

**State of Illinois**

Rod R. Blagojevich, Governor

**Department of Public Health**

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



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# Prostate and Testicular Cancer Program

## Report to the General Assembly

November 2007

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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

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## **I. 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 Illinois 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.”

## **II. Executive Summary**

This report summarizes the progress of the Illinois Prostate and Testicular Cancer Program for fiscal year 2007 (July 1, 2006 through June 30, 2007). The Illinois Prostate and Testicular Cancer Program has brought together public and private agencies to focus attention on raising men’s health awareness and participation in attending to their own health needs.

In fiscal year 2007, Illinois Prostate and Testicular Cancer Program Grants were awarded to a record 14 agencies and more than 4,000 males were screened for prostate cancer or testicular cancer (Table 3).

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 three public events throughout the state since July 1, 2006 (Table 4), reaching out to thousands of men, 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 to fight against prostate cancer and “doing the right things” to provide prostate cancer screenings, education, treatments and support of 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 for 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
<b>Prostate</b>	<b>133.7</b>	<b>Prostate</b>	<b>206.1</b>	<b>Prostate</b>	<b>71.8</b>	<b>Prostate</b>	<b>106.5</b>
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)

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 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**

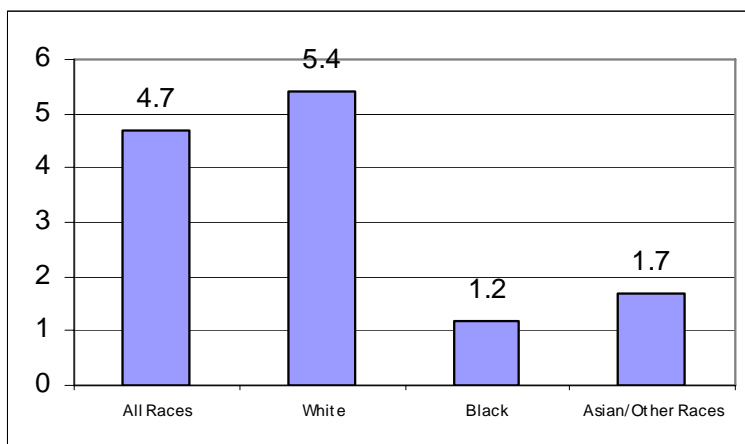
White	Mortality Rates	Black	Mortality Rates	Asian & Other	Mortality Rates	Hispanic	Mortality Rates
<b>Lung and Bronchus</b>	<b>71.6</b>	<b>Lung and Bronchus</b>	<b>97.7</b>	<b>Lung and Bronchus</b>	<b>31.8</b>	<b>Lung and Bronchus</b>	<b>31.1</b>
Colorectal	23.3	Prostate	60.5	Liver	10.2	Prostate	13.2
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 to 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 men 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, June 2007)

#### **IV. Illinois Prostate and Testicular Cancer 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.
- 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 screenings, education and awareness of prostate cancer 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.

During fiscal year 2007, funding was provided to 14 grantees and a total of 3,876 PSA screenings and 941 DRE screenings were provided. There were 379 men referred for further diagnostic testing. The following table (Table 3) illustrates the program screenings by location, insurance status, ethnic/race and grant award amount for Fiscal Year 2007.



**Table 3: Prostate and Testicular Cancer Awareness, Education and Screening Program Results, Fiscal Year 2007**

<b>FY 2006 Grantees</b>	<b>Geographic Location</b>	<b>PSA Screening/ Referred</b>	<b>DRE Screening</b>	<b>Testicular Screening</b>	<b>Individuals Receiving Awareness</b>	<b>Insured/ Uninsured/ Underinsured</b>	<b>Hispanic</b>	<b>Non Hispanic</b>	<b>White</b>	<b>Black</b>	<b>Asian/ Other</b>	<b>Grant Award</b>
Cass County Health Department	Virginia	146/8	41	0	9479	47/15/84	1	145	146	0	0	\$13,000
Champaign-Urbana Public Health District	Urbana	169/1	0	0	500	22/128/19	3	166	67	90	12	24,000
City of Evanston Department of Health and Human Services	Evanston	188/14	0	0	750	141/40/7	5	183	93	87	8	10,500
Fulton County Health Department	Canton	54/10	9	0	1344	5/37/12	0	54	54	0	0	15,000
Jackson County Health Department	Murphysboro	575/89	111	4	1451	315/69/289	3	572	510	44	21	30,000
Macon County Health Department	Decatur	311/29	270	436	913	0/310/230	10	553	261	242	60	17,500
Madison County Health Department	Wood River	327/57	111	46	2415	202/67/69	3	335	317	15	6	30,000
Mercer County Health Department	Aledo	228/27	41	22	334	175/19/62	1	333	333	0	1	25,000
Research and Education Foundation of the Michael Reese Medical Staff	Chicago	636/51	0	0	796	0/155/488	83	553	70	398	168	35,000
Sangamon County Department of Public Health	Springfield	276/17	276	0	277	0/188/88	1	276	219	56	2	10,000
Southern Seven Health District	Ullin	27/1	0	0	450	1/14/12	0	27	25	2	0	10,000
White Crane Wellness Center	Chicago	401/43	0	0	1252	190/110/29	172	1,080	330	308	614	35,000
Whiteside County Health Department	Morrison	95/13	82	356	310	0/91/4	15	80	94	1	0	10,000
Winnebago County Health Department	Rockford	443/19	0	91	534	260/140/134	20	514	366	161	7	25,000
<b>Total</b>		<b>3,876/379</b>	<b>941</b>	<b>955</b>	<b>20,805</b>	<b>1,358/1,383 /1,527</b>	<b>317</b>	<b>4,871</b>	<b>2,885</b>	<b>1,404</b>	<b>899</b>	<b>\$290,000</b>

## VI. 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 men will be diagnosed with prostate cancer (IDPH, Illinois State Cancer Registry, November 2006). Many men 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 public events throughout the state, reaching out to thousands of men, their family members and friends to promote the awareness and early detection of prostate and testicular. Table 4 illustrates the IDPH-sponsored and local community agency education and awareness events for fiscal year 2007.

**Table 4: Prostate and Testicular Cancer Program Awareness Event Participation  
Fiscal Year 2007**

<b>Program Event</b>	<b>Location</b>	<b>Date</b>	<b>Estimated Participants</b>	<b>Estimated Promotional Materials Distributed</b>
Southern Illinois Hunting and Fishing Days	Carterville	9/2006	24,000	2,500
Sangamon County Men's Health Event	Springfield	11/2006	276	600
African-African American Men's Health and Fitness Experience	Chicago	6/2007	1,500	1,000
<b>TOTAL</b>			<b>25,776</b>	<b>4,100</b>

## 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 and 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 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.