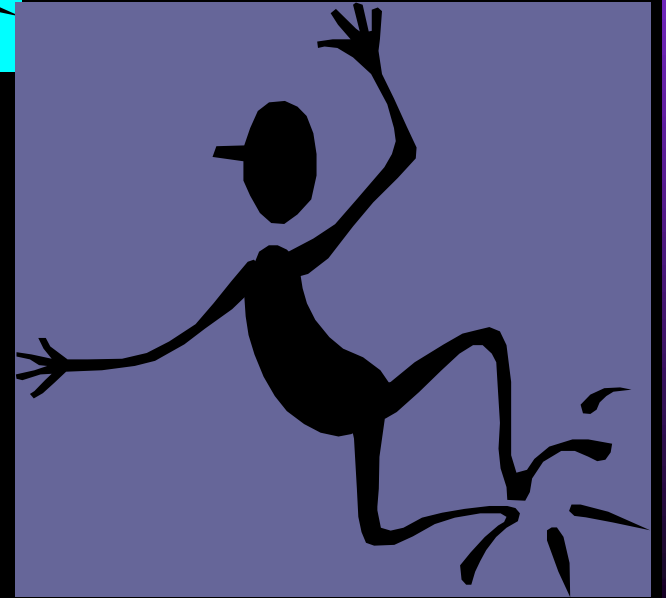
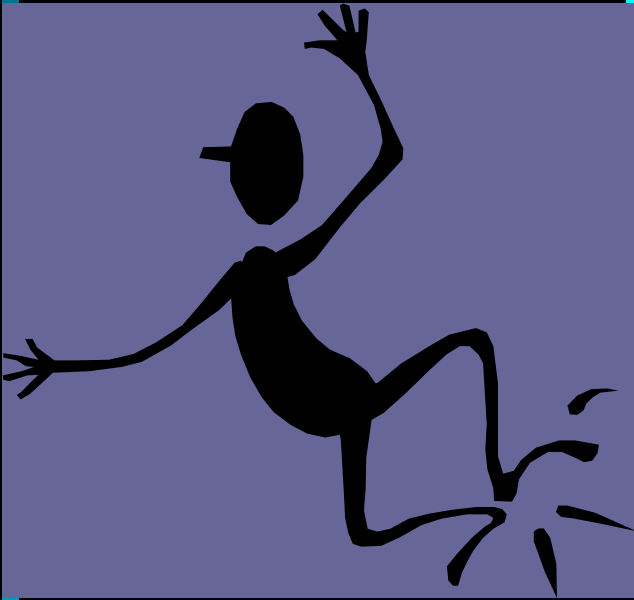
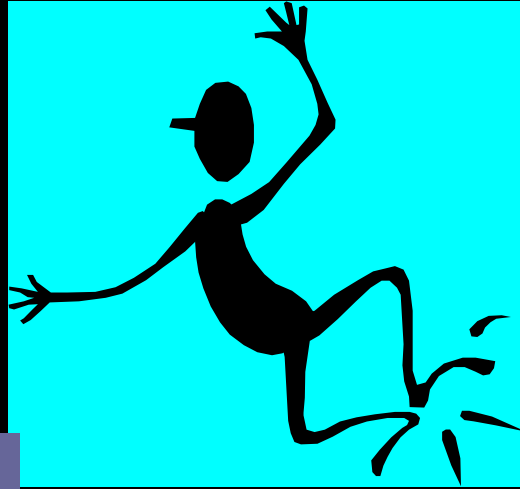


Testimonials



"I was devastated when the doctor said he needed to see me to do some follow-up. To me, that's always bad news. If he doesn't call you back, then that means everything is OK. But actually, it was good news because I was diagnosed at a very early stage. And therefore I had lots of treatment options. "

Questions and Answers



University of Maryland Prostate Cancer Screening Initiative



Clinical Trials



What you need to know



What do you know about clinical trials



What are clinical trials

Clinical trials are research studies in which people help doctors find ways to improve health



Types of Trials

- Prevention
- Treatment
- Screening
- Quality of Life



Prevention Trials

- test new approaches that doctors believe may lower the risk of a certain type of cancer.
- These trials look for the best way to prevent cancer in people who have never had cancer
- prevent cancer from coming back or a new cancer occurring in people who have already had cancer.



Treatment Trials

- **Treatment trials** test new treatments



Screening Trials

- **Screening trials** test the best way to find cancer, especially in its early stages



Quality of Life Trials

- **Quality of Life trials** (also called Supportive Care trials) explore ways to improve comfort and quality of life for cancer patients



How are Clinical trials Designed

- Phase I- Safety and Dosage
- Phase II-Effect
- Phase III- Effectiveness



Phase I

- Concerned with safety
- How large of a dose will be safe
- Few people involved



Phase II

- Find out whether the drug has effect on a disease
- Few people involved



Phase III

- Compare the new approach to traditional approach
- Is the new way better than how we are doing it now?
- Large number of people involved



Comparing Outcomes

- Randomization-research participants are placed in the group receiving the new treatment (investigational or treatment) or the group getting the known best treatment (control).
- Everyone gets treatment



How am I protected

- Institutional Review Board-
- Health care providers and consumers
- Data Safety and Monitoring Committee
- Sponsor



Informed Consent

- Learn the facts about the research study
- Benefits
- Risk
- Freedom to leave the study at anytime with repercussions
- Contact information



Resources

- 1800-4-Cancer
- <http://www.nci.nih.gov>

