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Prostate Health Education Network, Inc.

House Committee on Oversight and Government Reform
(Chairman, Ed Towns, D-NY)

Hearing on
“Prostate Cancer: New Questions About Screening and Treatment”
March 4, 2010

Statement of
**Thomas A. Farrington, Prostate Cancer Survivor, and
President, Prostate Health Education Network, Inc.**

Chairman Towns and members of the House Committee on Oversight and Government Reform, I am honored to appear before you today to address our nation’s prostate cancer crisis as a ten year prostate cancer survivor, and having witnessed the deaths of my father and both grandfathers from this killer disease.

Since my treatment for prostate cancer in 2000 I have worked nonstop to help educate others about this disease including founding the Prostate Health Education Network (PHEN) in 2003, with a focus on African American men who have the highest risk for being diagnosed with and dying from prostate cancer.

There is an urgent need for clarity in the fight against prostate cancer today. The high visibility debate sparked by the PLCO screening study released last year has caused public confusion elevating the risk of men most vulnerable to the disease. This confusion comes at a time when we have witnessed a steady decline in the prostate cancer death rates over the past decade which most attribute to earlier detection of the disease through PSA screening.

These are some of PHEN’s positions, concerns and recommendations for the committee:

- The PLCO study included approximately 10% of men at high risk for prostate cancer which would be analogous to a study on lung cancer which includes only 10% of smokers. Because of this and other factors in the conduct of the study we do not believe that the results should be the definitive basis for national policies on prostate cancer but important data to be included with what is already known.
- We strongly support early detection, and just as strongly disagree with any policies that would advocate men gamble with their prostates, and their lives, by not monitoring and knowing their prostate health through the use of the available tools. Today those tools include screening via the PSA test and digital rectal examination.

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- The federal budget for prostate cancer is inadequate to meet the education and awareness outreach needs, and the research needed for new detection and testing procedures that are mandatory to move us beyond today's confusion. We recommend that the budget be equivalent to that for breast cancer, a disease with comparable incident and death rates for women.
- Lack of access to treatment and lack of equal treatment where there is access, are critical factors in the higher African American death rate that need to be addressed.
- Expanded educational efforts for the public, and for doctors, should be undertaken to address the problem of over-treatment of prostate cancer.
- Prostate cancer is a medical, political and economic issue. We are concerned that the short term political and economic factors not be allowed to overwhelm and minimize the pressing medical needs.

Prostate cancer can be beaten, and it is also a disease that can end in tragedy which can often times be prevented. My personal and family experiences illustrate this.

In 2000 I was treated for prostate cancer after detection through regular PSA testing. Every six months since my treatment I would get a PSA test and in 2009 I had a disease recurrence. However, because of the early detection of this recurrence and my knowledge about treatment options I am free of prostate cancer in 2010. I have been blessed with no side effects from any of my treatments because of early detection and knowledge. Ironically, because of today's confusion about screening, some survivors no longer believe they should be screened after treatment, a major step backwards increasing the risk to those men who should be most on guard.

While battling my recurrence last year I lost two additional members of my family to prostate cancer. One, my age, did not get annual PSA testing. The other, my uncle, because of his age was told by his doctor that he would die of something else before prostate cancer. They both suffered horribly and needlessly. I also had another uncle diagnosed and treated successfully for the disease during this time. Unfortunately, my family situation is not unique but represents the real and chaotic multi-generational prostate cancer devastation within high risk families across our country today.

Black America is suffering a prostate cancer epidemic where men die at a rate 2.5 times higher than for all other men. At what stage the disease is detected, and with what knowledge, determine whether we live or die, and if we live whether we have a good or poor quality of life. However some of the policies now being advocated would accept this epidemic within Black America as "collateral damage."

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Chairman Towns and members of the committee, I sincerely thank you for addressing the prostate cancer crisis. We recommend that the policies and solutions for this significant health issue have a primary focus on those most in need and implemented with a sense of urgency, an approach taken with most other diseases of this magnitude. This is an approach that we believe will better serve all men. With a publicly clear well focused war on prostate cancer, and a high level of leadership and priority within the federal government, our nation can save countless lives, dramatically reduce suffering, and the overall economic impact of the disease.

I sincerely thank the committee for the opportunity to provide this statement.