

INTRODUCTION

Policy Forum: *Prostate Cancer: Screening, Diagnosis, Treatment, and Follow-Up Care*

In this issue of the *North Carolina Medical Journal*, we focus on one of the most common cancers among men in our nation—a cancer for which there are excellent technologies for early detection and definitive diagnosis, as well as several options for treatment. It is a disease where North Carolina's adult male population seems to exhibit an incidence greater than for the nation as a whole, with African American men being diagnosed with the disease more frequently than whites. Similar findings have been observed with regard to mortality from prostate cancer as well, with dramatic disparities between United States men and North Carolina men, as well as between African American and white men. Such data raise questions about disparities in access to (or participation in) proper screening for the disease, and also about the accessibility of treatment options and possible biological differences among racial groups in susceptibility to the disease itself.

Prostate cancer is a condition for which there should be fairly low mortality if screening and definitive diagnosis occur early, when the disease is localized to the prostate. Yet, it remains the second leading cancer-related cause of death among men in this country. Educational campaigns about this disease, the availability of both screening and treatment facilities, and efforts to dispel the widespread fear of the consequences of treatment (such as incontinence and/or sexual dysfunction) have not had the desired effect.

In this issue of the Journal, Dr. Culley Carson, Chief of the Division of Urology at the University of North Carolina (UNC) School of Medicine, has written an Issue Brief summarizing the overall situation with regard to the screening for and detection, diagnosis, and treatment of prostate cancer. Dr. Carson's overview is followed by North Carolina Senator David Hoyle's personal reflections on being diagnosed and treated for prostate cancer. Those who have gone through the various steps toward surgery will find familiarity in his commentary. These two papers provide both a contemporary overview of the medical science and available treatments for this condition, as well as an appreciation for how the disease can affect an individual faced with this diagnosis.

We have included commentaries by a number of experts from North Carolina and elsewhere dealing with the diagnosis and treatment, as well as the epidemiology, of this disease. Drs. Gaston and Pruthi of UNC offer a detailed discussion of the disparities among white and African American men in the experience of prostate cancer, its natural progression, and response to treatment. Similar data are reported in a succinct way by Dr. Deborah Porterfield of the North Carolina Division of Public Health in our regular "Running the Numbers" section.

Drs. Paul Maroni and David Crawford of the University of Colorado provide a detailed discussion of contemporary methods and programs for screening adult men for this disease. We invited Dr. Michael Weinstein of Director of WakeMed's Department of Clinical

Laboratories to discuss how the clinical pathologist deals with the diagnosis of prostate cancer, as well as new technologies for the assessment of laboratory specimens in reaching a definitive clinical diagnosis. Dr. Eric Wallen from the UNC Department of Surgery describes contemporary surgical approaches to the treatment of prostate cancer. Dr. Scott Sailer from Wake Radiology Associates describes current approaches from the perspective of radiation oncology. Dr. William Berry from the Cancer Centers of North Carolina provides a detailed description of endocrine and chemotherapeutic interventional options and their appropriateness for the treatment of this disease.

Following this rather comprehensive array of clinical commentaries, we are fortunate that Drs. Rachael DiSantostefano and John Lavelle of UNC-Chapel Hill have been willing to discuss the economic aspects of prostate cancer, including the implications of policies related to screening, diagnosis, and treatment.

We are grateful to our colleagues for summarizing the latest in available technologies for screening, diagnosis, treatment, and after-care and for making this information available to our extensive readership. We know there are controversial aspects to some prostate cancer approaches and unknown implications of some recently developed therapies, but this is one area of contemporary medical science and practice where considerable progress has been made. It is our view that understanding this forward movement cannot take place without an appreciation of the many clinical disciplines involved in both the diagnosis and the treatment of this disease.

As always, we welcome the comments and observations of our readers on these and other contributions to the Journal.

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Editor-in-Chief*