

1st National Prostate Cancer Conference: A Cry for Life!

The First National Prostate Cancer Conference: A Cry for Life!" was held in Dar es Salaam, Tanzania 7-8 December, 2009, with approximately 150 participants representing physicians, scientists, allied healthcare professionals, medical students and lay representatives from districts comprising the Tanzania 50 Plus Campaign.

The Tanzania 50 Plus Campaign: Prostate Cancer Literacy and Supportive Initiative, was founded on 6 December 2008, as a Centre for Human Rights Promotion by the Rev. Canon Dr Emmanuel J Kandusi, a survivor of prostate cancer, who serves as the Campaign Coordinator and was the Organizer of the Conference. The Campaign was established to address prostate cancer, a disease critical to men, who are about and over 50 years old, ergo, Tanzania 50 Plus Campaign. "The primary goal of the Campaign is to reduce sufferings and deaths caused by prostate cancer" achieved primarily through "sensitization" (awareness), education, training and dissemination of information.

The Conference covered all aspects of prostate cancer, but particularly with a focus on awareness. To achieve this, initial attention was placed on basic information on prostatic disease, particularly prostate cancer. This was instructive to several lay people in attendance, and as a refresher for others. Highlights from the Conference, included on the first day, Dr Jerome Mkiramweni's (Professor and Chairman, Department of Surgery, Hubert Kairuki Memorial University, Dar es Salaam) presentation of an excellent overview of prostate cancer and its diagnosis and treatment. Dr Mkiramweni followed this the next day with a lecture on "Prostate Cancer: Myths, Risk Factors and Warning Signs." In discussing "myths," Dr Mkiramweni particularly addressed the occurrence of various symptoms of prostatic disease, which when they occur, many men, are reluctant to seek medical attention for fear of stigmas lay people associate with sexually transmitted diseases and homosexuality. This was followed by a lecture on various screening and treatments for prostate



Photo left: Rev. Canon Dr Emmanuel J Kandusi, Conference Organizer and Campaign Coordinator, Tanzania 50 Plus Campaign and Dr Richard J Ablin, Conference Guest of Honour and Keynote Speaker.

treatments for prostate cancer by Dr. Josephat Mponji (Chief Surgeon, Amana District Hospital, Ilala Dar es Salaam). The Keynote Lecture "My Scientific Work, My Story, My Word" was presented by Dr Richard J Ablin, the Conference Guest of Honor (Departments of Immunobiology and Pathology, University of Arizona College of Medicine, Arizona Cancer Center, BIO5 Institute and President, Robert Benjamin Ablin Foundation for Cancer Research [www.prostatefoundation.org], Tucson, AZ, USA). Dr Ablin discovered prostate-specific antigen (PSA) in 1970, which led to the PSA test and pioneered the concept of "cryoimmunotherapy."

At the outset of his lecture, Dr. Ablin emphasised that from what he has learned, the status of prostate disease, and particularly prostate cancer, in East Africa, wherein there is limited diagnosis and possibly under treatment, is directly the opposite of that in the USA, where there is overdiagnosis and overtreatment. He explained since prostate cancer is an age-related disease, a biopsy of the prostate (often the next step following screening) will, by way of example, find cancer in 65% of men between the ages of 60-69. However, prostate cancer is much akin to "a turtle and a rabbit in an open box."

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The "turtle," a non-life threatening cancer, wanders around the box, while the "rabbit," a potentially life-threatening (killer) cancer, hops around and might at any time jump out of the box, and spread (metastasise). Thus, while a biopsy can diagnose prostate cancer, we cannot presently distinguish which cancer is the "turtle" and which is the "rabbit," i.e., the killer, and needs treatment (which is the focus of his current research)? Therefore, many more cancers are diagnosed and treated than most likely necessary. Although, it is frequently stated one in six men will get prostate cancer, a little appreciated fact is more men die with prostate cancer than from it.

On the subject of screening, considered earlier in the Conference by Dr Mponji, Dr Ablin further explained while PSA is an indicator ("harbinger") of recurrence of disease following treatment, it is not however cancer-specific and cannot, in the manner which the PSA test is currently used, be a screening test for prostate cancer. The only way the current PSA test may be used for diagnosis is to establish a base line from an initial determination and follow with sequential PSA tests, e.g., every three or six months, to evaluate the trend, i.e., if it is increasing, this suggests an abnormality of the prostate, worthy of looking into. (*For those interested in further discussion on the PSA test, See: Ablin and Haythorn. Oncology News, 4(2):40, 2009*).

However, Dr Ablin stated, it is critical to appreciate the foregoing observations, including the suggested increased risk in association with race and family history, are based on population studies from the USA, Europe and some Asians and are not directly reflective of the pathophysiology of Africans. Neither, are data from African-Americans found in the foregoing populations. In fact, and by way of example, in the interim of the Conference, gene-sequencing studies of indigenous populations in Southern Africa have revealed new genetic variations not previously identified in known European and Asian populations (Shuster et al. *Nature*, 463:943, 2010).

In stressing the importance of seeking medical attention for painful urination, burning on urination, frequency of urination, symptoms among others, of urinary tract infections, Dr Ablin explained in accord with evidence, some cancers are associated with antecedent infection and chronic inflammation, e.g., hepatitis – hepatic cancer, ulcerative colitis – colon cancer, such may be the case, whereby, chronic infection and associated chronic inflammation, characteristic of chronic prostatitis gives way to prostate cancer. He further provided representative examples of his current research and novel approaches to treatment, including immunotherapy with reference to "cryoimmunotherapy."

Dr. Ablin also made brief, but important reference to a little known fact, that women have a prostate gland. And, while thus far have a very low, at best, incidence of prostate cancer, women get prostatitis; and in the case of the infectious 'type' can contribute through sexual intercourse to prostatitis in their male partner and possible long-range ensuing consequences.

In conclusion, Dr. Ablin stated that in accord with the endeavors of the Tanzania 50 Plus Campaign, its success rests with increased awareness of diseases of the prostate and the education of all men and their families accordingly. An attractive feature of the Conference was small group discussions on pertinent issues to the diagnosis and treatment of prostate cancer held each day following the morning lectures. For this purpose, each group was charged with coming up with a consensus, with a group representative reporting this in a subsequent open discussion led by Dr. Mkiramweni with all participants. The Conference closed with Dr Kandusi providing a brief summary of the past two days and an overview of plans and necessities for the Campaign for the coming year, with plans for the 2010 Conference, also to take place in December in Dar es Salaam.

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