

## NFL Hero and UC San Diego Urologist Offer Playbook for Men's Health

January 06, 2010 |

One in six American men will be diagnosed with prostate cancer in their lifetime. Nearly 30,000 men in the US die from this cancer every year. African American men have nearly twice the risk of dying from prostate cancer as all other ethnicities. Michael Haynes, NFL Hall of Famer, points to a lack of education as the reason why many men avoid screening, risking a cancer diagnosis late in the game. As a spokesperson for the American Urological Association, Haynes and his surgeon, Christopher Kane, MD, chief of urology at UC San Diego Medical Center, offer a playbook of four strategies for men's urologic health.

### Know Your Stats

"For me, learning about prostate cancer started with a free screening event hosted by the NFL and the American Urological Association," said Haynes. "One of the doctor's first questions to me was about my previous PSA scores. I was surprised, as that was the first time I had even heard of a PSA. I'd never tracked my blood pressure much less a PSA level."



NFL Hall of Famer Michael Haynes was successfully treated for prostate cancer at UC San Diego Medical Center.

PSA stands for prostate specific antigen — a fluid which is present normally in the semen. Elevated levels of PSA in blood serum are associated with benign prostatic hyperplasia (prostate

enlargement) and prostate cancer. A test for PSA may be used to screen for prostate cancer and to monitor treatment of the disease.

"I recommend that every man know his health stats. Be proactive and track your PSA, cholesterol and blood pressure every year," said Kane. "One of the popular misconceptions is that a normal PSA is anything under four. This is not true for everyone. PSA must be used in the context of age and ethnicity. An average PSA for a man in his 40s is .8. An average PSA for a man in his 50s is .9 to one and really should be under 2.5."



Kane recommends that all men track their PSA level, cholesterol and blood pressure every year.

After reviewing his PSA scores, Haynes learned that he had an elevated PSA which had spiked over a two-year period. His primary care physician referred him to a urologist who performed a biopsy which revealed cancer in nine of 12 places on his prostate gland.

"PSA velocity, the rate of change of PSA, is a very strong predictor of prostate cancer," said Kane. "PSA velocity is also correlated with grade and severity of cancer. A PSA history that suddenly changes is a more valuable indicator of disease than a single elevated PSA. Know your numbers and create a benchmark to monitor your own health."

### **Jokes Aside: Get the Rectal Exam**

"I remember fellow NFL players joking that I would not get screened because of the digital rectal exam," said Haynes. "It's definitely not something that guys look forward to. The doctor asked me, 'Did I mind getting the exam?' I thought if it's going to save my life, of course I don't mind."



Haynes encourages all men to share their prostate cancer stories to raise awareness of the disease and the need for screening.

A digital rectal examination is done to evaluate the rectum and prostate. During the examination, a physician gently puts a gloved, lubricated finger into the rectum to check for growths or enlargement of the prostate gland, a walnut-sized gland in the middle of the pelvis which produces semen fluid. The process takes less than 30 seconds.

“The toughest part is relaxing but it’s quick and painless,” said Haynes. “As we talk about the exam, and normalize it, guys will start to realize it is part of life. If it’s going to save your life, it’s definitely worth it.”

“The best argument in favor of screening is that there are more than 30,000 men dying from prostate cancer in America,” said Kane, a nationally recognized robotics expert. “If you get screened, you can get treatment if you need it. Screening is gaining information about whether or not a person has prostate cancer and, if they do, the stage of the cancer. Fortunately, most men who are diagnosed young are diagnosed at a stage where they can be cured, where there are fewer side effects of treatment, and they are more likely to benefit from treatment.”

Kane strongly believes that doctors should actively screen, and then carefully evaluate the individual patient, his overall health, age, ethnicity, PSA pattern, and grade and extent of cancer, to make an informed decision about treatment.

“It’s true that there are some men with very low risk, low grade prostate cancer who may not need to be aggressively treated. That’s an important decision they need to make with their physician,” said Kane. “However, that’s the minority-15-20 percent of newly diagnosed men-who have that very low grade, low volume, low PSA, slow-growing form of prostate cancer. There are also men who are older or who are in poor health where it is less important to diagnose what is often a relatively slow growing cancer.”

## **Open Dad's Playbook**

Haynes did not know about his own family history of prostate cancer until after his diagnosis. He encourages men to ask about their fathers', uncle's and grandfather's medical histories.

"After I was diagnosed with the disease, I found out that my grandfather died of prostate cancer," said Haynes. "I was 22 years old when he died. At that age, I definitely wasn't thinking about cancer and my mom didn't know to tell me to get screened later in life."

Haynes realized that he needed to talk with other men about the disease to aid his own treatment process. In doing so, he learned that many men, himself included, needed a better understanding of the male urologic system.

"When I was first diagnosed, I didn't talk to anybody. I didn't want to involve other people or for them to feel sorry for me," said Haynes. "The moment I started talking to my doctor and friends, the diagnosis started to be a normal thing. I remember going to Dr. Kane for a 'man-to-man talk' on what the prostate actually did."

The more Haynes engaged others in conversation he learned of men who had multiple family members with prostate cancer.

"The only thing my friends knew is that they were getting their PSA test done because their dad told them to. As men, we have to do more. We can learn from the women's health movement," said Haynes. "The Susan G. Komen Foundation has done such a good job of raising awareness of breast cancer that there is not a man or woman adult who doesn't know about the importance of feeling for lumps in the breast. We need to do something similar to ensure that men know and monitor their PSA score, so that if they catch something early, it is a non-event in their lives."

## **Draft Your Offensive Line**

Any person who learns of a cancer diagnosis needs a team to help navigate their treatment process. Gigi, Haynes' wife, took a proactive role in helping her husband.

"I think it's a given that wives or partners become involved in the decision process, especially because of the potential sexual side effects of treatment. It's not like we're talking about tonsils here. There can be complications with a man's ability to maintain an erection as well as problems with continence."

Gigi described the cancer diagnosis as overwhelming and she responded by taking on a role as an information analyst. In addition to interviewing doctors, Gigi performed extensive web research.

"Maybe I went a little over board. I created a PowerPoint presentation of treatment options and even put an anatomical model of the urologic system in the kitchen and asked visitors, 'Do you know the location of the prostate? Do you know what it does?'"

In addition to his wife, Haynes relied on his physician, and other men to formulate his own treatment plan.

“I started talking to other men and asked questions about their Gleason score, why they chose a particular therapy, and their research findings,” said, Haynes. “Every guy I talked to loved their own method and was an advocate for his particular strategy. I had to look through their experiences to develop my own plan. The more I talked, the better I felt about my own decisions.”

# # #

Media Contact: Jackie Carr, 619-543-6163, [jcarr@ucsd.edu](mailto:jcarr@ucsd.edu)

---

### Related Specialties

---

- [▶ Prostate Cancer](#) 

### Share This Article

---



### Related News

---

[Common Diabetes Drug Shows Promise as Treatment for COVID-19 Lung Inflammation](#)  
6/8/2021

[UC San Diego Health Begins Treating Multiple Myeloma with CAR T-cell Therapy](#)  
6/3/2021

[Social Justice as Part of the Remedy for What Ails Us](#)  
6/3/2021

[Diet Plays Critical Role in NASH Progressing to Liver Cancer in Mouse Model](#)  
6/1/2021

[View All News >](#)

### Follow Us

---

 Follow @ucsdhealth

