CAN YOU SPARE A FEW MINUTES TO SAVE A LIFE?



THE RIGHT THING TO DO

Man Alive Foundation (MAF) is asking you to make a donation to help save men's lives.

Founded in 2012 by healthcare professionals, prostate cancer survivors and those who love them, Man Alive Foundation has but one mission: Getting the word out about prostate cancer to encourage early diagnosis and treatment. What does the foundation do? We fund and create the only ongoing, media-based campaign devoted to raising awareness of prostate cancer. We do not fund research nor endorse physicians, treatments or treatment centers. Our website, manalivefoundation.org delivers the message with timely updates and allows anyone to link to reputable medical websites to further the collective knowledge base of prostate cancer.

It goes without saying, most men deal with the issue of prostate cancer differently than how women deal with the issue of breast cancer. *While women march, men hide.* At a time when the awareness of breast cancer is so widespread the NFL supports the cause by wearing pink, men generally remain uninformed and disengaged.

It's time the discussion of prostate cancer becomes as "open" as the discussion of breast cancer. We believe the lives of thousands of men may depend upon our efforts and the efforts of those who support the cause of the Man Alive Foundation. Join us today to help us get the word out!

OUR SINGULAR MISSION

The message of the Man Alive Foundation is extremely simple. "Get checked, proceed with action if necessary, and survive. Ignore the risk and face dire potential consequences." We intend to fund a sustained multimedia campaign to get the word out – not just during prostate cancer awareness month or "men's issues" month. We believe every month is prostate awareness cancer month. Men 40 or over need to start screening for prostate cancer by making an appointment with their physician. There are no excuses to avoid this simple process every year. It only takes a few minutes, and it can literally be a life-saver. Just check out the facts:

FACT. Prostate cancer is the most common non-skin cancer among men. 1 in 6 men will be diagnosed with prostate cancer in their lifetimes (1 in 5 for African

Americans) compared with the 1 in 8 incidence of breast cancer among women.

FACT. According to the American Cancer Society, in 2013, it estimated 240,000 men will be diagnosed with prostate cancer and 30,000 will die of the disease.

FACT. The risk for prostate cancer begins to rise at age 45 and can occur as early as age 40 and below. The average age of diagnosis is 67.

FACT. With early detection and treatment, the probability of surviving prostate cancer without significant serious complications is extremely high! The good news is that 5-year survival rates for those who treat the prostate when the cancer is localized is 100%.

The 10-year survival rate is 95%. Why? With new advanced treatments, prostate cancer patients have higher survival rates than ever before with a far better probability of retaining continence and sexual potency. In addition, for selected patients with prostate cancer, the appropriate treatment is careful observation (called "Active Surveillance"). The key is men need to get informed and checked.

It must be stressed that prostate cancers are not all the same – some are aggressive, some are not, but knowing is critical to survival.

A CALL TO ACTION

It's simple. We need *YOU* to support the Man Alive Foundation.

GETTING CHECKED

So, what is a man supposed to do? First and very important, men need to take responsibility for their own health, be proactive and get educated.

Second, getting checked starts with basic screening. Man Alive Foundation encourages men to follow this summation compiled from guidelines from the American Cancer Society, the National Comprehensive Cancer Network and the American Urologic Association:

✓ All men should engage in a risk-benefit discussion about having a baseline PSA and Digital Rectal Exam (DRE) between the ages of 40 (high risk) and 50 (average risk).

✓ Informed men should follow an individualized screening and follow-up plan formulated on results of the baseline exam and risk factors.

Screening for prostate cancer consists of two components which go hand-in-hand: DRE (Digital Rectal Exam) and PSA (Prostate Specific Antigen).

DRE (Digital Rectal Exam) A doctor needs to actually feel the prostate for lumps, which may indicate a potentially cancerous tumor. Many men find the DRE process uncomfortable and even embarrassing. MAF reminds men that late stage prostate cancer requires far more uncomfortable procedures and treatments. And embarrassment is certainly not worth dying over.

PSA (Prostate Specific Antigen) A protein produced by the prostate gland, PSA can be measured by a blood test. PSA can be elevated by prostate cancer as well as by a number of benign (not cancer) conditions such as prostatitis and benign prostatic hyperplasia (BPH). PSA is a basic screening test for prostate cancer, which, when elevated, may lead a healthcare professional to recommend a biopsy providing a piece of tissue for analysis. A biopsy is the only way in which prostate cancer can be diagnosed. PSA test facts:



✓ PSA utilization has resulted in an exponential increase in prostate cancer detection.

✓ The death rate for prostate cancer has dropped 40% since the introduction of PSA testing.

✓ Widespread use of PSA has led to prostate cancer downward stage migration, which means that prostate cancer is being diagnosed at an earlier stage than prior to introduction of PSA.

✓ Introduction of PSA testing has resulted in a 75% reduction in the rate of men found to have metastatic cancer at the time of initial diagnosis of prostate cancer.

THE CONTROVERSY REGARDING PSA

In May, 2012, the U.S. Preventative Services Task Force (USPSTF) released a statement regarding PSA testing

which ignited a controversy, confusing men, causing many to avoid a potentially life-saving action. However, part of the USPSTF recommendation is that men be proactive about their health and make an informed decision about prostate cancer screening.

FACT. In spite of the USPSTF statement, most guidelines from recognized and respected organizations have changed little or none. The major shift is toward *advising men to have a discussion with their healthcare professional, enabling them to make an informed decision about prostate cancer screening.*

EACH YEAR NEARLY 30,000 MEN DIE

While prostate cancer annually kills almost 30,000 men, it is true that most men diagnosed will not die of prostate cancer. And for selected patients with prostate cancer, the appropriate treatment is careful observation (called Active Surveillance). However, with that many deaths annually, prostate cancer is the number two cancer killer among men (American Cancer Society, 2013). In addition, according to the National Comprehensive Cancer Network, "these (prostate cancer) deaths usually occur after some period of suffering from metastatic disease."

The Man Alive Foundation strongly recommends both DRE and PSA tests until more accurate preliminary tests are developed. Based on the results of these two tests, a physician may recommend additional tests to find or diagnose prostate cancer, including a trans-rectal ultrasound test or a biopsy.

The key is early detection. Man Alive strongly urges men make an appointment with their physician today. We ask for your help with a donation to our cause.



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Information provided here is for educational purposes only. In no way should it be considered as offering medical advice. Please check with a physician if you suspect you are ill.