



State of Illinois  
Illinois Department of Public Health

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# Prostate and Testicular Cancer Report to the Illinois General Assembly

June 2011

# **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 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.

## **II. Executive Summary**

This report summarizes the Illinois Prostate and Testicular Cancer Program for fiscal year 2011 (July 1, 2010 through June 30, 2011). During the previous 11 years, the program brought together public and private agencies to focus attention on raising men's awareness and participation in attending to their health needs concerning prostate and testicular cancer. This was accomplished by a competitive grant application process made possible from an appropriation by the Illinois General Assembly.

In fiscal year 2011, the Department announced a request for applications for grants totaling \$297,000 to support awareness, education and screening applicable to prostate and testicular cancer by public or private entities. There were 18 applicants from across the state and 14 were selected for funding.

Unfortunately, due to the state's fiscal situation, the grant funds were not available and no awards were made in fiscal year 2011.

## **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 2011, there will be approximately 9,850 new cases of prostate cancer in the state and an estimated 1,330 men will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2009). 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 26.9 percent of 612,382 new cancer diagnoses during 1986-2007 (Illinois Department of Public Health, Illinois State Cancer Registry, Public Dataset as of November 2009). Black males had the highest prostate cancer incidence rates among all race groups at 219.1 per 100,000 as compared to white males at 144.6. This is approximately 51.5 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 2007, the most recent year for which complete data is available. During this time, prostate cancer was the most diagnosed cancer among males. When compared by race, prostate cancer was most prevalent among black males (254.5 per 100,000) and least prevalent among Asians (84.9 per 100,000).

**Table 1: Top 10 Age Adjusted Cancer Incidence Rates in Illinois (per 100,000), Males by Race and Ethnicity, 2007**

White	Incidence Rates	Black	Incidence Rates	Asian and Other	Incidence Rates	Hispanic (any race)	Incidence Rates
Prostate	150.7	Prostate	254.5	Prostate	84.9	Prostate	122.2
Lung and Bronchus	86.3	Lung and Bronchus	117.3	Lung and Bronchus	46.2	Lung and Bronchus	40.4
Colorectal	59.8	Colorectal	74.8	Colorectal	44.6	Colorectal	38.9
Bladder	40.9	Kidney	29.3	Stomach	17.3	Non-Hodgkin Lymphoma	18.4
Non-Hodgkin Lymphoma	24.4	Oral	21.4	Liver	16.0	Kidney	17.6
Melanoma	22.7	Bladder	20.4	Bladder	12.6	Bladder	16.4
Kidney	22.0	Stomach	18.7	Non-Hodgkin Lymphoma	11.4	Stomach	12.7
Oral	16.4	Non-Hodgkin Lymphoma	17.7	Oral	10.4	Oral	11.2
Leukemia	15.7	Pancreas	17.5	Pancreas	10.3	Leukemia	10.4
Pancreas	13.6	Liver	15.7	Leukemia	8.4	Pancreas	10.4

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2009)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2007, 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 (56.6 compared to 22.8 per 100,000).

**Table 2: Top 10 Age Adjusted Cancer Mortality Rates in Illinois (per 100,000), Males by Race and Ethnicity, 2007**

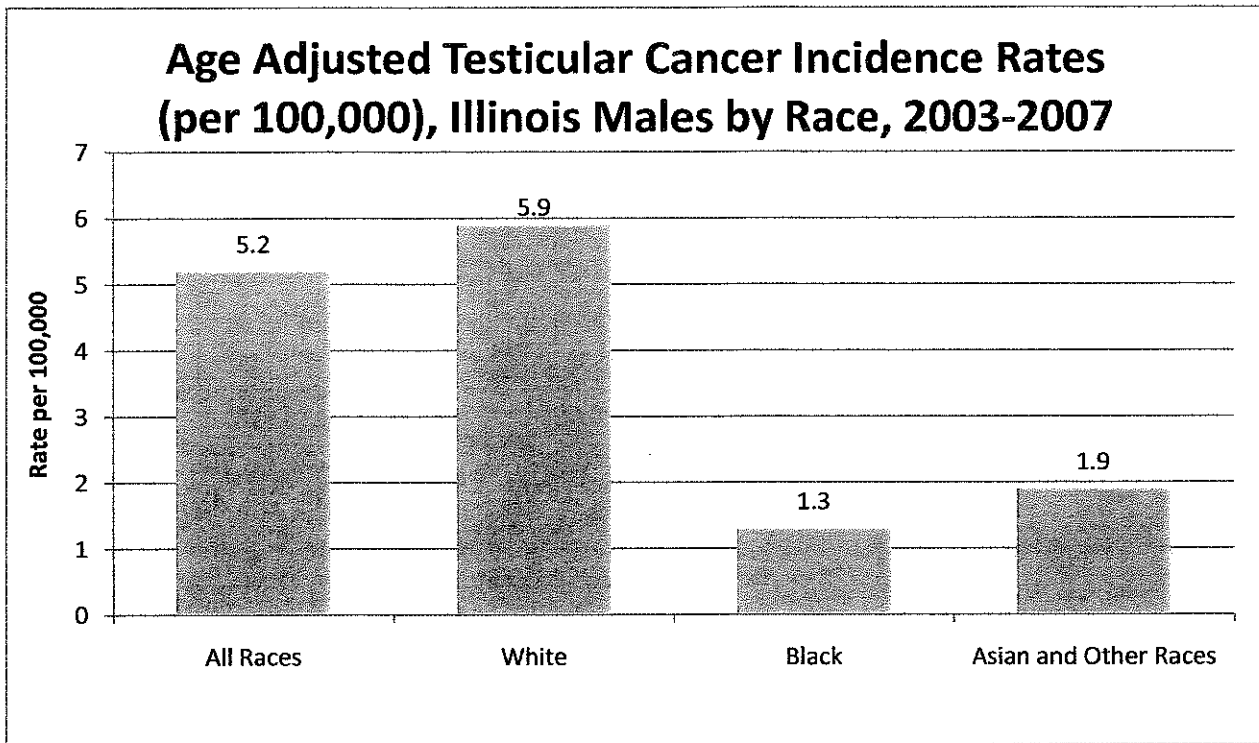
White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic (any race)	Mortality Rates
Lung and Bronchus	66.3	Lung and Bronchus	97.2	Lung and Bronchus	30.5	Lung and Bronchus	27.2
Prostate	22.8	Prostate	56.6	Prostate	7.5	Prostate	13.7
Colorectal	21.0	Colorectal	33.7	Colorectal	6.8	Pancreas	11.2
Pancreas	12.1	Pancreas	15.8	Liver	6.3	Colorectal	8.4
Leukemia	10.0	Stomach	13.8	Pancreas	5.8	Stomach	6.5
Esophagus	8.9	Liver	11.3	Stomach	4.9	Leukemia	6.4
Non-Hodgkin Lymphoma	8.8	Esophagus	9.2	Leukemia	3.8	Liver	6.3
Bladder	7.9	Multiple Myeloma	7.8	Kidney	3.6	Brain	5.3
Kidney	5.8	Bladder	6.9	Esophagus	3.4	Kidney	3.6
Liver	5.1	Leukemia	6.3	Non-Hodgkin Lymphoma	3.2	Esophagus	2.9

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2009)

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 2011, 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 2009).

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 (5.9 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 2003 – 2007.

**Figure 1: Testicular Cancer Incidence Rates (per 100,000) by Race, Illinois, 2003-2007**



(Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2009)

#### **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.

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, to provide education and to offer screenings for prostate and testicular cancer to at risk men.

- Partnering with agencies and organizations to sponsor public events promoting awareness of prostate and testicular cancer issues, as well as general male health issues.
- 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. The funding was viewed as a first step in the development of partnerships among all the stakeholders. The plan is for these agencies and their partners to become self-sustaining and to address local priorities.

During fiscal year 2010, grants were 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, 171 men were 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 performed and the number of men referred for additional diagnostic testing who were discovered to possibly have prostate issues for the period of 2000 through 2010.

**Table 3: Number of PSA and DRE Screenings by Fiscal Year**

<b>Fiscal Year</b>	<b>Grantees</b>	<b>PSA Screenings</b>	<b>DRE Screenings</b>	<b>Clients Referred</b>	<b>GRF Funding</b>	<b>Total Grant Awards</b>
2000	8	1,180	-	90	\$300,000	\$169,600
2001	11	1,548	86	118 <sup>1</sup>	\$297,000	\$251,400
2002	11	2,173	1,311	164 <sup>1</sup>	\$297,000	\$249,100
2003	12	2,262	148	173 <sup>1</sup>	\$297,000	\$290,958
2004	9	2,446	391	134	\$297,000	\$296,948
2005	12	2,479	721	185	\$297,000	\$287,452
2006	10	3,681	623	257	\$297,000	\$289,600
2007	14	3,876	941	379	\$297,000	\$290,000
2008	15	4,055	774	302	\$297,000	\$290,000
2009	14	4,580	956	298	\$297,000	\$277,000
2010	18 <sup>2</sup>	3,382	467	171	\$297,000	\$287,700
<b>TOTAL</b>		<b>27,607</b>	<b>4,688</b>	<b>1,969</b>		

<sup>1</sup> Estimated

<sup>2</sup> Includes mini-grants to four agencies to perform screenings



## **VI. Challenges and Opportunities**

The Illinois Prostate and Testicular Cancer Program will continue to work with communities to provide screenings to increase early detection. These early detection efforts will help reduce morbidity and mortality from prostate and testicular cancer. The program encourages local community agencies to develop ways for those diagnosed with prostate and testicular cancer to seek out and to receive health care through local, statewide and national organizations.

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 Cancer Partnership, a Department advisory group, will 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 program has provided an opportunity for information to be disseminated and screening programs to reach the high-risk and disparate populations since 2000, but future efforts depend on the availability of funding.

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 Fans for the Cure and the University of Illinois at Chicago; the Department will strive to maintain 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.

