

State of Illinois

Rod R. Blagojevich, Governor

Department of Public Health

Damon T. Arnold, M.D., M.P.H., Director



Prostate and Testicular Cancer Program Report to the Illinois General Assembly

August 2007

Report to the General Assembly

Public Act 90-599 – Prostate and Testicular Cancer Program
Public Act 91-0109 – Prostate Cancer Screening Program

State of Illinois
Rod R. Blagojevich, Governor

Illinois Department of Public Health

Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control
535 West Jefferson Street
Springfield, Illinois 62761-0001

Report Period:
Fiscal Year 2004 through Fiscal Year 2006

Table of Contents

I.	Background.....	2
II.	Executive Summary.....	2
III.	The Problem.....	3
IV.	Program Components.....	6
V.	Screening, Education and Awareness Grants.....	6
VI.	Public Awareness Efforts.....	11
VII.	Future Challenges and Opportunities.....	12

Illinois Prostate and Testicular Cancer Education and Awareness Program

1. Background

The primary goal of the Illinois Prostate and Testicular Cancer Program is to improve the lives of Illinois men across their life-span by initiating, facilitating and coordinating programs throughout the state.

On June 25, 1998, Public Act 90-599 established the Prostate and Testicular Cancer Program, and required the Illinois Department of Public Health (IDPH), subject to appropriation or other available funding, to promote awareness and early detection of prostate and testicular cancer.

On July 13, 1999, Public Act 91-0109 required IDPH to establish a Prostate Cancer Screening Program and to adopt rules to implement the Prostate Cancer Screening Program. In addition, IDPH received an appropriation of \$300,000 “for all expenses associated with the Prostate Cancer Awareness and Screening Program.”

In fiscal year 2004, the act was amended to include the following: “Beginning July 1, 2004, the program must include the development and dissemination, through print and broadcast media, of public service announcements that publicize the importance of prostate cancer screening for men over age 40.” Beginning in fiscal year 2004, IDPH received \$1.4 million in additional funding from the General Assembly to publicize the importance of prostate cancer screening for men older than age 40. Since that time, IDPH has awarded grants to 80 agencies throughout the state to raise awareness of prostate cancer and increase screening for the disease.

Over the past three years, IDPH has enlisted the support and engaged the efforts of partners, such as other state agencies, non-profit organizations, and local providers, to continue to develop this initiative.

11. Executive Summary

This report summarizes the progress of the Illinois Prostate and Testicular Cancer Program from fiscal year 2004 through fiscal year 2006 (July 2003 through June 2006).

In fiscal years 2004, 2005 and 2006, Prostate and Testicular Cancer Education and Awareness Grants were awarded to 16 different agencies and almost 16,300 males have been screened for prostate cancer and/or testicular cancer (Tables 3a-3c).

Since 2000, 15,760 prostate-specific antigen (PSA) tests and 3,280 digital rectal exams (DRE) have been provided. Of those screened for prostate cancer, approximately 1,121 individuals had an abnormal PSA blood test or an abnormal DRE (Table 3). These men were unaware of their potential health risk until the collaborative efforts provided the opportunity for screening at a local level and the incentive to seek medical consultation and treatment.

Public awareness events and activities must go hand-in-hand with screening efforts. Toward that goal, the Illinois Prostate and Testicular Cancer Program has either sponsored, co-sponsored or participated in 22 public events throughout the state since July 2003 (Tables 4a-4c), reaching out to more than 89,400 males, their family members and friends to promote the awareness and early

detection of prostate and testicular cancer. Through these awareness events and screening opportunities, IDPH strives to empower men to seek an earlier diagnosis and learn the pros and cons of their treatment options. Only then can substantive and demonstrable progress be made toward reducing the incidence and mortality of prostate and testicular cancer.

The National Prostate Cancer Coalition (NPCC) released a report in early 2006 that recognized Illinois for its efforts in the fight against prostate cancer and “doing the right things” to provide prostate cancer screenings, education, treatments and supporting research. According to NPCC: “Illinois is one of the few states this year, where the screening rates have improved and (Illinois) even has a law mandating that insurance companies are required to cover prostate cancer exams, a big step toward eliminating access barriers.”

III. The Problem

Prostate cancer is the most common type of cancer diagnosed in American men, except for skin cancer. In 2007, there will be approximately 8,240 new cases of prostate cancer in Illinois and an estimated 1,310 men in the state will die of this disease (IDPH, Illinois State Cancer Registry, November 2006). In Illinois, prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer. Black men develop prostate cancer at a higher rate and are more than twice as likely to die of prostate cancer than men of other racial and ethnic groups.

For Illinois males, prostate cancer was the most frequently diagnosed invasive cancer, accounting for more than 27 percent of 512,801 new cancer diagnoses during 1986-2004 (IDPH, Illinois Cancer Statistics Review 1986-2004, April 2007). Black males had the highest prostate cancer incidence rates among all race groups, approximately 48 percent higher than those observed for white males and nearly three times those observed for males of Asian/other races in Illinois.

Table 1 illustrates the top 10 cancer incidence rates for males in Illinois during 2004, the most recent year for which data is available. During this time, prostate cancer was the most diagnosed cancer among Illinois males. When compared with race, prostate cancer was highly prevalent among black males (206.1 per 100,000) and less prevalent among Asians (71.8 per 100,000).

Table 1: Top 10 Cancer Incidence Rates in Illinois (per 100,000) Males by Race, 2004

White	Incidence Rates	Black	Incidence Rates	Asian & Other	Incidence Rates	Hispanic	Incidence Rates
Prostate	133.7	Prostate	206.1	Prostate	71.8	Prostate	106.5
Lung and Bronchus	84.7	Lung and Bronchus	116.8	Lung and Bronchus	46.3	Colorectal	50.5
Colorectal	65.0	Colorectal	76.4	Colorectal	47.1	Lung and Bronchus	40.2
Bladder	42.6	Oral	23.5	Bladder	18.3	Non-Hodgkin Lymphoma	23.1
Non-Hodgkin Lymphoma	25.5	Kidney	19.0	Stomach	17.4	Bladder	19.3
Kidney	21.2	Non-Hodgkin Lymphoma	17.7	Oral	14.6	Kidney	15.3
Melanoma	19.6	Stomach	17.4	Non-Hodgkin Lymphoma	14.5	Stomach	12.6
Leukemias	16.6	Bladder	16.6	Liver	12.1	Liver	11.6
Oral	15.4	Pancreas	16.0	Leukemias	9.6	Pancreas	11.6
Pancreas	14.8	Leukemias	9.7	Kidney	9.0	Leukemias	9.0

(Source: Illinois Cancer Statistics Review 1986 – 2004, April 2007)

Prostate cancer usually strikes males in their most productive years, at the peak of their earning power and their value to society. The National Cancer Institute (NCI Fact Book 2006) estimates the overall national annual costs for all cancers in 2004 at \$209.9 billion - \$74 billion for medical treatment and \$135.9 billion for the additional economic burden of cancer due to morbidity and premature mortality. This is an almost 34 percent increase over what was estimated by the National Cancer Institute in 2001.

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2004, the most recent year for which data is available. Prostate cancer is the second leading cause of death for Illinois black and Hispanic males and the rate for black males is more than twice that of white males (60.5 compared to 22.8 per 100,000).

Table 2: Top Ten Cancer Mortality Rates in Illinois (per 100,000) Males by Race, 2004

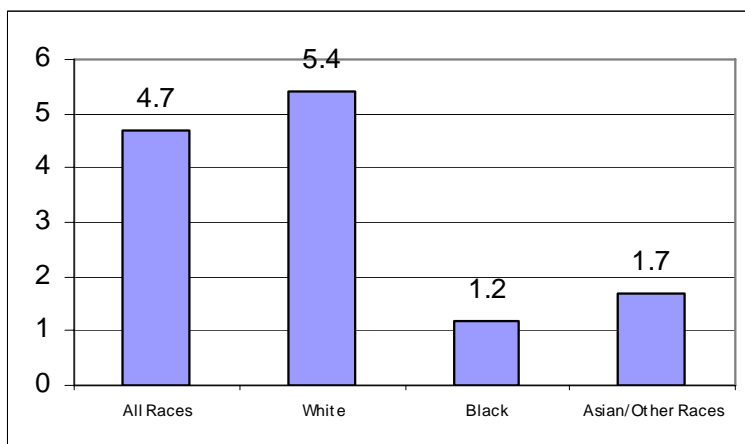
White	Mortality Rates	Black	Mortality Rates	Asian & Other	Mortality Rates	Hispanic	Mortality Rates
Lung and Bronchus	71.6	Lung and Bronchus	97.7	Lung and Bronchus	31.8	Lung and Bronchus	31.1
Colorectal	23.3	Prostate	60.5	Liver	10.2	Prostate	13.2
Prostate	22.8	Colorectal	35.9	Prostate	9.2	Pancreas	9.7
Pancreas	13.1	Pancreas	18.3	Stomach	6.8	Colorectal	9.1
Leukemias	11.0	Stomach	13.3	Colorectal	6.6	Non-Hodgkin Lymphoma	7.3
Non-Hodgkin Lymphoma	9.3	Liver	9.7	Pancreas	5.7	Stomach	6.9
Bladder	8.3	Esophagus	9.5	Non-Hodgkin Lymphoma	4.6	Leukemias	6.9
Esophagus	8.1	Multiple Myeloma	8.4	Leukemias	3.4	Liver	5.4
Kidney	6.2	Leukemia	7.7	Multiple Myeloma	2.4	Esophagus	4.0
Stomach	5.8	Oral	7.4	Kidney	1.1	Multiple Myeloma	3.2

(Source: Illinois Cancer Statistics Review 1986 – 2004, April 2007)

Testicular cancer accounts for only 1 percent of all cancers in men in the United States - 8,000 diagnosed cases and about 370 deaths each year. In 2007, there will be approximately 350 new cases of testicular cancer in Illinois and an estimated 20 males in Illinois will die of this disease (IDPH, Illinois State Cancer Registry, November 2006).

Testicular cancer occurs most often in men between age 20 to 39, and is the most common form of cancer in men age 15 and 34. Testicular cancer is more common among white males (5.4 per 100,000), especially those of Scandinavian descent. The testicular cancer rate has more than doubled among white males in the past 40 years, but has only recently begun to increase among black males. Figure 1 illustrates testicular cancer incidence rates for Illinois during the period of 1986 – 2004.

Figure 1: Testicular Cancer Incidence Rates (per 100,000), Males by Race, 1986-2004



(Source: Illinois Cancer Statistics Review 1986 – 2004, April 2007)

IV. Program Components

The Illinois Prostate and Testicular Cancer Program focuses on:

- Promoting awareness and educating Illinois citizens about the incidence, mortality, risk factors, benefits of early detection, and treatment options for prostate and testicular cancer; and
- establishing and promoting screening programs and ensuring referrals for appropriate follow-up services.

Currently, the program focuses on prostate cancer in uninsured and under insured men 50 years of age or older and uninsured and under insured men between 40 and 50 years of age at high risk for prostate cancer. The high risk population focus includes all black males older than 40 years of age and males older than age 40 who have a family history of prostate disease. The at-risk population for testicular cancer is much younger and the program targets Illinois males, ages 14 to 35, but does not exclude others because of age.

The program has accomplished this goal through the following avenues:

- Awarding grants to local health departments and community-based organizations to provide education and awareness of prostate and testicular cancer through public screenings in targeted communities;
- partnering with agencies and organizations to sponsor public events promoting awareness of prostate and testicular cancer issues, as well as general male health issues; and
- providing a general resource center for the public.

V. Screening, Education and Awareness Grants

Beginning in fiscal year 2000, the Office of Health Promotion provided Illinois Prostate and Testicular Cancer Program pilot grants to eight community organizations and local health departments. The Illinois Project for Local Assessment of Needs (IPLAN) and the Illinois State Cancer Registry (ISCR) data were used to identify specific geographic areas with high risk for prostate cancer. The funds were released in May 2000, to support the development of

partnerships with local health departments, state and local agencies, and other health-related and professional groups. These pilot grants provided the financial support to begin building a local infrastructure to conduct prostate and testicular cancer education and screening services for men in these selected Illinois communities. This funding was viewed as a first step in the development of partnerships among all the stakeholders, where these agencies and their partners will eventually become self-sustaining to address local priorities.

The grantees, during the first fiscal year (2000), screened 1,180 Illinois males for prostate cancer with free PSA blood tests and DREs. Testicular cancer screening also was offered as appropriate. Many pilot sites in fiscal year 2000 exceeded their target number projections by 25 percent or more, resulting in an unexpected demand for screenings. During fiscal year 2001, IDPH was able to fund 11 other targeted community areas and 1,548 men were screened and 86 DRE screenings were provided. During 2002, funding was provided to 11 grantees and a total of 2,173 PSA screenings and 1,311 DRE screenings were provided. During fiscal year 2003, 12 grantees screened 2,262 men and 148 DRE screenings were provided.

During fiscal year 2004, funding was provided to nine grantees and a total of 2,446 PSA screenings and 391 DRE screenings were provided. During fiscal year 2005, funding was provided to 12 grantees and a total of 2,479 PSA screenings and 721 DRE screenings were provided. During fiscal year 2006, funding was provided to 10 grantees and a total of 3,681 PSA screenings and 623 DRE screenings were provided (Table 3).

Table 3: Number of PSA & DRE Screenings by Fiscal Year

Fiscal Year	Grantees	PSA Screenings	DRE Screenings	Clients Referred
2000	8	1,180	-	90
2001	11	1,548	86	118 ¹
2002	11	2,173	1,311	164 ¹
2003	12	2,262	148	173 ¹
2004	9	2,446	391	134
2005	12	2,479	721	185
2006	10	3,681	623	257
TOTAL		15,769	3,280	1,121

¹ Estimated

The following three tables (Table 3a – 3c) illustrate the program screenings by location, insurance status, ethnic/race and grant award amount for fiscal years 2004, 2005 and 2006. Table 3a reports on nine grantees that have provided prostate cancer screenings to more than 2,400 Illinois males. Table 3b shows the number of screenings increased slightly, but nearly twice the number of DRE's were performed by grantees. Finally, Table 3c summarizes how the program was able to screen almost 50 percent more males that resulted in approximately 40 percent more referrals. All of this was accomplished within the same funding levels.

Table 3a: Illinois Prostate and Testicular Cancer Program Results, Fiscal Year 2004

FY 2004 Grantees	Geographic Location	PSA Screening/ Referred	DRE Screening	Insured/ Uninsured	Hispanic	Non Hispanic	White	Black	Asian	Grant Award
Crawford County Health Department	Robinson	110/2	NA	0/110	0	110	105	5	0	\$14,822
Evanston Health Department	Evanston	197/7	NA	0/197	4	193	135	62	0	7,371
Jackson County Health Department	Murphysboro	326/24	NA	175/151	1	325	284	39	2	47,597
LaSalle County Health Department	Ottawa	167/13	167	0/167	5	162	166	0	1	27,582
Livingston County Health Department	Pontiac	595/5	5	374/221	8	587	573	3	6	40,512
Macon County Health Department	Decatur	225/4	219	0/283	2	281	160	116	7	49,405
White Crane Wellness Center	Chicago	305/44	NA	76/229	74	1,005	424	201	380	49,405
Whiteside County Health Department	Morrison	60/1	NA	9/51	7	53	58	0	2	20,750
Winnebago County Health Department	Rockford	571/36	NA	325/449	32	742	595	170	9	39,504
Total		2,446/134	391	959/1,748	133	3,348	2,395	591	407	\$296,948

Table 3b: Illinois Prostate and Testicular Cancer Program Results, Fiscal Year 2005

FY 2005 Grantees	Geographic Location	PSA Screening/ Referred	DRE Screening	Insured/ Uninsured	Hispanic	Non Hispanic	White	Black	Asian	Grant Award
Cass County Health Department	Virginia	121/2	82	0/121	0	121	121	0	0	\$6,500
Champaign-Urbana Public Health District	Champaign	51/2	NA	15/38	3	50	10	43	0	20,000
Crawford County Health Department	Robinson	100/3	NA	0/100	0	100	95	5	0	14,000
Evanston Health Department	Evanston	165/9	NA	0/165	5	160	109	55	1	7,200
Jackson County Health Department	Murphysboro	476/33	NA	288/188	0	476	447	29	0	35,000
LaSalle County Health Department	Ottawa	374/27	374	0/374	10	364	371	1	2	27,868
Macon County Health Department	Decatur	379/13	265	0/233/284	5	512	323	177	17	45,000
Madison County Health Department	Wood River	NA ¹								5,000
Michael Reese Hospital	Chicago	139/23	NA	71/68	31	108	50	85	4	41,904
Springfield Department of Public Health	Springfield	NA ¹								5,000
White Crane Wellness Center	Chicago	368/50	NA	92/276	89	987	335	262	390	40,000
Winnebago County Health Department	Rockford	597/26	NA	193/403	16	581	474	115	8	39,980
Total		2,479/185	721	659/1,950	159	3,359	2,240	767	422	\$287,452

¹ Grantee received mini-grant for increased awareness activities only.

Table 3c: Illinois Prostate and Testicular Cancer Program Results, Fiscal Year 2006

FY 2006 Grantees	Geographic Location	PSA Screening/ Referred	DRE Screening	Testicular Screening/ Referred	Individuals Receiving Awareness	Insured/ Uninsured/ Underinsured	Hispanic	Non Hispanic	White	Black	Asian/ Other	Grant Award
Chicago Department of Public Health	Chicago	709/17	213	7,150/10	13,650	7,968/ 5,515/ 148	7,958	5,692	3,371	4,187	568	\$40,000
Evanston Department of Health and Human Services	Evanston	176/6	NA	NA	400	120/ 35/ 7	5	171	106	49	6	7,600
Jackson County Health Department	Murphysboro	393/29	NA	NA	1,173	215/ 59/ 177	1	392	347	37	9	35,000
Livingston County Health Department	Ottawa	240/9	86	NA	91	139/ 23/ 77	5	235	232	2	6	20,000
Macon County Health Department	Decatur	399/27	172	315/10	558	153/ 230/ 246	12	387	283	223	6	35,000
Madison County Health Department	Wood River	309/64	152	NA	311	225/ 42/ 29	2	307	271	36	4	30,000
Research and Education Foundation of the Michael Reese Medical Staff	Chicago	435/32	NA	NA	447	199/ 148/ 88	32	404	61	290	52	35,000
Southern Seven Health District	Ullin	196/21	NA	NA	196	18/ 38/ 49	0	196	168	26	2	24,000
White Crane Wellness Center	Chicago	378/49	NA	NA	1,218	126/ 180/ 72	70	1,158	391	331	377	38,000
Winnebago County Health Department	Rockford	446/3	NA	200/0	646	268/ 174/ 204	44	602	416	206	9	25,000
Total		3,681/257	623	7,665/20	18,690	9,431/ 6,444/ 1,097	8,129	9,544	5,646	5,387	1,039	\$289,600

V1. Public Awareness Efforts

IDPH believes all men should have the facts about their own health. In 2007, it is projected that more than 8,240 males will be diagnosed with prostate cancer (IDPH, Illinois State Cancer Registry, November 2006). Many males are unaware of the fact they have a prostate, let alone where it is located, what role it performs, what health problems it may develop and what symptoms may be involved. They are totally unprepared for the health risks associated with the prostate.

Public awareness events and screening activities must be done in concert. Toward that goal, the Illinois Prostate and Testicular Cancer Program has either sponsored or co-sponsored more than 45 public events since 1999, and 22 during the last three years throughout the state, reaching out to thousands of males, their family members and friends to promote the awareness and early detection of prostate and testicular cancer. More than 150,000 individuals have come in contact with the Illinois Prostate and Testicular Cancer Program since 2000 throughout Illinois. Tables 4a, 4b and 4c illustrate IDPH-sponsored and local community agency education and awareness events for fiscal years 2004, 2005 and 2006.

**Table 4a: Illinois Prostate and Testicular Cancer Program Awareness Event Participation
Fiscal Year 2004**

Program Event	Location	Date	Estimated Participants	Estimated Promotional Materials Distributed
Southern Illinois Hunting and Fishing Day	Carterville	9/2003	28,000	3,000
Sangamon County Men’s Health Event	Springfield	11/2003	175	300
Illinois Department of Public Health Fitness Day	Springfield	5/2004	200	1,000
Malcolm X College Health Fair	Chicago	6/2004	2,000	2,000
Illinois Department of Transportation Health Fair	Springfield	6/2004	200	500
Western Illinois University Health Fair	Galesburg	6/2004	100	200
TOTAL			30,675	7,000

**Table 4b: Illinois Prostate and Testicular Cancer Program Awareness Event Participation
Fiscal Year 2005**

Program Event	Location	Date	Estimated Participants	Estimated Promotional Materials Distributed
Logan County Health Department Health Fair	Lincoln	9/2004	100	100
Southern Illinois Hunting and Fishing Day	Carterville	9/2004	25,000	3,000
Lance Armstrong Event	Chicago	10/2004	1,500	2,000
Sangamon County Men's Health Event	Springfield	11/2004	150	300
University of Illinois at Springfield Health Fair	Springfield	4/2005	200	300
First Assembly of God Joliet Health Fair	Joliet	4/2005	50	300
Illinois Department of Public Health Fitness Day	Springfield	5/2005	120	250
Operation PUSH Annual Meeting	Chicago	6/2005	100	150
Holistic Community Outreach Men's Health Fair	Chicago	6/2005	100	200
Kennedy-King Men's Health Fair	Chicago	6/2005	2,999	2,000
Rotary International Annual Meeting- Men's Health Network	Chicago	6/2005	100	N/A
TOTAL			30,419	8,600

**Table 4c: Illinois Prostate and Testicular Cancer Program Awareness Event Participation
Fiscal Year 2006**

Program Event	Location	Date	Estimated Participants	Estimated Promotional Materials Distributed
Navy Pier, Supermarket of Veterans Benefits	Chicago	7/05	3,000	1,000
Southern Illinois Hunting and Fishing Day	Carterville	9/2005	22,000	3,000
Sangamon County Men's Health Event	Springfield	11/2005	150	300
Health and Wellness Expo	Chicago	2/06	150	300
African-American Men's Health and Fitness Experience	Chicago	6/2006	3,000	2,000
TOTAL			28,300	6,600

VII. Future Challenges and Opportunities

The Illinois Prostate and Testicular Cancer Program will continue to provide screenings to help diagnose cancer as early as possible and, at the same time, provide awareness programs to encourage Illinois males to practice sound personal health activities for a healthier life. This will

help reduce incidence, morbidity and mortality from prostate and testicular cancer. In support of the program, IDPH is working through local community agencies to develop ways for anyone diagnosed with prostate and testicular cancer to seek out and receive health care through local, statewide or national organizations and resources. This is vital to the mission of the program and the health of the people being served.

Additionally, in 2006, the Illinois Comprehensive Cancer Control Program published a statewide comprehensive state plan that addresses prevention, early detection, rehabilitation, supportive care, access to care, tobacco control and data surveillance priorities. Over the next five years, strategies addressing these priorities will be implemented through the Illinois Partnership for Cancer Prevention and Control. The Illinois Prostate and Testicular Cancer Program activities will be integrated into these statewide activities.

Awareness, education and advocacy are key components to reduce prostate and testicular cancer incidence and mortality. By partnering with other state agencies, such as the Illinois Department on Aging and the Illinois Department of Human Services; and national, regional and local organizations, such as US TOO!, the American Cancer Society, National Cancer Institute, Illinois Fatherhood Initiative, and the University of Illinois; IDPH will strive to develop the Illinois Prostate and Testicular Cancer Program into a statewide program. This has the potential to reduce the incidence, mortality and suffering from late-stage diagnosis of prostate cancer through screenings, diagnostic services, follow-up, education, treatment and advocacy services.

Early detection is the best defense. Prostate and testicular cancers can be detected in their early stages through screenings provided by a health care professional. The Illinois Prostate and Testicular Cancer Program will continue its efforts to increase public awareness and screening activities.