



The sounds of silence

Diane Kelsall MD MEd CCFP FCFP, EDITOR

As we must account for every idle word, so must we account for every idle silence.

Benjamin Franklin

Prostate cancer will be diagnosed in more than 22 000 Canadian men this year.¹ Breast cancer will be diagnosed in more than 22 000 Canadian women this year.² Currently, 1 in 8 Canadian men is expected to be diagnosed with prostate cancer during his lifetime; 1 in 27 will die from the disease.¹ One in 9 Canadian women is expected to be diagnosed with breast cancer during her lifetime; 1 in 27 will die of it.²

Do these statistics surprise you? They surprised me. Even as a physician, I had the impression that breast cancer was far more common and far more deadly than prostate cancer. Why is that?

Fashionable T-shirts. Sparkly bracelets. High-end kitchen appliances. The stores seem to be full of “pink” merchandise to boost breast cancer awareness and raise funds for research. There is even an on-line Pink Ribbon Store with hundreds of items to buy. From dragon boat races to marathons, a wealth of fund-raising opportunities exist for breast cancer research and treatment. Information is everywhere—posters, TV, books. Magazines are full of inspiring articles on breast cancer survivors. Support groups, beauty advice, and information for women with breast cancer abound.

What about prostate cancer? In a highly informal poll of friends, colleagues, and family, most could not recall seeing any posters or signs about prostate cancer. In January 2008, Amazon Canada had 521 books about prostate cancer available for purchase; there were almost 1700 books about breast cancer. There are 3 times as many results in a search for the term *breast cancer* on **Google.ca** as there are for *prostate cancer*.

How about fund-raising? In the 2006–2007 fiscal year, gross revenues for the Prostate Cancer Research Foundation of Canada were around \$4.6 million³; the Breast Cancer Foundation of Canada grossed 10 times that amount (\$47 million).⁴ Research? A simple search on PubMed resulted in almost 167 000 articles on breast cancer and about 64 000 articles on prostate cancer.

Why is there such a difference between the amount of attention paid to prostate and breast cancer? Many factors contribute. The power of lobbying. The controversy over screening for prostate cancer.^{5,6} Perhaps the later average age at initial diagnosis in prostate cancer.


In my informal poll, however, 2 comments stood out. “Well, breasts are attractive—and visible. Everybody likes

them.” In contrast, one man told me that the prostate is “just plumbing. Who talks about that?” Many women feel comfortable sharing highly personal health information. Anybody who has been to a baby shower can attest to that. Men? Not so much.

When my father had a transurethral prostatectomy for benign prostatic hyperplasia, he mentioned it in an e-mail to family and friends. The response was most interesting. My father was astonished to find that most men of his acquaintance had also undergone prostatectomy. They simply didn’t talk about it.

Could it be that a difference between men and women in behaviour around health issues has resulted in a higher profile for breast cancer and thus increased funding for research and care? Gucciardi et al point out in their paper (**page 219**) on sex differences in psychosocial, behavioural, and clinical characteristics identified in adults with diabetes that “men and women differ not only biologically, but also in terms of attitudes, expectations, and life experiences within their social environments.”⁷ They conclude that prevention, care, and education need to take these differences into account.

In this issue, Katz and Katz address 13 key points in caring for men who have been diagnosed with prostate cancer, ranging from decision making around treatment options to adverse effects associated with specific treatments (**page 198**). Wilkinson et al delve into the subtleties of monitoring posttreatment (**page 204**), highlighting the differences between a biochemical recurrence and a benign prostate-specific antigen “bounce” posttreatment.

Prostate cancer. Breast cancer. Let’s talk about them both. 

References

1. Prostate Cancer Research Foundation of Canada. *About us*. Toronto, ON: Prostate Cancer Research Foundation of Canada; 2005. Available from: www.prostate-cancer.ca/english/about_us. Accessed 2008 January 9.
2. Canadian Cancer Society. *Breast cancer stats*. Toronto, ON: Canadian Cancer Society; 2007. Available from: www.cancer.ca/ccs/internet/standard/0,3182,3172_14435_371399_langid-en,00.html. Accessed 2008 January 9.
3. Prostate Research Foundation of Canada. *Annual report 2006/2007*. Toronto, ON: Prostate Research Foundation of Canada; 2007.
4. Canadian Breast Cancer Foundation. *Fiscal year April 1, 2006, to March 31, 2007: revenue and expense overview*. Toronto, ON: Canadian Breast Cancer Foundation; 2007. Available from: www.cbfc.org. Accessed 2008 January 9.
5. Fradet Y. Should Canadians be offered systematic prostate cancer screening? Yes [debate]. *Can Fam Physician* 2007;53:989–92 (Eng), 994–7 (Fr).
6. Labrecque M, Légaré F, Cauchon M. Should Canadians be offered systematic prostate cancer screening? No [debate]. *Can Fam Physician* 2007;53:989–92 (Eng), 994–7 (Fr).
7. Gucciardi E, Wang S, DeMelo M, Amaral L, Stewart DE. Characteristics of men and women with diabetes. Observations during patients’ initial visit to a diabetes education centre. *Can Fam Physician* 2008;54:219–27.



La traduction en français de cet article se trouve à www.cfp.ca. Allez au texte intégral (full text) de cet article en ligne, puis cliquez sur CFPlus dans le menu en haut, à droite de la page.