

Prostate Cancer Advisory Committee

2002 Annual Report
to the
Texas Board of Health



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Message from the Chair

On behalf of the Texas Prostate Cancer Advisory Committee, I am pleased to present our 2002 annual report of activities and recommendations. Prostate cancer remains the most commonly diagnosed cancer among men in Texas and across the nation. The Committee was created in 1995 by the Texas Legislature (SB 1685, 74th Legislature) to increase awareness among the citizens of Texas on the value and methods of early detection and prevention of prostate cancer, and the options available for treatment.

Prostate cancer is the second leading cause of cancer death in men. The economic impact of this disease is staggering with an estimated cost to Texas of over \$445 million per year. In the past 10 to 15 years, the use of prostate specific antigen (PSA) testing has dramatically increased the diagnosis of early stage prostate cancer. Given the potentially long natural history of prostate cancer (even patients with untreated disease can live up to ten years or longer) it is not clear that this has truly increased overall survival. Not all prostate cancers need to be “cured.” Therefore, choices regarding the diagnosis and treatment of prostate cancer continue to be complex and controversial.

The Committee’s challenge has been how best to communicate cogent and balanced messages concerning the prevention, diagnosis and treatment of prostate cancer. In 2002, the Committee finalized the development and distribution of educational brochures that clearly outline the facts about prostate cancer and current diagnostic and treatment options. The culturally sensitive brochures are targeted to African American, non-Hispanic Whites and Hispanic males, and are to be used as a tool for discussing diagnostic procedures and treatment plans with one’s health care provider.

The Committee developed an *Action Plan on Prostate Cancer for the State of Texas* and will conduct a gap analysis of services. The plan, published in February 2002, identifies testing, treatment, and support resources currently available in the state. The Action Plan also recommends and prioritizes those services that need development to reduce the impact of prostate cancer. In December of 2002, the Committee joined the Texas State Strategic Health Care Partnership. The intent of this collaboration is to bring together those stakeholders who are critical to addressing cancer-related issues and enhancing the infrastructure of healthcare in Texas.

Texas continues to attract national interest for its prostate cancer activities, particularly with respect to the educational brochures and Action Plan put forward by the Committee. The collective expertise and experience of the health professionals and cancer patients and survivors who make up the Prostate Cancer Advisory Committee, combined with the support and assistance of others working to reduce the burden of prostate cancer in Texas, have produced significant results. I am confident that, together, we can build on these successes in the months ahead.



James D. Kolker, MD
Chair, Prostate Cancer Advisory Committee

Mission

To be an advisory committee of the Texas Board of Health that serves as the conduit of change by systematically reviewing and disseminating information – resulting in an informed public and leading to increased access and utilization of informed decision-making and resources in the screening, detection and treatment of prostate cancer, especially among high-risk populations in this state.

Texas Department of Health



Prostate Cancer

History

The 74th Texas Legislature recognized that prostate cancer is a major public health problem and that promoting awareness of this disease is in the public interest of this state. Senate Bill 1685, enacted to address this problem, has two components: (1) an education program – designed to promote public education and awareness of prostate cancer; and (2) an advisory committee – to recommend strategies for educating Texans on the health benefits of screening, early detection, and treatment of prostate cancer.

This legislation required that the Commissioner of Health, in consultation with the Texas Board of Health, develop and implement a program to educate the public on the causes, risk factors, and issues related to the early detection and treatment of prostate cancer. The Prostate Cancer Education Program, staffed by the Texas Department of Health (TDH) Adult Health Program, maintains an informational website, a toll-free telephone line and information packets to disseminate to the public. Program staff have created informational brochures and collected an assortment of fact sheets and pamphlets from a variety of sources that are displayed during Prostate Cancer Awareness Week and other events each year. In addition, Program staff supports the Prostate Cancer Advisory Committee, comprised of eleven members who serve six-year terms and includes health professionals, survivors, educators, and experts in the area of prostate cancer.

The Committee serves to:

- present recommendations to the Board of Health on agency policy and health priorities concerning prostate cancer;
- verify the accuracy of prostate cancer information disseminated to the public; and
- plan, develop and implement activities designed to heighten awareness and educate Texans on the importance of early detection and effective treatment options for prostate cancer.

The Committee's strategy was revised by the 76th Session of the Texas Legislature in 1999 by House Bill 2759 to include components designed to reach high-risk populations in this state. Its activities have since focused around gathering information, supporting further study where needed and developing strategies that will help Texans most affected by prostate cancer.

Advisory Committee in Action, Future Directions

Prostate Cancer Advisory Committee Focus

During 2002, the Prostate Cancer Advisory Committee focused on determining useful and effective public information on prostate cancer – a complex task, given the scientific uncertainties and controversies associated with this public health issue. Information about how to prevent prostate cancer remains unclear, although secondary prevention, through early detection and treatment of this disease, leads to health outcomes that are comparable to primary prevention efforts for other cancer types. Hence, the Committee sought to ensure that accurate, up-to-date prostate cancer information is developed and presented in ways that are accessible to the public.

Science-Based Information

One ongoing Committee activity is reviewing the “latest science” on prostate cancer: through discussions during its meetings, review of available clinical trials, and presentations made to the Committee. At the February 5 meeting, Bradley Prestidge, MD presented current scientific information on brachytherapy, a type of radiation treatment for prostate and other types of cancer that is becoming more widely used. Dr. Prestidge, who practices in San Antonio, is a National Cancer Institute (NCI) Investigator regarding brachytherapy and a national-level radiation oncology researcher. He informed the Committee that brachytherapy has evolved in its effectiveness and its side effects have been reduced. Since 1997, the number of brachytherapy procedures performed has doubled, and Dr. Prestidge indicated that this and other alternatives to surgery are part of the future trends in prostate cancer treatment. Dr. Prestidge explained that reducing such highly undesirable side effects of surgery as impotence and incontinence is a vital quality-of-life issue – and may affect a man’s willingness to seek appropriate diagnosis and treatment.

Health Disparities in Prostate Cancer Research

Health disparities in prostate cancer is a major issue. African Americans experience the highest incidence and mortality levels from this disease, yet they are not proportionately represented among research participants. The Committee is concerned about the alarmingly low enrollment of African Americans in clinical trials on preventing prostate cancer. Future research and educational outreach efforts must include strategies for including more African Americans as participants.

Currently, there are two trials underway in Texas, both in conjunction with the NCI. The San Antonio Center of Biomarkers of Risk for Prostate Cancer trial (SABOR) in San Antonio is studying molecular ‘markers’ to aid in prostate cancer prevention. The research team for this project is attempting to recruit a diverse group of 10,000 participants. Another study, the Selenium and Vitamin E Cancer Prevention Trial (SELECT), is examining the usefulness of these dietary supplements as protective factors against the development of prostate and other cancers. This study specifies that African Americans are eligible to participate at a younger age than others. The Texas Medical Association’s Physician Oncology Education Program (TMA-POEP) is helping to publicize this trial to generate increased participation. Both clinical trials are led by Dr. Ian Thompson – Prostate Cancer Advisory Committee Chair, 1996-2002.

Statewide, Cooperative Efforts

The Committee routinely collaborates with other public and private organizations and initiatives to maximize effective and efficient use of resources. The Texas Division of the American Cancer Society (ACS) and the Texas Cancer Council (TCC) are represented on the Committee. Representatives from the TMA-POEP and other professional and advocacy organizations attend the Prostate Cancer Advisory Committee meetings on a regular basis to share information, coordinate their planned activities and assist the Committee with its desire to reduce duplication of efforts and resources.

As a Texas Board of Health Committee, this group is an official member of the newly formed State Strategic Partnership for Health: a diverse body with representation from public and private health, education, policy and service delivery organizations. TDH convened these partners to identify shared priorities and activities for improving the health of Texans. Under the sponsorship of the Board, the Prostate Cancer Advisory Committee hopes to engage appropriate partners among this group toward further implementation of the *Action Plan on Prostate Cancer for the State of Texas*.

Action Plan on Prostate Cancer for the State of Texas

In partnership with the ACS-Texas Division, the TMA-POEP and the TCC, TDH produced an *Action Plan* on prostate cancer for the state of Texas. The Committee served as facilitator and reviewer of the *Action Plan*, which was finalized in February 2002. The goal in creating this comprehensive document was to identify the education, testing, treatment, and support resources currently available in the state, and to recommend and prioritize those services needing development. Public health partners are currently implementing goals identified in the plan. As a next step, the Committee is partnering with the ACS-Texas Division to plan a detailed review of the gaps in education and services in our state.

This “gap analysis” will use existing resources and donated services to survey appropriate organizations and agencies, gathering detailed data on current activities in prostate cancer control. The gap analysis will help identify where prostate cancer control activities are needed in the state. The Committee will review these findings and report the results to the Board, along with recommendations for planning the most effective use of resources to fill those gaps. With the Board’s approval and assistance, the Committee hopes to enlist the participation of all those who have a role in the education, screening and treatment aspects of prostate cancer for the benefit of all Texans.

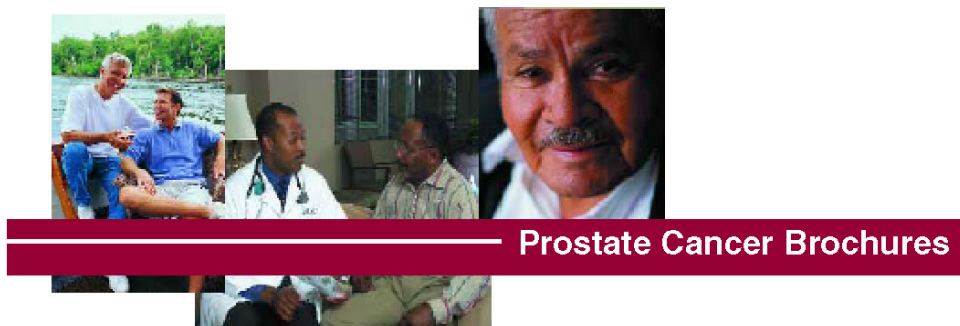
Effective Prostate Cancer Education

A primary focus for the Committee is to reach high-risk and underserved populations with prostate cancer information. (Please see Appendix C for data from TDH's Texas Cancer Registry.) In June, the Committee helped promote Prostate Cancer Awareness Week, following Father's Day each year. TDH Prostate Cancer Education Program staff distributed hundreds of information packets, brochures and other items targeting African Americans and men over 50 who have a history of prostate cancer.

Due to the controversy associated with the screening for prostate cancer; and, specifically, that associated with prostate specific antigen (PSA) testing, the Prostate Cancer Advisory Committee joins professional organizations such as the U.S. Preventive Services Task Force in recommending that healthcare providers help men make informed decisions about screening. (Please see Appendix E for a scientific literature review of informed decision-making.) Current science-based data supports the notion that screening decisions are best made between Texas men and their physicians – who can assess individual differences in risk-level for developing this disease. The disease progression and clinical significance of prostate cancer is too varied to decisively formulate a universal screening recommendation, unlike most other cancer types.

To address the unique public education needs related to this disease, the Committee helped finalize and distribute culturally sensitive brochures that promote informed decision-making about prostate cancer screening. Developed by Committee member Evelyn Chan, MD, MS, the messages in each brochure were derived from extensive work with medical experts and focus groups representing three different audiences: African-American, non-Hispanic Whites and Hispanic.

Four brochures resulted from this work: one tailored to each audience, and one in Spanish. These brochures provide the most up-to-date and useful information to enable Texas men to make effective decisions, in partnership with their healthcare providers. TDH Prostate Cancer Education Program staff secured grant funding to print and disseminate these materials. A survey to assess the usefulness and appropriateness of the brochures was included with the mailing (Appendix D).



Committee Review, Recommendations

The primary mission of this Committee is to provide the Texas Board of Health and Texans with information on how to reduce risks associated with prostate cancer while realizing the greatest health benefits. The scheduled review of Committee activities and functions by the Office of the Board of Health at TDH took place this year. The Director of the Office of the Board of Health surveyed Committee members, stakeholders, TDH staff and Board of Health members for input on the Committee's role and any proposed rule changes. The Board recommended that the rules governing the Committee reflect legislative changes (HB 2759, 76th Texas Legislature) that focus its efforts on reaching high-risk populations, redefining membership categories to ensure representation from high-risk populations, and that the Committee continues until further review in September 2003.

In September 2002, the Committee Chair, James D. Kolker, MD, presented information for the Board's consideration regarding the structure and function of the committee, as well as its activities to-date. In April 2003, Dr. Kolker plans to present highlights of subsequent activities and future directions, and seek the Board's assistance with the implementation of these activities.

Costs of the Committee, Prostate Cancer

Direct costs related to the Committee's existence totaled \$42,468 in 2002; this amount does not include the in-kind contributions of Committee members, partners or professional content experts. General Revenue funds from the TDH (\$16,350) and federal funds from the Centers for Disease Control and Prevention (CDC, \$26,118) were used in support of the Prostate Cancer Advisory Committee. No additional funds will be requested to conduct the planned "gap analysis."

The direct costs to Texas for treating prostate cancer is \$152 million; when including the costs of disability and lost productivity to the state due to illness and premature death, the annual estimated cost of prostate cancer in Texas is \$445 million. (Please see "The Cost of Cancer in Texas", available online at: <http://www.tdh.state.tx.us/tcccp/costs.htm>) While we do not know how to prevent prostate cancer, detecting and treating it at the earliest appropriate stage is less costly than detection and treatment at advanced stages. Early intervention is a benefit of effective education – the aim of this Committee, in conjunction with the Board of Health and all those who wish to reduce the suffering caused by this disease.

A Survivor's Story: One Man's Experience

I experienced the first of many life-changing events in April of 2000 when I met with a urology specialist to discuss the findings of my prostate biopsies taken two weeks before. When the urologist took the tissue samples, tests up to that point indicated there wasn't anything to worry about. My 6.1 PSA score was just outside normal range, but high enough that my primary care physician wanted a urologist to 'clear' me. The ultrasound examination that followed gave no indication that a tumor was present, so I had no real concern about the follow-up procedure – I was even fairly calm about the discomfort I'd feel when the doctor extracted tissue from my prostate gland.

I went to the appointment fully prepared to hear the good news – that the biopsies were all negative for prostate cancer. Instead I was told that one of the biopsies contained cancer. Needless to say, I was caught off guard. Movies and television shows were the only places I observed people getting news like this. Although watching people in these shows handle news like this was entertaining, it did nothing to prepare me for my experience. I could not have predicted what my reaction would be. I clearly remember my reactions though – surprised, concerned, worried, sad, confident. All these feelings fired through me, almost at the same time. The doctor was good about reassuring me that the cancer was likely slow-growing and caught early. We would treat it aggressively: surgery – recovery – Viagra. The cancer would be gone and everything would be “normal”.

That evening I broke the news to my wife. Like me, she was surprised and worried, but not devastated. We held each other tightly, not really talking, but feeling comfortable that we would get through this just fine. At that point, I was sure that we could handle this together; at the same time, I felt it would be something I wanted to keep within the family. There was no need for other people to know.... Little did I know that this strategy would change, with the second of these life-changing events.

Because I had administrative responsibilities and a heavy workload I decided to inform my professional colleagues about my diagnosis. I felt a professional rather than personal obligation to disclose to those around me that I would be absent at times for tests, surgery, etc. This decision proved to be invaluable. Disclosing this information opened up a social support network I never realized I had. Many people supplied me with the “sorry to hear... I'm rooting for you” support, but many others came forward in very special ways: Two people gave me books to read on prostate cancer and healing, one person gave me a whole file of articles and web-based materials on prostate cancer, one person gave me the latest brochure on prostate cancer treatments and the name of a well-known cancer physician she knew from her work with the American Cancer Society.

But perhaps the most significant support came when a graduate student in our program heard about my situation and sought me out to offer his support. His role as a patient advocate at the M.D. Anderson Cancer Center was helpful in connecting me with one of the finest urology surgeons, who eventually performed my prostatectomy on July 3rd. The surgery went extremely well, the aftercare was excellent, and my recovery was ahead of the curve. I vividly recall my wife and a friend wheeling me around the corridors of the

hospital to find a window where we could see firework displays. I was, after all, celebrating my “independence day” – free from cancer.

I am now about two-and-a-half years post-op and continue to receive good reports after each of my follow-up examinations. It seems too soon to refer to myself as a “cancer survivor”: for many cancer types, experts use that term to describe persons who are alive five years after treatment with no detectable growths. Even though my treatment was deemed successful, it may not be realistic to consider myself at the halfway mark of survivorship since “no trace of disease” is very difficult to certify with prostate cancer. Regardless of official definitions and timelines, I am feeling very confident that we caught this disease early enough for me to live my natural lifespan.

You know, it’s interesting that when we tell stories like this, the reference to a “we” is often used, but how true! The “we” in my story refers to all those on my “team”, not just me and my excellent surgeon and caring physician, Dr. “W”. The team included all the people in my support network, my supportive wife, the hospital patient advocate and all the hospital staff who cared for me.

My experience with prostate cancer prepared me for another set of life-changing events. After my surgery, I learned about the Anderson Network, a group of cancer survivors and other volunteers who devote time to discuss their experiences with those recently diagnosed with prostate cancer and considering their treatment options. I vividly recall all the questions I had about my surgery and recovery when the shock of the diagnosis turned into “What now?” Being able to talk with a cancer survivor helped prepare me for my surgical experience, and it left me with an interest in helping others facing a similar experience. I felt a need to give back to a system that had taken such good care of me, so I immediately offered my services to the Anderson Network.

Not long after I joined the Network, another opportunity arrived. I received an announcement that the Texas Department of Health was seeking a “consumer” representative to fill a vacant position on the Texas Board of Health’s Prostate Cancer Advisory Committee. I saw in this public service opportunity another chance to give back, so I applied – six months after “qualifying” for membership – and was appointed to the Committee. My experience on the Committee this past year has been fulfilling. It is refreshing and rewarding to work with such a group of enthusiastic individuals who are dedicated to a common cause: To increase the public and medical community’s awareness of prostate cancer detection and treatment options in Texas.

Since I joined the committee in 2001, I believe that I have received much more from the committee than I have given. Prior to my diagnosis and treatment, I gave little attention to prostate cancer, but in this past year I learned that for every man who dies of prostate cancer in Texas, five men are newly diagnosed. Also, even though we do not know how to prevent this disease from occurring, there is ample evidence indicating that men, especially minority males, are not aware of their detection and treatment options. This is a facet of risk reduction we can do something about, and I’m grateful for the opportunity to help find ways to reach these men – before they become part of the sobering statistics.

Right now, I am a 59 year-old cancer survivor “wannabe.” It seems strange to realize that my cancer-related experiences have brought about major changes that, on the whole, have improved my life – in many and varied ways: I now appreciate the importance of existing advances in prostate cancer treatment and the need for continuing research. I’ve increased my knowledge on a subject important to my health, men’s health in general, and relevant to my profession – public health education. I have an opportunity to meet new people and offer the help I am so grateful to have received, when it was ‘my turn.’ I’m able to participate at a statewide level, making a difference in the lives of many men and their families – even though we may never meet. People from the personal and professional spheres of my life formed a social network that supported me through my active skirmish with the disease, and I recognize, with considerable fondness, their importance to my success.

Right now, prostate cancer hasn’t ended my life; it has, with some irony, brought new opportunities for personal intimacy and connection within the many communities where I belong. I look forward to updating this story when I become a long-term survivor – a title that may never be official but will nonetheless signify me as a member of ‘The Prostate Cancer Survivors Club’. Right now, I am one grateful man!

James Robinson, III, EdD

Dr. Robinson is a Professor and Special Assistant to the Dean at the School of Rural Public Health, Texas A&M University System Health Science Center in Bryan.

Action Plan on Prostate Cancer for the State of Texas

FEBRUARY 2002



Developed by
Texas Medical Association
Prostate Cancer Education Program

James III, EdD, EdD
Project Director

Robert C. Callaway
Project Coordinator

Debra Cantelmo
Graphic Artist

Who provided a infrastructure of their
expertise and organization:

Association Cancer Care, James Robinson, III,
Texas Cancer Council,
Texas Department of Health,
Texas Medical Association

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This report is also available on the Web at
www.tmc.state.tx.us



Appendices

- A. Prostate Cancer Advisory Committee Members**
- B. Schedule of Meetings, Attendance**
- C. Data Summary Report: Texas Cancer Registry**
- D. Follow-Up Survey: Informed Decision-Making Brochures**

Appendix A
Texas Board of Health
Prostate Cancer Advisory Committee
2002

Prostate Cancer Advisory Committee Members

Member Name	City	Race/ Ethnicity	Profession/ Occupation	Membership Category	Term(s)of Service
Umed Ali Ajani, MBBS/MD, MPH	Fort Worth	Asian	Prof. Of Epidemiology UNTHSC – Sch. Of Pub. Health	Other/ Professional	07/13/01-12/31/06
Evelyn C.Y. Chan, MS, MD	Houston	Asian	Prof. Internal Medicine, UTHSC-Houston	Other/ Professional	06/13/97-12/31/98 01/01/99-12/31/02
Lauro G. Guerra, MD	McAllen	Hispanic	Health Authority, City of McAllen	Other/ Professional	07/13/01-12/31/04
Meredith “Mickey” L. Jacobs, MSHP	Austin	White	Executive Director, Texas Cancer Council	Other/ Professional	07/13/01-12/31/06
Gregorio Baca Jimenez	El Paso	Hispanic	Volunteer Leader- PC Support Group; Survivor	Consumer	07/13/01-12/31/04
James David Kolker, MD CHAIR: 2002	Tyler	White	Radiation Oncologist	Other/ Professional	01/01/99-12/31/04
Carol Rice, PhD, RN	College Station	White	Cancer Prevention Resources Developer	Other/ Professional	07/10/96-12/31/02
James Robinson, III, VICE-CHAIR: 2002	Bryan	White	Asst. Dean, Sch. Of Rural Public Health, TAMU- HSC; Survivor	Consumer	07/13/01-12/31/06
Jerome H. Supple, PhD	San Marcos	White	President- SWTSU; Survivor	Consumer	01/01/99-12/31/04 (Resigned 08/01/02)
Karen Torges	Austin	White	Vice-Pres. For Health Initiatives; ACS/TX. Div	Other/ Professional	01/01/99-12/31/02
Robert J. Unterberger, PhD	College Station	White	Retired Professor; Survivor	Consumer	06/13/97-12/31/02 (Resigned 02/20/02)

Texas Department of Health Staff

Philip Huang, MD, MPH
Chief, Bureau of Chronic Disease and Tobacco Prevention

Anne Williamson, MEd
Director, Adult Health Program

Juanita Salinas, MSW
Program Specialist, Prostate Cancer Education Program
and Comprehensive Cancer Control Program

Marci Spivey
Information Specialist, Prostate Cancer Education Program
and Comprehensive Cancer Control Program

Jamie Cook
Administrative Technician, Prostate Cancer Education Program
and Comprehensive Cancer Control Program

Mary Somerville
Staff Services Officer, Adult Health Program



For more information, please visit our website, call or send correspondence:

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1100 West 49th Street
Austin, Texas 78756
512.458.7534 or 800.242.3399
<http://www.tdh.state.tx.us/prostate>

Appendix B
Texas Board of Health
Prostate Cancer Advisory Committee
2002

Schedule of Meetings & Attendance

SUBCOMMITTEE MEETING

January 17, 2002

Mickey Jacobs, MSHP
Jerome Supple, PhD – CHAIR
James D. Kolker, MD – VICE-CHAIR
(ABSENT: Karen Torges)

ADVISORY COMMITTEE MEETINGS

February 5, 2002

Umed Ajani, MBBS/MD, MPH
Lauro Guerra, MD
Mickey Jacobs, MSHP
Gregorio Jimenez
James D. Kolker, MD – VICE-CHAIR
James Robinson, EdD
Karen Torges
(ABSENT: Evelyn C.Y. Chan, MS, MD; Carol Rice, PhD, RN, Jerome Supple, PhD – CHAIR)

August 8, 2002

Umed Ajani, MBBS/MD, MPH
Evelyn C.Y. Chan, MS, MD
Mickey Jacobs, MSHP
Gregorio Jimenez
James D. Kolker, MD – CHAIR
James Robinson, EdD – VICE-CHAIR
Karen Torges
(ABSENT: Lauro Guerra, MD; Carol Rice, PhD, RN)

November 18, 2002

Umed Ajani, MBBS/MD, MPH
Lauro Guerra, MD
Evelyn C.Y. Chan, MS, MD
Mickey Jacobs, MSHP
James D. Kolker, MD – CHAIR
James Robinson, EdD – VICE-CHAIR
Karen Torges
(ABSENT: Gregorio Jimenez; Carol Rice, PhD, RN)

Appendix C
Texas Board of Health
Prostate Cancer Advisory Committee
2002

Data Summary Report: Texas Cancer Registry

Prostate Cancer Incidence and Mortality

The Texas Cancer Registry estimates that 10,600 new cases of prostate cancer were diagnosed in 2001, while prostate cancer killed 1,755 Texans. Prostate cancer is the second leading cause of cancer death in men (exceeded only by lung cancer) and is the most common type of malignancy diagnosed – in our state, and in our country. In Texas, there is a serious health disparity associated with prostate cancer incidence and mortality: African American men in our state are diagnosed with and die from this disease at significantly higher rates than non-Hispanic white males.

Racial/Ethnic and Age-Related Differences

INCIDENCE: Data from 1995-1998 reflect that prostate cancer was the most common type of cancer among males in each racial/ethnic group. The age-adjusted incidence rate* for African American men in Texas (195.7 per 100,000 men) was over twice the rate for Hispanics (86.7 per 100,000 men), and over 50 percent higher than the rate for non-Hispanic white men (130.2 per 100,000 men).

Of the 10,133 average annual cases of prostate cancer diagnosed in 1995-1998 among Texas males, 9,465 (93%) were diagnosed in men 55 years of age or older. Over 70 percent of men were age 65 or older at the time of diagnosis.

MORTALITY: Data from 1990-2000 reflect that the age-adjusted prostate cancer mortality rate** for Texas males, all races combined, was 35.8 per 100,000 men. Among Texas racial/ethnic groups, African-American men had the highest age-adjusted prostate cancer mortality rate (76.4 per 100,000), which was over three times that of Hispanic men (23.6 per 100,000), and over twice that of non-Hispanic whites (34.1 per 100,000).

Of the 1,867 average annual prostate cancer deaths among Texas males from that same time span (1990-2000), 1,705 (91%) were among men 65 years of age and over.

* Incidence rates are per 100,000 population and are age-adjusted to the 1970 U.S. standard.

** Mortality rates are per 100,000 population and are age-adjusted to the 2000 U.S. standard.

Relative Risk of Being Diagnosed with Prostate Cancer (1995-1998) Compared to the Relative Risk of Dying from Prostate Cancer (1990-2000)

By comparing prostate cancer incidence and mortality rates in Texas African Americans and Hispanics with rates for non-Hispanic whites, a relative risk measure shows the burden of this disease among racial/ethnic groups and that there are statistically significant differences that merit further research.

While Texas Hispanic males have significantly lower incidence and mortality rates than Texas non-Hispanic white males, Texas African American males have significantly higher prostate cancer incidence and mortality rates than Texas non-Hispanic white males. Prostate cancer incidence among African Americans in our state is 46 percent higher than that among non-Hispanic white males, and prostate cancer mortality is dramatically higher in this group – at 124 percent. The disparity in both the incidence and mortality rates could be due to a variety of factors, such as later-stage diagnosis of prostate cancers, less timely and/or less appropriate treatment, aggressiveness of the prostatic tumor, the person’s overall health, as well as other treatment factors.

Pathology Laboratory and Physician Reporting of Cancer Cases

The Texas Cancer Registry is designing a pilot study to learn the most effective ways of implementing pathology laboratory reporting. With these reports, the Registry will identify cancer cases not previously reported by hospitals or cancer treatment centers, further improving the accuracy and completeness of cancer incidence data for Texas.

Report: “Prostate Cancer in Texas”

An updated report was completed in November, 2002 and is available on the Texas Cancer Registry’s website: <http://www.tdh.state.tx.us/TCR>

DATA SUMMARY SOURCE:
Melanie Williams, PhD
Manager, Epidemiology Program
Texas Cancer Registry Division
Texas Department of Health



Appendix D
Texas Board of Health
Prostate Cancer Advisory Committee
2002

Follow-Up Survey: Informed Decision-Making Brochures

Please check off appropriate box.

1. Are you: state/territory public health department
 Community-based clinic
 Local/regional health department
 Other: *(please describe)* _____
2. Please check as many as apply
3. Do you distribute brochures at any of the following:
 Health care provider's offices
 Health fairs
 Press packets
 Faith-based programs
 Other: *(please describe)* _____
- If so, do you plan to distribute the enclosed brochures at these events in the future?
 Yes No

4. Do you have a prostate cancer education/awareness program?
 If so, please describe the components of your program briefly. (i.e. public info, campaigns, disseminate literature, etc.)
- _____
- _____
- _____

5. Do you have an existing prostate cancer brochure you currently use?
 Yes No
 If so, will you consider replacing it with one of the attached brochures?
 Yes No Possibly
6. Do you have culturally sensitive brochures developed for populations other than African-American, Latino or Caucasians? Yes No
 If so, do you share these with other organizations? Yes No
 For which populations do you have prostate cancer brochures?
- _____
- _____

7. Please use the following scale for the next few questions:
- | <u>The Brochures:</u> | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | strongly disagree | disagree | neutral | agree | strongly agree |
| cover subject appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| are culturally sensitive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| are easy-to-read | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| have an attractive design/graphics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
8. Would you recommend these brochures to other colleagues? Yes No

Additional comments: _____



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