

Prostate Cancer in Ohio

What do I Need to Know?



Comprehensive Cancer Control Program
Division of Health Prevention & Health Promotion
Bureau of Healthy Ohio

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What is prostate cancer?

Cancer is a disease in which abnormal cells in the body grow out of control. When cancer starts in the prostate, it is called prostate cancer. The prostate is a gland that makes part of the seminal fluid and is part of the male reproductive system, which includes the penis, prostate and testicles.

Sometimes prostate cells become abnormal and grow faster than normal cells. These extra cells form a mass called a tumor. Tumors can be “benign,” or not cancerous while other tumors are “malignant,” or cancerous and have the ability to spread to other parts of the body.

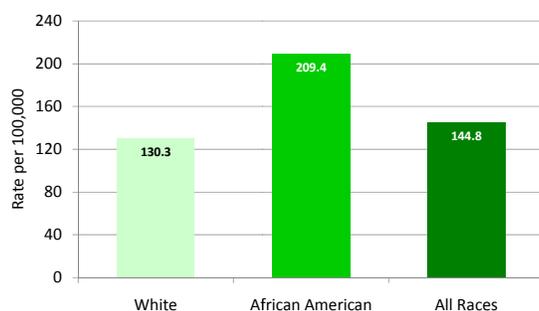


How does prostate cancer affect the U.S. and Ohio populations?

- Prostate cancer is the most common invasive cancer diagnosed in men in Ohio and the United States.
- During 2005-2009, an average of 8,232 new cases of invasive prostate cancer were diagnosed each year among male Ohio residents. An average of 1,218 Ohio males die each year from prostate cancer.
- About 60 percent of prostate cancers are diagnosed in men over 65.

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Average Annual Invasive Prostate Cancer Incidence Rates by Race in Ohio, 2005-2009^{1,2}



¹ Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2012.

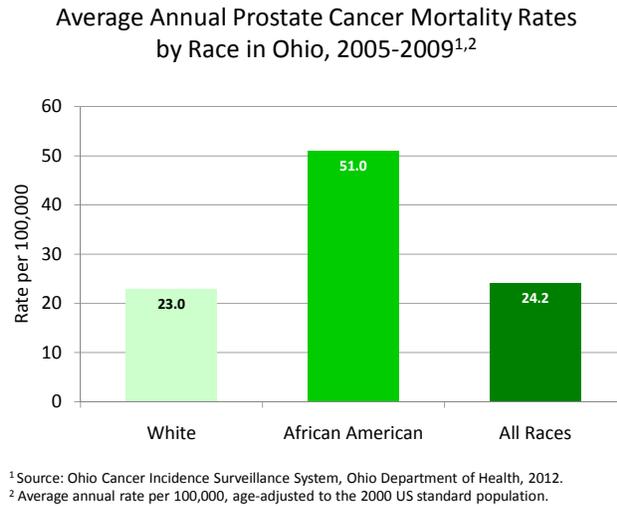
² Average annual rate per 100,000, age-adjusted to the 2000 US standard population.

- Currently, a man living in the United States has a 1 in 6 lifetime risk of developing invasive prostate cancer.

- African American men are significantly more likely to develop invasive prostate cancer compared to white men in Ohio (Figure 1).

- African American men in Ohio are more than twice as likely to die from prostate cancer, compared to white men (Figure 2).

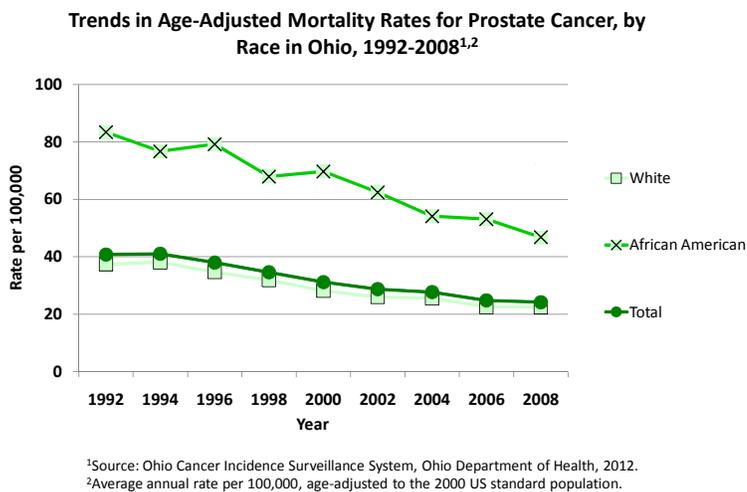
Figure 2



- In the United States and Ohio, prostate cancer ranks second in cancer deaths among men, following lung cancer.

- Prostate cancer deaths account for 9.2 percent of all deaths from cancer among men in Ohio.

Figure 3



- Prostate cancer death rates declined 40.1 percent for white men and 43.9 percent for African American men from 1992-2008. (Figure 3)

- While deaths from prostate cancer have decreased for both groups during the past decade, deaths from prostate cancer continue to remain higher for African American men in both the United States and Ohio.

What causes prostate cancer and who is at risk?

The exact cause of most prostate cancer is not yet known. Your risk is considered higher than average if:

- You are over the age of 65
- You have a father, brother or son who has had prostate cancer
- You are African American
- You have certain prostate changes such as high-grade prostatic intraepithelial neoplasia
- You have genome changes in one or more specific regions on certain chromosomes

Are there symptoms of prostate cancer?

Symptoms can include:

- Not being able to pass urine
- Having difficulty starting or stopping the flow of urine
- Frequent urination, especially at night
- Weak flow of urine
- Pain or burning during urination
- Blood in the urine
- Loss of bladder or bowel control
- Difficulty having an erection or painful ejaculation
- Frequent pain in the pelvic bone, spine or hips

Any changes in urination should be reported to a health care professional.

These symptoms are not always due to cancer. Other health problems can cause the same symptoms. Anyone with these symptoms should see a doctor to be diagnosed and treated as early as possible.

Early cancer usually does not cause pain. It is important not to wait to feel pain before seeing a doctor.

Is there a way to find prostate cancer or precancerous conditions early?

The following tests are most common in the early detection of prostate cancer:

- Digital rectal exams are conducted by a health care professional who inserts a lubricated, gloved finger into the rectum and feels your prostate through the rectal wall. Your prostate is checked for hard or lumpy areas.
- A blood test for prostate-specific antigen (PSA) can be conducted to measure the level of PSA in the blood. PSA is a substance made by the prostate. Levels of PSA may be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.
- The digital rectal exam and PSA test are being studied in clinical trials to learn whether finding prostate cancer early can lower the number of deaths from this disease.

Should I get screened for prostate cancer?

Currently, not all medical experts agree that screening for prostate cancer saves lives. Patients should discuss the benefits and limitations of screening with their health care provider. Most discussions should begin at age 50, unless a patient has additional known risk factors.

Potential benefits of prostate cancer screening include:

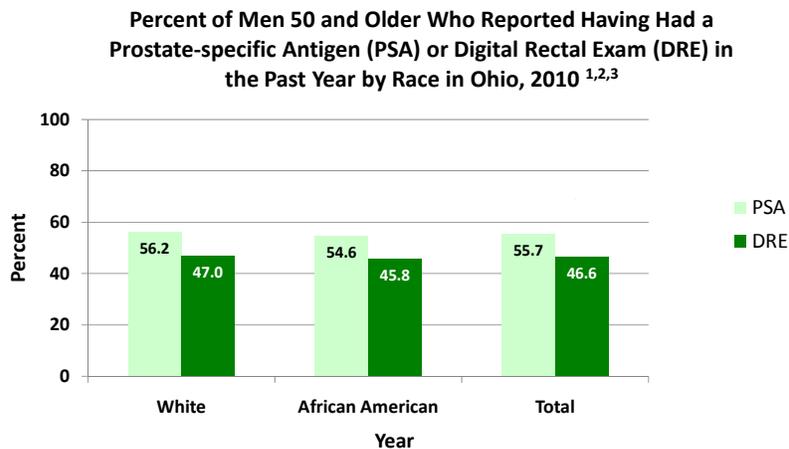
- Early detection of cancers
- Treatment for prostate cancer may be more effective when it is found early

Potential risks of prostate cancer screening include:

- False positive test results (indicating that you have prostate cancer when in fact you do not) that lead to further tests and can cause anxiety
- Treatment of some prostate cancers that may have never affected a man's health even if left untreated
- Treatment may lead to serious side effects such as an inability to keep an erection or an inability to control the flow of urine

Who gets prostate cancer screening in Ohio?

Figure 4



- More Ohio men 50 and older reported having had a PSA (55.7 percent) than a digital rectal exam (46.6 percent) in 2010 (Figure 4).

¹ Source: Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health, 2011.

² The weighted percentages were adjusted to: 1) probability of selection, i.e. the number of different phone numbers that reach the household, the number of adults in each household, and the number of completed interviews in each cluster; and 2) demographic distribution, i.e., age and gender.

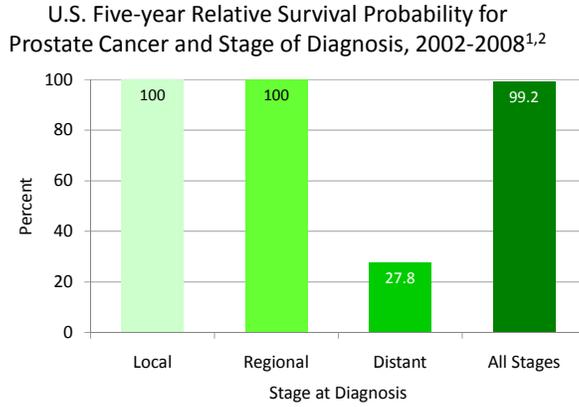
³ "Don't Know" and "Refused" were excluded from the denominator. This can cause an artificially high percentage.

- The percentage of Ohio men who received a prostate-specific antigen test (PSA) in 2010 was slightly higher for white men (56.2 percent) compared to African American men (54.6 percent). The percentage of men receiving a DRE was also slightly higher for white men (47.0 percent) compared to African American men (45.8 percent) (Figure 4).

Does the stage of diagnosis make a difference?

Screening tests by a health care professional may result in the detection of prostate cancer at earlier stages, when treatment is more likely to be successful.

Figure 5



¹ Source: Surveillance, Epidemiology, and End Results (SEER) Program, *SEER Cancer Statistics Review 1975-2009*, National Cancer Institute, 2012.
² SEER 18 areas. Based on follow-up of patients into 2009.

- When prostate cancer is found early (at the local or regional stage) the five-year survival likelihood is 100 percent (Figure 5).

Stage of Diagnosis

Local – A malignant tumor is confined entirely to the organ of origin.

Regional – A malignant tumor that has extended beyond the organ of origin directly into surrounding organs or tissues or into regional lymph nodes.

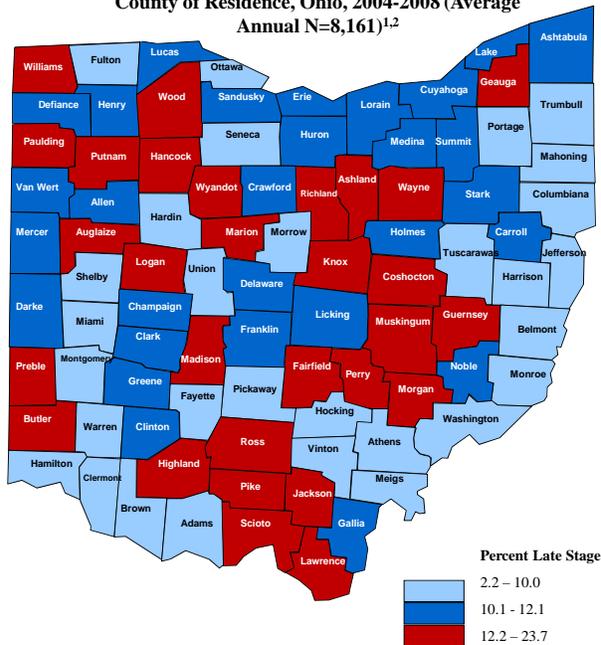
Distant – A malignant tumor that has spread to other parts of the body (distant organs, tissues and/or lymph nodes) remote from the primary tumor.

Unstaged/Unknown – Insufficient information is available to determine the stage or extent of the disease at diagnosis.

Figure 6



Prostate Cancer: Proportion of Cases (%) Diagnosed Late (Regional or Distant) Stage by County of Residence, Ohio, 2004-2008 (Average Annual N=8,161)^{1,2}



¹ Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2011.
² Each category represents approximately 33%, or 29, of the 88 Ohio counties.

- Over one one-out-of-ten (11 percent) of all prostate cancers in Ohio are diagnosed regional or distant stage, when survival is not as high. Figure 6 presents the percentage of regional and distant stage prostate cancer by Ohio county.

Is prostate cancer screening covered by insurance?

Most insurance companies help pay for prostate screening tests for men. Check with your health insurance provider to determine your prostate screening benefits.

People with Medicare age 50 or older are eligible for prostate cancer screening. There is no age limit for prostate screening. For more information about Medicare's coverage related to prostate screening, call the Centers for Medicare and Medicaid Services at 1-800-MEDICARE (1-800-633-4227) or visit the Medicare Web site at <http://www.medicare.gov>. TTY users should call 1-877-486-2048.

If I am without health insurance and live in Ohio, is there a way to obtain prostate cancer screening?

Many providers know the importance of screening and will work with you to ensure you can get the best screening for you based on your medical and family history. Some communities offer no-cost or reduced-cost screening programs to people without financial resources. Other communities have medical providers who are willing to provide these services on a case-by-case basis. To find a resource in your area, please contact the American Cancer Society at 1-888-227-6446.

What's being done in Ohio to increase access to prostate cancer screening for persons with financial need?

The Ohio Department of Health (ODH) has been working with groups in many communities to increase screening opportunities to prevent prostate cancer. In 2000, ODH received funding from the Centers for Disease Control (CDC) to increase these efforts for all cancers. Our main goal is to help local groups in their efforts to increase cancer screening programs with the goal of decreasing overall cancer incidence and death in Ohio.

For additional information about prostate cancer initiatives in Ohio, please contact the Comprehensive Cancer Control Program, Ohio Department of Health at (614) 466-2144.

REFERENCES USED IN THIS DATA BULLETIN

Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2012.

National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System <http://www.cdc.gov/brfss>.

American Cancer Society Ohio Division, Ohio Department of Health, The Ohio State University. *Ohio Cancer Facts & Figures 2010*. Columbus: American Cancer Society; 2010.

Stage at Diagnosis for Selected Cancer Sites in Ohio. Ohio Cancer Incidence Surveillance System, Ohio Department of Health and The Ohio State University, Columbus, Ohio, March 2012.

National Centers for Disease Control and Prevention <http://www.cdc.gov/cancer/prostate>

National Cancer Institute, *What you need to know about Prostate Cancer*. <http://www.cancer.gov/cancertopics>

Prostate Cancer in Ohio What do I Need to Know?



The Ohio Department of Health

<http://www.odh.ohio.gov>

Optimal Health for all Ohioans

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