

Report to the General Assembly

Public Act 91-0109 – Prostate Cancer Screening Program

State of Illinois
Bruce Rauner, Governor

Illinois Department of Public Health

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Report Period - Fiscal Year 2016

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I. Background

On June 25, 1998, Public Act 90-599 established that the Illinois Department of Public Health (Department), subject to appropriation or other available funding, shall begin to promote awareness and early detection of prostate and testicular cancer. The Department then began to enlist the support and engage the efforts of other state agencies, nonprofit organizations, and local providers to develop this initiative.

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. Together, these two Public Acts created what is now called the Illinois Prostate and Testicular Cancer Program which promotes the early detection of prostate and testicular cancer, provides funding for screening activities and strives to increase awareness of these diseases and their impact on Illinois men.

The primary goal of the Illinois Prostate and Testicular Cancer Program is to improve the health of men across their life span by initiating, facilitating, and coordinating prostate and testicular cancer awareness and screening programs throughout the state. These awareness campaigns and screening programs have served more than 36,000 men across the state.

II. Executive Summary

The fiscal year 2016 (FY2016) report summarizes the activities of the Illinois Prostate and Testicular Cancer Program. Over the last 16 years, the program has brought together public and private agencies to raise men's awareness of prostate and testicular cancer and to encourage the appropriate screenings. This was accomplished through a competitive grant application process using funds appropriated by the Illinois General Assembly.

In FY2016, the Department announced a request for applications from the FY 2015 grantees for continuation grants to support awareness, education, and screening applicable to prostate and testicular cancer by public or private entities. Nine agencies received awards totaling \$131,468. Due to the state budget impasse and a lack of appropriation authority, all the FY2016 grantees reimbursement requests have been held for payment. This has resulted in several of the grantees unable to perform their activities due to a lack of funds.

As the grantees' contract periods were from October 2015 through June 2016, only data from the first three quarters are included in this report. The complete data set for FY2016 will be presented in the FY2017 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 2016, there will be an estimated 7,700 new cases of prostate cancer (Illinois Department of Public Health, Illinois State Cancer Registry, November 2015) in the state and an estimated 1,150 men will die of this disease (Illinois Department of Public Health, Illinois State Cancer Registry, November 2015). Black males 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 26.8 percent of 813,932 new cancer diagnoses in men during 1986-2013. Black males had the highest prostate cancer incidence rates among all race groups, approximately 61 percent higher than those observed for White males and over three times those observed for males of Asian/Other races in 2013.

Table 1 illustrates the top 10 cancer incidence rates for males in Illinois for 2013, the most recent year for which complete data is available. In 2013, prostate cancer was the most diagnosed cancer among males. When compared by race, prostate cancer was most prevalent among Black males (158.7 per 100,000) and least prevalent among Asians/Other races (48.6 per 100,000).

Table 1: Top 10 Age Adjusted Cancer Incidence Rates in Illinois (per 100,000) Males by Race and Ethnicity, 2013

White	Incidence Rates	Black	Incidence Rates	Asian and Other	Incidence Rates	Hispanic (any race)	Incidence Rates
Prostate	98.5	Prostate	158.7	Prostate	48.6	Prostate	93.2
Lung and Bronchus	74.8	Lung and Bronchus	96.0	Lung and Bronchus	37.9	Colorectal	32.4
Colorectal	48.3	Colorectal	64.9	Colorectal	32.9	Lung and Bronchus	31.4
Bladder	40.5	Kidney	25.5	Non-Hodgkin Lymphoma	14.4	Kidney	22.4
Melanoma	25.6	Bladder	23.6	Leukemia	11.9	Non-Hodgkin Lymphoma	18.6
Non-Hodgkin Lymphoma	24.5	Oral	18.7	Bladder	11.6	Pancreas	16.8
Kidney	23.3	Pancreas	18.2	Kidney	11.7	Liver	15.0
Oral	18.3	Stomach	15.6	Oral	11.1	Leukemia	14.9
Leukemia	16.7	Liver	15.5	Stomach	10.7	Stomach	13.6
Pancreas	15.1	Non-Hodgkin Lymphoma	15.0	Liver	9.7	Bladder	12.5

(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2015)

Table 2 illustrates the top 10 cancer mortality rates for males in Illinois for 2013, the most recent year for which complete data is available. Prostate cancer is the second leading cause of cancer death for Black males, third for White males and fourth for Asian and Other males. Prostate cancer was most prevalent among Black males (38.6 per 100,000) and least prevalent among Asian and Other males (13.8 per 100,000).

Table 2: Top 10 Age Adjusted Cancer Mortality Rates in Illinois (per 100,000) Males by Race and Ethnicity, 2013

White	Mortality Rates	Black	Mortality Rates	Asian and Other	Mortality Rates	Hispanic (any race)	Mortality Rates
Lung and Bronchus	54.9	Lung and Bronchus	75.5	Lung and Bronchus	30.2	Lung and Bronchus	24.0
Colorectal	18.3	Prostate	38.6	Colorectal	11.0	Prostate	13.8
Prostate	17.6	Colorectal	26.7	Liver	8.7	Colorectal	16.1
Pancreas	12.4	Pancreas	18.5	Prostate	7.7	Leukemia	10.7
Leukemia	10.5	Liver	12.7	Leukemia	5.3	Pancreas	10.2
Esophagus	8.4	Leukemia	10.6	Stomach	5.2	Liver	9.9
Bladder	7.8	Stomach	9.9	Pancreas	5.0	Stomach	6.9
Non-Hodgkin Lymphoma	7.6	Kidney	6.9		¹	Non-Hodgkin Lymphoma	4.1
Kidney	6.5	Multiple Myeloma	6.5		¹	Bladder	3.1
Liver	6.3	Esophagus	5.9		¹	Esophagus	4.3

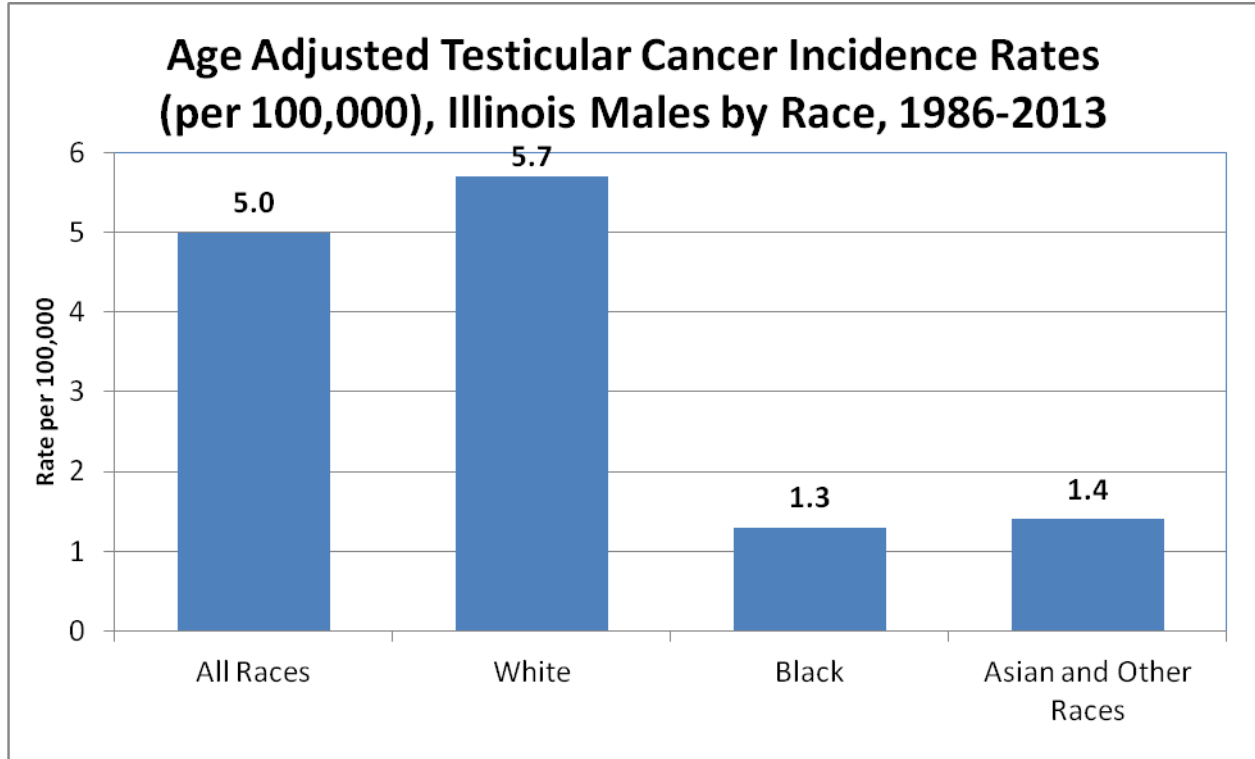
(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2015)

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.

Annually, there are an estimated 8,720 new cases of testicular cancer and 380 deaths due to testicular cancer in the United States. In 2016, it is estimated there will be approximately 370 new cases of testicular cancer in Illinois (Illinois Department of Public Health, Illinois State Cancer Registry, November 2015).

Approximately half of all testicular cancer occurs in men between the ages 20 to 39, and is the most common form of cancer in males ages 15 to 34. Testicular cancer is more common among White males (5.7 per 100,000) which is more than four times more common than Black males, with intermediate incidence rates for Hispanic males. The testicular cancer incidence rate has more than doubled among White males in the past 40 years, but has only recently begun to increase among Black males. Figure 1 illustrates the testicular cancer incidence rate for Illinois during the period of 1986-2012.

Figure 1: Testicular Cancer Incidence Rates (per 100,000) by Race, Illinois, 1986-2013



(Source: Illinois Department of Public Health, Illinois State Cancer Registry, November 2015)

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 all 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 grants to community organizations and local health departments. 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 funding supports the development of partnerships with local health departments, state and local agencies, and other health-related and professional groups. These grants provide the financial support to build 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 July 2000 through March 2015.

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	3,074	311	220	\$193,100	\$173,700
2013	0	0	0	0	\$0	\$0
2014	9	2256	157	159	\$150,000	\$150,000
2015	9	1,908	14	154	\$150,000	\$130,000
2016 ⁴	9	592	2	44	\$135,000	\$131,468
TOTAL		37,233	6,880	2,732		

¹ Estimated

² Includes mini-grants to four agencies to perform screenings

³ Grant period was January 2012 through December 2012

⁴ Grant period: October 2015 through June 2016. Data illustrated in table above reflects information from October 1, 2015 through March 31, 2016.

During FY2015, nine grantees received funding from the Department. As of June 30, 2015, a total of 1,908 prostate-specific antigen (PSA) screenings were provided to men seeking early detection of prostate cancer. As a result of these screenings, 154 men were referred for further diagnostic testing. Table 4 illustrates the complete program screenings for FY2015 by location, insurance status, age, race/ethnicity, and grant award amount. During FY2016, the same nine grantees received funding. As of March 31, 2016, a total of 592 PSA screenings were provided to men seeking the early detection of prostate cancer. As a result of these screenings, 44 men were referred for further diagnostic testing. Table 5 illustrates the complete program screenings for FY2016 through March 31, 2016 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 2015
(October 1, 2014 through June 30, 2015)**

FY2015 Grantees	Geographic Location	PSA Screening/ Referred	DRE Screening	Testicular Screening/ Referred	Individuals Receiving Awareness	Insured/ Uninsured/ Underinsured	Ages 18</18-24/25-44/ 45-64/>65	Hispanic	Non Hispanic	White	Black	Asian/ Other/ Unknown	Grant Award
Cass County Health Department	Virginia	97/0	0	0	200	54/25/18	0/0/17/68/12	42	55	68	13	16	\$8,000
Crawford County Health Department	Robinson	173/7	0	0	173	159/13/1	0/0/24/134/15	0	173	171	0	2	10,000
East Side Health District	East St. Louis	108/2	0	0	3255	90/18/0	0/3/18/63/24	1	107	3	104	1	22,000
Hancock County Health Department	Carthage	25/0	0	0	52	15/0/10	0/1/4/12/8	0	25	25	0	0	1,000
Macoupin County Public Health Department	Carlinville	71/5	0	11/3	125	34/13/35	0/11/8/29/34	0	82	82	0	0	10,000
McHenry County Health Department	Woodstock	279/19	0	0	1063	238/33/8	0/0/5/160/114	19	260	249	12	18	12,000
Mercer County Health Department	Aledo	391/10	14	0	2103	270/21/100	0/0/23/274/94	11	380	365	9	17	20,000
Northwestern University	Chicago	173/14	0	0	4150	121/48/4	0/0/41/103/29	4	169	3	170	0	20,000
White Crane Wellness Center	Chicago	591/97	0	0	1110	476/60/55	0/0/35/192/364	135	456	124	159	308	27,000
Total		1908/154	14	11/3	12231	1457/231/231	0/15/175/1036/693	212	1707	1090	467	362	\$130,000

**Table 5: Prostate and Testicular Cancer Awareness, Education and Screening Program Results, Fiscal Year 2016
(October 1, 2015 through March 31, 2016)**

FY 2015 Grantees	Geographic Location	PSA Screening/ Referred	DRE Screening	Testicular Screening/ Referred	Individuals Receiving Awareness	Insured/ Uninsured/ Underinsured	Ages 18</18-24/25-44/ 45-64/>65	Hispanic	Non Hispanic	White	Black	Asian/ Other/ Unknown	Grant Award
Cass County Health Department	Virginia	59/2	0	0	89	31/13/15	0/0/5/44/10	22	37	49	10	0	\$8,000
Crawford County Health Department	Robinson	105/3	0	0	105	55/3/47	0/1/12/89/3	0	105	105	0	0	10,000
East Side Health District	East St. Louis	0/0	0	0	492	0/0/0	0/0/0/0/0	0	0	0	0	0	22,000
Hancock County Health Department	Carthage	34/2	0	0	75	16/3/15	0/1/6/19/8	0	34	34	0	0	2,468
Macoupin County Public Health Department	Carlinville	49/2	0	0	214	17/6/26	0/0/8/23/18	0	49	49	0	0	10,000
McHenry County Health Department	Woodstock	0/0	0	0	0	0/0/0	0/0/0/0/0	0	0	0	0	0	12,000
Mercer County Health Department	Aledo	173/7	2	0	272	102/20/51	0/0/15/120/38	3	170	166	4	3	20,000
Northwestern University	Chicago	59/7	0	0	665	37/20/2	0/2/21/26/10	4	55	0	59	0	20,000
White Crane Wellness Center	Chicago	113/21	0	0	281	108/5/0	0/0/5/35/73	14	99	44	25	44	27,000
Total		592/44	2	0	2193	366/70/156	0/4/72/356/160	43	549	447	98	47	\$131,468

