

DELAWARE

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Closing the Gap in Prostate Cancer Mortality for Black Men in Delaware

NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

SUMMARY: Prostate cancer is the most commonly diagnosed cancer for males in the United States. Mortality rates for prostate cancer are generally low; they have been decreasing since the 1990s, stabilizing between 2013 and 2015.ⁱ However, the prostate cancer mortality rate for black men is more than double that of any other racial group.ⁱⁱ After the U.S. Preventive Services Task Force (USPSTF) changed prostate screening recommendations in 2008 and 2012, the data provided by the Delaware Cancer Registry (DCR) allowed for close monitoring of prostate cancer incidence and mortality across racial groups in Delaware. The data provided by the DCR shows that prostate cancer mortality in Delawarean black men has continued to decline. In the past 10 years, Delaware's programs such as Screening for Life and information dissemination initiatives have continued to support prostate cancer screening for black men, starting at age 40. The DCR's data demonstrate the success of Delaware's collaborative efforts to decrease prostate cancer mortality for black men.

CHALLENGE: Prostate cancer is the most commonly diagnosed cancer in men in Delaware, and it is also diagnosed at the third highest rate of all U.S. states. In Delaware, prostate cancer incidence is 142.4¹, and the mortality rate is 19.4. Mirroring the national trends, during the five year period 2010-2014, the incidence of prostate cancer in Delaware was highest among black non-Hispanic men. The average mortality rate of prostate cancer over the same five year period for black non-Hispanic men was more than twice that of Caucasian men, with the mortality rate of black men at 35.5 and the mortality of Caucasian men at 17.0. However, prostate cancer mortality is at the lowest rate since prostate cancer started being tracked at the DCR in 1980ⁱⁱⁱ.

In the past 10 years, there were two major changes in prostate screening recommendations which had the possibility of reducing early stage detection in black non-Hispanic men. The first change was in 2008, when the USPSTF recommended against screening for prostate cancer in all men over 75, and the second was in 2012, when the USPSTF recommended against Prostate-Specific Antigen (PSA) screening for all men.^{iv} While these recommendations were based on extensive study, there was the potential for these changes to decrease early detection of prostate cancer and increase mortality rates. Delaware was faced with the challenge of keeping timely watch over prostate cancer incidence and mortality, while also implementing programs to decrease the disparities in prostate cancer mortality.

SOLUTION: The Delaware Cancer Registry provides detailed cancer incidence and mortality data to inform programming to reach Delawareans. Working in close conjunction with hospitals, physicians, ambulatory surgery centers, and pathology laboratories, the DCR has achieved over 100% completeness as certified by the North American Association of Central Cancer Registries for over 10 years. The DCR also uses Accurant and Delaware Health Information Network as sources to increase the accuracy and completeness of demographic data, including race. By maintaining high 12- and 24-month data completeness and closely monitoring the data on prostate cancer mortality in non-Hispanic black men, Delaware provides up-to date feedback on the progress of prostate cancer detection and treatment initiatives. Delaware also communicates these results through publicly available reports, data sets, fact sheets, and education and awareness campaigns. Based on analysis of incidence and mortality rates, recommendations for prostate cancer screening are individualized by risk factors.

RESULTS: While prostate cancer incidence rates remain high in Delaware, the five-year average mortality rate has decreased 31% in the past 10 years.^v The overall decrease in mortality can largely be traced back to the decreasing mortality rates in black men. The most recent analysis of 2010-2014 diagnosis-year data indicates that prostate cancer mortality rates were the most similar between non-Hispanic black and non-Hispanic Caucasian populations since the Delaware Cancer Registry was legally established in 1980.^{vi} The five-year average mortality rate for non-Hispanic black men for 2010-2014 was 35.5, down from a rate of 37.9 for 2009-2013, 39.1 for 2008-2012, and 44.7 for 2007-2011. For non-Hispanic Caucasian men, the rates were 17.0, 17.6, 20.4, and 20.9, respectively.^{vii}

Over this time period, the Delaware Cancer Consortium (DCC) published screening recommendations that diverged from the concurrent USPSTF recommendations; the DCC recommends that high-risk individuals, notably non-Hispanic black males, are screened for prostate cancer with PSA testing starting at age 40. In addition, the Screening for Life program reimburses providers for prostate cancer screening for eligible Delawareans who do not have insurance that covers prostate cancer screening. Despite these

programs, the percentage of males 40 years and older who have received a PSA test in the past two years in Delaware decreased from 57% in 2008 to 45% in 2016. Taken together, this indicates that screening is reaching at-risk populations or that treatment outcomes for prostate cancer are improving.

Another initiative, the Delaware Cancer Treatment Program (DCTP), established in 2004, provides free cancer treatment for eligible Delawareans. This program has provided care for many people who otherwise could not have afforded care, contributing to the reduction of disparities in cancer survival rates. Almost half of those treated for prostate cancer were black men. On a larger scale, these combined efforts have led Delaware to have the 8th lowest rate in the United States for prostate cancer mortality.^x Delaware hopes to continue this trend in the future.

SUSTAINING SUCCESS: Delaware is committed to further reducing the disparity in prostate cancer mortality rates among races by increasing the transparency and frequency of disparity data available to the public. DCR data are used to prepare reports on incidence and mortality data once a year. In 2007, 2017, and 2018, Delaware supplemented the yearly cancer incidence and mortality report with a section dedicated to cancer disparities. The results of these analyses are disseminated by the Delaware Cancer Consortium (DCC) to educate stakeholders such as doctors, researchers, and Delawareans. The data are also used to inform cancer programs in the state such as Screening for Life, the Delaware Cancer Treatment Program, and DCC published screening recommendations. The Delaware Division of Public Health and the DCR continue to encourage use and dissemination of cancer registry data.

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¹ All incidence and mortality rates are out of 100,000