



Progress in the Control of Prostate Cancer in Rhode Island, 1987-2000

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- THIRD IN A SERIES -

PROFILE

About 5000 men living in Rhode Island today have been diagnosed with prostate cancer (4,984 in 1998), about 900 men are newly diagnosed with prostate cancer each year (896 in 2000), and about 100 succumb to the disease annually (133 in 1999). Prostate cancer is among the top four most prevalent cancers in the state (and the nation), along with cancers of the lung, colon-rectum, and breast. In Rhode Island, prostate cancer accounted for 14% of all newly diagnosed cancers in 2000, and 5% of all cancer deaths in 1999.

CONTROL STRATEGY

Although prostate cancer has been linked to several risk factors, effective preventives are unknown. Speculations about the role of diet, environmental factors, and hormones as risk factors for prostate cancer are inconclusive.¹ Although the prostate-specific antigen (PSA) screening test is non-invasive, relatively inexpensive, and effective in the early detection of prostate tumors, its use is controversial. Clinical trials in progress have not yet proven that early detection and treatment are effective in reducing prostate cancer mortality, mass screening efforts are costly, and treatment is associated with high morbidity (e.g. urinary incontinence and sexual dysfunction). However, aggressive use of screening tests remains a key control strategy, along with the assurance of multidisciplinary, state-of-the-art treatment. The Rhode Island Cancer Control Plan,² published in September, 1998, recommends:

Screening

- Primary care providers should inform men ages 45 and over about the known risks and potential benefits of prostate cancer screening with the PSA and digital rectal examination (DRE).
- Primary care providers should make available annual screening with PSA and DRE to the following populations who, after considering information about the known risks and potential benefits of prostate cancer screening, request to be screened.
 - men ages 50 and over with at least a 10-year life expectancy

- men ages 45 and over with a high risk of developing prostate cancer (i.e., men with a family history of prostate cancer and African-American men)

Basic Treatment Infrastructure

- Promote and support the adoption of American College of Surgeons (ACOS) approved cancer programs in all acute care hospitals in Rhode Island.
- Assure accurate tumor staging with American Joint Committee on Cancer (AJCC) staging methodology.

2010 Targets

- *Healthy People 2010*, the most recent set of health objectives for the United States,³ suggests the following target for the control of prostate cancer:

Mortality

By 2010, reduce the prostate cancer death rate to 28.8 deaths per 100,000 males (age-adjusted to the year 2000 standard population of the United States; baseline = 32.0 deaths per 100,000 males in 1998).

TRENDS (TABLE 1)

Screening

Information on prostate cancer screening rates is unavailable at this time, but survey questions on prostate cancer screening were added to the 2001 Rhode Island Behavioral Risk Factor Surveillance System core questionnaire; results should be available shortly.

Incidence

The age-adjusted incidence of invasive prostate cancer (2000 standard) among Rhode Island men of all races increased from 118 cases per 100,000 in 1987-1991 to 173 cases per 100,000 in 1993 and remained around 170 cases per 100,000 men until 2000 (based on five-year moving averages). From 1989 to 1992, the age-adjusted incidence of invasive prostate cancer (2000 standard) among U.S. men of all races increased from 160 cases per 100,000 men to 201 cases per 100,000 men. This was followed by a decrease to 169 cases per 100,000 in 1995-1999. Rhode Island's invasive prostate cancer rates were below rates for the nation as a whole until 1997.

