

DOCTORS OF TOMORROW

Quarterly Newsletter of the Black Men in Medicine

NEWS & FEATURES

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BMIM MISSION

Our mission is to demonstrate the excellence put forth by Black male physicians and rising students in the medical field, as a means to increase the recruitment of Black males in medicine.

We also aim to provide a secure platform for minority males to openly discuss the difficult topics we face as minorities in medicine.



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Prostate Cancer: Attack on Black Men

WHAT IS PROSTATE CANCER?

Prostate cancer is a cancer that affects the prostate organ directly. The prostate is a structure located just beneath the bladder and in front of the rectum. It is a part of the male reproductive system. Structurally, it is a walnut-shaped gland in males responsible for the production of seminal fluid used to nourish and transport sperm.

HOW DOES IT AFFECT BLACK MEN?

“The data shows that Black men do not intrinsically harbor more aggressive disease. According to Dr. Daniel Spratt from the University of Michigan, and his published work on racial disparities and prostate cancer, the issue is rooted in fewer PSA screenings and an initial diagnosis that occurs later in the disease course. Moreover, black males are less likely to have health insurance, have less access to high-quality care and other disparities that can be linked to a lower overall socioeconomic status.”

Spratt adds, “While our job is to treat cancer, we know that these other factors are in play, so as doctors we need to make sure we focus on the health of the entire patient and, as a society, on addressing racial inequities.”

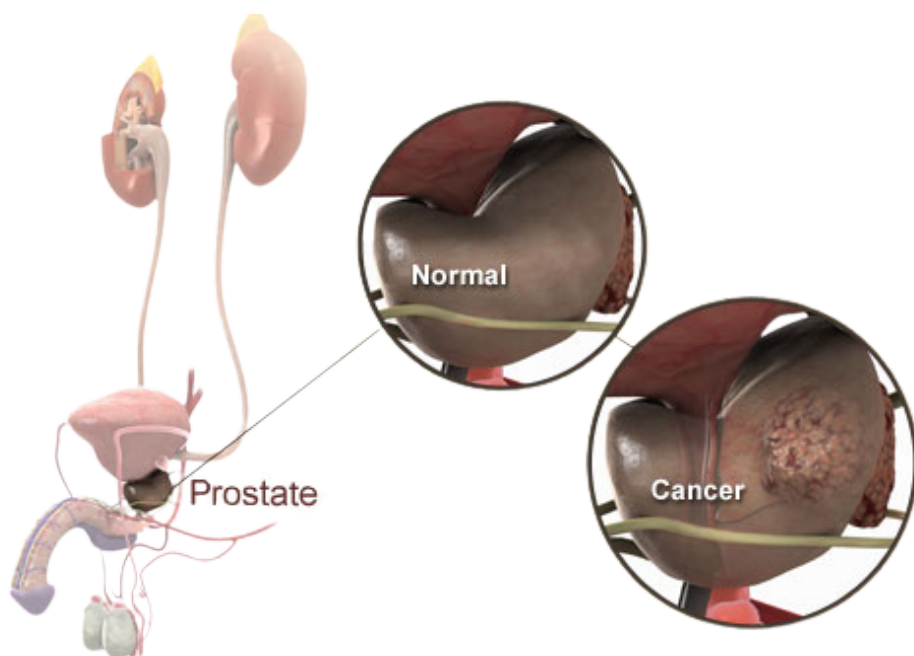


FIGURE 1. LOCATION OF PROSTATE. COMPARISON OF A NORMAL PROSTATE AND CANCEROUS PROSTATE.

Common Risk Factors

- **AGE**
 - The American Urologist Association (AUA) acknowledges that men 55 to 69 years are the most likely to benefit from routine screening
- **RACE**
 - Black men have a higher risk of prostate cancer, and when diagnosed is found to be later in the disease course
- **FAMILY HISTORY**
 - Men are more than twice as likely to get prostate cancer if there is a notable family history
- **OBESITY**
 - The American Cancer Society states that obesity can increase risk by 20% as well as increase surgical risks

Prostate cancer screening is controversial and as a result interventions/care is provider specific. However, if you have concerns about your prostate or urinary health, we urge you to talk with your healthcare provider to see if testing is right for you.

PROSTATE DATA:

Screening Guidelines

The role of the prostate is to secrete about 30% of the fluid that comprises the ejaculate. Prostatic secretions help prolong the lifespan of sperm in the vagina and contain a high amount of zinc and a substance called prostate-specific antigen (PSA). PSA is an enzyme responsible for the liquefaction of semen and is normally only present in small amounts in serum. To diagnose prostate cancer, health care providers use a blood test to measure your levels of prostate-specific antigen (PSA). A prostate biopsy (tissue sample) is required to make a definitive diagnosis of prostate cancer. Your health care provider may recommend a biopsy if you have a high PSA level.

According to the American Cancer Society, most men without prostate cancer have PSA levels under 4 ng/mL of blood. PSA levels between 4 ng/ml and 10ng/ml have about a 1 in 4 chance of having prostate cancer. PSA levels above 10ng/ml give you a 50% chance of prostate cancer. The Digital Rectal Exam (DRE) is another screening test that has since proven to no longer be effective or necessary. With this exam, your physician uses his gloved, lubricated finger and checks your prostate through the rectum. In this examination, they search for calcified or firm surfaces that may be suspicious about for cancer. In general, routine prostate cancer testing is not recommended, however, if you have concerns about your prostate or urinary health, we urge you to talk with your healthcare provider to consider your options.

Treatments

There are several ways to treat Prostate Cancer, both invasive and non-invasive methods. We have listed a few methods below. Keep in mind, many times Prostate Cancer therapies are used in conjunction with one another.

- Surgical Interventions
- Chemotherapy
- External Beam Radiotherapy (EBRT)
- Internal- Brachytherapy
- Radiation therapy
- Immunotherapy
- Hormone therapy
- Active surveillance and watchful waiting



ACTIVE SURVEILLANCE

A treatment plan that involves closely monitoring the cancer but not giving any treatment unless there are changes in test results that show the condition is getting worse.

Certain exams, such as digital rectal exam (DRE), prostate-specific antigen (PSA) blood tests, and sometimes biopsies, are done on a regular schedule.



WATCHFUL WAITING

This treatment plan includes monitoring the patient's condition but usually involves fewer tests and not giving treatment unless symptoms appear or change.



SURGERY

Prostatectomy is a surgery to remove part or all of the prostate and some of the tissue around it.



RADIATION THERAPY

Radiation therapy uses high-energy rays or particles to kill cancer cells.

CURRENT PROSTATE CANCER STUDY SPECIFIC FOR BLACK MEN

RESPOND: Research on Prostate Cancer in Men of African Ancestry: Defining the Roles of Genetics, Tumor Markers, and Social Stress



In the United States, 1 in 8 white men will be diagnosed with prostate cancer.



1 in 6 African American men will develop prostate cancer, and they are twice as likely to die from the disease.

RESPOND is a National Institutes of Health and Prostate Cancer Foundation-funded study supported by the National Cancer Institute as well as the National Institute on Minority Health and Health Disparities. The RESPOND study plans to be one of the largest studies ever that look at the underlying factors and reasons that put African American men at higher risk for prostate cancer. The study will enroll over 10,000 Black men with prostate cancer over the next five years. RESPOND will study how various factors such as exposure to stress over a lifetime, inherited susceptibility (i.e. genes), and tumor characteristics contribute to the development of prostate cancer in African American men. The results from the RESPOND study will hopefully lead to the implementation of more effective practices for preventing the disease, earlier diagnosis, and developing new treatment strategies for African American men. For more information and to enroll as a participant in the study go to respondstudy.org.



TOP 10 QUESTIONS TO ASK YOUR DOCTOR

BELOW IS A LIST OF QUESTIONS THAT SHOULD BE KEPT IN MIND WHEN CONSULTING A PHYSICIAN ABOUT PROSTATE CANCER

1. What is my risk of prostate cancer?
2. Can I do anything to lower my chances of developing prostate cancer?
3. Are there any changes I can make to my diet that can help lower my risk of prostate cancer?
4. Do I need to be screened for prostate cancer?
5. What type of prostate cancer screening schedule do you recommend for me, based on my individual medical profile and family history?
6. How many times a day should I be urinating?
7. What kind of outlook is typical for this particular condition or problem?
8. Can you explain my pathology report (laboratory test results) to me?
9. Does this prostate cancer need to be treated? What would happen if I choose not to start treatment now?
10. If diagnosed, what are my treatment options? And which do you recommend given my profile? Are there any side effects to the treatment?

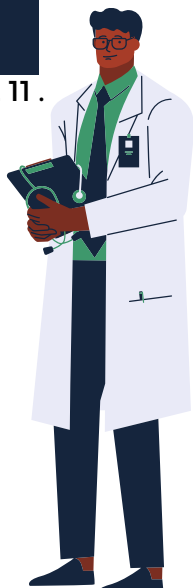
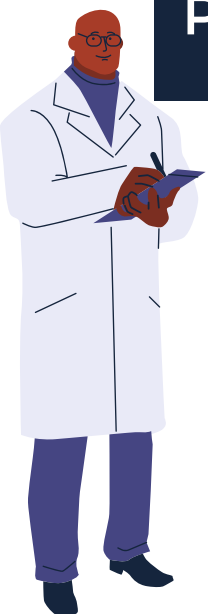


QUICK QUIZ

QUESTIONS

- 1) Where is the Prostate located?
- 2) What is the function of the Prostate?
- 3) What Prostate-Specific Antigen (PSA) level puts you at high risk for prostate cancer?
- 4) List some common risk factors for prostate cancer?
- 5) In the US. what percentage of African American males will be diagnosed with Prostate Cancer in their lifetime?

NEED HELP? SEE PAGE 11.



THE FUTURE OF MEDICINE

Class Updates

C/O 2024 (M1): The M1 class is winding down their first year by studying Endocrinology and Reproduction before heading into the summer break.



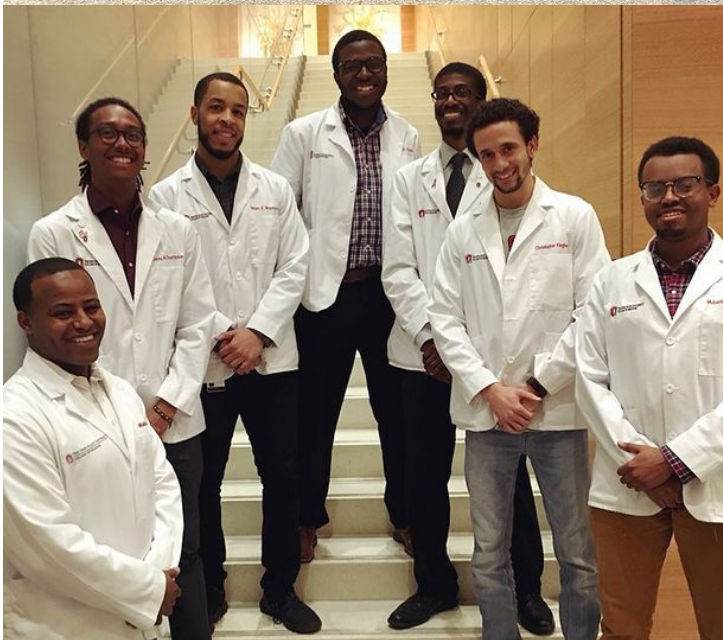
C/O 2023 (M2): It is officially dedicated study time for the M2 class. We wish them the best of luck as they prepare to take the USMLE Step 1 Exam before the end of April.



C/O 2022 (M3): Third-year medical students are completing ring three in Part 2 of the LSI curriculum and recently submitted their year four schedule preferences, which will begin in May.



C/O 2021 (M4): Recently, fourth-year students have received the results of their Match and have found out where they will be completing residency. All 4th year requirements are now officially completed and preparation for graduation in May has begun. New Docs coming soon!





STUDENT HIGHLIGHT: MUBARIK MOHAMED

"Growing up in a household where no one in my family had attended college, my path towards a career in medicine was in many ways a winding road filled with many roadblocks and obstacles. However, with each challenge, there was also immense reward in meeting those challenges with hard work, patience, and perseverance. My advice for students pursuing a career in medicine from similar backgrounds is usually the same.

1. You have what it takes regardless of what others may tell you.
2. Find mentors and peers from similar backgrounds who will give you the inspiration and encouragement to pursue your dreams.
3. Appreciate the grind; know that you may have to work harder than some of your peers
4. Be patient; obstacles will undoubtedly present themselves but don't let them deviate you from your course.
5. Don't be afraid to reach out for help; we've all been there when it comes to disappointing results or other difficulties."

*Photo was taken before COVID-19 Pandemic



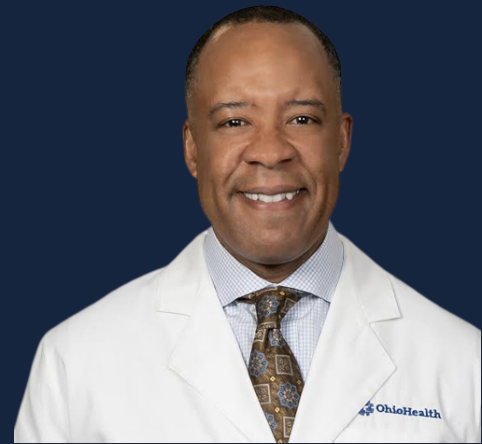
**Mubarik
Mohamed**

**Dr. Quinn
Capers, IV**

In regard to my career goals, I will be pursuing my **residency in Ophthalmology at the University of Utah after medical school**. I am excited to officially begin my career in medicine! In reflecting on my journey thus far, there are many people I am indebted to, but chief among them have been my mentors and peers who have provided me the guidance and encouragement to pursue my dreams. The network of Black Men in Medicine at OSUCOM has provided me so much over the past four years of life, and I am excited at the opportunity to pay it forward."

PHYSICIAN SPOTLIGHT:

Dr. Eric S. Ward, MD



Dr. Eric S. Ward is a board-certified urologist currently in practice as a part of the OhioHealth Physician Group. He practices primarily at Riverside Methodist Hospital. He is originally from Lima, Ohio.

He attended undergraduate and medical school at The Ohio State University and then did his urology residency at Ohio State University Hospitals. Being a physician was a lifelong goal from early childhood and he decided early on in medical school that a surgical specialty was for him.

After his surgical rotation in medical school, he felt that urology was the specialty for him. He spent some time early in his career as part of the clinical faculty at OSU and enjoyed the opportunity to be a part of teaching residents and medical students. He is a past president of the local chapter of the National Medical Association, which afforded him the opportunity to network with other local African American physicians and give back to the community. As one of the relatively few African American urologists, he is acutely aware of health care disparities impacting our community especially related to prostate cancer and he tries to speak at various African American churches and men's groups whenever possible.



POST MATCH PANEL RECAP

March 25, 2021
Zoom Panel

We are extremely proud of our members who recently matched into residency this past March. To celebrate, BMIM hosted a panel where they shared their journey and tips about the application process! Here are some key takeaways in case you missed it:

1. Make your social media presence known.
2. Make it make sense: make sure your application reflects who you are and the story you are trying to tell.
3. Ask questions about topics you actually care about, with the follow-up as to why you asked.



Top Row left to right: Mubarik Mohammad, Mark McIntyre, Habeeb Suara
Middle Row left to right: Habib Kedir, Corey Thompson, Jida Hubana
Last Row left to right: Jared Squares, Phillip Akanbi, Christopher Kinghorn

"Your white coat has to be in you, not on you!"

-Mark E. McIntyre II, M.D.

JOIN OUR GROWING COMMUNITY



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WANT TO JOIN BMIM?

- **GO TO OUR WEBSITE:**
 - blackmeninmedicine.com
- **CLICK**
 - "REQUEST TO JOIN"

ANSWERS TO QUIZ

1. Just beneath the bladder and in front of the rectum.
2. Responsible for the production of seminal fluid used to nourish and transport sperm.
3. PSA levels above 10ng/ml give you a 50% chance of prostate cancer.
4. Age, Race, Family History, Obesity
5. 1 in 6 African American males



CITATIONS

AskMayoExpert. Prostate cancer (adult). Mayo Clinic; 2018.

Rock CL, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. CA: A Cancer Journal for Clinicians. 2020; doi:10.3322/caac.21591.

National Cancer Institute. Prostate-Specific Antigen (PSA) Test. 2017. Accessed at <https://www.cancer.gov/types/prostate/psa-fact-sheet>. Accessed on April 9, 2019.

Klein EA. Radical prostatectomy for localized prostate cancer. UpToDate website. <https://www.uptodate.com/contents/radical-prostatectomy-for-localized-prostate-cancer>. Updated Oct 09, 2018. Accessed April 10, 2019.

Imhoff, Jordyn. "Study Explores Why Prostate Cancer Mortality Is Higher in Black Men." University of Michigan. 23 May 2019. labblog.uofmhealth.org/lab-report/study-explores-why-prostate-cancer-mortality-higher-black-men.



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