FORUM

We need to help our children succeed

Brian L. Pauling
Guest Columnist

Online file photo

Students across the nation have returned to school and are fully engaged in their classes. Soon their parents can expect to receive a progress report of their child's academic performance.

Some will be fine, meeting or exceeding expectations for their grade level. Unfortunately, a significant number will already have fallen behind. Their academic success will be in jeopardy unless someone intervenes. To parents, teachers, administrators and community members, I say that someone is us!

It's up to us to work as a cohesive and collaborative support system for our children. That will mean holding ourselves and each other accountable to ensure that each student has been taught and has learned the required coursework for their grade level and is ready to advance to the next grade, without remediation, by the end of the school year.

We are expecting a lot from our children, but what, in turn, should our children expect from us?

As parents, students should expect us to be actively involved in their education. We must ensure the learning-readiness basics are mastered at home: sufficient sleep, on-time school arrival, safe after-school care and quality homework assistance, provided either by us or someone we find to help, such as a student in a higher grade, a college student, or a nonprofit organization, like 100 Black Men of America Inc., whose local chapters offer mentoring and tutorial programs.

Then we must move to an even higher level of engagement. For instance, we should communicate regularly with our child's teachers. Join the Parent Teacher Association (PTA) at our child's school. Attend school board meetings. Advocate for the needs of our children, their school, teachers and district. Educate ourselves about the best available education options in our communities, from traditional public schools to nonprofit charter schools.

If students do their part and we as parents do ours, then our children also should expect their teachers and administrators to provide instruction, experiential learning opportunities and school environments that breed and boost success. Our children should expect their teachers to demonstrate that they believe that all children can learn at high levels. When some children fail to make the grade, they should expect that their teachers and school staff won't let them flounder, but use proven intervention strategies to get them back on track. Our children should expect their teachers to be capable and well-trained professionals who teach in compelling and creative ways.

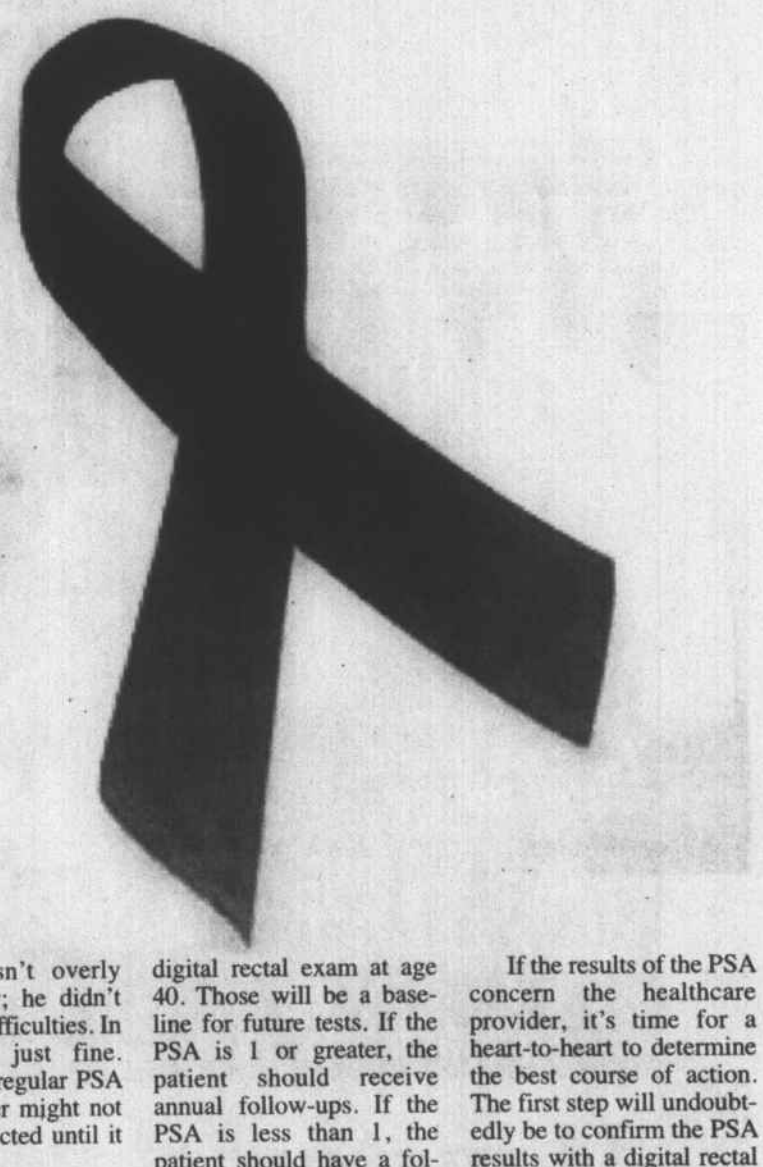
Our students should also expect the support of people in their communities, even those without school-aged children, because these students are destined to impact the community through their positive contributions or negative degradations. Visit a local school and ask how you can volunteer. Partner with a local school and offer your services or the expertise and resources of your company or organization. Serve on a local school council. Get involved as a tutor, mentor, guest speaker or member of a booster club. Stand with school boards and policy-makers to advocate publicly for high-performing schools and better teacher evaluations and student assessments. All are vital ways community members can support our students' overall success and make a difference in their lives.

We at 100 Black Men of America Inc. know that our children are more than capable of being academically successful. Let's provide access to educational opportunities that equip students to be competitive. Let's set high expectations for student achievement, remove obstacles to progress and provide proper interventions and support systems. We will demonstrate our unwavering belief in our students by working side by side with other concerned parents, teachers, administrators and community members throughout the school year. Let's put our children's needs before politics and make our nation's schools the best they can be, so all of our students can become the best they can be.

Brian L. Pauling is the national president and CEO of 100 Black Men of America Inc., which was founded in New York City in 1963. Today, the organization has more than 100 chapters in the United States, England and the Caribbean. Its dedicated members form an international network of mentors focused on creating educational opportunities, promoting economic empowerment, addressing health disparities, and creating positive, nurturing mentoring relationships that extend across a lifetime. Visit www.100blackmen.org to learn more.

Debate swirls about screening for prostate cancer

Armin Brott
Guest Columnist



If you ask Bernie Wooden, he'll tell you straight out that a simple blood test saved his life. The test in question is the PSA (for prostate specific antigen) and Wooden, a 68-year-old African American man living near Washington, DC, had been getting it done every year.

"My doctor had been comparing my PSA levels from year to year," he says. "After one of my physicals he calls and tells me that the levels had gone up since the year before, and he referred me to a urologist."

The urologist ran some tests, took several small tissue samples, and found seven cancerous tumors.

Bernie Wooden's story is hardly unique. The PSA used to be given to men fairy routinely. And men around the country – and the world – believe they're alive today because their doctor noticed a sudden increase in their PSA levels.

But in 2012, the U.S. Preventive Services Task Force (USPSTF) issued a recommendation against doing PSA screening for prostate cancer, saying that the harms of the test outweigh the benefits. That recommendation ignited a huge – and not always civil – debate among people who work in men's health.

Some supported the USPSTF recommendation, saying that prostate cancer typically grows very slowly and men are more likely to die with prostate cancer then from it, the PSA test leads to over diagnosis, and an abnormal PSA test could drive a man to pursue unnecessary treatment or surgical procedures. Side effects, many of which are permanent, include urinary incontinence, erectile dysfunction, and bowel dysfunction.

Proponents of the PSA test point out that prostate cancer is the most common non-skin-cancer in men, and that while some prostate cancers are slow developing, others are extremely aggressive. They also note that only healthcare professionals can order surgery or other treatments and that not having PSA measurements removes an important data point that could help men and their providers assess the patient's risk, evaluate all of their options. In some cases, including Berne Wooden's, that treatment plan might include medical procedures such as radiation and surgery. For others, the best approach is to simply "watch and wait," also called "Active Surveillance." In either case, the decision is made by the patient, his family, and his doctor.

More accurate diagnosis techniques are helping.

When evaluating the risks versus rewards of a particular health screening, experts often look at the number of patients who would have to be screened in order to save one life. For prostate cancer, that number used to be very high. However, thanks to more accurate diagnosis techniques and looking at the impact of screening at longer time points, the ratio of screenings to lives saved is now in the same range for prostate cancer as it is for breast cancer. And while the Task Force recommended fewer mammograms for women, they didn't go as far as recommending that they not be done at all.

The big question is whether getting a PSA test will help men live longer. According to the USPSTF, "the precise, long-term effect of PSA screening on prostate cancer–specific mortality remains uncertain." Dr. Steven R. Patierno, a professor at the Duke University Medical Center and Deputy Director of the Duke Cancer Institute, agrees that more research is needed, but he disagrees with the recommendation against using the PSA screening at all.

New studies are already showing that, as a result of the USPSTF's recommendations, fewer men are being screened for PSA, and there is significant confusion among Primary Care Physicians about whether or not to recommend screening to their age-appropriate patients. Using other tools, doctors are still able to diagnose prostate cancer. The biggest concern is that, instead of catching the disease before it becomes symptomatic, they may now start seeing patients for the first time in a later state of the disease or who have already developed severe symptoms.

"If they wait until they have blood in their urine before they come in," says Patierno, "at that point, treatment options are more limited."

There's no question in Bernie Wooden's mind that he would have been one of those men. He had none of the traditional symptoms of prostate problems: he wasn't getting up multiple times at night to urinate; he didn't have blood in his urine; he wasn't overly tired or thirsty; he didn't have erectile difficulties. In fact, he felt just fine. Without those regular PSA tests, his cancer might not have been detected until it was too late.

So what should be done?

One problem with the Task Force's recommendation is that it didn't adequately take into account high risk individuals, including African American men as a whole and any man who had a close relative (father or brother) who died of prostate cancer.

For Patierno, the big issue with the PSA isn't over screening or over diagnosis.

"It's what you do with the information once you have a suspicious finding."

His own recommendations are generally in line with those published in 2015 by the National Comprehensive Cancer Network (NCCN).

Men who are in a high-risk group (African American, family history of prostate cancer, or confirmed BRCA1 or BRCA2 genetic mutation) or who are interested in screening should get a PSA test and digital rectal exam at age 40. Those will be a baseline for future tests. If the PSA is 1 or greater, the patient should receive annual follow-ups. If the PSA is less than 1, the patient should have a follow-up screening at age 45.

All men 50 and over should have PSA screening, with the frequency guided by PSA levels. Increasing evidence indicates that if the PSA level is less than 1, the chance of dying from prostate cancer is negligible. But if it's between 1 and 3, the risk is much higher. Those men should get "active surveillance," which means regular PSAs (usually no more than once every six months) to track whether or how quickly the disease is advancing. The only way to do that is if you have a baseline test. Increasingly, Active Surveillance protocols include more sophisticated imaging methods of detecting prostate cancer and distinguishing aggressive from indolent prostate cancer.

As a diagnostic tool, PSA testing is most effective for men 55-69. Older men (over age 75) or those with a life expectancy of less than 10 years should probably discontinue PSA screening.

If the results of the PSA concern the healthcare provider, it's time for a heart-to-heart to determine the best course of action. The first step will undoubtedly be to confirm the PSA results with a digital rectal exam (DRE), MRI, ultrasound, or, in some cases, a biopsy.

As far as treatment, in many cases, it starts with active surveillance. Beyond that, "we're getting more and more sophisticated in our ability to identify whom to treat, whom not to treat, and what treatments to choose," says Patierno.

Bernie Wooden suggests that if a man is referred to a urologist or other specialist for additional tests, he take a relative or close friend along.

"After the doctor said the word 'cancer,' I didn't hear anything else," he says. "Fortunately, my wife was paying close attention and she was able to fill me in after we got home."

For more information on PSA screening, prostate cancer, and treatment options, visit www.prostatehealthguide.com and Men's Health Network at menshealthnetwork.org.