



State of Illinois  
Illinois Department of Public Health

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# Prostate and Testicular Cancer Report to the Illinois General Assembly

June 2014

Public Act 90-599 – Prostate and Testicular Cancer Program  
Public Act 91-0109 – Prostate Cancer Screening Program

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Report Period - Fiscal Year 2014

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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, 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**

The FY 14 report summarizes the activities of the Illinois Prostate and Testicular Cancer Program. During the previous 14 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 through a competitive grant application process using funds appropriated by the Illinois General Assembly.

In fiscal year 2013, the Department announced a request for applications for grants totaling \$150,000 to support awareness, education and screening applicable to prostate and testicular cancer by public or private entities. There were 20 applicants that requested \$378,890; nine were selected for \$150,000 in funding. As the grantees' contract periods were from October 2013 through June 2014, only data from two quarters are included in this report. The complete data set will be presented in the FY15 report.

## **III. The Problem**

In Illinois, prostate cancer is the second overall leading cause of cancer death in men, exceeded only by lung cancer. In 2014, there will be an estimated 8,940 new cases of prostate cancer (Illinois Department of Public Health, Illinois State Cancer Registry, November 2013) in the state and an estimated 1,250 men will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 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 28 percent of the 164,318 invasive cancer cases during 2006-2010. (Illinois Department of Public Health, Illinois State Cancer Registry, November 2012). During the period 1986 - 2010, black males had the highest prostate cancer incidence rates among all race groups at 221.4 per 100,000 as compared to white males at 144.5 per 100,000. This incidence rate is 53 percent higher than those observed for white males and more than three times those observed for males of Asian/other races (65.1 per 100,000).

Table 1 illustrates the top 10 cancer incidence rates for males in Illinois for 2010, the most recent year for which complete data is available. In 2010, prostate cancer was the most diagnosed cancer

among males. When compared by race, prostate cancer was most prevalent among blacks (192.2 per 100,000) and least prevalent among Asians/other races (58.3 per 100,000).

**Table 1: Top 10 Age Adjusted Cancer Incidence Rates in Illinois (per 100,000)  
Males by Race and Ethnicity, 2010**

<b>White</b>	<b>Incidence Rates</b>	<b>Black</b>	<b>Incidence Rates</b>	<b>Asian and Other</b>	<b>Incidence Rates</b>	<b>Hispanic (any race)</b>	<b>Incidence Rates</b>
<b>Prostate</b>	<b>117.4</b>	<b>Prostate</b>	<b>192.2</b>	<b>Prostate</b>	<b>58.3</b>	<b>Prostate</b>	<b>108.5</b>
Lung and Bronchus	78.5	Lung and Bronchus	94.2	Lung and Bronchus	49.7	Lung and Bronchus	39.3
Colorectal	53.0	Colorectal	69.2	Colorectal	39.0	Colorectal	36.8
Bladder	40.2	Kidney	24.0	Liver	17.0	Kidney	19.4
Non-Hodgkin Lymphoma	24.7	Bladder	18.6	Oral	16.1	Non-Hodgkin Lymphoma	19.3
Melanoma	23.4	Oral	18.2	Non-Hodgkin Lymphoma	14.9	Bladder	19.0
Kidney	21.6	Non-Hodgkin Lymphoma	17.9	Stomach	14.8	Stomach	14.8
Leukemia	16.9	Stomach	16.3	Kidney	11.0	Liver	13.7
Oral	16.5	Leukemia	15.5	Bladder	10.7	Leukemia	11.0
Pancreas	14.7	Pancreas	15.6	Leukemia	8.7	Oral	9.5

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, March 2014)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2010, the most recent year for which complete data is available. Prostate cancer is the second leading cause of cancer death, regardless of race. Prostate cancer was most prevalent among blacks (54.6 per 100,000) and least prevalent among Hispanics races (12.7 per 100,000).

**Table 2: Top 10 Age Adjusted Cancer Mortality Rates in Illinois (per 100,000) Males by Race and Ethnicity, 2010**

White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic (any race)	Mortality Rates
Lung and Bronchus	61.3	Lung and Bronchus	80.8	Lung and Bronchus	30.0	Lung and Bronchus	24.1
<b>Prostate</b>	<b>19.5</b>	<b>Prostate</b>	<b>54.6</b>	<b>Prostate</b>	<b>10.8</b>	Liver	12.8
Colorectal	19.1	Colorectal	31.7	Colorectal	9.6	<b>Prostate</b>	<b>12.7</b>
Pancreas	12.7	Pancreas	15.9	Liver	8.9	Colorectal	10.0
Leukemia	10.2	Stomach	10.9	Pancreas	8.4	Pancreas	8.9
Non-Hodgkin Lymphoma	8.8	Liver	10.0	Stomach	7.6	Non-Hodgkin Lymphoma	8.7
Esophagus	8.2	Multiple Myeloma	8.6		<sup>1</sup>	Stomach	8.6
Bladder	7.9	Leukemia	8.4		<sup>1</sup>	Leukemia	6.0
Liver	6.3	Esophagus	7.2		<sup>1</sup>	Kidney	2.6
Kidney	5.4	Bladder	6.7		<sup>1</sup>	Multiple Myeloma	2.3

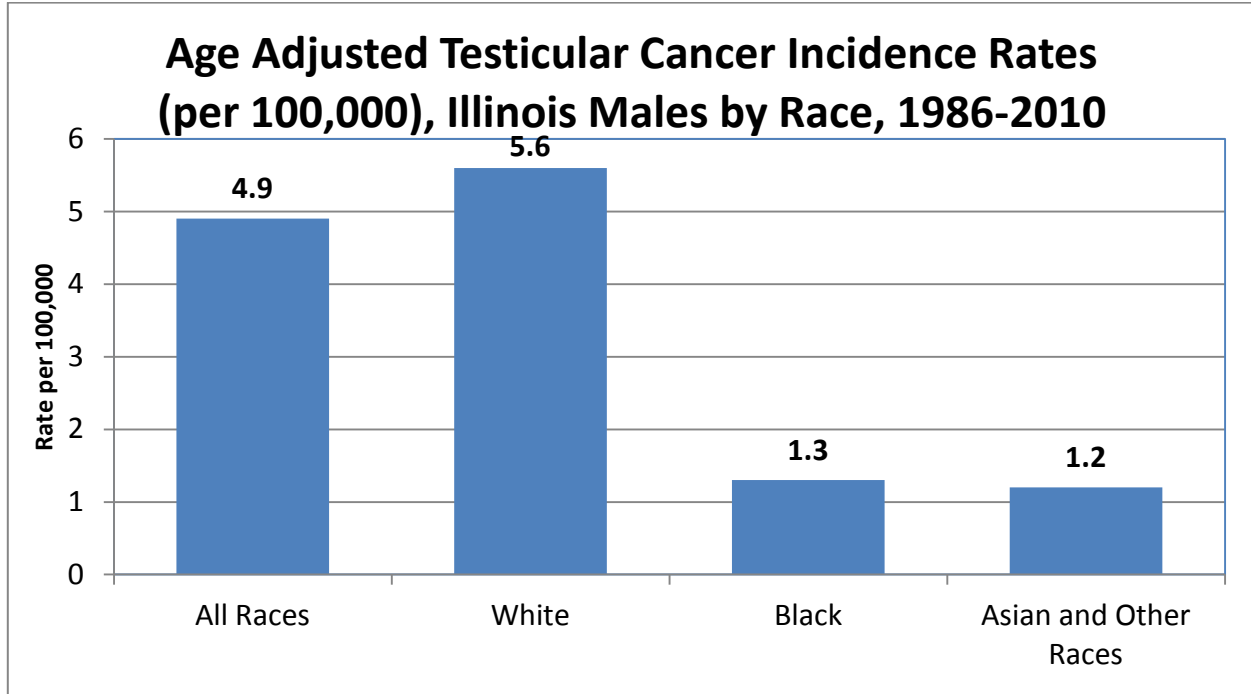
(Source: Illinois Department of Public Health, Illinois State Cancer Registry, March 2014)

<sup>1</sup> 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.

Annually, there are an estimated 8,000 new cases of testicular cancer and about 370 deaths due to testicular cancer in the United States. In 2014, it is estimated there will be approximately 340 new cases of testicular cancer in Illinois (Illinois Department of Public Health, Illinois State Cancer Registry, November 2013).

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 whites (5.6 per 100,000). The testicular cancer incidence rate has more than doubled among whites in the past 40 years, but has only recently begun to increase among blacks. Figure 1 illustrates the testicular cancer incidence rate for Illinois during the period of 1986-2010.

**Figure 1: Testicular Cancer Incidence Rates (per 100,000) by Race, Illinois, 1986-2010**



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

#### **IV. Illinois Prostate and Testicular Cancer Program**

The goals of the Illinois Prostate and Testicular Cancer Program include:

- 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 screening for 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 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 information and resources to the public.

## V. Screening, Education and Awareness Grants

Beginning in fiscal year 2000, the Department's Office of Health Promotion awarded Illinois Prostate and Testicular Cancer Program pilot grants to 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 for these agencies and their partners was to become self-sustaining and to address local priorities. Table 3 illustrates the screenings performed and the number of men referred for additional diagnostic testing during the period of fiscal year 2000 through March 2014.

**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
2011	0	0	0	0	\$0	\$0
2012 <sup>3</sup>	14	3,074	311	220	\$193,100	\$173,700
2013	0	0	0	0	\$0	\$0
2014 <sup>4</sup>	9	851	149	78	\$150,000	\$150,000
<b>TOTAL</b>		<b>35,557</b>	<b>6,878</b>	<b>2,569</b>		

<sup>1</sup> Estimated

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

<sup>3</sup> Grant period was January 2012 through December 2012

<sup>4</sup> Grant Period: October 2013 through June 2014. Data illustrated in table above reflects information from October 1, 2013 through March 31, 2014.

During FY 14, grants were awarded to nine grantees. As of March 31, 2014, a total of 851 prostate-specific antigen (PSA) screenings were provided to men seeking the early detection of prostate cancer. As a result of these screenings, 78 men were referred for further diagnostic testing. In addition, 42 men were screened for testicular cancer and two were referred for further diagnostic



testing. The following table (Table 4) illustrates the program screenings for fiscal year 2014 by location, insurance status, age, race/ethnicity and grant award amount.

**Table 4: Prostate and Testicular Cancer Awareness, Education and Screening Program Results, Fiscal Year 2014  
(October 1, 2013 through March 31, 2014)**

<b>FY 2014 Grantees</b>	<b>Geographic Location</b>	<b>PSA Screening/ Referred</b>	<b>DRE Screening</b>	<b>Testicular Screening/ Referred</b>	<b>Individuals Receiving Awareness</b>	<b>Insured/ Uninsured/ Underinsured</b>	<b>Ages 18-24/25-44/45-64/&gt;65</b>	<b>Hispanic</b>	<b>Non Hispanic</b>	<b>White</b>	<b>Black</b>	<b>Asian/ Other/ Unknown</b>	<b>Grant Award</b>
Cass County Health Department	Virginia	76/3	0	0	76	44/15/17	0/0/9/58/9	16	60	66	4	6	\$8,000
Crawford County Health Department	Robinson	77/1	0	0	77	54/23/0	0/0/1/75/1	0	77	76	0	1	10,000
East Side Health District	East St. Louis	99/7	0	0	778	79/19/1	0/3/16/60/20	1	98	9	89	1	22,000
Macon County Health Department	Decatur	152/41	138	0	503	123/27/2	0/0/6/77/69	0	152	106	33	13	20,000
Macoupin County Public Health Department	Carlinville	39/3	1	0	57	13/0/26	0/0/0/21/18	0	39	31	8	0	10,000
Mercer County Health Department	Aledo	63/2	10	0	132	36/16/11	0/0/9/43/11	0	63	61	0	2	20,000
Research and Education Foundation of the Michael Reese Medical Staff	Chicago	23/0	0	0	58	21/2/0	0/0/3/9/11	3	20	4	12	7	20,000
White Crane Wellness Center	Chicago	215/21	0	0	386	167/47/1	0/0/2/67/146	47	168	96	81	38	20,000
Winnebago County Health Department	Rockford	107/0	0	42/2	149	50/78/21	1/14/49/75/10	10	139	76	73	0	20,000
<b>Total</b>		<b>851/78</b>	<b>149</b>	<b>42/2</b>	<b>2,216</b>	<b>587/227/79</b>	<b>1/17/95/485/295</b>	<b>77</b>	<b>816</b>	<b>525</b>	<b>300</b>	<b>68</b>	<b>\$150,000</b>

## **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.

A primary goal included in 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 acquire 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, continues to encourage health care providers to promote annual physical exams and routine screenings for all men. 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 routinely accessed by 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. The promotion of early detection education and screening tests continues to be an important objective to decreasing prostate and testicular cancer death rates.

