

# THE 2019 SCOPE OF WORK: 2018 YEAR IN REVIEW



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<http://prostatecanceradvisorycouncil.org/>

## Situation Analysis

The Florida Prostate Cancer Advisory Council (PCAC) was established in 2004 by state statute 381.911 and remains under the direction of the University of Florida Prostate Disease Center (UFPDC). The task of PCAC is to advise the governor, the State Surgeon General and the state legislature on statewide issues regarding prostate cancer incidence and mortality as well as related health disparities for access to care and prostate cancer treatment. PCAC is a collaborative, multi-institutional and inter-disciplinary advisory body focused on a communication platform that promotes education and awareness as well as improved detection and management of prostate cancer statewide. Goal performance for 2018 will be summarized in this report as well as proposed initiatives for 2019.

Membership criteria: Membership in the UFPDC Prostate Cancer Advisory Council is by appointment of the executive director of the UFPDC in consultation with the Department of Health's Comprehensive Cancer Control Program and the State Surgeon General to cover a geographically and institutionally diverse advisory council that shall consist of 9 members:

- Two persons from prostate cancer survivor groups or cancer-related advocacy groups
- Four persons, one of whom is a physician licensed under chapter 458, one of whom is a physician licensed under chapter 459, one of whom is a scientist, one of whom is the executive director of the UFPDC or designee
- Three persons who are engaged in the practice of cancer related medical specialty from health organizations committed to cancer research and control.

Four members of the council complete two year terms December 31, 2018.

- Dr. Martin Dineen
  - *Statute: Medical Doctor/physician licensed under 458 (M.D.)*
- Dr. Julio Hajdenburg
  - *Statute: Cancer Related Specialty*
- Dr. John Montgomery
  - *Statute: Patient Advocate/Prostate Cancer Survivor Group*
- Dr. Michael Wehle
  - *Statute: Cancer Related Specialty*

Proposed changes include:

- Dr. Martin Dineen proposed replacement is **Dr. Ali Kasraeian**, under statute of medical doctor licensed under 458 (M.D.) Dr. Kasraeian will serve a two (2) year term beginning January, 2019 through January, 2021.
- Dr. Julio Hajdenburg to be renewed for a two-year term from 2019-2021 under statute of cancer related specialty.
- Dr. John Montgomery proposed replacement is **Megan Wessell, MPH**, under statute of patient advocate/prostate cancer. She will serve a two (2) year term beginning January, 2019 through January, 2021.
- Dr. Michael Wehle proposed replacement is **Dr. Raymond Pak** of the Division of Urology, Mayo Clinic Jacksonville, under statute of cancer related specialty for a two year term. He will serve a two (2) year term beginning January, 2019 through January, 2021.

### Executive Summary

The annual meeting of PCAC was held December 8<sup>th</sup> within the Department of Urology at UF in Gainesville, Florida. Participants included PCAC members in person and by phone conference as well as invited guests and representatives of the Florida Cancer Control and Research Advisory Council (CCRAB) and the Florida Biomedical Research Advisory Council (BRAC).

Council goals for 2018 centered on education and outreach as well as the expansion of partnerships and collaborative opportunities to enhance mission priorities. A primary mission of PCAC is to be a reliable source of prostate cancer information that is accessible to patients, advocates, physicians, care providers, researchers and to Florida's governing officials.

In that context:

- The Council established and approved localized prostate cancer management guidelines including a lay version
- Expanded the website to include Spanish language documents.
- Achieved successful linkage to the CDC website providing for cross reference of prostate cancer patient information. Linked the website to CCRAB and BRAC
- Achieved a nearly 50% growth in website page views for 2018
- Adjusted the early detection guidelines to incorporate updated recommendations from the USPSTF for prostate cancer screening

- Expanded working partnerships with CCRAB, BRAC, DOH, CDC, patient advocacy and prostate cancer survivor groups. Additional new collaboration with the National Alliance of State Prostate Cancer Coalitions (NASPCC)
- Achieved approval to participate in a national data registry through the University of Florida that will allow for the development of clinical quality initiatives (CQIs) between private practice and academic urologists in regards to measures related to prostate cancer management

Prostate cancer awareness is especially important to sub-populations of men at increased risk of aggressive disease. Risk factors include African American (AA) race, men with a strong family history of disease and environmental exposure risks. Delayed diagnosis can result in a loss of curative options for treatment. AA men have the highest incidence of prostate cancer and the greatest mortality rates compared to other population groups in the United States. They have a 1 in 5 lifetime probability of getting prostate cancer and a 1 in 22 lifetime probability of dying from their disease. Both figures are roughly twice the general population. However, AA men have the lowest rate of participation in prostate cancer screening. Although there was an immediate and persistent decline in Prostate Specific Antigen (PSA) testing in men of all age groups following the USPSTF 2012 recommendations against routine screening, it was most pronounced in the AA population and in men with lower levels of income and education.

Population-based screening for any disease must meet established criteria based on 1968 recommendations of the World Health Organization. Those criteria include a significant burden of disease, a detectable pre-clinical stage, a clinical benefit to early detection and treatment with acceptable morbidity, acceptable and accurate screening tests and an acceptable overall cost benefit.

Prostate cancer incidence and death rates constitute a significant burden of disease in Florida and nationally. In 2015, 10,874 new prostate cancer cases were reported in Florida. Prostate cancer is the most common non-skin cancer of men and the second most common cause of cancer death among all men.

PSA along with digital rectal exam was initially offered for prostate cancer screening in the early nineties. The so-called PSA era that followed resulted in a higher incidence of prostate cancer diagnoses as well as a powerful stage-migration with reduction in advanced metastatic disease at the time of diagnosis of 60%.

PSA has the highest levels in prostate and seminal fluids. Much lower levels are detected in the blood and can be reflective of both benign and malignant processes within the prostate.

An elevated PSA value that leads to a negative prostate biopsy is falsely positive. The initial positive prostate biopsy rate for a PSA elevated between 4 and 10 is only approximately 25%. This is, in part, reflective of the non-cancer specificity of the PSA test. However, data suggests that the ultrasound-guided technique of prostate tissue sampling may in-turn produce falsely negative results in up to 47% of biopsies.

The PCAC board heard from Dr. Samsun Lampotang, Professor of Anesthesiology and the Director of the Center for Stimulation, Safety and Advanced Learning Technology at the University of Florida on the development of a simulation model for the improvement of spatial distribution of biopsy cores to improve sampling and detection of prostate cancer. The era of trans-rectal ultrasound guided prostate biopsy coincided with the introduction of PSA as a screening tool. The diagnostic trend changed from the biopsy of palpable disease to biopsy of earlier non-palpable disease through a random, non-targeted and non-specific technique. Although detection rates improved, prostate biopsy cores were not well distributed. Early training data from the simulation model would appear to result in improved sampling and therefore improved detection of significant prostate cancer. A novel, quantitative and reproductive platform is now available for further studies including gap analysis, comparative studies, learning and patient outcome studies, curriculum development and devising and evaluating new approaches for prostate biopsy.

Additional speakers included Dr. Chris Cogle from CCRAB. PCAC members and guests were updated on the trends of cancer burden in Florida and the upcoming efforts to revise the Florida Cancer Plan for publication in early 2020. PCAC advice will be sought regarding state goals for prostate cancer screening. Recommendations for alteration of the screening metric to include shared decision making have already been made.

Dr. Daniel Armstrong from the Florida Biomedical Advisory Board addressed 2017-18 funding recommendations available for the Bankhead-Coley and the James and Ester King programs. Of 231 grant applications, 20 were funded including two prostate cancer grants. PCAC input was solicited for the next round of funding opportunities.

Dr. Lisa Richardson, CDC Division Director, defined the CDC's role in prostate cancer including providing online decision aids for prostate cancer screening. The CDC also addresses the burden of prostate cancer including monitoring trends of incidence and enhancing prostate cancer data quality. Supported research addresses the stage at diagnosis, patient ethnicity and patterns of care through the National Comprehensive Cancer Control Program. The CDC recently developed an expanded educational tool for cancer patients including a new interactive Avatar for prostate cancer screening.

Dr. Li-Ming Su, Chairman of the Department of Urology at the University of Florida, addressed PCAC with an update on UF current relevant research addressing the association of mitochondrial dysfunction and racial disparities in prostate cancer. The potential would be to develop a race sensitive biomarker for prostate cancer. This research may in-turn help explain racial disparities in prostate cancer risk, aggressiveness and mortality.

The goals of prostate cancer screening are essentially two-fold. One is to identify high-risk disease that can be successfully treated. The other is to prevent the mortality and morbidity of advanced disease at diagnosis including painful bone metastases and urinary tract obstruction.


PCAC is uniquely comprised of scientists, physicians, and patient advocates representing diverse communities and institutions. The Council is dedicated to the improvement of prostate cancer related outcomes across the state.

### Scope of Work 2019

1. Work closely with CCRAB in the development of the 2020-2025 Florida Cancer Plan to especially provide insight and direction in the proper weighting of prostate cancer incidence, detection and treatment in the overall plan
2. Work closely with BRAC including review of DOH grant submissions for prostate cancer related research to include PCAC provision of endorsement documentation for selected grant applications
3. Continue to work to develop collaborative quality initiatives (CQI's) with academic and private practice urologists to integrate and improve patient care related to prostate cancer. This includes the potential for simulation-based training and data-sharing in regards to ultra-sound guided template prostate biopsy techniques to reduce the false negative rates.

4. Continue to expand community outreach including incorporation of community health workers and patient navigators with the establishment of PCAC work groups and speaker panels for the dissemination of validated prostate cancer information
5. Expand efforts to partner with the Regional Cancer Control Collaboratives to improve prostate cancer awareness and education statewide through existing voluntary organizations
6. Continue to provide a clear and understandable resource for prostate cancer that addresses the benefits and risks of screening which is risk-adjusted and promotes shared decision-making. The document is to be Florida-focused, nationally aligned and adjusted real-time to reflect updates in guideline recommendations
7. Continue to expand web presence, including links to recognized expert websites, and to serve as the primary educational resource of prostate cancer information for patients, advocates and providers in Florida

Respectfully Submitted by



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