

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

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 2013

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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 fiscal year 2013 report summarizes the activities of the Illinois Prostate and Testicular Cancer Program for January 1, 2012 through December 31, 2012. During the previous 13 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 14 were selected for funding. As the grantees' contract periods were from January 2012 through December 2012, a partial data summary was included in the fiscal year 2012 report. The complete data set is being presented in this FY13 report.

III. The Problem

In Illinois, prostate cancer is the second leading cause of cancer death in men, exceeded by only by lung cancer. In 2013, there will be approximately 9,440 new cases of prostate cancer in the state and an estimated 1,280 men will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, September 2012). Black men develop prostate cancer at a higher rate and are more than twice as likely to die of prostate cancer as men of other racial and ethnic groups.

For Illinois males, prostate cancer was the most frequently diagnosed invasive cancer, accounting for 27 percent of the 679,935 invasive cancer cases during 1986-2009. (Illinois Department of Public Health, Illinois State Cancer Registry, September 2012). During this time period, black males had the highest prostate cancer incidence rates among all race groups at 223.4 per 100,000 as compared to white males at 145.3 per 100,000. This incidence rate is approximately 54 percent higher than those observed for white males and nearly three times those observed for males of Asian/other races (77.5 per 100,000).

Table 1 illustrates the top 10 cancer incidence rates for males in Illinois for 2009, the most recent year for which complete data is available. In 2009, prostate cancer was the most diagnosed cancer among males. When compared by race, prostate cancer was most prevalent among black males (236.7 per 100,000) and least prevalent among Asians/other races (80.4 per 100,000).

**Table 1: Top 10 Age Adjusted Cancer Incidence Rates in Illinois (per 100,000)
Males by Race and Ethnicity, 2009**

White	Incidence Rates	Black	Incidence Rates	Asian and Other	Incidence Rates	Hispanic (any race)	Incidence Rates
Prostate	134.7	Prostate	236.7	Prostate	80.4	Prostate	123.5
Lung and Bronchus	84.5	Lung and Bronchus	97.3	Lung and Bronchus	45.8	Colorectal	34.6
Colorectal	51.9	Colorectal	74.8	Colorectal	36.9	Lung and Bronchus	27.8
Bladder	42.5	Bladder	24.1	Liver	19.8	Kidney	22.7
Non-Hodgkin Lymphoma	23.9	Kidney	23.6	Non-Hodgkin Lymphoma	19.4	Non-Hodgkin Lymphoma	18.7
Kidney	22.3	Pancreas	19.7	Bladder	17.8	Stomach	16.3
Melanoma	22.2	Stomach	19.3	Stomach	11.6	Bladder	15.8
Oral	16.7	Oral	16.3	Oral	10.6	Leukemia	9.3
Leukemia	14.7	Non-Hodgkin Lymphoma	14.1	Leukemia	10.4	Oral	8.6
Pancreas	14.7	Liver	12.4	Pancreas	6.9	Pancreas	7.2

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, September 2012)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2009, the most recent year for which complete data is available. Prostate cancer is the second leading cause of cancer death among men, regardless of race. Prostate cancer was most prevalent among black males (54.9 per 100,000) and least prevalent among Hispanics (11.0 per 100,000).

Table 2: Top 10 Age Adjusted Cancer Mortality Rates in Illinois (per 100,000) Males by Race and Ethnicity, 2009

White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic (any race)	Mortality Rates
Lung and Bronchus	63.0	Lung and Bronchus	78.1	Lung and Bronchus	28.9	Lung and Bronchus	19.3
Prostate	20.8	Prostate	54.9	Colorectal	16.0	Prostate	11.0
Colorectal	20.5	Colorectal	28.0	Prostate	13.1	Colorectal	8.9
Pancreas	13.3	Pancreas	17.2	Liver	11.6	Stomach	8.8
Leukemia	11.2	Stomach	11.6	Pancreas	8.0	Liver	7.3
Non-Hodgkin Lymphoma	8.7	Leukemia	11.0	Stomach	4.8	Non-Hodgkin Lymphoma	5.8
Esophagus	8.4	Liver	9.2		¹	Leukemia	5.7
Bladder	8.3	Esophagus	9.2		¹	Pancreas	4.6
Kidney	6.2	Bladder	7.2		¹	Kidney	4.3
Liver	6.2	Multiple Myeloma	7.2		¹	Multiple Myeloma	2.7

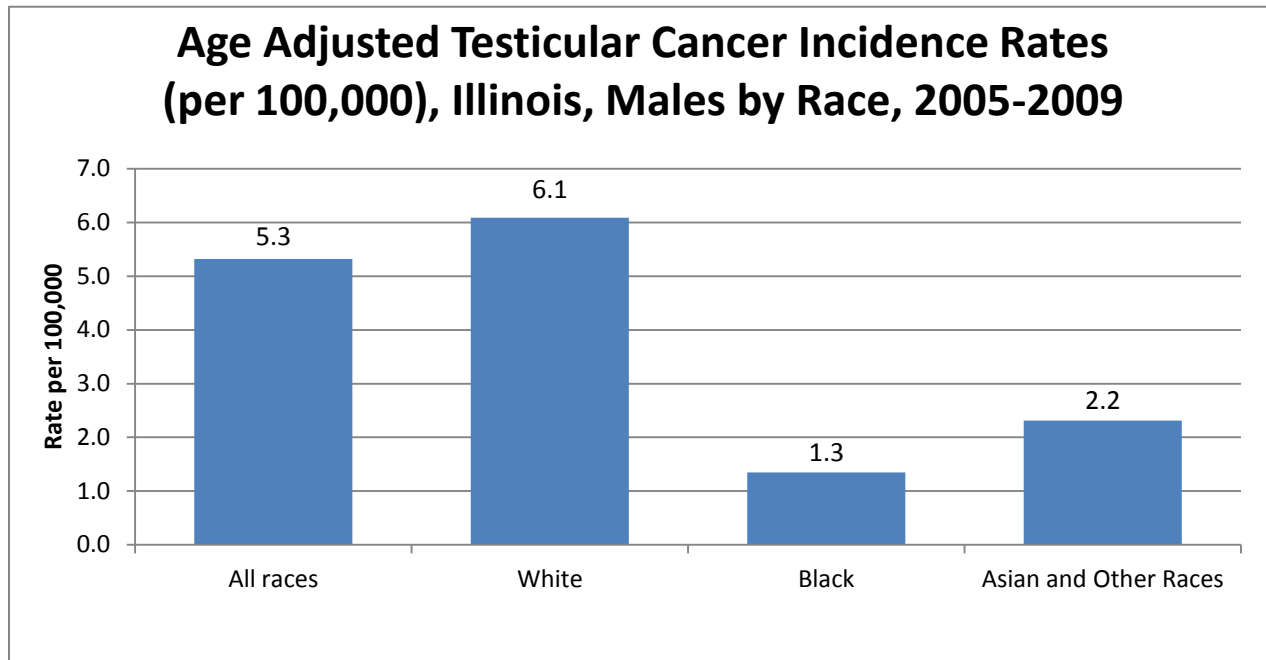
(Source: Illinois Department of Public Health, Illinois State Cancer Registry, September 2012)

¹ Rates are suppressed and not ranked if case counts are fewer than 16 or if the population of the specific category (race, ethnicity) is less than 50,000.

There are an estimated 8,000 new cases of testicular cancer and about 370 deaths due to testicular cancer annually in the United States. In 2013, it is estimated that there will be approximately 350 new cases of testicular cancer in Illinois (Illinois Department of Public Health, Illinois State Cancer Registry, September 2012).

Testicular cancer occurs most often in men between the 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). 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 rate for Illinois during the period of 2005-2009.

Figure 1: Testicular Cancer Incidence Rates (per 100,000) by Race, Illinois, 2005-2009



(Source: Illinois Department of Public Health, Illinois State Cancer Registry, data as of September 2012)

IV. Illinois Prostate and Testicular Cancer Program

- Promoting awareness and educating the public 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

During calendar year 2012, grants were provided to 14 grantees and a total of 3,074 prostate-specific antigen (PSA) screenings and 311 digital rectal exam (DRE) screenings were provided to men seeking the early detection of prostate cancer. As a result of these screenings, 220 men were referred for further diagnostic testing. In addition, 378 men were screened for testicular cancer and none were referred for further diagnostic testing. Due to the state's fiscal condition, grants funds were not available in fiscal year 2013 and no additional awards were made when the previous grants ended. 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 December 2012. For fiscal year 2012, the entire calendar year of 2012 data is presented on page 8 (Table 4) as the contract period ran from January 1, 2012 through December 31, 2012.

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	14	3074	311	220	\$193,100	\$173,700
TOTAL		27,607	4,688	1,969		

¹ Estimated

² Includes mini-grants to four agencies to perform screenings

³ Actual grant period was January 2012 through December 2012

VI. Challenges and Opportunities

The Illinois Prostate and Testicular Cancer Program will work with local community providers to provide screenings to increase early detection. These early detection efforts can help reduce prostate and testicular cancer morbidity and mortality. Local community agencies are encouraged 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.

The *Illinois Comprehensive Cancer Control State Plan 2012-2015*, recommends: “Increase the knowledge of the general public to include all diverse groups and health care providers regarding early detection guidelines and the importance of screenings for...prostate...and testicular cancers.” The state plan further defines what is needed in order to achieve this goal:

- Educate the general public on early cancer detection and cancer screening guidelines.
- Educate non-oncology health care workforce about cancer issues and strategies to encourage people to have a yearly comprehensive physical exam.
- Educate physicians on how to adopt a systematic approach for recommending early detection screenings for their patients.

The Illinois Cancer Partnership, a Department advisory group, encourages health care providers to promote annual physical exams and routine screenings for all men. The challenge faced by all is how to reach 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, who do not routinely receive annual physicals and screenings.

The Illinois General Assembly approved appropriation authority for the Illinois Department of Public Health to implement prostate and testicular cancer prevention and early detection efforts for fiscal year 2014. The Illinois Department of Public Health will work with local community providers to ensure this program includes education to the general public, information for health care providers and raises awareness about the importance of early detection education and screening tests to decrease prostate and testicular cancer death rates.