

2022 NPCR GEORGIA SUCCESS STORY

Georgia Cancer Registry; Rana Bayakly, MPH; Chrissy McNamara, MsPH; Ateya Wilson; Scott D. Miller, MD; AnderNita West, MPH, PhD

Striving to Advance Prostate Cancer Control Through Private and Public Partnership

National Program of Cancer Registries SUCCESS STORY

SUMMARY

The Georgia Department of Public Health/Georgia Cancer Registry, Georgia Cancer Control Consortium (GC3), Georgia Regional Cancer Coalitions, the American Cancer Society (ACS), academic institutions, and prostate cancer advocates together constructed a road map to improve: 1) public awareness on prostate cancer screening; 2) provider education on prostate cancer; and 3) access to health care for prostate cancer patients in Georgia.

CHALLENGE

Prostate cancer has been the leading cause of cancer incidence and the second leading cause of cancer death among Georgia men since 2000. In Georgia, prostate cancer incidence decreased steadily from 2000 to 2014 then reversed its course in 2015 (Figure 1).¹ Since then the average annual percent increased by 3.7% among non-Hispanic white (NH-white) men and 2.3% in NH African American/Black (NH-AA/black) men (Figure 1).¹ Disparity in prostate cancer incidence did not change, NH-AA/black men were 79% more likely to be diagnosed with prostate cancer than NH-white men. In addition, late-stage prostate cancer in Georgia decreased significantly from 2000 to 2008 at an average annual of 4.19%. However, and since 2008, there has been a significant increase of 2.12% each year in NH-AA/black men and a 2.17% annual average increase in NH-white men (Figure 2).¹

Comparing Georgia to the United States (US), Georgia's prostate cancer mortality rate from 2000 to 2019 was significantly higher than the US mortality rate (Figure 3).² Additionally, Georgia's prostate cancer death rate declined, however this decline slowed down significantly starting in 2014. Georgia's average annual decrease was 3.9% from 2000 to 2014, this decrease changed significantly to an annual average of 1.2% from 2014 to 2020.¹ Even though, the overall 5-year relative survival rate of prostate cancer in Georgia is very similar to the US. The survival rate by stage and race/ethnicity was lower among Georgia's prostate cancer patients diagnosed at regional, distant, and un-staged disease at the time of diagnosis (Figure 4).³

Finally, and based on the 2020 Georgia Behavioral Risk Factor Surveillance System (GA-BRFSS), the prostate-specific antigen (PSA) screening prevalence was only 33.4% for all men 40 years and older who had their PSA test in the past two years. Only 42% of Georgia men 40 years and older were recommended to have a PSA test by a health care provider.⁴

SOLUTION

The Georgia Cancer Registry presented prostate cancer incidence, mortality, survival and screening by race/ethnicity, trends, and geographical location to the GC3 Steering Team. The GC3 is a diverse multi-organizational, 32-member Steering Team providing oversight to the Georgia Cancer Strategic plan 2019-2024. The GC3 Steering Team created the Georgia Prostate Cancer Round Table (GPCRT) to address prostate cancer in Georgia. The GPCRT was sponsored by the ACS and included members from the GC3 Steering Team: a physician, an urologist, an epidemiologist, a data and evaluation committee representative, Georgia Cancer Registry staff, a policy maker, and a community advocate. Additionally, ACS brought an expert from other states with focus on prostate cancer. GPCRT was charged in addressing prostate cancer in Georgia.

RESULTS

Since then, the GPCRT lead by ACS met three times. Meetings were very productive; participants were highly engaged and enthusiastic. At the kickoff meeting members reviewed prostate cancer data, learned about various resources available in Georgia and elected co-chairs. The second meeting resulted in developing the GPCRT missions, goals, and objectives in support of the Georgia Cancer Strategic plan and discussed creating workgroups to establish activities. During the third meeting, the GPCRT members established two workgroups: 1) Provider and Patient Education workgroup and 2) Access to Care workgroup. Each member volunteered to be part of a workgroup; the workgroups met separately to further discuss activities that align with GPCRT goals and objectives and Georgia Cancer Strategic Plan 2019-2024.

SUSTAINING SUCCESS

The newly established GPCRT members decided to create its structure based on the existing Georgia round tables these are the Georgia Lung Cancer Round Table (GLCRT) and the Georgia Colorectal Cancer Round Table (GCCRT) as these roundtables are successful. Establishment of co-chairs decrease members fatigue and burnout as all members are volunteers and actively participate in other committees. GPCRT will be staffed by ACS as ACS has an established structure and the interest in developing local, regional, and national cancer specific round tables. GPCRT plan to utilize existing tools created by the GC3 committees such as the Extension for Community Healthcare Outcomes (ECHO) project created by the Diagnostic, Staging and Treatment and the Palliative Care committees and coordinated by DPH. Also, the GPCRT plan to present on various prostate cancer topics on both the DST-ECHO and Pall-Care ECHO to educate both providers and the public on prostate cancer in Georgia.

REGISTRY CONTACT INFORMATION

404-657-2617
[Georgia Cancer Registry Website](#)

REFERENCES

1. Georgia Cancer Registry
2. National Center for Health Statistics Accessed through CDC Wonder
3. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2022.
4. Georgia Behavioral Risk Factor Surveillance System (2012, 2014, 2016, 2018, 2020)



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention