

Outreach to High Risk Men - What is happening in Massachusetts

MPPC Prostate Cancer Symposium
May 16, 2014

High Risk

Who is High Risk?

Risk Factors include:

- **Race:** Men of color, including African American men and Caribbean men of African ancestry
- **Age:** Men 50 years of age and older
- **Family History:** Men with a father or brother diagnosed with prostate cancer
- **Agent Orange:** Men who were exposed to Agent Orange or other herbicides during war

Who is High Risk?

Race: Rate of diagnosis for African American men is 60% higher than white men, and mortality rate is 2.5 times higher than white men

Age: Average age at diagnosis is 65 - African American men are more likely to be diagnosed younger and with more aggressive disease than white men

Family History: The inherited risk for prostate cancer is the highest of all cancers

Agent Orange: 2013 VA Study - Veterans exposed are at higher risk of diagnosis and more likely to have aggressive disease

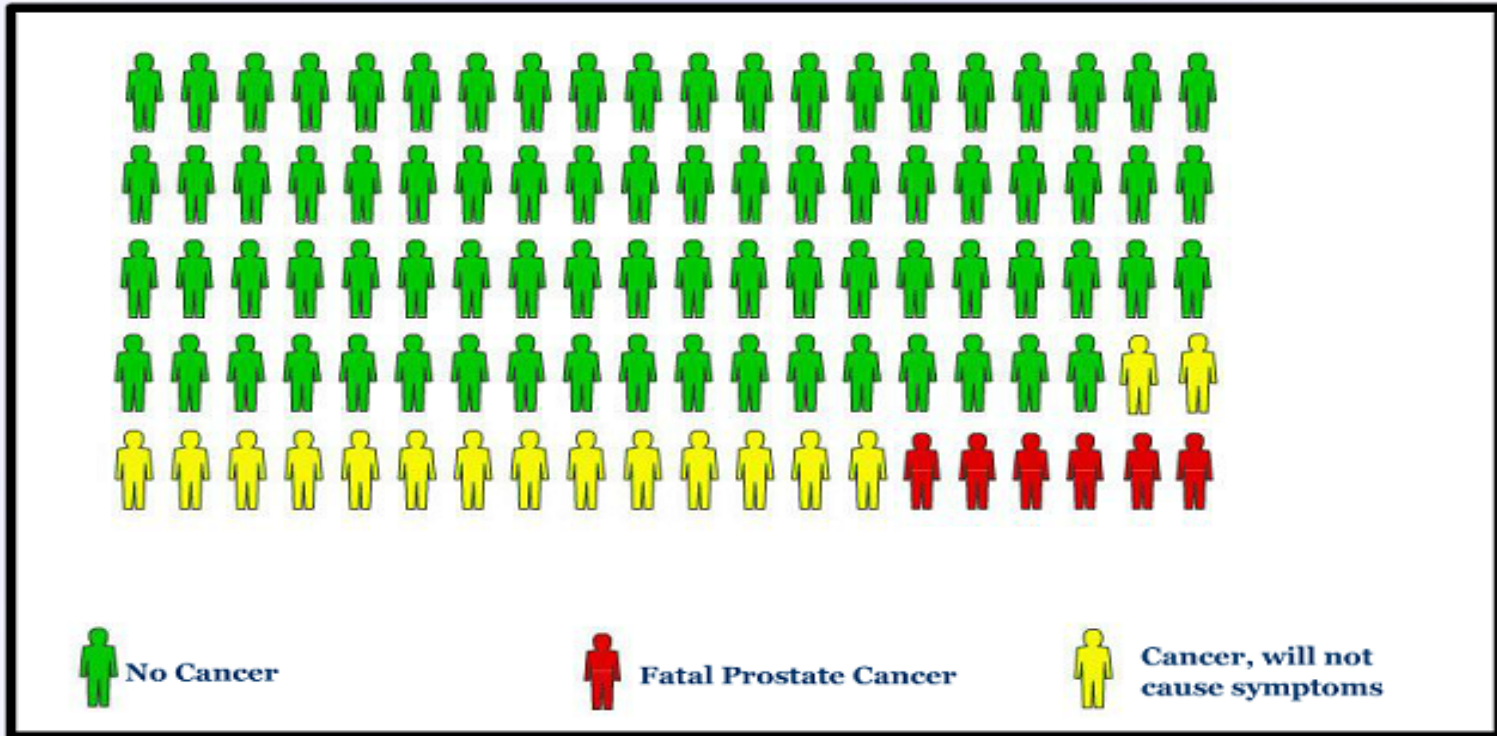


Key Considerations

2 Faces of Prostate Cancer

- Indolent: Non-aggressive, low risk for metastasis, low risk to cause mortality, not felt on a DRE, low Gleason Score, unlikely to cause symptoms
- Aggressive: High risk for metastasis, high risk to cause mortality, palpable on a DRE, high Gleason Score, likely to cause symptoms

Risk in African American Men



Mr James

Age: 58
Family History: No
Ethnicity: African American

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Risk in White Men

- Without family history, white men are generally considered to be at average to low risk of developing prostate cancer
- Second leading rate of diagnosis behind African American men
- Typical age at diagnosis is 50 or older, with likelihood of indolent disease
- Family history has the same impact on risk for all men

Prostate Cancer Burden in Massachusetts, 2005-2009

Incidence 2005-2009

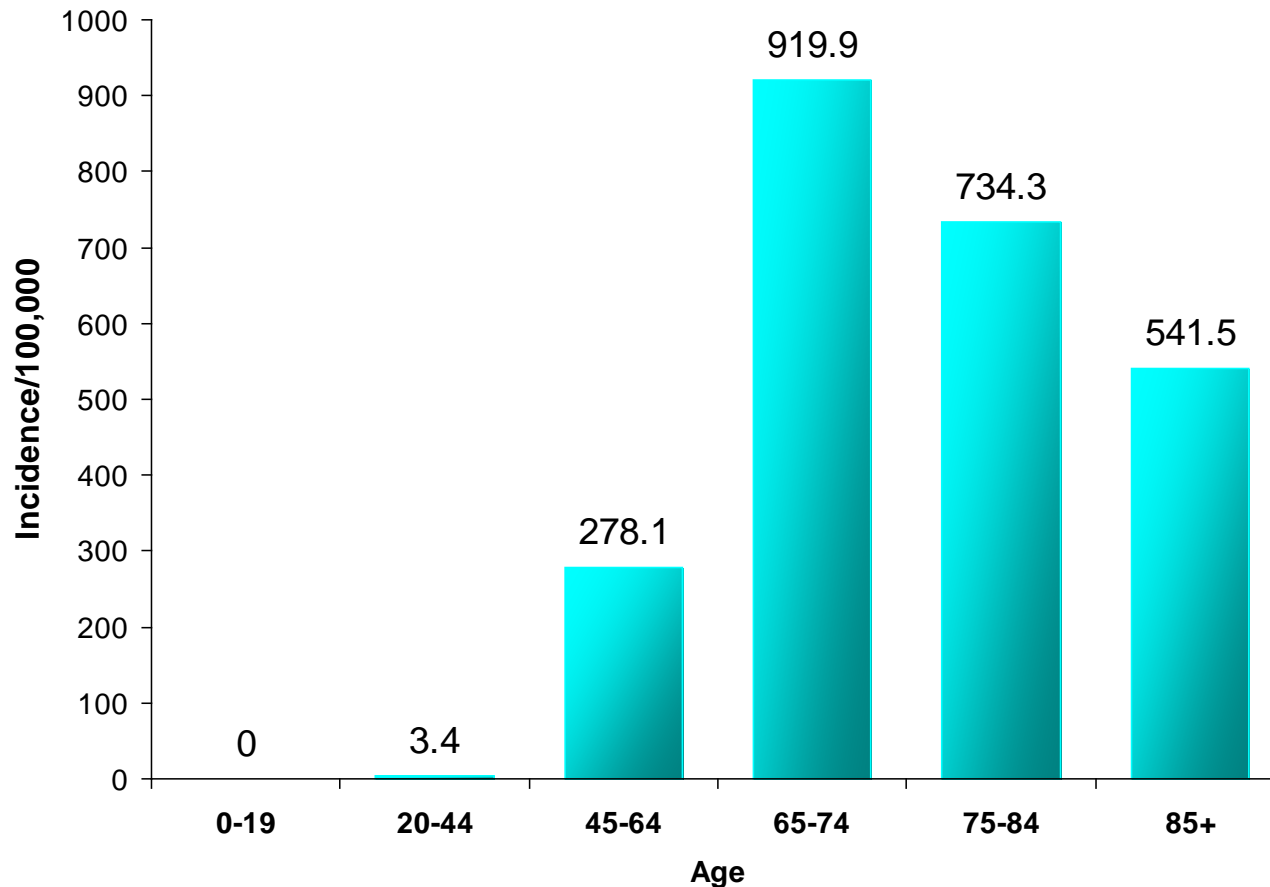
- Prostate cancer was the most common cancer diagnosed among Massachusetts males
- It accounted for 28% of all cancers among males
- The age-adjusted incidence rate was 160.4 per 100,000
- Black non-Hispanics had higher incidence (244.7/100,000) compared to other racial/ethnic groups
- Incidence rates increase with age
- The median age at diagnosis is 66 years
- Both incidence and mortality decreased between 2005 and 2009

Prostate Cancer Burden in Massachusetts, 2005-2009 (cont'd)

Incidence 2005-2009

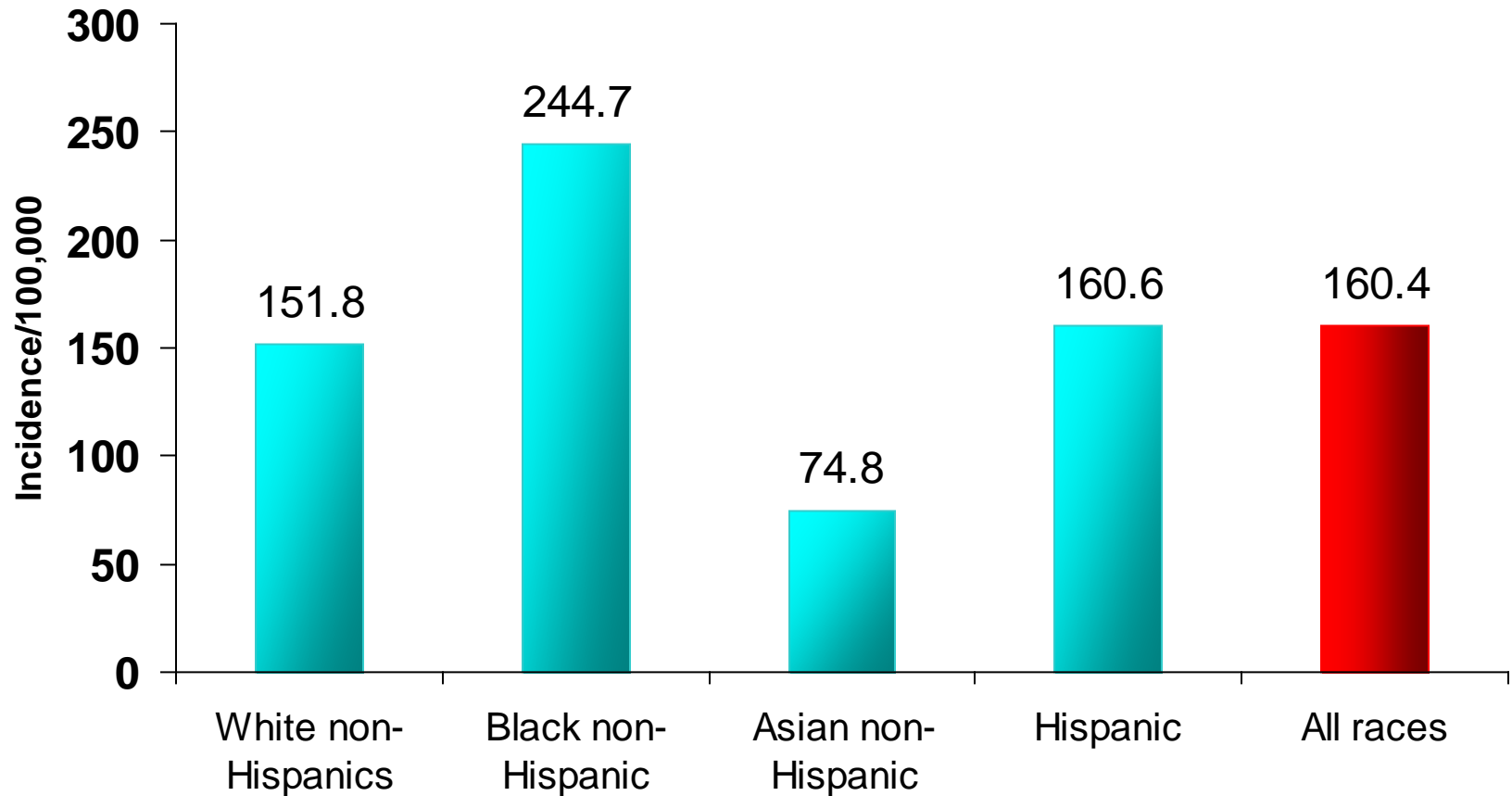
- Overall 4% of prostate cancers were diagnosed at a later stage
- Black non-Hispanics were significantly more likely to be diagnosed at late stage compared to White, non-Hispanic males (5.2% vs. 3.6%)
- There were no significant differences in stage at diagnosis among Asian non-Hispanics, Hispanics and White non-Hispanics

Age Specific Prostate cancer Incidence Rates in Massachusetts, 2004-2008



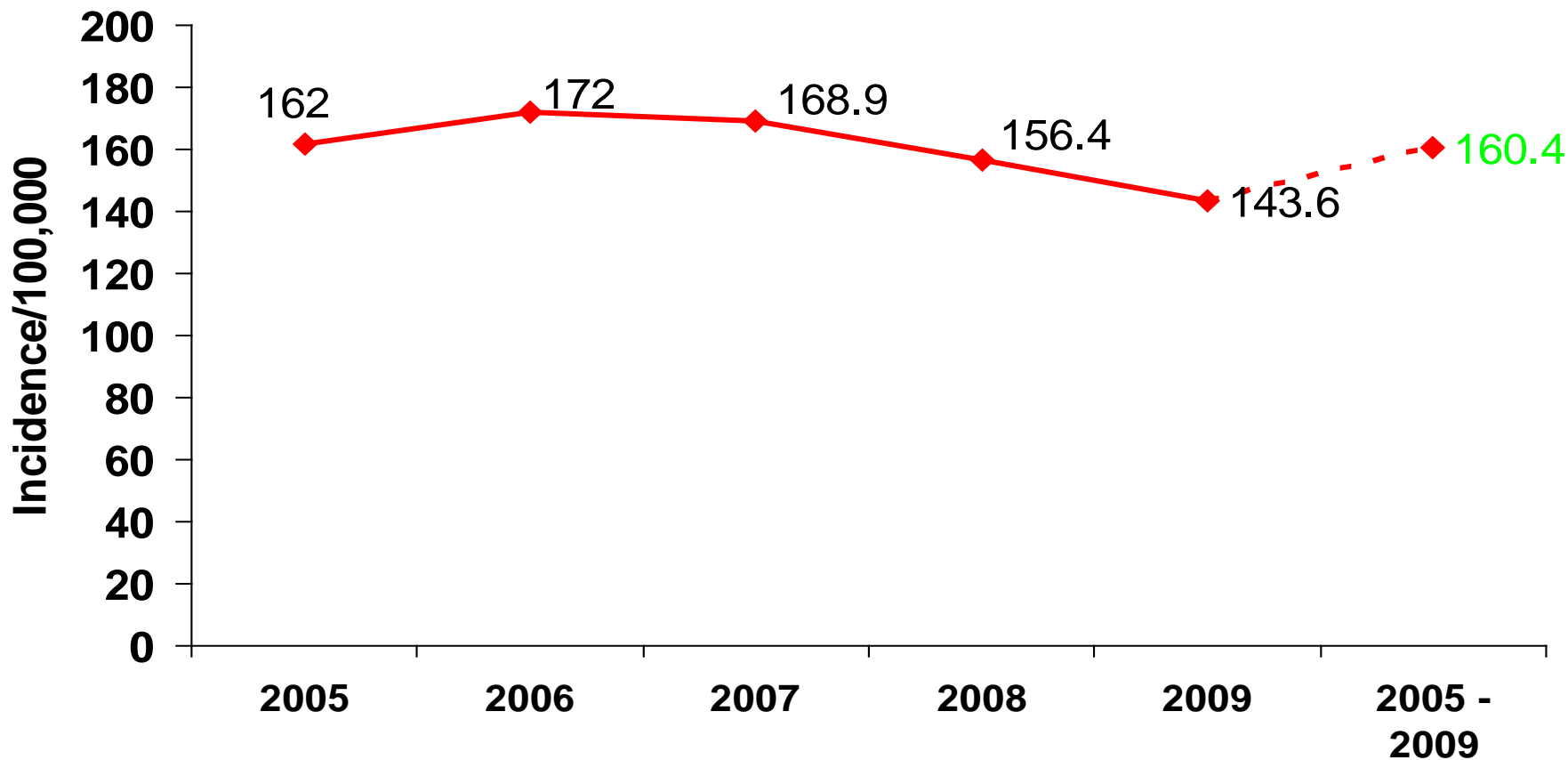
Source: Massachusetts Cancer Registry/MassCHIP

Age-Adjusted Prostate Cancer Incidence Rates in Massachusetts by Race, 2005-2009



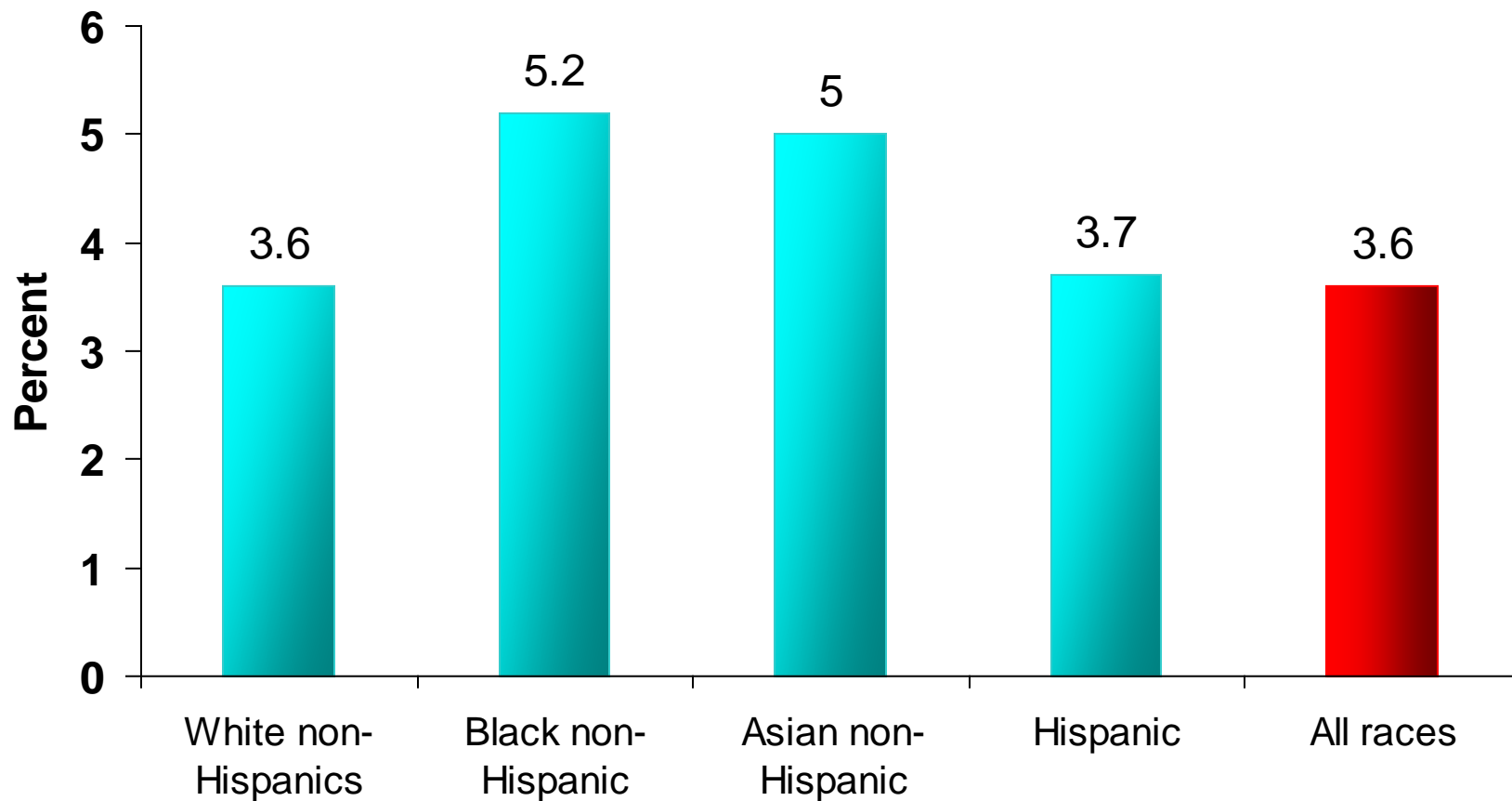
Source: Massachusetts Cancer Registry

Annual Age-Adjusted Prostate Cancer Incidence Rates in Massachusetts, 2005-2009



Source: Massachusetts Cancer Registry

Advanced Stage at Diagnosis for Prostate Cancer Massachusetts by Race, 2005-2009



Source: Massachusetts Cancer Registry

Prostate Cancer Mortality in Massachusetts, 2005-2009

- Prostate cancer was the second leading cause of cancer deaths among Massachusetts males
- Only lung cancer had higher mortality rate than prostate cancer
- The age-adjusted mortality rate for prostate cancer was 23.1 per 100,000
- Mortality rate increases with age
- The median age at death for prostate cancer is 82 years
- Black non-Hispanic males were two times more likely to die from prostate cancer than White non-Hispanic men (47 per 100,000 vs. 23 per 100,000)

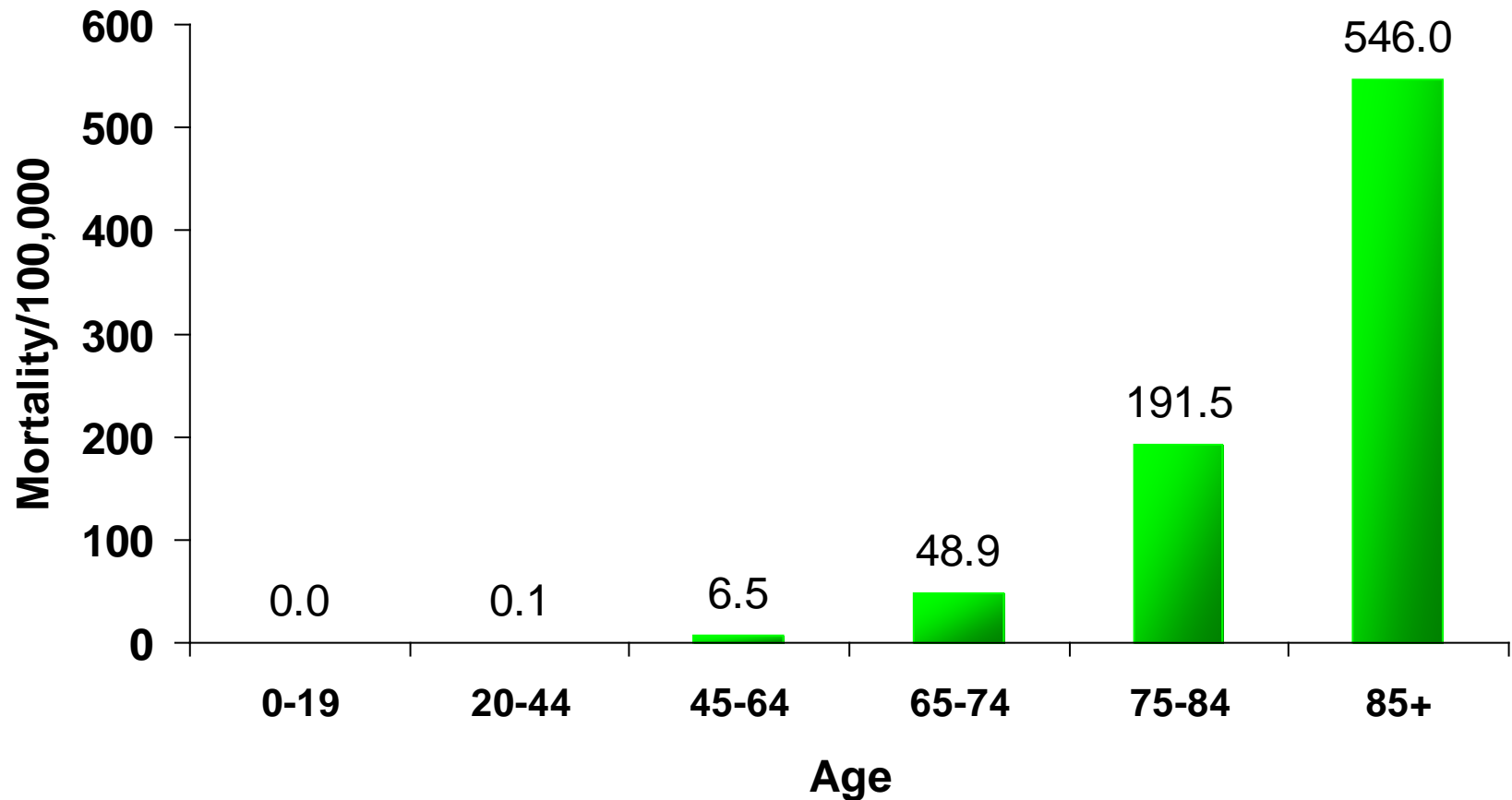
Prostate Cancer 5 year Relative Survival in the US, 2002 - 2008

- **Sixteen percent (one in six) of men born today will be diagnosed with prostate cancer at some time during their lifetime**
- **The overall 5-year relative survival for prostate cancer between 2002 – 2008 was 99.2%**

5-Year Prostate Cancer Survival By Race:

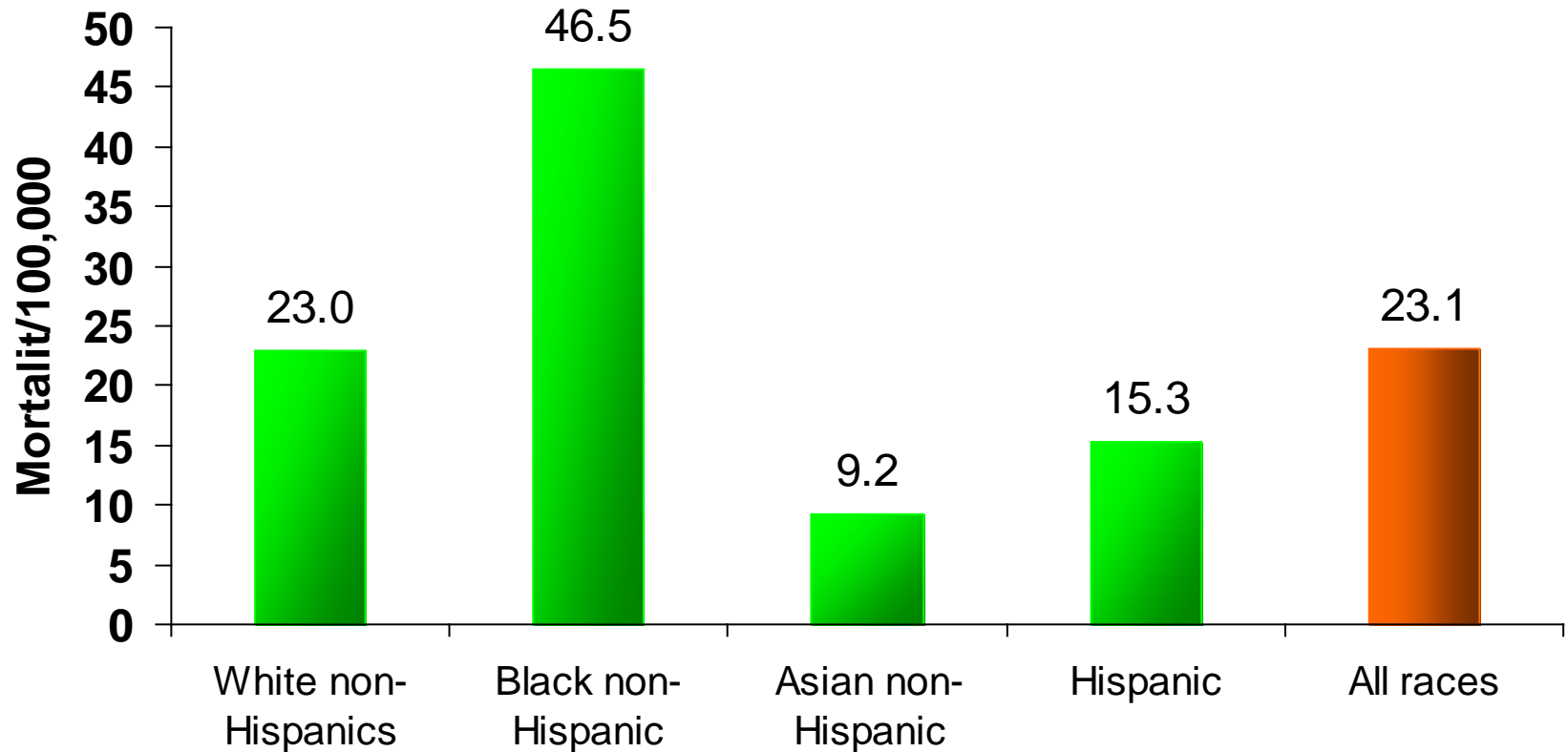
White men	99.5%
Black men	96.7%

Age-Specific Prostate Cancer Mortality Rates in Massachusetts, 2008-2010



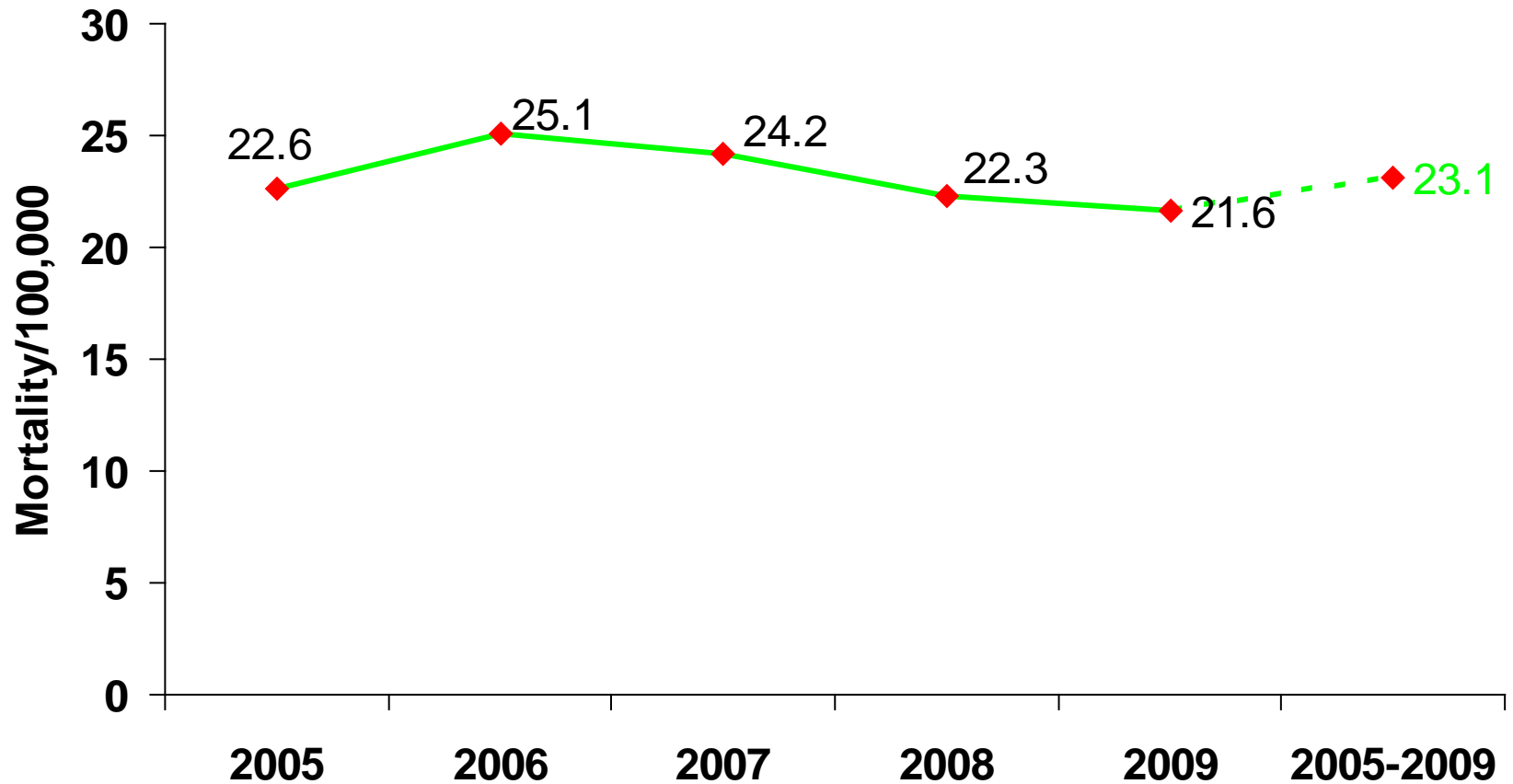
Source: Massachusetts Vital Statistics

Age-Adjusted Prostate Cancer Mortality Rates in Massachusetts by race, 2005-2009



Source: Massachusetts Vital Statistics

Annual Age-Adjusted Prostate Cancer Mortality Rates in Massachusetts, 2005-2009



Source: Massachusetts Cancer Registry

What does it mean to be at 'High-Risk'?

Education

- All men should have basic information about indolence and risk factors that affect them **BEFORE** they are of age to consider PSA screening
- Men considered to be at high risk should be aware that general guidelines for PSA screening may not apply to them

Making the Decision to be Screened

- All men should be offered information about the harms and benefits of screening as part of a shared decision-making protocol
- Many guidelines suggest that high-risk men begin screening at an earlier age compared to other ethnic groups
- Screening interval should be determined by individual risk factors and results of baseline PSA test
- PSA test results may be interpreted more aggressively for high-risk men
- Intervention and additional testing may be suggested earlier for high-risk men

Making the Decision to be Screened

“If you decide to get screened, there may be other decisions to make...”

- Should I continue to be screened if I have a low baseline score and no risk factors?
- How often should I get screened?
- If my PSA Test score is high, should I get a biopsy?
- If the biopsy is positive for cancer, should I be treated?
- If I decide to be treated, what treatment is best for me? When should I get treatment?
- If I decide to delay treatment or not to be treated at all, what should I do?

What is Happening in MA

Prostate Cancer Guideline

- **Experts from around the state**
- **Dr. Roger Luckmann – PCORI Grant**
- **Review of evidence**
 - **Weighing harms and benefits**
 - **Included review of key studies – European and US**
 - **Review of recent USPSTF recommendations not to screen**
- **New guideline for MA**
 - **Key component to include Shared Decision Making from the time of initial screening**
 - **Include screening recommendations for high risk men**

Comprehensive Cancer Plan Goal

By 2016, increase the number of men age 50 years and older who have discussed the risks and benefits of prostate cancer screening with their health care providers to 78%. Men at higher risk, such as those of African descent or with a family history of prostate cancer, should start discussing this issue at age 45.

(Baseline: Overall, 71%; White, non-Hispanics, 73%, Black, non-Hispanics, 72% – Data Source: BRFSS, 2008)

Prostate Cancer Workgroup

- **Dr. Roger Luckmann – University of Massachusetts**
- **Mark Kennedy – Mass Prostate Cancer Coalition**
- **Dr. Jacques Carter – Beth Israel Deaconess Medical Center/Dana Faber Cancer Institute**
- **Dr. Elizabeth Harden - Dana Faber Cancer Institute**
- **Dr. Alex Barry – Urologist – University of Massachusetts**

Prostate Cancer Workgroup

- **Creating a decision aid to be used by men and their providers**
 - Assist in decision to be screened
 - Identification of potential harms and benefits to screening, diagnosis of prostate cancer
 - Encourage conversation of personal preferences and values

Men of Color Projects

- Men Of Color Health Awareness – Springfield MA
 - **MISSION**
MOCHA is an innovative health movement in Springfield, Massachusetts which seeks to reduce severe health disparities in the city by creating health-conscious norms and diffusing them through men of color's personal and social networks.

Men of Color Projects

- **Mosaic** – Worcester MA
- *Mosaic Cultural Complex is a grassroots organization whose mission is to provide the highest level of services, to improve the quality of life for vulnerable populations through holistic services based on Christian principles, with a focus on men of color.*
- **Barbershop Health Network**

Men of Color Projects

- **Refugee and Immigrant Assistance Agency – Boston (RIAC)**
- *Refugee and Immigrant Assistance Center (RIAC) is a non-profit human service agency. We provide comprehensive services to refugees and immigrants, including resettlement, counseling, health counseling, cultural assimilation, job counseling, and social services.*
- **African Initiative for Men's Health**



CEHSID

**CENTER FOR THE ELIMINATION OF HEALTH
AND SOCIAL INEQUITIES AND DISPARITIES**



CEHSID Men's Health



- Men's Comprehensive Community Health Innovative Program
- Men's Health Education
- Massachusetts Men's Health Coalition



CEHSID Men's Health
Prostate Cancer Education

1. Churches
2. Barbershops
3. Community Centers
4. Community Health Center
5. Collaboration with the Greater Boston Community