<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>08:00 - 09:30 am</td>
<td>NCI Center for Global Health Meeting</td>
<td>Oceanview</td>
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<tr>
<td>09:30 - 11:45 am</td>
<td>MADCaP Ancillary Meeting</td>
<td>Oceanview</td>
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<tr>
<td>10:00 - 04:00 pm</td>
<td>Delegates and Speaker Registration</td>
<td>Ballroom Foyer</td>
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<tr>
<td>12:00 - 12:30 pm</td>
<td>International Keynote Session</td>
<td>Ballroom</td>
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<tr>
<td>12:30 - 02:30 pm</td>
<td>Concurrent Conference Workshops: Workshop 1, Workshop 2</td>
<td>Yellow Elder</td>
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<tr>
<td>02:30 - 02:45 pm</td>
<td>Networking Coffee Break</td>
<td>Poinciana</td>
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<tr>
<td>02:45 - 04:45 pm</td>
<td>Concurrent Conference Workshop: Workshop 3, Workshop 4</td>
<td>Yellow Elder</td>
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<tr>
<td>05:00 - 07:00 pm</td>
<td>AORTIC Ancillary Meeting</td>
<td>Hibiscus</td>
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<tr>
<td>08:00 - 10:00 pm</td>
<td>University of Florida Africa Queens’ Receptions (Women Only)</td>
<td>Hibiscus</td>
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<tr>
<td>07:30 - 12:00 pm</td>
<td>Session I Poster Set-Up</td>
<td>Hibiscus</td>
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<tr>
<td>07:30 - 04:00 pm</td>
<td>Delegates and Speaker Registration</td>
<td>Ballroom Foyer</td>
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<tr>
<td>08:00 - 10:00 am</td>
<td>Opening Plenary Session - Welcome, Opening Remarks, and Keynote Lectures</td>
<td>Ballroom</td>
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<tr>
<td>10:00 - 10:15 am</td>
<td>Break</td>
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<tr>
<td>10:15 - 12:30 pm</td>
<td>Plenary Sessions 1 &amp; 2</td>
<td>Poinciana</td>
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<tr>
<td>12:30 - 05:30 pm</td>
<td>Conference Exhibit and Expo (Grand Opening)</td>
<td>Ballroom Foyer</td>
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<tr>
<td>01:00 - 02:00 pm</td>
<td>Networking Luncheon - Roundtable Sessions</td>
<td>Main Dining Hall</td>
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<td>02:00 - 03:00 pm</td>
<td>Oral Communication of Abstracts</td>
<td>Poinciana</td>
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<tr>
<td>03:00 - 04:00 pm</td>
<td>Poster Session I Viewing/Poster discussion</td>
<td>Hibiscus</td>
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<td>04:00 - 04:15 pm</td>
<td>Break</td>
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<tr>
<td>04:15 - 05:30 pm</td>
<td>Plenary Session 3</td>
<td>Ballroom</td>
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<td>05:30 - 07:30 pm</td>
<td>AC3 Ancillary Meeting</td>
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<tr>
<td>06:30 - 09:00 pm</td>
<td>International Opening Reception</td>
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<tr>
<td>07:30 - 08:30 am</td>
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<tr>
<td>07:30 - 08:30 am</td>
<td>Meet the Clinical Experts</td>
<td>Oceanview</td>
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<td>08:30 - 01:00 pm</td>
<td>Prostate Cancer Advocacy Program</td>
<td>Oceanview</td>
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<td>08:30 - 10:15 am</td>
<td>Plenary Session 4</td>
<td>Poinciana</td>
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<tr>
<td>10:15 - 10:30 am</td>
<td>Break</td>
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<tr>
<td>10:30 - 12:15 pm</td>
<td>Plenary Session 5</td>
<td>Poinciana</td>
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<tr>
<td>12:15 - 01:45 pm</td>
<td>Keynote Luncheon</td>
<td>Ballroom</td>
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<tr>
<td>01:45 - 02:00 pm</td>
<td>Break</td>
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<tr>
<td>02:00 - 03:00 pm</td>
<td>Oral Communication of Abstracts</td>
<td>Poinciana</td>
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<tr>
<td>03:00 - 04:00 pm</td>
<td>Poster Session II Viewing/Poster Discussion</td>
<td>Yellow Elder</td>
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<tr>
<td>04:15 - 05:30 pm</td>
<td>Plenary Session 6</td>
<td>Oceanview</td>
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<tr>
<td>06:30 - 09:00 pm</td>
<td>Closing Reception</td>
<td>East Beach</td>
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<tr>
<td>08:00 - 10:00 am</td>
<td>Plenary Session 7</td>
<td>Ballroom</td>
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<tr>
<td>10:45 - 12:00 noon</td>
<td>Closing Session – Town Hall Dialogue</td>
<td>Ballroom</td>
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THE SCIENCE OF GLOBAL PROSTATE CANCER DISPARITIES IN BLACK MEN

THURSDAY, NOVEMBER 1ST TO SUNDAY, NOVEMBER 4TH, 2012
THE SUPERCLUB BREEZES RESORT
NASSAU, BAHAMAS

“The Global Burden of Prostate Cancer: Economic, Clinical and Humanistic Outcomes”
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Funding for this workshop was made possible, in part, by an award provided by the National Cancer Institute (Award Number R13CA171754-01).
The University of Florida (UF) is a major, public, comprehensive, land-grant, research university. The state's oldest and most comprehensive university, UF is among the nation's most academically diverse public universities. UF has a long history of established programs in international education, research and service. It is one of only 17 public, land-grant universities that belongs to the Association of American Universities.

History
In 1853, the state-funded East Florida Seminar took over the Kingsbury Academy in Ocala. The seminar moved to Gainesville in the 1860s and later was consolidated with the state's land-grant Florida Agricultural College, then in Lake City. In 1905, by legislative action, the college became a university and was moved to Gainesville. Classes first met with 102 students on the present site on Sept. 26, 1906. UF officially opened its doors to women in 1947. With more than 50,000 students, UF is now one of the largest universities in the nation.

Facilities
UF has a 2,000-acre campus and more than 900 buildings (including 170 with classrooms and laboratories). The northeast corner of campus is listed as a Historic District on the National Register of Historic Places. The UF residence halls have a total capacity of some 7,500 students and the five family housing villages house more than 1,000 married and graduate students.

UF's extensive capital improvement program has resulted in facilities ideal for 21st century academics and research, including the Health Professions, Nursing and Pharmacy Building; the Cancer and Genetics Research Center; the new Biomedical Sciences Building; and William R. Hough Hall, which will house the Hough Graduate School of Business. Overall, the university's current facilities have a book value of more than $1 billion and a replacement value of $2 billion.

Academic Programs
Florida has 16 colleges and more than 100 research, service and education centers, bureaus and institutes. More than 100 undergraduate majors are offered. Over 1,200 freshmen and sophomores participate in the honors program, which offers nearly 100 honors courses per semester. Most classes are limited to no more than 25 students.

The University Scholars Program introduces UF undergrads to the exciting world of academic research by allowing them to work one-on-one with Florida faculty on selected research projects. The Graduate School coordinates almost 200 graduate programs. Professional degree programs include dentistry, law, medicine, pharmacy and veterinary medicine.

A Leading Research Institution
Research awards have risen steadily over the decades to last year's $574 million, placing UF among the nation's leading institutions. More than $289 million of that total was for health-related research, representing a significant portion of the state's intellectual and economic commitment to biotechnology. Researchers at the Institute on Aging, the McKnight Brain Institute, the UF Genetics Institute, the UF Shands Cancer Center, and the Emerging Pathogens Institute—and throughout the six colleges of the Health Science Center—study everything from adult stem cells to gene therapy.

From Laboratory to Marketplace
The new economy encourages the rapid progression of discoveries from the laboratory to the marketplace, and UF is a national leader in this area. The success of the sports drink Gatorade is well known, but it is just one of many UF products that have benefited countless people. Other important products include Trusopt, a leading treatment for glaucoma, and the Sentricon Termite Elimination System.

Student Research
Graduate education and research go hand-in-hand. The great discoveries of the 21st century will undoubtedly come from the creative efforts of university faculty working closely with bright and motivated graduate students. Graduate students, particular those pursuing the doctoral degree, broaden the knowledge base of their disciplines in countless ways. UF undergrads, through the University Scholars Program, work one-on-one with Florida faculty on selected research projects. The university's graduate programs have produced generations of professionals in a wide variety of disciplines, many of whom have risen to positions of prominence in our state, the nation and the world.
The University of the West Indies

The University of the West Indies is the regional University serving 16 countries of the English-speaking Caribbean. It has three campuses located on the islands of Jamaica, Trinidad and Barbados respectively, with a 4th, the virtual campus, serving the other 13 non-campus based territories.

The University of the West Indies is the region’s flagship institution of higher learning. It was launched in 1948 with 33 students in a solo Faculty of Medicine as the University College of the West Indies under the auspices of the University of London. Today, it has expanded to a fully chartered university with 7 faculties and over 800 accredited programmes of study. We have approximately 45,000 students registering annually and produce an estimated 6000 graduates at undergraduate, graduate and diploma levels.

The University’s network of over 82,000 graduates continues to be at the forefront of Caribbean and global thought, imagination and action, providing the Caribbean region with its leaders in government, business, education, law, engineering, medicine and other key sectors. The university has produced 8 Prime Ministers in the region, over 70 Rhode Scholars and 3 Noble Laureates.

The University of the West Indies is geared towards ensuring regional and international recognition as the premiere graduate education and research facility in the Caribbean and a primary driver of Caribbean development. Our University is committed to be first in the development of new knowledge unique to the Caribbean and small-island states, and to be the first port of call for Caribbean governments seeking advice and technical expertise for policy development, strategic planning and programme implementation. Through the Office of Research the University has established a network of researchers in the field of Environmental Studies, Cultural Studies, also Disaster Management and Mitigation, Biotechnology, Tropical Medicine, and Social and Economic Studies for Small Island Development States. An example of the university’s inter-campus and institutional collaboration is the ongoing biological research being done by the Tropical Medicine Research Institution. This institute conducts cutting edge biological research in the field of molecular genetics, metabolism, sickle cell and adult nutrition as well as Health Economics.

The Bahamas division of the University of the West Indies Faculty of Medicine was established in 1997 to teach medical students in the final two years of their undergraduate degree program. This clinical teaching program in 2007 became the University of The West Indies School of Clinical Medicine and Research, The Bahamas, with a focus on research and both postgraduate and undergraduate medical education.
Message From
The Minister of Health

I wish to extend warmest greetings and congratulations to the University of Florida and the University of West Indies School of Clinical Medicine and Research, The Bahamas, on the occasion of the Second Biennial Science of Global Prostate Cancer Disparities in Black Men scheduled to be held here in The Bahamas from the 1st – 4th November, 2012. I also take this opportunity to officially welcome all of the Partners, Scientists, Experts and Participants from all over the globe including Africa, the Caribbean, Europe, and North America.

I am advised that prostate cancer is the most common occurring cancer in men worldwide and the first or second most common cause of cancer specific deaths. In black men of African ancestry, prostate cancer is more aggressive, with black men experiencing a disease which is not only twice as common, but up to four times likely to be a cause of death compared to their white counterparts. So, too, is the morbid health profile of prostate cancer in The Bahamas.

The University of the West Indies West Indies School of Clinical Medicine and Research, The Bahamas is conscious of the critical importance of the need for research in our country and in our global community as we face the economic, clinical and humanistic outcomes of health issues. This partnership with the University of Florida will be mutually beneficial to both institutions and by extension the Bahamas, as they individually and collectively review and research, causes, treatments and interventions for men and black men in particular, with prostate cancer.

On behalf of the Government and the Ministry of Health, I extend heartfelt thanks and offer full support to the established partnerships which will continue to provide a forum for the sharing and learning for the participants and our community.

The Honourable Dr. Michael Perry Gomez, M.P.
Minister of Health
Welcome to the 2nd Biennial Science of Global Prostate Cancer Disparities in Black Men Conference. The focus is of great importance as prostate cancer is a serious threat to men all over the world. We are humbled that you have chosen one of our islands as the location for such vital discussions.

The Islands of The Bahamas holds a wealth of opportunities for those seeking to travel here for medical treatment. Here, patients will find teams of physicians who are highly skilled and ranked amongst the best in the region. Visitors to our 700 islands and cays generally agree that our natural landscape is ideal for relaxation and recovery. It is also a primary reason we have evolved as the primary tourism destination in the region. Access to good medical care is critical, and our proximity to the US and Canada, provides quick and affordable access to our shores by air and sea.

We welcome you to Nassau, and extend our best wishes for this conference. By its end, we trust that you would discover what many are finding to be the best kept secret - medical care is better in The Bahamas.

Sincerely,

Hon. Obie H. Wilchcombe, MP
MINISTER OF TOURISM
Dear Friends & Colleagues,

I would like to extend a warm welcome to those who join us here in support of the Science of Global Prostate Cancer Disparities in Black Men.

The University of Florida College of Pharmacy, ranked among the top U.S. schools of pharmacy, has nearly 1,470 student pharmacists at four campus locations in Florida – Gainesville, Jacksonville, Orlando, and St. Petersburg. In our Pharm.D. curriculum, we emphasize the pharmacist’s role in patient care, and our students contribute many hours of community outreach for health education and screenings. The college also supports nearly 100 graduate students studying in five areas of pharmacy research; medicinal chemistry, pharmaceutics, pharmaceutical outcomes and policy, pharmacotherapy and translational research, and pharmacodynamics.

We are fortunate to be a part of a large interdisciplinary Health Science Center campus. In this rich setting so focused on patient care, Dr. Odedina’s leadership has brought together many who hope to end health-care disparities in our state. She has forged a truly collaborative team of educators and researchers in medicine, pharmacy, nursing, and psychology – not only from our university – but also reaching out to our other state institutions.

Taking the call for health care education even further, Dr. Odedina has taken research beyond the classroom and into the community. She has developed programs that reach Black men and their families within local communities in Florida. Now, as we celebrate the second biennial conference, she has taken the work of so many even further – to the global community.

Thank you for your ongoing support and contributions toward easing the “global burden” of prostate cancer.

Dean William H. Riffee, Ph.D.
University of Florida College of Pharmacy
October 15, 2012

Dear Conference Attendees:

It is an honor and a pleasure to be invited to “Welcome” attendees at “The 2012 Science of Global Prostate Cancer Disparities” conference. This conference is of particular importance to the University of Florida academic health program and Shands Hospital as we strive to fully understand and address health disparities while advancing world class research and patient care.

As part of the most comprehensive academic medical center in the Southeastern United States and a leading referral facility, the UF Shands Cancer Center serves as a nucleus for diverse research and clinical approaches necessary to progressively improve cancer care. Membership includes more than 360 research and clinical faculty from 2 campuses, 12 colleges and 72 departments, and two major teaching hospitals: Shands Gainesville and Jacksonville. Cancer care is provided by multidisciplinary teams with growing translational research programs. Continuous advances are being made in the effort to better understand how to detect, treat and cure cancer.

The UF Shands Cancer Center, together with the Department of Urology and the UF Proton Therapy Institute (UFPTI) continue to advance translational and clinical research studies aimed at developing the best care and treatment for patients and survivors of prostate cancer.

Additionally, we have been growing joint clinical and research programs and expanding collaborative research projects locally, nationally and internationally. We embrace diversity, have many clinical programs aimed at the underserved, and serve one of the largest populations of under- and uninsured patients in Florida.

We will continue our efforts to reduce the burden that cancer and cancer treatment cause for patients and their families. These efforts will bring us closer to all members of the community we serve, increasing cancer awareness and promoting positive health behavior.

I hope this conference brings all of us closer to the answers we seek.

Best Regards,

Paul Okunieff, MD
Director, UF Shands Cancer Center
Professor & Chair, Department of Radiation Oncology
The Marshall E Rinker Sr Foundation & David B and Leighton R Rinker Chair

The Foundation for The Gator Nation
An Equal Opportunity Institution
On behalf of the University of the West Indies School of Medicine and Clinical Research, I welcome all the regional and international participants of our Second Biennial Science of Global Prostate Cancer Disparities in Black Men Conference, to the shores of The Commonwealth of The Bahamas.

This is indeed a momentous occasion in the archives of medicine in the Caribbean with regards to prostate cancer. Never has there been such diverse and comprehensive group of scholars, researchers, cancer agencies and advocates, in one place, at one time, in the Caribbean, seeking to understand the biology and curb the ravishes of prostate cancer.

The Conference features plenary sessions, numerous concurrent sessions, workshops and cutting edge research; there will be much to learn and to share. We of African ancestry have much to gain from the successes of our endeavors at this conference; we experience the highest morbidity and mortality of this malignant disease.

From its inception, our founder Dr. Folakemi Odedina envisaged an extensive network of those with a great interest and commitment to research and manage prostate cancer, hoping for better outcomes. This conference is a testimonial to her endless and untiring efforts; she deserves much credit to its success. To the University of Florida, the National Cancer Institute, the conference organizers, and all the cancer consortiums and support groups, we thank you for your participation to make this conference a reality in The Bahamas. I would be remiss not to send a special welcome to our Caribbean Urology Association who planned their conference to coincide with this event.

I hope that you all get an opportunity to extend your tentacles beyond the boundaries of the conference hotel; The Bahamas has 700 islands and cays to explore, including the friendliest people on this side of the Atlantic. I do hope you enjoy the conference and it meets all your expectations. Welcome to our archipelago.

Yours sincerely,

Dr. Robin Roberts, MD
Conference Chairperson
University of West Indies
Dear Conference Delegates:

Thanks for being part of the 2nd Biennial conference on “The Science of Global Prostate Cancer Disparities in Black Men”. I thought about a lot of things to share with you in this Welcome Letter but immediately realized that the unsolicited feedback that we received from the first conference in Jacksonville said it all. A few of the comments -

- The conference this weekend was absolutely wonderful! The planning committee did a wonderful job. I want to say thank you so much for the opportunity to even attend the Global conference. I learned a lot about the state of prostate cancer in Black men and the need for more engagement of this audience around health.
- Thank You!!!! It was an amazing opportunity to attend this symposium. I established a fantastic network of guys to assist me in my journey with prostate cancer.
- I would like to share with you how delighted I was with the conference that was held from Friday through Sunday titled “The Science of Global Prostate Cancer Disparities in Black Men,” which was funded by NCI. Delegates from Africa, the Caribbean, Europe and the USA all came together to discuss the science of prostate cancer disparities. Further, program officers from the NCI, NIH, and DOD were also in attendance, along with several groups representing patients and caregivers with a personal stake in prostate cancer. The scientific and professional presentations as well as the discussions were among the best I have heard at such meetings.
- I want to use this opportunity to congratulate you for pulling the whole world together to address disparities in Prostate Cancer among the black men. I believe you have started something great that will endure and have great impact.
- Congratulations on the huge success of the recently concluded meeting. Thank you for the beautiful work you are doing. It is difficult for one not to feel inspired by the energy and the passion with which you go about your work, and I pray that God will continue to strengthen you to keep up the good work.

Prostate cancer continues to be a major public health problem globally! Knowing that prostate cancer is the gateway to Black men’s health makes it even much more urgent for us to win the war against prostate cancer. The only way for us to win this war is to work together; clinicians, scientists, patients, survivors, and policy makers. We made history in 2010 through the 1st Biennial conference in Jacksonville. Let’s shape the future of Black men’s health by continuing the global community of practice for prostate cancer research, education and outreach.

I wish you a successful conference and look forward to personally welcoming you to Nassau.

Save the date for the 3rd Biennial Conference - November 2014 in Orlando, Florida USA!

Best Regards,

Folakemi T. Odedina, PhD
Conference Chairperson

The Foundation for The Gator Nation
An Equal Opportunity Institution
Prostate cancer continues to be a major public health problem for Black men in both industrialized and developing countries worldwide. While significant progress has been made in understanding the genetics, behavioral and environmental risk factors for prostate cancer, there is limited progress in closing the prostate cancer disparity gap for Black men globally. Undoubtedly, global collaborations among scientists, clinicians and advocates are important to understand the etiology of prostate cancer among at-risk Black men, and develop effective interventions to fight prostate cancer globally.

Building on the success of our first biennial conference, the objectives of this conference are to:

1. Provide opportunities for mutual learning, knowledge transfer, and collaborations among prostate cancer scientists, clinicians, survivors and advocates;
2. Promote trans-disciplinary and multi-disciplinary prostate cancer research globally;
3. Facilitate networking among individuals involved in all aspects of prostate cancer control, education and research in Black men;
4. Facilitate the development of a global community of practice to address common challenges in prostate cancer, including prevention, detection, diagnosis, treatment and survivorship; and
5. Contribute to a global impact against prostate cancer through research, training, education, and advocacy programs for low-resource countries.

We wish you a successful conference experience. Don’t forget to:

1. Learn from internationally renowned speakers recognized in prostate cancer disparities and survivorship research;
2. Discover the latest research findings on prostate cancer Prevention, Early Detection, Diagnosis, Treatment, Survivorship and End-of-Life;
3. Connect with other Researchers, Clinicians, Patients, Advocates and Policy makers from North America, South America, Europe, Africa, and the Caribbean;
4. Share ideas with other conference delegates involved in all aspects of prostate cancer control and research in Black Men;
5. Explore the world of trans-disciplinary prostate cancer research; and
6. Develop a global community of practice to address common challenges in prostate cancer disparities.
Prof. Folakemi T. Odedina, PhD (Unites States). Prof. Odedina is Professor of Pharmaceutical Outcomes & Policy, Research Professor of Radiation Oncology, and Associate Director of Health Disparities for the UF Shands Cancer Center. She is also the Founding Chair of the Prostate Cancer Transatlantic Consortium (CaPTC) and the Florida Prostate Cancer Disparity Group. In 2011, the CaPTC was approved by the National Cancer Institute (NCI) as an NCI Epidemiology and Genomics Research Program (EGRP) supported consortium. Due to her global contributions in cancer control and advocacy, especially in African countries, Prof. Odedina was elected as the Vice President of the African Organisation for Research & Training in Cancer (AORTIC) for North America in 2011.

Prof. Odedina’s research program focuses on the socio-behavioral predictors of health disparities and cost-effective, community-based behavioral interventions to improve the health of minority, underserved, and socio-economically disadvantaged populations globally. Her research traverses across the world with an international consortium group in Africa, Caribbean Islands, Europe and the United States. She has directed over 30 research projects, is well published, and serves on several national and international cancer initiatives.

Dr. Robin Roberts, MBBS, FRCSC, MBA. (The Bahamas) is a medical graduate of the University of the West Indies in Kingston, Jamaica. He undertook his residency training in urology at Dalhousie University in Halifax, Nova Scotia, Canada. He completed his Royal College of Canada certification examinations in 1986 and followed with a fellowship in renal transplantation.

He returned to the Bahamas in 1987 and started out as the first urologist in the government health care services. His practice spans the entire spectrum of both adult and pediatric urology. Dr. Roberts has a major focus on male health with a special interest in prostate cancer management and research; he maintains an active partnership with a number of international cancer consortia.

Dr. Roberts was instrumental in initiating the University of The West Indies School of Clinical Medicine and Research, The Bahamas, in which undergraduate medical students of the Faculty of Medical Sciences in the University of the West Indies can complete the final two years of their medical school program in the Bahamas; the School has advanced to include postgraduate programs as well. Dr. Roberts joined the University full time in 2009; he is a senior lecturer in surgery and now serves as the Director. He holds an MBA in Health Care Policy and Administration from the University of Miami; he is a past president of the Caribbean Urology Association, the Bahamas Family Planning Association and the Medical Association of the Bahamas.
CONFERENCe PLANNING COMMITTEE

Technical Planning Committee Members

R. Renee Reams, PhD (Co-chair)
Professor
Basic Pharmaceutical Sciences
Florida A&M University
Tallahassee, Florida
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Jong Park, PhD
Associate Member
Division of Cancer Prevention and Control
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Head, Department of Pathology
Chairman, Educational Advisory Committee
Chairman, Health Research Ethics Committee
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University Cheikh Anta DIOP in Dakar,
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Chairman and consultant Urologist, Grand Yoff General Hospital
Director Institut pour la Formation et la Recherche en Urologie
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Mona Institute of Medical Sciences (MIMS)
Lecturer
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University of the West Indies
Mona, Kingston, Jamaica
International Logistics & Local Planning

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Director, University of the West Indies,
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Associate Director of Health Disparities
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DM Urology Programme
Department of Surgery, Radiology, Anaesthesia & Intensive Care
Section of Surgery
Faculty of Medical Sciences,
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Mona, Kingston
Jamaica,

Olufunmilayo Olopade, MD (USA, AORTIC Liaison)
Walter L Palmer Distinguished Professor of Medicine
Director, Center for Clinical Cancer Genetics
Associate Dean for Global Health
University of Chicago
Chicago, IL, USA
## Conference Agenda

### Wednesday, October 31, 05:30 - 09:30 pm

**CaPTC Ancillary Meeting**  
Hibiscus

### Thursday, November 1, 2012

**International Educational Workshops**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>08:00 am - 09:30 am</td>
<td>NCI Center for Global Health Meeting</td>
<td>Oceanview Suite</td>
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<tr>
<td>09:30 am - 11:45 am</td>
<td>MADCaP Ancillary Meeting</td>
<td>Oceanview Suite</td>
</tr>
<tr>
<td>10:00 am - 04:00 pm</td>
<td>Delegates and Speaker Registration Session I Poster Set-Up</td>
<td>Ballroom Foyer</td>
</tr>
<tr>
<td>12:00 pm - 12:30 pm</td>
<td>International Keynote Session</td>
<td>Ballroom</td>
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</tbody>
</table>

**Chairperson:** Timothy Rebbeck, PhD, USA  
**Keynote Speaker:** Serigne M. Gueye, MD, FWACS, Senegal  
On behalf of: Isaac F. Adewole, MB, FMCOG, FWACS, Nigeria

12:30 pm - 02:30 pm  
Concurrent Conference Workshops 1 & 2  

**Workshop 1**  
**Biobanking and Biospecimen Material Transfer in Global Collaborations**  
**Workshop Chair:** Camille Ragin, PhD (USA)  
**Speakers:** Camille Ragin, PhD, USA and Jong Park, PhD, USA  
**Grant Writing**  
**Workshop Chair:** Serigne M. Gueye, MD, FWACS, Senegal  
**Speakers:** Serigne M. Gueye, MD, FWACS, Senegal and Damali Martin, PhD, NCI-USA

02:30 pm - 02:45 pm  
Networking Coffee Break

02:45 pm - 04:45 pm  
Concurrent Conference Workshops 3 & 4  

**Workshop 3**  
**Protection of Human Subjects in International Research**  
**Workshop Chair:** Baffouh Awuah, MD, Ghana  
**Speakers:** Alan Patrick, MB, FRCP, Trinidad and Tobago and Sulma Mohammed, PhD, USA

**Workshop 4**  
**Cancer Registration**  
**Workshop Chair:** John Flanigan, PhD, NCI-USA  
**Speakers:** Brenda Edwards, PhD, USA and Angela Rose, Barbados  
**Expert Panel Discussion:**  
Olufemi Ogunbiyi, MBBS, FWACP, IFCAP, Nigeria  
Veronica Roach, Trinidad and Tobago  
Angela Rose, BA, MSc, Barbados, and Brenda Edwards, PhD, NCI-USA

05:00 pm - 07:00 pm  
AORTIC Ancillary Meeting  
Hibiscus

08:00 pm - 10:00 pm  
University of Florida African Queens’ Reception (Women Only)  
Hibiscus
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30 am - 12:00 pm</td>
<td>Session I Poster Set-Up</td>
<td>Hibiscus</td>
</tr>
<tr>
<td>07:30 am - 04:00 pm</td>
<td>Delegates and Speakers Registration</td>
<td>Ballroom Foyer</td>
</tr>
<tr>
<td>08:00 am - 10:00 am</td>
<td>Opening Plenary Session</td>
<td>Ballroom</td>
</tr>
</tbody>
</table>
| **Welcome and Remarks** | Robin Roberts, MB BS, FRCS, MBA, Conference Chairperson, Bahamas  
The Hon. Perry Gomez MD, Minister of Health, Bahamas  
The Hon. Obie Wilchcombe MP, Minister of Tourism, Bahamas  
Damali Martin, PhD, MPH, National Cancer Institute, USA  
Richard Segal, PhD, University of Florida, USA  
Folakemi T. Odedina, PhD, Conference Founding Chairperson, USA |             |
| 08:00-8:30 am | Keynote 1                                                                                   |              |
| 8:30-9:00 am | Strengthening Multilateral Collaborations to Achieve Global Cancer Control                  |              |
| 9:00-9:45 am | Keynote 2                                                                                   |              |
| 9:00-9:45 am | Establishing and Maintaining International Research Collaborations                         |              |
| 10:00 am - 10:15 am | Break                                                                                      |              |
| 10:15 am - 12:30 pm | Concurrent Plenary Sessions 1 & 2                                                           |              |
| 10:15 am - 12:30 pm | Global Status on Prostate Cancer Control: Prevention, Detection & Diagnosis                 |              |
| **Moderator:** Curtis Pettaway, MD, USA                                                                 |              |
| • Current State of prostate cancer prevention, detection & diagnosis - Curtis Pettaway, MD, USA |              |
| • Prostate cancer Risk Assessment - Veda Giri, MD, USA                                      |              |
| • Factors affecting prostate cancer screening behavior in a discrete population of doctors at the University Hospital of the West Indies, Jamaica - William Aiken, MB, BS (UWI), DM (Urol.), Jamaica |              |
| • Race/Ethnicity and physician communications about prostate specific antigen screening - Vickie Shavers, PhD, USA [O001] |              |
| • Need for and Relevance of Prostate Cancer Screening in Nigeria – Titilola Akinremi, MBChB, FMCP, Nigeria [O002] |              |
| 12:30 pm - 05:30 pm | Conference Exhibit and Expo (Grand Opening)                                                  | Ballroom Foyer |
| 1:00 pm - 2:00 pm | Networking Luncheon - Roundtable Sessions                                                   | Main Dining Hall |
Networking Luncheon - Roundtable Sessions
Global Prostate Cancer Pathology Resource Network
Facilitator: J. Olufemi Ogunbiyi, MBBS, FWACP, IFCAP
Nigeria
Global Prostate Cancer Research Consortium
Facilitator: R. Renee Reams, PhD, USA
Global Prostate Cancer Advocacy Consortium
Facilitator: Angela Adams, PharmD, MPH, USA
Global Prostate Cancer Training Resource Network
Facilitator: Frank Chinegwundoh, MBBS, UK
CaPTC-AC3-MADCaP Leadership Network (by invitation)
Facilitator: Damali Martin, PhD, MPH, USA

02:00 pm - 03:00 pm
Oral Communication of Abstracts
Poinciana

Poster Session I
Clinical Burden of Prostate Cancer Disparities: Morbidity & Mortality
Moderator: Maria Jackson, PhD, Jamaica

03:00 pm - 04:00 pm
Poster Session I Viewing/Poster discussion
Hibiscus

04:00 pm – 04:15 pm
Break

04:15 pm - 05:30 pm
Crosscutting Issues in Addressing Prostate Cancer Disparities: Communications, Surveillance, Decision Making and Social Determinants of Health Disparities
Ballroom

Moderator: Frank Chinegwundoh, MBBS, UK
• An evidence-based prostate control intervention for Black men – Folakemi T. Odedina, PhD, USA
• Smoking Disparities Among Men and Risk of High-Grade Prostate Cancer - Yaw A. Nyame, MD, MBA, USA [O004]
• Black men progress to treatment faster on active surveillance for low risk prostate cancer: Results from the Duke Prostate Center - Michael Abern, MD, USA [O005]
• Decision Making Factors for Prostate Cancer Screening among African Americans – Randy Jones, PhD, RN, USA [O006]

05:30 pm - 06:30 pm
Removal of Session I Posters
Hibiscus

05:30 pm - 07:30 pm
AC3 Ancillary Meeting
Poinciana

06:30 pm - 09:00 pm
International Opening Reception
Ballroom

Saturday, November 3, 2012 Conference Day 2

08:30 am - 01:00 pm
Special Symposium for Prostate Cancer Advocates
Oceanview Suite

07:30 am - 08:30 am
Session II Poster Set-Up
Yellow Elder

07:30 am - 08:30 am
Meet the Clinical Experts
Oceanview Suite

Moderator: Olufemi Ogunbiyi, MBChB, Nigeria
Clinical Experts:
Robin Roberts, Robin Roberts, MB BS, FRCSC, MBA, Bahamas
Frank Chinegwundoh, MBBS, UK
Curtis Pettaway, MD, USA
Philipp Dahm, MD, USA
Durado Brooks, MD, USA
Raymond B. Wynn, MD, FACP, USA

8:30 am - 10:15 am
Crosscutting Issues in Addressing Prostate Cancer Disparities: Epidemiology and Genetics Research
Poinciana
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Moderator/Presenter</th>
</tr>
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<tbody>
<tr>
<td>10:15 am - 10:30 am</td>
<td>Break</td>
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</tr>
<tr>
<td>10:30 am - 12:15 pm</td>
<td>Crosscutting Issues in Addressing Prostate Cancer Disparities: Harnessing Translational Potential through Clinical and Molecular Discoveries</td>
<td>Poinciana</td>
<td>Timothy Rebbeck, PhD, USA</td>
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<tr>
<td></td>
<td><strong>Moderator:</strong> Timothy Rebbeck, PhD, USA</td>
<td></td>
<td>• Role of Transdisciplinary Research in eliminating prostate cancer disparities – <strong>Timothy Rebbeck, PhD, USA</strong></td>
</tr>
<tr>
<td></td>
<td>• Presence of a Distinct Immune Signature in Prostate Tumors of African-American Men – <strong>Stefan Ambs, PhD, MPH, USA</strong></td>
<td></td>
<td>• Genetic variation at 8q24 is informative in predicting time to prostate cancer diagnosis among Black – <strong>Veda Giri, MD, USA [O007]</strong></td>
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<tr>
<td></td>
<td>• Novel human epithelial cell models for the study of African American prostate cancer - <strong>Johng Rhim, PhD, USA [O008]</strong></td>
<td></td>
<td>• The Impact of Vitamin D on Racial Differences in Prostate Cancer - <strong>Glen B. Taksler, PhD, USA [O009]</strong></td>
</tr>
<tr>
<td></td>
<td>• Relationship of Early Onset Baldness to Prostate Cancer in African-American Men – <strong>Charnita Zeigler-Johnson, PhD [O0010]</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:15 pm - 01:45 pm</td>
<td>Real Men Are Still Dying From Prostate Cancer: What Are We Doing About It?</td>
<td>Ballroom</td>
<td>Camille Ragin, USA</td>
</tr>
<tr>
<td></td>
<td><strong>Speaker:</strong> Robin Roberts, MB BS, FRCSC, MBA , Bahamas</td>
<td></td>
<td><strong>Director, University of the West Indies, School of Clinical Medicine and Research</strong></td>
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<tr>
<td>01:45 pm - 02:00 pm</td>
<td>Break</td>
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<tr>
<td>02:00 pm - 03:00 pm</td>
<td>Oral Communication of Abstracts</td>
<td>Poinciana</td>
<td></td>
</tr>
<tr>
<td>03:00 pm - 04:00 pm</td>
<td>Poster Session II Viewing/Poster Discussion</td>
<td>Yellow Elder</td>
<td></td>
</tr>
<tr>
<td>04:15 pm - 05:30 pm</td>
<td>Crosscutting Issues in Addressing Prostate Cancer Disparities: Education, Training and Advocacy</td>
<td>Oceanview</td>
<td>Titilola Akinremi, MBChB, FMCPth, MPH, FUICC (Nigeria)</td>
</tr>
<tr>
<td></td>
<td><strong>Moderator:</strong> Titilola Akinremi, MBChB, FMCPth, MPH, FUICC (Nigeria)</td>
<td></td>
<td>• Cancer research, training and educational programs, impact on issues of prostate cancer health disparities in the African-American community- <strong>Shafiq Kahn, PhD, USA</strong></td>
</tr>
<tr>
<td></td>
<td>• Undergraduate training program for prostate cancer - <strong>Camille Ragin, PhD, USA</strong></td>
<td></td>
<td>• The ReTOOL Program: Prostate cancer training program for</td>
</tr>
</tbody>
</table>
### THE SCIENCE OF GLOBAL PROSTATE CANCER DISPARITIES IN BLACK MEN

- **Folakemi T. Odedina, PhD, USA**
  - Addressing the global burden of prostate cancer through education, training and advocacy: ACS Initiatives - **Durado Brooks, MD, USA**
  - Becoming and being an advocate for prostate cancer awareness: Exploring African American survivors' experiences - **Lauren Gilbert, USA [00011]**

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<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>05:30 pm - 06:30 pm</td>
<td>Removal of Session II Posters</td>
<td>Yellow Elder</td>
</tr>
<tr>
<td>06:30 pm to 09:00 pm</td>
<td>Closing Reception – “Caribbean Night”</td>
<td>East Beach</td>
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</tbody>
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**Sunday, November 4, 2012**

### Global Prostate Cancer Consortia Workshops & Town Hall Dialogue

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:00 am - 05:30 pm</td>
<td>Caribbean Urological Association Annual Conference</td>
<td>Oceanview Suite</td>
</tr>
<tr>
<td>08:00 am - 10:00 am</td>
<td>Role of Global Cancer Consortia on Prostate Cancer Control among Black Men</td>
<td>Ballroom</td>
</tr>
</tbody>
</table>

#### Plenary Session 7

- **Moderator: Damali Martin, PhD, MPH, USA**
  - The NCI Epidemiology and Genomics Research Program (EGRP) Cancer Epidemiology Consortia - **Daniela Seminara, PhD, MPH, USA**
  - The Men of African Descent and Carcinoma of the Prostate (MADCaP) Consortium - **Timothy Rebbeck, PhD, USA**
  - The African-Caribbean Cancer Consortium - **Camille Ragin, PhD, USA**
  - The Prostate Cancer Transatlantic Consortium (CaPTC) - **Folakemi T. Odedina, PhD, USA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 am - 10:45 am</td>
<td>Networking Break</td>
<td></td>
</tr>
<tr>
<td>10:45 am - 12:00 pm</td>
<td>Closing Session – Town Hall Dialogue</td>
<td>Ballroom</td>
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</tbody>
</table>

#### Closing Session – Town Hall Dialogue

- **Moderators:** Robin Roberts, MB BS, FRCSC, MBA, Bahamas and Serigne M. Gueye, MD, FWACS, Senegal

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>12:00 noon</td>
<td>Closing Remarks</td>
<td>Ballroom</td>
</tr>
</tbody>
</table>

- Robin Roberts, MB BS, FRCSC, MBA, Bahamas
- Damali Martin, PhD, MPH, NCI-USA
- Folakemi T. Odedina, PhD, USA
# PROSTATE CANCER ADVOCACY PROGRAM AGENDA

## 2nd Global Prostate Cancer Symposium
Saturday, 3 November 2012
Nassau, The Bahamas

<table>
<thead>
<tr>
<th>Time</th>
<th>Advocates and Consumers Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30</td>
<td>Registration / Breakfast</td>
</tr>
<tr>
<td>09:00</td>
<td>Welcome and Program Overview</td>
</tr>
<tr>
<td></td>
<td>Angela D. Adams, PharmD, MPH</td>
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<tr>
<td></td>
<td>Mr. Virgil Simons, MPA, MBA</td>
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<tr>
<td></td>
<td>Mr. Valentine Maura</td>
</tr>
<tr>
<td>09:15</td>
<td>Defining the Problem of Prostate Cancer in Black Men</td>
</tr>
<tr>
<td></td>
<td>Angela D. Adams, PharmD, MPH - Access to Care</td>
</tr>
<tr>
<td></td>
<td>Robin Roberts, MD - Genetics and Familial History</td>
</tr>
<tr>
<td></td>
<td>Mr. Virgil Simons, MPA, MBA - Psychosocial Behavior</td>
</tr>
<tr>
<td>10:00</td>
<td>The Advocate’s Role and Why it’s a “Big Deal”</td>
</tr>
<tr>
<td></td>
<td>Mr. Valentine Maura</td>
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<tr>
<td></td>
<td>Mr. Tom Kirk, MSSW</td>
</tr>
<tr>
<td></td>
<td>Angela D. Adams, PharmD, MPH</td>
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<tr>
<td>10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:45</td>
<td>Developing a Successful Advocacy Program</td>
</tr>
<tr>
<td></td>
<td>* Defining the Mission - Angela D. Adams, PharmD, MPH</td>
</tr>
<tr>
<td></td>
<td>* Implementing Education and Outreach - Mr. Valentine Maura</td>
</tr>
<tr>
<td></td>
<td>* Fundraising and Political Advocacy - Mr. Tom Kirk, MSSW</td>
</tr>
<tr>
<td>11:30</td>
<td>Prepare for Breakout Sessions</td>
</tr>
<tr>
<td></td>
<td>Angela D. Adams, PharmD, MPH</td>
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<tr>
<td></td>
<td>Mr. Virgil Simons, MPA, MBA</td>
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<tr>
<td>11:45</td>
<td>Creating Your “Brand”</td>
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<tr>
<td></td>
<td>Mr. Virgil Simons, MPA, MBA</td>
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<tr>
<td></td>
<td>Developing Community Resource Directories</td>
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<td></td>
<td>Angela D. Adams, PharmD, MPH</td>
</tr>
<tr>
<td>12:45</td>
<td>Putting It All Together</td>
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<tr>
<td></td>
<td>Angela D. Adams, PharmD, MPH</td>
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<tr>
<td></td>
<td>Robin Roberts, MD</td>
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<tr>
<td></td>
<td>Mr. Valentine Maura</td>
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<tr>
<td>13:00</td>
<td>Conclusion of Program</td>
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</table>

THE SCIENCE OF GLOBAL PROSTATE CANCER DISPARITIES IN BLACK MEN
## CARIBBEAN UROLOGICAL ASSOCIATION ANNUAL CONFERENCE

**OCEAN VIEW SUITE, BREEZES HOTEL**  
**NASSAU, BAHAMAS**  
**NOVEMBER 4TH 2012: 9AM – 5:30PM**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:00-09:00</td>
<td>Registration</td>
</tr>
<tr>
<td>09:00-09:10</td>
<td>Welcome Address- Dr Deendyal Sharma, President of CURA</td>
</tr>
<tr>
<td>09:10-09:20</td>
<td>Opening Remarks - Dr Robin Roberts (Bahamas)</td>
</tr>
<tr>
<td>09:20-09:50</td>
<td>Testosterone Replacement Therapy and Prostate Cancer Risk- Dr Arthur Burnett (USA)</td>
</tr>
<tr>
<td>09:50-10:00</td>
<td>Prevalence of Prostate Cancer among Haitian Men: Results of a Prostate Cancer Early Screening Pilot Program in the South East region of Haiti – Dr Jacques Jeudy (Haiti)</td>
</tr>
<tr>
<td>10:10-10:20</td>
<td>Posterior Urethral Valves: The Trinidad and Tobago Experience – Dr Kibileri Williams (Trinidad)</td>
</tr>
<tr>
<td>10:20-10:30</td>
<td>Sprinting Prowess and Prostate Cancer: Are They Related? – Dr William Aiken (Jamaica)</td>
</tr>
<tr>
<td>10:30-10:40</td>
<td>Stereotactic Radiosurgery for Prostate Cancer (SBRT) as a Single Modality or as a Boost Our Institutional Experience – Dr Anesa Ahamad (USA)</td>
</tr>
<tr>
<td>10:40-11:00</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Contemporary Management of Priapism – Prof Arthur Burnett (USA)</td>
</tr>
<tr>
<td>11:30-11:40</td>
<td>Prostate Brachytherapy at a Public Hospital in The Caribbean: The Trinidad Experience – Dr Trudy Kawal (Trinidad)</td>
</tr>
<tr>
<td>11:40-11:50</td>
<td>Ethnic Patterns of Prostate Cancer In The South West Region Of Trinidad and Tobago- Dr Kirk Gooden (Trinidad)</td>
</tr>
<tr>
<td>11:50-12:00</td>
<td>Knowledge and Attitudes of Jamaican Men Towards Prostate Cancer and Screening: Preliminary Results Of An Islandwide Survey – Dr William Aiken (Jamaica)</td>
</tr>
<tr>
<td>12:00-12:10</td>
<td>Bisphosphonates In The Management Of Metastatic Prostate Cancer – Dr Dylan Narinesingh (Trinidad)</td>
</tr>
<tr>
<td>12:10-12:20</td>
<td>External Beam Radiation Therapy for Prostate Cancer In The Bahamas- Dr Margo Munroe (Bahamas)</td>
</tr>
<tr>
<td>12:20-12:30</td>
<td>Management Of Metastatic Cancer Of The Prostate—Dr Deendyal Sharma (Guyana)</td>
</tr>
<tr>
<td>12:30-12:40</td>
<td>Results Of A Prostate Cancer Screening Program At The Jamaican Cancer Society – Dr Belinda Morrison (Jamaica)</td>
</tr>
<tr>
<td>12:40-13:30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13:40-14:20</td>
<td>Renal Mass Management: Stone Knives to Robotics and More – Dr Richard Leveillee (USA)</td>
</tr>
<tr>
<td>14:20-14:30</td>
<td>Against All Odds –Dr Lester Goetz (Trinidad)</td>
</tr>
<tr>
<td>14:30-14:40</td>
<td>Laparoscopic Radical Prostatectomies in Curacao – Dr Wissem Isa (Curacao)</td>
</tr>
<tr>
<td>14:40-14:50</td>
<td>Burnout Among Surgical Residents at a Tertiary Care Hospital in Trinidad – Dr Satyendra Persaud (Trinidad)</td>
</tr>
<tr>
<td>14:50-15:00</td>
<td>Adult Orchidopexy: Why Bother? Dr Kirby Sebro (Trinidad)</td>
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<tr>
<td>15:00-15:10</td>
<td>Nerve Entrapment Following Laparoscopic Hernia Repair – Dr Algeron Haile (Curacao)</td>
</tr>
<tr>
<td>15:10-15:20</td>
<td>Ureteric Cancer: Salvage Therapy after Local Recurrence – Dr Anesa Ahamad (USA)</td>
</tr>
<tr>
<td>15:20-15:40</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>15:40-16:10</td>
<td>An Update on PCNL Technique: Tubes vs Tubeless – Dr Raymond Leveillee (USA)</td>
</tr>
<tr>
<td>16:10-16:20</td>
<td>Percutaneous Nephrolithotomy in Trinidad and Tobago – Dr Michael Rampaul (Trinidad)</td>
</tr>
<tr>
<td>16:20-17:00</td>
<td>An Update on Male Infertility, Vasectomy and Vasectomy Reversal – Dr Dharm Raj Singh (Canada)</td>
</tr>
<tr>
<td>17:00-17:10</td>
<td>TURP and Disseminated Intravascular Coagulation – Dr Kirby Sebro (Trinidad)</td>
</tr>
<tr>
<td>17:10-17:20</td>
<td>Bladder Endometriosis – Dr Wanda Bellamy (Trinidad)</td>
</tr>
<tr>
<td>17:20-17:30</td>
<td>Vote Of Thanks—Dr Satyendra Persaud (CURA)</td>
</tr>
</tbody>
</table>
ABSTRACTS

No. O001
Race/Ethnicity and Physician Communications About Prostate Specific Antigen Screening for Prostate Cancer
Vickie Shavers, PhD

BACKGROUND
Racial/ethnic groups vary with regard to prostate cancer incidence and mortality. The appropriateness of using PSA to screen asymptomatic men for prostate cancer (PCa) is controversial. Using a national population-based sample we examine whether patient reports of physician communications and recommendations regarding PSA testing vary by race/ethnicity.

METHODS
Data from 6,925 African American (AA), Asian, Hispanic and Non-Hispanic white (NHW), men age 40+ with no personal history of PCa who responded to the 2010 National Health Interview Survey. Chi-square tests and multivariate logistic regression analyses were used to examine the association between race/ethnicity and reported physician communications about and recommendations for PSA screening.

RESULTS
Race/ethnicity were not significantly associated with ever having had a doctor discussion about PSA testing after adjustment for demographic characteristics and family or personal history of PCa in multivariate models. Compared with NHWs however, AAs were more likely to report discussing both the advantages and disadvantages (OR 1.6, 95% CI 1.3-2.0) and Hispanics were less likely to report discussing expert disagreement about PSA testing with a doctor (OR 0.6, 95% CI 0.5-0.9). Hispanics and Asians were also less likely than NHWs to report receiving a recommendation for or receipt of PSA testing while AA race/ethnicity was not significantly associated with either.

DISCUSSION
AA men, who have a higher risk of death from PCa, were not more likely to have a doctor discuss or recommend PSA testing or to have received the test compared with NHWs. Reported doctor discussions about PSA testing were low in all race/ethnic groups.

No. O002
Need for and Relevance of Prostate Cancer Screening in Nigeria
Titilola Akinremi, MBChB, FMCPath, MPH, FUICC

Background
Prostate cancer (PCa) has become the most prevalent male cancer in Nigeria over the past decade. Similar to other black populations, Nigerian men present with more advanced disease at an earlier age than in other ethnic groups. In this unscreened, high risk group, reference range for early detection and diagnosis needs to be worked out through large scale screening.

Objectives
We sought to screen a population of Nigerian men for PCa using the common parameters of Prostate Specific Antigen (PSA) and Digital Rectal examination (DRE) and thereby assess the practicality of screening.

Methods
Over four years, 1288 previously unscreened men (1124 between 40-85 years) attended community health programs during which consent was taken, demographic data obtained, PSA measured using qualitative laboratory kits, and DRE performed by surgeons.

RESULTS
The number of men attending and consenting to screening increased exponentially from year to year. 85.4% of 40-85 year old men consented to be screened a third (33.3%) of whom were 51-60 yrs old. 13.23% of men had PSA >4ng/ml while 31.45% showed abnormal DRE. 79.2% of men who took the PSA test also consented to the DRE of which 5.8% had combined abnormal DRE and PSA >4ng/ml (72.7% >10ng/ml).

Conclusion
Findings suggest that Nigerian men are a willing group for screening by both the PSA and DRE. The finding of PSA >4ng/ml in 13.23% of the population calls for more awareness and measures to increase early diagnosis. The relevance of PSA cut-off of 4ng/ml needs to be established in our population.

No. O003
Early results of prostate cancer radiation therapy: An analysis with emphasis on research strategies to improve treatment delivery and outcomes among patients in Ghana
Kosj Yamoah, MD

BACKGROUND
There is scant data regarding disease presentation and treatment response among black men living in Africa. In this study we evaluate disease presentation and early clinical outcomes among Ghanaian men with prostate cancer treated with external beam radiotherapy (EBRT).

METHODS
A total of 379 men with prostate cancer were referred to the National Center for Radiotherapy, Ghana from 2003 to 2009. Data were collected regarding patient- and tumor-related factors such as age, prostate specific antigen (PSA), Gleason score (GS), clinical stage, and use of androgen deprivation therapy (ADT). For patients who received EBRT, freedom from biochemical failure (FFbF) was evaluated using the Kaplan-Meier method.

RESULTS
Of 379 patients referred for treatment 69.6% had initial PSA (iPSA) >20 ng/ml, and the median iPSA was 39.0 ng/ml. A total of 128 patients, representing 33.8% of the overall cohort, were diagnosed with metastatic disease at time of referral. Among patients with at least 2 years of follow-up after EBRT treatment (n=52; median follow-up time: 38.9 months), 3-year FFbF was 73.8%. There was a significant association between higher iPSA level and GS (8-10 vs. ≤7, p < 0.001), and clinical T stage (T3/4 vs. T1/2, p < 0.001).

CONCLUSIONS
This is the largest series reporting on outcomes after prostate cancer treatment in West Africa. That one-third of patients presented with metastatic disease suggests potential need for earlier detection of prostate cancer to permit curative-intent therapy. Data from this study will aid in the strategic development of a prostate cancer research roadmap in Ghana.
No. O004
Smoking Disparities Among Men and Risk of High-Grade Prostate Cancer
Yaw A. Nyame MHSA, Kelly Walker BS, Folasade Akereyeni MPH, Mignonne Guy PhD, Rick A. Kittles PhD, Chiledum A. Ahaghotu MD, Adam B. Murphy MD, MBA

Introduction and Objectives: Tobacco-use demonstrates a positive association with aggressive prostate cancer (PCa) in European Americans (EA), without affecting the incidence of PCa. African American (AA) smokers demonstrate higher plasma nicotine levels than EA men, due to biologic and behavioral differences between the two groups. This study aims to determine the effect of smoking on PCa disease in a population of predominantly AA men.

Methods: This study evaluated smoking status in PCa cases and controls in 40 to 79 year-old ambulatory men that were prospectively enrolled through 4 urology clinics in two large, urban U.S. cities. In total, 501 incident PCa cases and 574 controls were enrolled. Data were collected on age, ancestry, PCa family history, social and medical history, and PCa pathology. Patients were excluded for malignancies (except non-melanoma skin cancers), comorbid conditions affecting vitamin D, and previous prostate biopsy.

Results: The median age of PCa cases and controls was 59.9 years and 64.1 years, respectively. AA men comprised 71.0% of PCa and 70.9% of controls. Tobacco-use did not confer an increased risk for PCa (OR 0.69, 95% CI 0.41 to 1.20) using logistic regression adjusted for age, race, and PSA. Light (<1 pack/day: OR 1.89, 95% CI 1.03 to 3.47) and heavy (>1 pack/day: OR 2.34, 95% CI 1.23 to 4.46) smoking was associated with high-grade (Gleason grade ≥7) PCa on logistic regression.

Conclusion: Although PCa risk is not increased by tobacco-use among men, cigarette smoking demonstrated a dose sensitive association with cancer aggressiveness measured by Gleason grade.

No. 0005
Black Men Progress to Treatment Faster on Active Surveillance for Low Risk Prostate Cancer – Results from the Duke Prostate Center
Michael Abern, MD

Introduction and Objectives
Active surveillance (AS) is increasingly utilized for low-risk prostate cancer (PC). While black race has traditionally been associated with adverse PC characteristics, its prognostic value for patients managed with AS is unknown.

Methods
A retrospective review identified 145 patients managed with AS at the Duke Prostate Center from 1/2005 to 9/2011. Race was patient-reported and categorized as black, white, or other. Inclusion criteria included PSA <10ng/ml, Gleason sum ≤6, and ≤33% of cores positive on initial biopsy. In men requiring treatment after AS, the trigger for treatment, follow-up PSA, and biopsy characteristics were analyzed. Time to treatment was analyzed with univariable and multivariable Cox proportional hazards models stratified by race.

Results
In our AS cohort, 72% are white, 22% black, and 6% another race. Median follow-up is 23.0 months. There was a trend toward more uninsured black men (15.6% black, 3.8% white, 0% other, p=0.06). The trigger for proceeding to treatment was less likely patient-driven in black men (8% black, 33% white, 67% other, p=0.05).

Black race was associated with treatment (HR 2.93 p=0.01) as compared to white. When the analysis was adjusted for socioeconomic and clinical parameters at the time of PC diagnosis, black race remained the sole predictor of treatment (HR 3.08, p=0.01)

Conclusion
Black race was associated with discontinuation of AS for treatment. This relationship persisted when adjusted for socioeconomic and initial clinical parameters, which suggests aggressive disease progression in black men.

No. O006
Decision Making Factors for Prostate Cancer Screening among African Americans
Randy Jones, PhD

Background: African American men in the United States have the highest incidence of prostate cancer compared to Caucasian and Hispanic men. The decision-making process in men has a significant role in seeking timely healthcare, particularly among African Americans. This study’s aims are: (1) to understand how African Americans make the decision to have or not to have a prostate cancer screening; and (2) to identify facilitators and barriers in the prostate cancer screening decision-making process.

Methods: A phenomenological qualitative approach was used to describe the experiences of African Americans in the prostate cancer screening decision-making process. Seventeen African American men in rural Virginia of the U.S. were individually interviewed. A semi-structured interview guide was used to obtain informative data. An iterative approach was used to enhance the analysis of the participant narratives.

Results: Three themes emerged from the collected data. Participants reported that (1) family involvement was important in the decision-making process. The majority said they had (2) limited information about prostate cancer due to not being well informed by healthcare providers. Finally, participants’ prostate cancer screening decision was based in part on their (3) trust in healthcare providers.

Conclusion: Healthcare providers need to be aware of patients’ desires to include family/friends in the decision-making process, and provide adequate education/resources. Healthcare providers should implement a welcoming clinical environment to build a trusting relationship between the patient and the healthcare provider. The results may lead to interventions that better inform African Americans and potentially decrease mortality within this group.

No. O007
Genetic variation at 8q24 is informative in predicting time to prostate cancer diagnosis among Black men
Veda Giri, MD

Background: Black men are at over twice the risk of dying from prostate cancer (PCA) and are in need of personalized approaches to PCA screening. Genetic markers hold promise for informing Black men and their providers regarding PCA screening decisions. We evaluated 26 genetic variants across the genome for predicting time to PCA diagnosis in Black men enrolled in the Prostate Cancer Risk Assessment Program (PRAP) - a screening and research program for men at high-risk for PCA.

Methods: Eligibility for PRAP includes men ages 35-69 years with a family history of PCA or any Black man regardless of family history. Biopsy criteria have been published previously. All
biopsies are 12-core under transrectal ultrasound guidance with additional cores taken at physician discretion. Genotyping of 26 genetic variants was performed using the Taqman® SNP Genotyping Assay (Applied Biosystems) or pyrosequencing. Each variant was evaluated under an additive, dominant, and recessive model. False-discovery rate p-values were calculated for additive models only. Cox models were used to determine time to PCA diagnosis.

Results: 448 Black men in PRAP with follow-up and genotype data were included in the analysis. Genotype of rs6983267 (8q24) significantly predicted earlier time to PCA diagnosis specifically among Black men (p=0.0016) and was an independent predictor from PSA and age. Hazard ratio for risk of PCA diagnosis during follow-up was 10.90 (95% CI 3.39-35.03).

Conclusions: Genetic variation at 8q24 predicts earlier time to PCA diagnosis among Black men and may be useful to inform screening decisions. Further study is warranted.

No. 0008
Novel human epithelial cell models for the study of African American prostate cancer
Johng Rhim, MD

African American (AA) men have high incidence and mortality rate of prostate cancer when compared to Caucasian men in North America. Research into molecular and genetic mechanisms underlying prostate carcinogenesis in high-risk AA men would be greatly advanced by in vitro models of AA prostate tumors representing primary tumors. However, the generation of long-term human prostate epithelial cell lines derived from primary AA tumors have been unsuccessful due to the absence of in vitro immortalization. To date only two models of AA prostate cancer cell lines (MDA PCa and E006AA) exist. MDA PCa lines were derived from a single bone metastasis. E006 AA cell line was established from a patient with a clinically localized prostate cancer. However, this cell line is not tumorigenic in nude mice. Primary prostate epithelial cells grow for a finite life span and then senesce. Immortalization is defined by continuous growth of otherwise senescing cells and believed to represent an early stage in tumor progression. To examine these early stages, we and others have developed in vitro models of prostate epithelial cell immortalization. We have generated more than hundred of primary cells of prostate cancer patients including AA prostate cancer patients has been achieved using the serum-free condition. Retrovirus containing human telomerase reverse transcriptase (hTERT), the gene that prevent cellular senescence, was successfully used for the immortalization of primary cells from benign tissues of an AA prostate cancer patient (RC-165N/hTERT). Recently, we have for the first time established immortalized cell lines of a pair of non-malignant and malignant tumors derived from an AA prostate cancer patient with HPV-16E6E7 (RC-77N/E and RC77TE). Examination of these cell lines for their morphologies and to respond to androgen stimuli! on, to form tumors in SCID mice, suggest that they may serve as a valid, useful tool for the elucidation of early events in prostate tumorigenesis. Furthermore, the chromosome alterations observed in these immortalized cell lines expressing aspects of the malignant phenotypes imply that the cell lines accurately recapitulate the genetic composition of primary tumors. These novel in vitro models may offer unique tools for the study of prostate carcinogenesis for high-risk AA men and also provide for the means for testing chemotherapeutic agents.

No. 0009
The Impact of Vitamin D on Racial Differences in Prostate Cancer
Glen B. Taksler, PhD, David M. Cutler, PhD, and Nancy L. Keating, MD, MPH

BACKGROUND
Some research suggests that low levels of vitamin D are associated with higher incidence of prostate cancer, and darker skin reduces the body's ability to absorb vitamin D from sunshine. The impact of sunshine on racial disparities in prostate cancer incidence is unknown.

METHODS
Using the Surveillance, Epidemiology, and End Results database, we identified 91,116 black and 648,451 white males aged ≥50 years diagnosed with prostate cancer between 2000-2008 and calculated age-adjusted incidence for each race and county. We linked these data with the average January UV index for each county, calculated from the Total Ozone Mapping Spectrometer at NASA, and data on health, wellness, and demographic factors from the Centers for Disease Control and US Census Bureau. We used multivariable regression models to assess whether the UV index moderated the association of black race with incidence.

RESULTS
A one-point decrease in the UV index was associated with an increase of 256 prostate cancer cases per 100,000 black men and 143 per 100,000 white men (diff=112, 95% CI 43-182). The effect was stronger in counties with the lowest UV radiation (diff in 1st vs 5th quintile=108), and limited to local/regional tumors (diff=114 vs. 6 for metastatic tumors). Results were robust to controls for access to physicians, rates of PSA testing, obesity, and socioeconomic status.

CONCLUSIONS
Racial disparities in prostate cancer incidence are larger in areas with less sunshine. Future research should consider whether increased supplementation of vitamin D in black men might help to reduce the racial gap.

No. 0010
Relationship of Early Onset Baldness to Prostate Cancer in African-American Men
Charnita Zeigler-Johnson, PhD

Background: Early onset baldness has been linked to prostate cancer in previous studies, perhaps a result of common androgen metabolism pathways. To date, little is known about this relationship in African-American men, a high risk group for prostate cancer. We examined the association between early onset baldness and prostate cancer in African-Americans. Androgen metabolism genes were considered in these analyses.

Methods: We recruited 219 male controls and 318 prostate cancer cases through the University of Pennsylvania Health System. We determined age-stratified associations of baldness with prostate cancer occurrence and severity defined by high stage (T3/T4) or high grade (Gleason 7+). Associations of genotypes (CYP3A4, CYP3A5, CYP3A43, AR-CAG, SRD5A2 A49T, and SRD5A2 V89L), family history, alcohol intake, and smoking were examined by baldness status and age group in logistic regression models.

Results: Baldness was significantly associated with odds of prostate cancer (OR=1.69, 95% CI 1.05-2.74). Frontal baldness was associated with high stage (OR=2.61, 95% CI 1.10-6.18) and high grade (OR=2.20, 95% CI 1.05-4.61). These odds increased greatly for men who were under age 60. For this younger group,
frontal baldness was associated with high stage (OR=6.51, 95% CI=2.11-20.06) and high grade (OR=4.23, 95% CI=1.47-12.14). We also observed significant interactions of age group with smoking and CYP3A43*3 variant in men without baldness.

Conclusions: We observed significant associations between early onset baldness and prostate cancer in African-American men. Interactions with age, smoking and CYP3A43 were apparent in these associations. Studies are needed to investigate the mechanisms influencing the relationship between baldness and prostate cancer in African-Americans.

No. J011
Becoming and Being An Advocate for Prostate Cancer Awareness: Exploring African American Survivors' Experiences

Lauren Gilbert

Objective: This research examines how African American prostate cancer survivors experience the advocacy process for prostate cancer awareness after they have been diagnosed and treated. Methods: In-depth qualitative interviews with 14 participants were guided by a grounded theory approach.

Results: The analysis generated insights about 3 different facets of advocacy: (1) becoming an advocate; (2) practicing advocacy; and (3) being an advocate.

The analysis highlights how various social conditions, personal relationships, and individual attributes enabled the men to become advocates. Conclusion: With encouragement and support, African American prostate cancer survivors can become advocates of prostate cancer awareness in their own communities. This advocacy role can enhance their own well-being, and inform outreach efforts to this specific community—one hard hit by prostate cancer.

No. P0001
Results of Routine Prostate Biopsies in Six African Countries
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Background: Prostate cancer (CaP) is the leading cancer diagnosed among men of African descent in the US, Caribbean, and Africa. However, estimates of CaP incidence and mortality do not appear to be accurately estimated in all regions, particularly Sub-Saharan Africa (SSA). Little is known about the practice of prostatic pathology. The goal of the present analysis was to assess current prostate cancer biopsy practices in Africa.

ABSTRACTS OF POSTER PRESENTATIONS

Patients and Methods: The African component of the Men of African Descent and Carcinoma of the Prostate (MADCaP-Africa) consortium contributed data to this report. Primary data regarding prostate tumor characteristics were collected from 8 centers of 5 African countries over the period 2002-2011: Bokamoso Private Hospital (Botswana);Bio-24 Laboratory, CDRMM laboratory and HôpitalGénéral de Grand Yoff (Senegal);37 Military Hospital (Ghana);Mulago Hospital (Kampala, Uganda); National Cancer Institute of Sudan (NCIS) and University of Gezira (Sudan); and Tygerberg Hospital (South Africa). A common protocol was designed to collect data on the patient age, the occurrence of prostate cancer, benign prostatic hypertrophy, (BPH), prostatitis and Prostatic Intra Epithelial Neoplasia (PIN) in the biopsy specimen.

Descriptive statistics were computed to report the distribution of age and the primary biopsy-related outcomes (cancer, BPH, prostatitis), as well as characteristics of prostate tumors. Comparisons were also undertaken to assess whether these distributions were different across centers.

Results: In total 3677 biopsies were identified of which the largest samples were from NCI (60,37%), HOGGY (15,14%) and 37 Military Hospital of Ghana (8,6%). Over the ascertainment period, the number of biopsies in total has increased in all locations. The mean age varied from 62,5 years (Range: 51; 74) in Botswana to 70,6 years (Range: 44:91) in Uganda. The percentage of CaP identified was 10,4%, 35,7%, 37,7%, 48%, 86,7% and 93,8% respectively in Sudan, Senegal, South Africa, Ghana, Botswana and Uganda. The Gleason Scores 6 and 7 were predominant in Botswana, Senegal and South Africa while the Gleason Scores ≥ 8 were predominant in Sudan and Uganda. In Ghana the Gleason Scores are mostly ≥ 6.

Conclusions: There is an increase in prostatic biopsy studies over the years which will result in the diagnosis of more prostate cancer.
cases. There is a need to establish 'best practices' for prostatic biopsy referral, biopsy procedures, and pathology to improve research and management of CaP in Africa.

No. P0002
Vitamin D Deficiency and Prostate Cancer Risk in African American Men

Adam Murphy, MD

Introduction: Vitamin D deficiency is inconclusively linked to prostate cancer (PCa). Most studies lack men with deficiency and crucial covariates to clarify this association. Thus, we investigated vitamin D and PCa risk in AA men with relevant covariates in Chicago, IL.

Methods: From 2009-2012, we conducted a cross-sectional study of 278, 40-79y/o AA men (190 healthy controls & 88 incident PCa cases) in 3 Urology clinics. Serum 25-hydroxyvitamin D (25-OH D), demographic, social and medical history, and relevant risk factors were obtained. We evaluated serum 25-OH D status and overall PCa risk as well as tumor aggressiveness (Gleason score 4-9) using Poisson and ordinal logistic regression, respectively.

Results: Mean age was 57.4 y/o. PCa family history occurred in 26% of cases and 15% of controls (p = 0.07). Mean 25-OH D was 21.4ng/ml in controls vs. 17.0ng/ml in cases (p = 0.002) and was 6.3ng/ml higher during the high UV season (p < 0.001). After adjusting for relevant covariates on regression, age (p = 0.004), family history (p = 0.047) and an interaction between season and 25-OH D (< 15ng/ml) (β = 0.68, p = 0.032) best predict PCa. Higher Gleason score was associated with PSA (p < 0.001), alcohol use (p = 0.02), and the interaction between season and vitamin D (OR 9.86, p = 0.003).

Conclusion: Among AA men, Vitamin D deficiency in the high UV season increased PCa risk and odds for higher Gleason grade tumors relative to non-deficient men in the low UV season.

No. P0003
Types and Distribution of Prostate Disease in Asymptomatic Patients: A Prospective Post-mortem Study from University College Hospital, Ibadan

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Introduction: This prospective study was undertaken to ascertain the incidence, frequency, histology and pathological features of different asymptomatic prostatic diseases.

Materials and method: Prostate glands were obtained from 79 individuals who died from non-prostate related diseases at the University College Hospital Ibadan over a 21-month period. The glands were sampled as described by Bostwick and Meiers (2009). Paraffin-embedded sections were stained with haematoxylin and eosin and were systematically examined for focal prostate disease.

Results: The patients' ages ranged from 30 to 86 years. The most common lesions were nodular hyperplasia (81%), and adenocarcinoma (6.3%). Three cases (3.8%) had schistosomiasis. Adenocarcinoma and nodular hyperplasia occurred in relatively older patients than those with normal glands or chronic prostatitis/schistosomiasis (p = 0.05). There was an increase in the weight of prostate with age (p < 0.001) and normal prostate glands weighed significantly less than diseased glands (p = 0.02). Focal prostatic atrophy was observed in 24.1% and metaplastic changes were observed in eight (10.1%) of the cases.

Conclusion: The low frequency of prostatic adenocarcinoma and the absence of high grade prostatic intraepithelial neoplasia in this study may be in keeping with a non-linear transition from normal to malignant and therefore more aggressive disease among Nigerian Africans. This suggests that most cases are symptomatic and therefore possibly of high biological activity. This may be in keeping with the suggestion that black prostate cancer is biologically distinct from that in other races, associated with rapid growth, higher stage at presentation and poorer prognosis.

Poster Session II

No. P0004
Demographic characteristics of prostate cancer patients in Korle-bu Hospital, Accra

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Background
In the past prostate cancer was thought to have a low incidence in Africa, but empirical clinical and pathological observations in Ghana and West Africa suggest that the disease may be more common than originally believed.

Aim
To determine the demographic features of prostate cancer patients attending the urology clinic at Korle-Bu Teaching Hospital, Accra, Ghana.

Methodology
One hundred and fifty male patients 45 years and older with abnormal DRE/raised or rising PSA underwent TRUS biopsy of the prostate. The biopsies were processed routinely and all cancer positive slides were graded using the Gleason scoring system. Demographic and clinical data were collected and findings correlated with histological findings.

Results
Of the 150 subjects, 79 (52.7%) had cancer. The ages ranged between 49 and 84 years (mean 68.2 years). 57% had secondary education. Many of the patients were retired. 10.1% of subjects between the ages of 60-79 years. A positive family history was found in 10.1% of our cases. Socioeconomic status was not found to be an important risk factor; however, high BMI may be important in the aetiology or pathogenesis of prostate cancer.

Conclusion
The study shows that in KBTH, prostate cancer is more common than originally believed.
Ewan Cobran, PhD

Objective: To identify predictors of prostate cancer screening with Digital Rectal Examination (DRE) or Prostate Specific Antigen (PSA) testing within the last year by comparing Native-born and Caribbean-born African American males.

Methodology: A quantitative and qualitative research design was used for the investigation of this study. Primary data was collected from October 2011 to March 2012, in South Florida. Data analysis was conducted using NVivo 9 (QSR International Inc., Cambridge, Massachusetts) and SPSS 19 (International Business Machine Corp., Armonk, New York).

Results: A total of 242 Native-born and Caribbean-born African American males between ages 39-75 were recruited for this study. Thirty-one males (i.e. 14 Native-born and 17 Caribbean-born African American males) participated in 4 qualitative focus group discussions. Of emerging themes, focus group participants discussed, lack of health insurance, and the hardship of coping with prostate cancer diagnoses. Two hundred eleven participants completed the quantitative survey instrument (i.e. 117 Native-born and 94 Caribbean-born African American males). Overall, nativity was not a significant predictor of prostate cancer screening with DRE or PSA within the last year (OR = 1.551, 95% CI = 0.471, 5.111, p = 0.471; and OR = 0.801, 95% CI = 0.259, 2.475, p = 0.700; respectively).

Conclusion: The results of this study suggest that nativity did not influence prostate cancer screening for Native-born and Caribbean-born African American males. Further studies are needed to evaluate doctor recommendation of DRE or PSA testing, and the hardships of coping with prostate cancer diagnosis, as predictors for prostate cancer screening.

Daramola Cabral Ibrahim, DrPH, MPH, PA

Overall, African American men have the highest prostate cancer incidence and mortality rate in the United States. An estimated 35,110 African American men were diagnosed with prostate cancer in 2011, representing 40% of all cancers diagnosed in African American men. In addition, there were approximately 5,300 prostate cancer deaths that year, making this disease the second-leading cause of cancer mortality in African American men. Although in the United States the prostate cancer five-year relative survival rate has improved for Black men, it is not clear if this trend is true for the sub-population of African immigrants, who account for approximately 4.1 percent of the African American population, overall.

This research is concerned with elucidating social and behavioral determinants of prostate cancer outcomes in American Muslim men of African heritage. The few studies which have examined this concern in African immigrants suggest the need for increased cancer awareness, education and culturally concordant intervention programs. The earlier that prostate cancer is diagnosed and treated, the greater the likelihood of long-term survival. However, the crude categories of racial classification impede our ability to examine predictors of prostate cancer mortality among recent African immigrant men. These crude categories also hinder our ability to evaluate the effectiveness of prevention and treatment approaches for men whose self-described ethnic identities may differ, but who share Muslim cultural identities, values, and traditions.

Disaggregation of African American race/ethnicity data is needed. Aggregation of data confounds our ability to analyze prostate cancer risk of sub-populations of African Americans.
GLOBAL PROSTATE CANCER DISPARITIES CONFERENCE AWARDEES

The Global Prostate Cancer Disparities Conference has selected the following individuals from a pool of exceptional candidates as recipients of this year’s conference scholarship funds. Our scholarship program allows us to further our mission of education and awareness.

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The following individuals self-funded their participation in the conference in order to provide scientists from low resource countries the opportunity to receive a travel award:

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THE SCIENCE OF GLOBAL PROSTATE CANCER DISPARITIES IN BLACK MEN
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THE UNIVERSITY OF FLORIDA (USA) AND
THE UNIVERSITY OF THE WEST INDIES SCHOOL OF CLINICAL MEDICINE AND RESEARCH, THE BAHAMAS

SPECIAL THANKS TO ALL OUR DELEGATES!
WISHING YOU A SAFE AND BLESSED TRIP BACK HOME!
See you in Orlando, Florida (USA) in 2014!