



Prostate Cancer Control Plan for Michigan
(Updated 2005)

From the Advisory Committee on Prostate Cancer

Table of Contents

Executive Summary	1
Introduction: Development of Recommendations	4
Activities and Achievements, 1998-2005	5
The Burden of Prostate Cancer in Michigan	8
Goals, Progress Markers, Rationale, Objectives, Strategy Options	10
Primary and Secondary Prevention.....	10
Treatment	17
Survivorship	21
Appendices	
Appendix A: Michigan Cancer Consortium Prostate Cancer Early Detection Recommendations (Updated 2005)	26
Appendix B: Hereditary Prostate Cancer	29
Appendix C: Resources	32
Appendix D: Advisory Committee on Prostate Cancer	34
Appendix E: Selected Prostate Cancer Data from <i>The Cancer Burden in Michigan: Selected Statistics</i>	37
Appendix F: Cost of Prostate Cancer	61
Appendix G: Contact Information.....	79

Executive Summary

Introduction

The Michigan Cancer Consortium (MCC) Advisory Committee on Prostate Cancer (ACPC) was convened in 2004 to review and revise the 1998 Prostate Cancer Control Plan for Michigan. A panel of prostate cancer experts and advocates assessed progress made since 1998, the current state of the science, and the experience of the panel's members to develop recommendations to guide the Michigan Department of Community Health and the MCC for the next five years. The Committee formed three workgroups to focus on 1) primary and secondary prevention, 2) treatment, and 3) survivorship issues. Crosscutting issues of epidemiology, accessibility, disparities, and genetics were also considered. A goal was identified for each of the three focus areas accompanied by specific measurable objectives and strategies to achieve the desired outcomes.

Burden of Prostate Cancer in Michigan—Why this is an important disease to address

Prostate cancer is the second leading cause of deaths due to cancer in Michigan men. About 14% of Michigan men will be diagnosed with prostate cancer sometime during their lives; about 3 % of Michigan males overall will die of this disease, the number is about 5% for black men. In 2002, there were 8,676 new cases of prostate cancer in Michigan (age-adjusted incidence rate of 195.0 per 100,000 men). There were 985 deaths from prostate cancer in Michigan in 2003 (age-adjusted mortality rate of 25.5 per 100,000 men). At this time, there are approximately 80,000 prostate cancer survivors in Michigan. There is a disproportionate burden of prostate cancer in African American men who have an incidence rate of prostate cancer 1.4 times that of Whites and a disease specific mortality rate about 2 times that of Whites.

Prostate Cancer Control Recommendations

1) Prostate Cancer Primary and Secondary Prevention Goal

Increase by 2010 awareness of prostate cancer risk factors as well as the benefits and risks of prostate cancer screening among primary care physicians, high-risk men, and the general public.

Objectives

- By 2010, there will be a 30% increase in knowledge of the 2006 Michigan Cancer Consortium prostate cancer early detection recommendations among primary care physicians (Baseline 1995 KAP surveys), the public, and high-risk populations (Baseline 1995 KAP surveys; SCBRFSS 2001-02).
- By 2010, increase from 70% to 80% the awareness of prostate cancer risk factors among African American men.
- By 2010, there will be a 30% increase in adherence to the 2005 Michigan Cancer Consortium Prostate Cancer Early Detection Recommendations* among primary care physicians, with particular emphasis on populations of higher than average prostate cancer risk.

***Updated Prostate Cancer Early Detection Recommendations**

Men who MAY be candidates for early detection

- Early detection beginning at age 50 may be appropriate for men who have a life expectancy of at least 10 years.
- Higher risk men may be candidates for early detection starting at age 45. Men at higher risk are African Americans, men with a family history of prostate cancer, and men in Hereditary Prostate Cancer families, including BRCA1 and BRCA2 mutation carriers.

All candidates for early detection should be fully informed of the potential risks and benefits of early detection before being tested

- Individual counseling by a health professional
- Access to the CDC decision aids *Prostate Cancer Screening A Decision Guide* or *Prostate Cancer Screening A Decision Guide for African Americans* available free of charge at www.cdc.gov/cancer/publica.htm#printed or to another high quality decision aid

Health Care Providers should then

- Address any patient concerns
- Facilitate a shared decision making process on early detection for prostate cancer
- If the man chooses to be tested, both a PSA and a DRE should be done.

When an early detection test or biopsy results are indicative of prostate cancer, refer men to the MCC decision aid *Making the Choice: Deciding What To Do About Early Stage Prostate Cancer* available free of charge in English, Spanish, and Arabic at www.prostatecancerdecision.org or by calling 800-249-0314.

2) Prostate Cancer Treatment Goal

By 2012, a higher proportion of men with localized/regional stage prostate cancer on Watchful Waiting, and men with advanced or recurrent prostate cancer will receive appropriate surveillance and/or active treatment including increased enrollment in clinical trials.

Objectives

- By 2012, the proportion of men with localized/regional stage prostate cancer on Watchful Waiting who are not receiving cancer specific follow up will be measured through the use of surveys and/or cancer registries.

Based on these findings, develop means to improve the proportion of men with localized/regional stage prostate cancer on Watchful Waiting who receive cancer specific follow up care.

- By 2012, the proportion of men diagnosed with advanced or recurrent prostate cancer that receive active treatment and/or are enrolled in clinical trials will be measured through the use of surveys and/or cancer registries.

Based on these findings, develop means to improve the proportion of men diagnosed with advanced or recurrent prostate cancer who receive active treatment and/or are enrolled in clinical trials.

3) Prostate Cancer Survivorship Goal

By 2010, practice guidelines and educational materials will be available for professionals and survivors/families that address prostate cancer symptom management across the survivor continuum to decrease morbidity.

Objective

- By 2010, develop and distribute practice guidelines for prostate cancer symptom management to Michigan primary care providers and pertinent specialists.
- By 2010, provide educational materials for prostate cancer symptom management to prostate cancer survivors and their families that are culturally sensitive and at an appropriate reading level.

Recommendation to the MCC

After thoughtful study, deliberation, and discussion, the survivorship goal and objectives were recommended to be the next prostate cancer priority for focused collaborative action by the MCC and its member organizations.