



State of Illinois
Illinois Department of Public Health

Prostate and Testicular Cancer Report to the Illinois General Assembly

June 2012

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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Report Period - Fiscal Year 2012

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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 2012 (July 1, 2011 through June 30, 2012). During the previous 12 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 2012, the Department announced a request for applications for grants totaling \$193,100 to support awareness, education and screening applicable to prostate and testicular cancer by public or private entities. There were 21 applicants from across the state and 15 were selected for funding. The grantees' contracts are from January 2012 through December 2012, so only the first quarter data is included in this report. The complete data set will be presented in the FY13 report.

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 2012, there will be approximately 9,680 new cases of prostate cancer in the state and an estimated 1,270 men will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2011). 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 27 percent of 646,180 new cancer diagnoses during 1986-2008 (Illinois Department of Public Health, Illinois State Cancer Registry, Public Dataset as of November 2010). During this time period, black males had the highest prostate cancer incidence rates among all race groups at 221.8 per 100,000 as compared to white males at 145.2. This is approximately 52.7 percent higher than those observed for white males and nearly three times those observed for males of Asian/other races (76.8 per 100,000) in Illinois.

Table 1 illustrates the top 10 cancer incidence rates for males in Illinois for 2008, 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 (244.3 per 100,000) and least prevalent among Asians (67.0 per 100,000).

**Table 1: Top 10 Age Adjusted Cancer Incidence Rates in Illinois (per 100,000)
Males by Race and Ethnicity, 2008**

White	Incidence Rates	Black	Incidence Rates	Asian and Other	Incidence Rates	Hispanic (any race)	Incidence Rates
Prostate	143.5	Prostate	244.3	Prostate	67.0	Prostate	124.2
Lung and Bronchus	84.4	Lung and Bronchus	109.7	Colorectal	45.3	Lung and Bronchus	38.0
Colorectal	56.6	Colorectal	78.0	Lung and Bronchus	32.9	Colorectal	36.9
Bladder	42.0	Kidney	27.1	Liver	13.0	Non-Hodgkin Lymphoma	21.7
Non-Hodgkin Lymphoma	24.1	Bladder	23.2	Pancreas	12.7	Kidney	18.1
Kidney	23.1	Stomach	20.8	Stomach	12.2	Bladder	15.8
Melanoma	21.9	Oral	20.8	Oral	12.1	Stomach	13.3
Leukemia	16.5	Pancreas	19.0	Leukemia	10.7	Leukemia	12.3
Oral	16.4	Non-Hodgkin Lymphoma	14.8	Bladder	10.7	Pancreas	12.1
Pancreas	14.6	Liver	14.5	Non-Hodgkin Lymphoma	9.4	Oral	10.7

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2010)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2008, 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 (50.8 compared to 21.7 per 100,000). Please note that there is no data other than the top five for Asian and Other Races due to the fact they had nine or fewer deaths and cannot be used to calculate a reliable rate.

Table 2: Top 10 Age Adjusted Cancer Mortality Rates in Illinois (per 100,000) Males by Race and Ethnicity, 2008

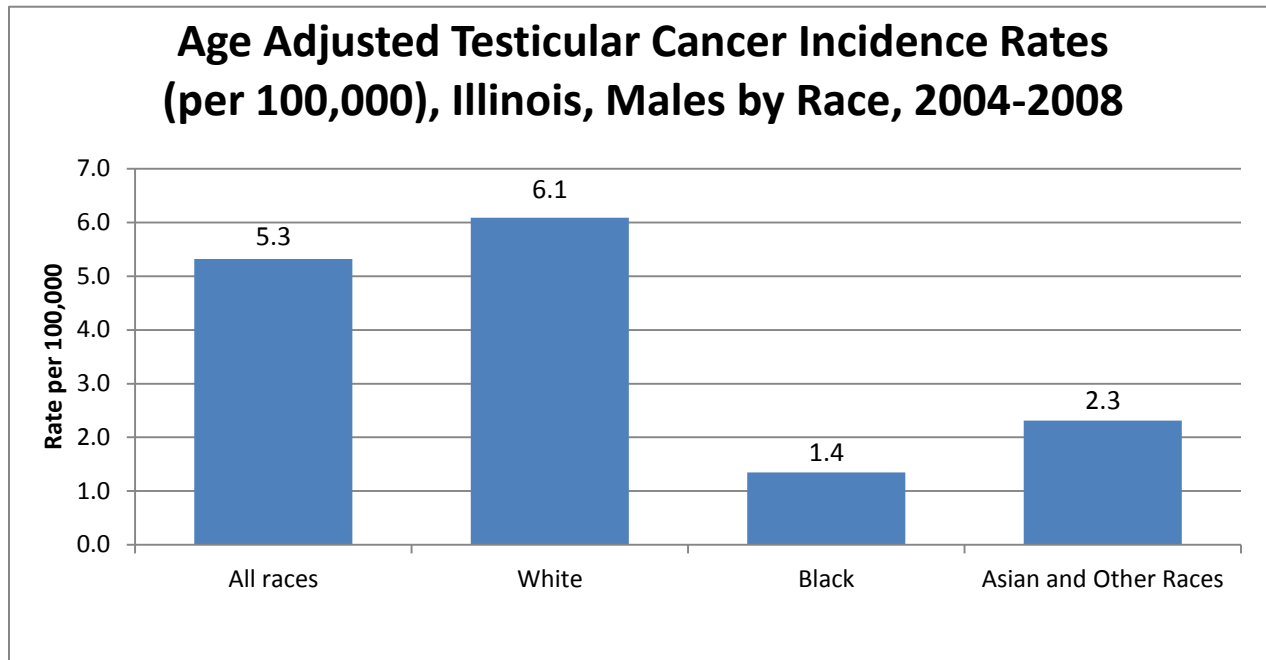
White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic (any race)	Mortality Rates
Lung and Bronchus	66.2	Lung and Bronchus	90.6	Lung and Bronchus	24.6	Lung and Bronchus	26.1
Prostate	21.7	Prostate	50.8	Colorectal	11.3	Prostate	14.3
Colorectal	21.1	Colorectal	36.2	Pancreas	8.0	Colorectal	12.2
Pancreas	13.1	Pancreas	17.5	Liver	7.4	Pancreas	10.0
Leukemia	10.7	Stomach	13.3	Stomach	4.3	Stomach	6.8
Bladder	9.2	Liver	10.7			Liver	6.1
Non-Hodgkin Lymphoma	8.9	Esophagus	10.2			Multiple Myeloma	4.6
Esophagus	8.7	Multiple Myeloma	9.1			Non-Hodgkin Lymphoma	4.1
Kidney	6.3	Leukemia	8.0			Leukemia	4.1
Liver	5.5	Kidney	6.0			Kidney	3.7

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2010)

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 2012, it is estimated that there will be approximately 340 new cases of testicular cancer in Illinois and 10 males will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2010).

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 (6.1 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 2004 – 2008.

Figure 1: Testicular Cancer Incidence Rates (per 100,000) by Race, Illinois, 2004-2008



(Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of November 2010)

IV. Illinois Prostate and Testicular Cancer Program

- 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. Due to the state's fiscal condition, grants funds were not available in fiscal year 2011 and no awards were made. 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 Fiscal Year 2000 through 2012. For Fiscal Year 2012, only the first quarter of data is presented here on page 8 (Table 4) as the contract period runs from January 1, 2012 through December 31, 2012. The complete year will be detailed in the next annual report.

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

Fiscal Year	Grantees	PSA Screenings	DRE Screenings	Clients Referred	GRF Funding	Total Grant Awards
2000	8	1,180	-	90	\$300,000	\$169,600
2001	11	1,548	86	118 ¹	\$297,000	\$251,400
2002	11	2,173	1,311	164 ¹	\$297,000	\$249,100
2003	12	2,262	148	173 ¹	\$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 ²	3,382	467	171	\$297,000	\$287,700
2011	0	0	0	0	0	0
2012 ³	15	496	2	30	\$193,100	\$189,200
TOTAL		27,607	4,688	1,969		

¹ Estimated

² Includes mini-grants to four agencies to perform screenings

³ For first quarter only

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..