Healthy IU and IU Human Resources in partnership with IU Melvin and Bren Simon Comprehensive Cancer Center present

Prostate Cancer Prevention 101: Take Charge of Your Health

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Housekeeping

✓ Chat is disabled

✓ Use the Q&A box for questions
   We will answer questions at the end of the session.

✓ We are recording
   The recording & slides will be sent to you following the session.
PROSTATE CANCER

Mary Robertson, MPH
Office of Community Outreach and Engagement
IU Simon Comprehensive Cancer Center
What is Prostate Cancer?

Cancer is the second leading cause of death in the United States, exceeded only by heart disease.
Data Tells a Story

National

- Incidence declined sharply from 2007 to 2014
- Mortality declining
Top 10 Cancers by Rates of New Cancer Cases United States, 2019, All Races and Ethnicities, Male

Rate per 100,000 men

Top 10 Cancers by Rates of Cancer Deaths
United States, 2019, All Races and Ethnicities, Male

Rate per 100,000 men

Indiana
Top 10 Cancers by Rates of New Cancer Cases Indiana, 2019, All Races and Ethnicities, Male

Rate per 100,000 men

Top 10 Cancers by Rates of Cancer Deaths
Indiana, 2019, All Races and Ethnicities, Male

Rate per 100,000 men

Indiana

2023:
- 5,580 new cases
- 760 deaths

2015-2019 Trends:
- Slightly lower rate of new cases than US
- Slightly higher rate of deaths than US
Who Gets Prostate Cancer?

- 1 in 8 men
- Age
  - Risk rises rapidly after age 50
  - 6 out of 10 men are >65
- Race and ethnicity
  - African American Men: 70% more likely
  - 2x more likely to die
  - Indiana disparity appears to be decreasing
Who Gets Prostate Cancer?

- **Family History**
  - >1 first degree relative
  - Diagnosed under 55
  - Family history of breast, ovarian, pancreatic cancer

- **Genetic Condition**
  - e.g. Lynch syndrome and BRCA1 and BRCA2 mutations
Reducing Your Risk

Modifiable vs. non modifiable risk factors

- Body weight, physical activity, and diet
- Healthy eating pattern: colorful fruits and vegetables and whole grains, and avoid or limit red and processed meats, sugar-sweetened beverages, and highly processed foods.
Symptoms

- No symptoms early on
- Possible later stage symptoms:
  - Difficulty starting urination.
  - Weak or interrupted flow of urine.
  - Urinating often, especially at night.
  - Trouble emptying the bladder completely.
  - Pain or burning during urination.
  - Blood in the urine or semen.
  - Pain in the back, hips, or pelvis that doesn’t go away.
  - Painful ejaculation.
Engage with Us!
Community Participation Opportunities

To let us know you are interested in getting involved, scan and complete our Community Interest Form.
Thank You!

Email me: rober243@iu.edu
PROSTATE CANCER SCREENING

Where do we stand in 2023?

Michael O. Koch, MD

John P. Donohue Professor and Chair of Urology

Indiana University School of Medicine and IU Health

IU Simon Comprehensive Cancer Center Member
Normal Function of the Prostate

- Male accessory sexual gland
- Strategically located at the base of the bladder and wraps around the urethra
- Can be palpated through the rectum
- Produces fluid and enzymes which nurture the sperm
- Sperm come through the ejaculatory ducts which course through the prostate
The Prostate-Abnormal Functions

- Begins growing at puberty (BPH) under the influence of male hormones (testosterone) and progressively enlarges throughout life
- Hereditary nature to prostate size
- Cancers begin developing at age 30-40 and become increasingly more common (detectable) over time
- Encircles the urethra just below the bladder which accounts for its relationship to voiding difficulties
  - Most people with urinary blockage have non-cancerous enlargement
Prostate Cancer: General Facts

- Most men with prostate cancer will die with their prostate cancer not from the cancer.
- Prostate cancer is the second leading cause of cancer death in men:
  - 268,490 men diagnosed with PCa in 2022
  - 34,500 men died from prostate cancer in 2022
- Average age at diagnosis is 67 and the average age at death is 80.
Early Prostate Cancer

- Early prostate cancer (curable) is usually detected as a nodule on rectal examination or b/o an elevated PSA test. Most men have no symptoms. Voiding problems usually due to non-cancerous enlargement.
- With later prostate cancer the urethra can be obstructed.
Prostate Cancer
Normal Patterns of Spread

- Originates in the outer portions of the prostate gland and grows until it breaks through the capsule of the prostate
- Spreads first to lymph nodes in the pelvis
- Then spreads to bones where it destroys bone and causes pain
- Rarely spreads to other organs such as lung and liver
Screening for Prostate Cancer

- Only screening method prior to 1985 was digital rectal examination
  - DRE only examines the prostate surface adjacent to the rectum
- 50% of the cancers discovered with this approach were incurable but treatable by surgical castration (mean survival 2 years)
- PSA test FDA approved in 1985 to monitor prostate cancer.
- >90% of prostate cancers detected by PSA screening are curable
Causes of PSA Elevation

- Prostate cancer
- Non-cancerous enlargement
- Bladder or prostate infections
- Prostate trauma
  - Minor- recent ejaculation, bicycle riding, occupational?
  - Major- prostate biopsy, cystoscopy
Prostate Cancer: United States Mortality Rates

Rate per 100,000

Year of Diagnosis

Blacks

Whites
USPSTF Guidelines on Prostate Cancer Screening with PSA Tests

- USPSTF issues guidelines for physicians on all types of general health screening
- 2 large trials failed to show a benefit of prostate cancer screening
  - PLCO trial – screening did not reduce the chance of dying from prostate cancer (confounded by patients getting pre-tested or getting checked outside of trial if randomized to non-screening group)
  - ERSPC trial- European trial showed that the risk of dying from prostate cancer reduced by 20-46% with screening
- In 2012, USPSTF issued a grade D rating recommending against prostate cancer screening
USPSTF Changes in Prostate Cancer

- 2018, USPSTF recommended a C rating for PCa screening for men aged 55-69 years and a Grade D for men over age 70 for the younger men recommended shared decision making which was individualized to patient’s risk based on family history, race, patient preferences.

- AUA, EUA issued similar guidelines and most generally recommended against screening men under age 40.

- Family medicine organizations generally recommended against screening.
Outcome of the USPSTF Recommendations in 2012
National Center for Health Statistics

Figure 1.

Age-Adjusted Rates of Prostate Cancer–Specific Mortality (PCSM) per 100,000 Population by 5-Year Age Group
Outcome of the USPSTF Recommendations in 2012
National Center for Health Statistics

Figure 3.
Age-Adjusted Rates of Localized and Metastatic Prostate Cancer Diagnoses Over Time
What Happens if your PSA is Elevated?

- Repeat the PSA to see if this is a true elevation or routine fluctuation
- Secondary testing
  - Second line PSA/genetic testing
  - MRI imaging of the prostate
- Prostate biopsy
What Happens if your Biopsy Shows Cancer?

- Consultation with your doctor to understand your cancer
  - Is it small or large? Is it non-aggressive or aggressive?
  - Is it a meaningful threat to your health based upon your age and general health balanced against the aggressiveness of the cancer
- Further testing to rule out spread
- Treatment
  - Surveillance
  - Prostatectomy
  - Radiation
  - Targeted treatment if treatment of the entire gland isn’t necessary
What is a Reasonable Approach to Prostate Cancer Screening?

- All men at high risk for prostate cancer should be offered PSA testing (African American and/or family history of prostate cancer)
- PSA testing not recommended in men under age 40 or over 70 (with occasional exceptions)
- Not all men require treatment with prostate cancer
- Treatments have advanced in both men with localized and metastatic prostate cancer
Thank You!

Email me: mkoch2@iuhealth.org
Screening Coverage

- **Preventive** screenings (routine exams and PSA testing for patients without symptoms) covered at 100%
- **Diagnostic** screenings (testing to investigate symptoms or a possible abnormality found during a screening) are subject to cost-share (deductible, coinsurance, out-of-pocket maximum)

- **Free Resources** - Anthem
  - Case Management – 866-962-1214 or Live Chat
  - Cancer Care & Support Resources
Cancer Support at IU

- Cancer Support Resource Guide
- Family Medical Leave Act (FMLA)
- SupportLinc EAP
- Care.com
- IU Cancer Survivor Community
Thank You!

Email me: AskHr@iu.edu
Any questions?

Please add them to the Q&A BOX at the bottom of your screen.