

Prostate and Testicular Cancer Report to the Illinois General Assembly

June 2010



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 Pat Quinn, Governor

Illinois Department of Public Health

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I. Background

The primary goal of the Illinois Prostate and Testicular Cancer Program is to improve the lives of men across their life span by initiating, facilitating and coordinating prostate and testicular cancer awareness and screening 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 (Department), 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 the Department to establish a Prostate Cancer Screening Program and to adopt rules to implement the program. In addition, the Department received an appropriation of \$300,000 "for all expenses associated with the Prostate Cancer Awareness and Screening Program." The fiscal year 2010 appropriation was \$297,000.

II. Executive Summary

This report summarizes the progress of the Illinois Prostate and Testicular Cancer Program for fiscal year 2010 (July 1, 2009 through June 30, 2010). The program has brought together public and private agencies to focus attention on raising men's awareness and participation in attending to their own health needs concerning prostate and testicular cancer.

In fiscal year 2010, Illinois Prostate and Testicular Cancer Program grants were awarded to 14 agencies and more than 3,300 males were screened for prostate cancer and 920 were screened for testicular cancer (Table 3). These events provide education and awareness, empower men to seek screening, and increase early detection.

III. The Problem

Except for skin cancer, prostate cancer is the most common type of cancer diagnosed in American men. In Illinois, prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer. In 2010, there will be approximately 9,030 new cases of prostate cancer in Illinois and an estimated 1,330 men in the state will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2008). 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 26.8 percent of 578,511 new cancer diagnoses in men during 1986-2006. Black males had the highest prostate cancer incidence rates among all race groups at 215.9 per 100,000 as compared to white males at 143.6. This is approximately 50.4 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 2006, the most recent year for which complete data is available. During this time, prostate cancer was the most diagnosed cancer among Illinois males. When compared by race, prostate cancer was most

prevalent among black males (235.2 per 100,000) and least prevalent among Asians (91.8 per 100,000).

Table 1: Top 10 Cancer Incidence Rates in Illinois (per 100,000) Males by Race, 2006

White	Incidence Rates	Black	Incidence Rates	Asian and Other	Incidence Rates	Hispanic	Incidence Rates
Prostate	142.3	Prostate	235.2	Prostate	91.8	Prostate	111.9
Lung and	86.7	Lung and	115.0	Lung and	51.7	Lung and	40.0
Bronchus	[Bronchus		Bronchus		Bronchus	
Colorectal	61.1	Colorectal	79.4	Colorectal	43.9	Colorectal	39.6
Bladder	39.6	Kidney	23.0	Oral	20.3	Kidney	16.9
Non-Hodgkin Lymphoma	24.7	Bladder	20.4	Bladder	19.1	Non-Hodgkin Lymphoma	16.2
Kidney	23.0	Pancreas	19.4	Kidney	12.8	Leukemia	15.8
Melanoma	20.8	Stomach	17.1	Non-Hodgkin Lymphoma	13.2	Pancreas	15.0
Leukemia	17.3	Oral	16.3	Stomach	13.2	Bladder	14.5
Oral	15.0	Myeloma	15.2	Liver	11.6	Stomach	11.8
Pancreas	13.5	Non-Hodgkin Lymphoma	14.4	Pancreas	11.6	Liver	11.5

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2008)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2006, the most recent year for which complete data is available. Prostate cancer is the second leading cause of death for black and white men and the rate for black males is more than twice that of white males (60.1 compared to 22.1 per 100,000).

Table 2: Top Ten Cancer Mortality Rates in Illinois (per 100,000) Males by Race, 2006

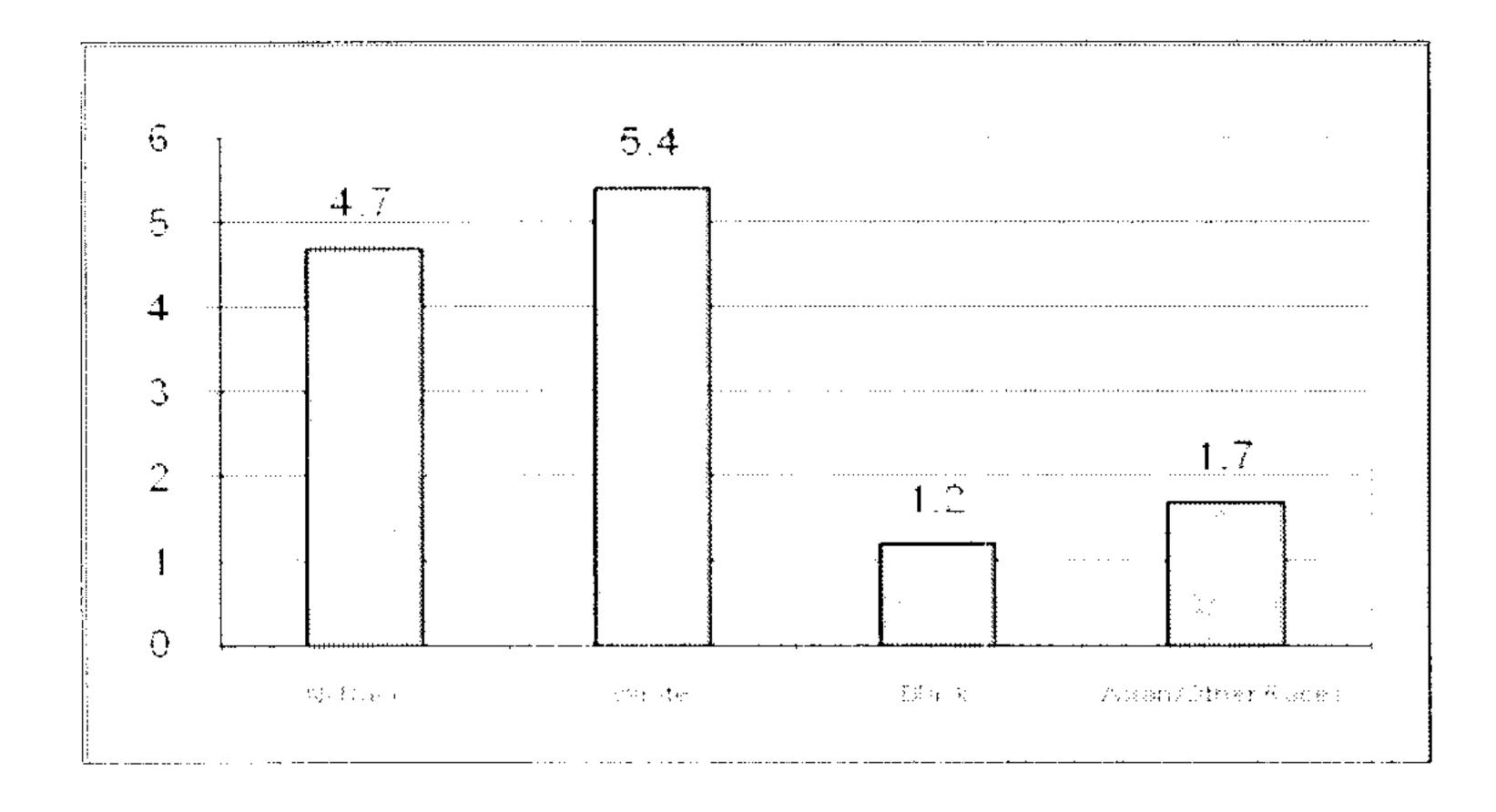
White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic	Mortality Rates
Lung and Bronchus	67.4	Lung and Bronchus	92.0	Lung and Bronchus	43.6	Lung and Bronchus	21.7
Prostate	22.1	Prostate	60.1	Colorectal	14.6	Liver	12.1
Colorectal	22.0	Colorectal	34.2	Prostate	4.4	Prostate	11.9
Pancreas	12.4	Pancreas	19.3	Liver	8.9	Colorectal	8.8
Leukemia	10.4	Stomach	10.0	Pancreas	5.9	Pancreas	8.7
Non- Hodgkin Lymphoma	9.7	Liver	9.6	Stomach	5.5	Non- Hodgkin Lymphoma	5.6
Bladder	8.2	Esophagus	8.8	Non- Hodgkin Lymphoma	3.6	Leukemia	5.3
Esophagus	8.0	Leukemia	8.2	Esophagus	3.5	Stomach	4.6
Liver	7.1	Multiple Myeloma	7.8	Oral	2.6	Kidney	4.0
Kidney	6.2	Kidney	6.5	Kidney	1.1	Esophagus	3.8

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2008)

Testicular cancer accounts for only 4 percent of total cancers diagnosed in the United States - 8,000 diagnosed cases and about 370 deaths each year. In 2010, there will be approximately 340 new cases of testicular cancer in Illinois and an estimated 10 males in Illinois will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2008).

Testicular cancer occurs most often in men between ages 20 to 39, and is the most common form of cancer in men ages 15 to 34. Testicular cancer is more common among white males (5.4 per 100,000), especially those of Scandinavian descent. The testicular cancer incidence 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 – 2005.

Figure 1: Testicular Cancer Incidence Rates (per 100,000), Males by Race, 1986-2005



(Source: Illinois Cancer Statistics Review 1986 – 2005, November 2007)

IV. Illinois Prostate and Testicular Cancer Program Components

- 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 underinsured men 50 years of age or older and uninsured and underinsured 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 males, ages 14 to 35, but does not exclude others because of age.

The program has accomplished its goals through the following:

- Awarding grants to local health departments and community-based organizations to raise awareness, provide education and offer screenings for prostate and testicular cancer to at risk 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 Department's 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 Illinois State Cancer Registry (ISCR) data were used to identify specific geographic areas at 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. The 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 2010, funding was provided to 14 grantees and a total of 3,382 prostate-specific antigen (PSA) screenings and 467 digital rectal exam (DRE) screenings were provided to men seeking the early detection of prostate cancer. As a result of these screenings, there were 171 men referred for further diagnostic testing. In addition, 920 men were screened for testicular cancer and 11 men were referred for further diagnostic testing. The following table (Table 3) illustrates the program screenings for fiscal year 2010 by location, insurance status, race/ethnicity and grant award amount.

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FY 2010 Grantees	Geographic	PSA	DRE	Testicular	Individuals	Insured/	Hispanic	You	White B	3lack A	Asian/	Grant
	Location	Sereening/ Referred	Screening	Screening/ Referred	Receiving	Uninsured/	•	-lispanic			Other/ Unknown	Award
Cass County Health Department		163 0	~~,		•			136	163			\$8.270
Champaign-Urbana Public Health District	Urbana	105/2			295	0/501/0		+()	36	69	()	17,000
Crawfo	Robinson	20276	96	0/96	2002	56/20170	· · · · · · · · · · · · · · · · · · ·		1.70	S		8,230
East Side Health District	Fast St. Louis	170/12	()	360/0	\$78	80, 70, 20		153	-1	601	'	30,000
Fulton County Health Department	Canton	92.7		47	1,299	393.334.390	~~,	68	7		†††	()()()()
Lawrence County Health Department	Lawrenceville	70%			96	29.6.0	<u></u>	-: 	9/_	<u> </u>		4,700
Macon County Health Department	Decatur	344.37	240	72.7	2.640	208 143 18		368	205	142	20	23,000
Macoupin County Public Health Department	c'arlinville	23 11			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	61.11 55		2	\$2	()		7.000
Madison County Health Department	Wood River	193.10	3()	7+1+7	089	60 40 330	<u></u>	420	†0£	(3)	13	27000
Mercer County Health Department	Vledo .	291 10		J :()	()()()		6	27.2	267	- -	2()	23,000
Research and Education Foundation of the Michael Reese Medical Staff	Chicago					208 276 210	\\ \frac{1}{1}	90)	† 61	210	35()	30.00
Peoria City Col Department	Peoria	192/11	35	2970	()()	44 23:132		186	132	6†	1 3	30,000
White Crane Center	(Thicago	110 25			T()+,	405.484.512	()()	350	126	-	0/_1	26,000
Winnebago County Health Department	Rockford	305 8		116.2	288	62 871 661	<u>~.</u>	S()+	287	107	77	21,000
: 		3,382/171	467	920/11	10,652	2,062/1,780/1,950	218	3,528	2,196	874	9/9	\$265.200

VI. Future Challenges and Opportunities

The Illinois Prostate and Testicular Cancer Program will continue to work with communities to provide screenings to increase early detection. Early detection efforts will help reduce morbidity and mortality from prostate and testicular cancer. The Prostate and Testicular Cancer Program encourages 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.

In keeping with the recommendations and strategies of the *Illinois Comprehensive Cancer Control State Plan 2005-2010* to increase the percentage of high-risk men older than age 45 undergoing prostate cancer screenings by digital rectal exams and PSA blood tests, the Illinois Partnership for Cancer Prevention and Control will continue to encourage health care providers to promote annual physical exams and routine screenings. The challenge continues to be reaching those high-risk and disparate populations (high risk defined as black men or men with one or more first-degree relatives diagnosed with prostate cancer at an early age), including uninsured and underinsured men 50 years of age or older, many without a primary physician. Annual physicals and screenings are not routine for this population. The Illinois Prostate and Testicular Cancer Program provides an opportunity for information to be disseminated and screening programs to reach the high-risk and disparate populations.

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, Men's Health Network, Ed Randall's Bat for the Cure, Northwestern and the University of Illinois; the Department will strive to develop the Illinois Prostate and Testicular Cancer Program into a statewide program. The program 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.

