Using cancer research funding wisely

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A mericans are known for their charitable nature – nowhere is that more true than in our own state, where New Yorkers have generously donated $1.8 million to support prostate cancer research through deductions on their tax returns. Despite this generosity, recent reports suggest that the funds raised through these charitable efforts are not being distributed. This is particularly worrisome given the risks associated with prostate cancer. One out of six American men will have prostate cancer in their lifetime, including 17,090 men each year in New York State alone. Despite advances in early detection and treatment, prostate cancer remains the second leading cause of cancer death in men. The incidence and death rate is even higher for African-American men or those with a family history of this disease.

The true tragedy is that with early detection, prostate cancer is almost invariably curable. Since the advent of widespread PSA testing, statistics show the 10-year survival rate for prostate cancer has increased from 53 to over 97 percent. Simultaneously, the death rate from prostate cancer in the U.S. has decreased by nearly 40 percent. Unfortunately, there are no symptoms specific to early-stage prostate cancer – the only way to find the disease is to proactively look for it. Complicating detection efforts are men’s historical reticence to see physicians, particularly for health maintenance. These reservations were compounded by confusing and misleading guidelines released by the United States Preventive Services Task Force (USPSTF).

Recent data confirms that the USPSTF was completely off base in its efforts to ban PSA testing for all men. Rather, men need to be educated to talk to their doctors about their particular risk factors for prostate cancer, and develop a customized screening program is appropriate in the context of their overall health and wellness. Most importantly, patients need to understand that undergoing prostate cancer screening provides a piece of information that assists in making sound healthcare decisions. It is not an obligation to undergo further diagnostic testing, nor is it a commitment to undergo treatment even if fundamentally different than deciding whether to have further diagnostic testing or treatment if abnormalities are found.

The good news is that the resources donated by New Yorkers could save thousands of lives. A two-pronged approach focusing on education efforts in high-risk communities (often in lower income regions) on the importance of early detection coupled with screenings in these areas would detect many men in the cancer’s early, most curable stages.

In these difficult economic times, resources are strained and funds are limited. New Yorkers have risen to the challenge to help those stricken from prostate cancer. It is time that these funds are put to the use for which they were intended – saving lives.

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