

PROSTATE CANCER IN SOUTH CAROLINA

Where We Are

Rates of new cases of Prostate cancer among Black men in South Carolina are among the highest in the world (about 80% higher than in White men, vs. 55% nationally). Death rates in Black men are much higher than in White men; i.e., about 2 ½ times the death rate than that observed in White men. Similar to breast cancer, the racial difference in death rates and aggressiveness of the disease are especially striking at younger ages when men tend to have the most aggressive forms of the disease. We need to work to eliminate the racial disparity in death rates. Unfortunately, there is no test for prostate cancer that has been shown to reduce death rates. Recent articles indicate that increased screening will, on average, not improve death rates and could lead to lots of disability among those treated. The challenge will be to develop screening methods that can differentiate between slow-growing cancers that ought not to be treated from fast-growing cancers that should be treated.

South Carolina Statistics

- Prostate cancer is the **most** common cancer diagnosed overall.
- It is the **most** commonly diagnosed cancer among men.
- It ranks **4th** for cancer mortality overall and **2nd** in men alone.
- Black men are diagnosed at an **80%** higher rate than White men.
- Black men die at a **three** times higher rate from this disease than White men.

Call to Action!

South Carolinians:

- Encourage men to understand the issues about screening and to use judgment about how aggressive they might wish to be with respect to getting screened and following up questionable findings. In addition, men should:
 - Consider joining studies to improve understanding of the natural history of prostate cancer (to see how it grows in certain individuals and groups).
 - Eat a healthy diet containing foods rich in Lycopene** (tomatoes) and trace metals such as zinc and selenium** (for example, nuts, tuna, chicken, eggs).

Legislators: *in addition to the above, support legislation to:*

- Increase knowledge about prostate cancer screening.
- Implement screening studies in high-risk South Carolina populations.

Clinicians and Hospital or Medical Facility Administrators:

- Encourage participation in clinical trials and trials of innovative screening protocols.
- Encourage design and participation in trials of men with early-stage cancer who have finished conventional surgical or radiation therapy.
- Provide meeting space for cancer support groups.
- Assure that your cancer cases are reported to the hospital cancer registry or central cancer registry.

** AICR nutrition, physical activity panel risk factor conclusions were convincing*

*** AICR nutrition, physical activity panel risk factor conclusions were probable*

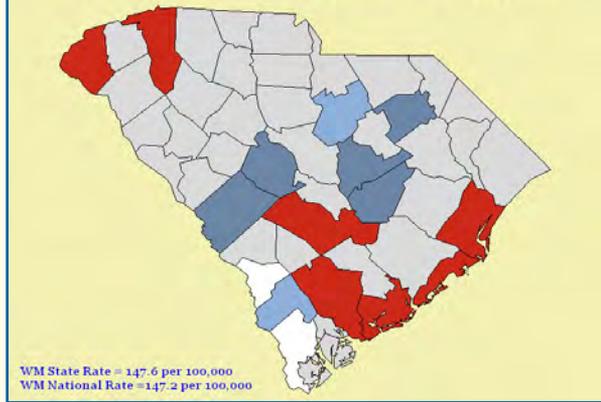
South Carolina Success

A successful prostate cancer education project was conducted in 2008-2009 by the Greenville Chapter of US Too International. The project focused on African-American men, reaching out to them through churches, fraternal organization, civic and social clubs. The project educated men on the risk factors and symptoms of prostate cancer, and also provided information needed to make informed decisions. They partnered with local hospitals to provide free prostate screening when appropriate. They also encouraged survivors and men at risk to consider participating in clinical trials if they fit the profile. They believe that as Black men are educated about this disease and resources are made available to diagnose and treat the disease in the early stages, the disparities gap will close.



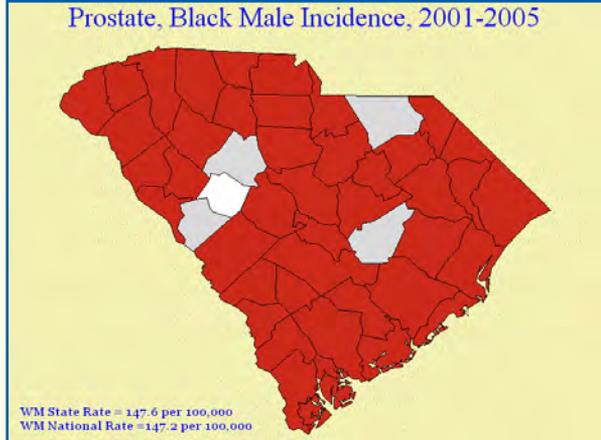
Johnny Payne, US Too International, on "All About Seniors" television show in Greenville, SC

Prostate, White Male Incidence, 2001-2005



** Counties that are not shaded have fewer than 20 cases/deaths of cancer over the 5 year period (2001-2005). Working with small numbers can lead to instability in the calculated age-adjusted rates for mortality and incidence. As a result statistics for these counties are not displayed.*

Prostate, Black Male Incidence, 2001-2005

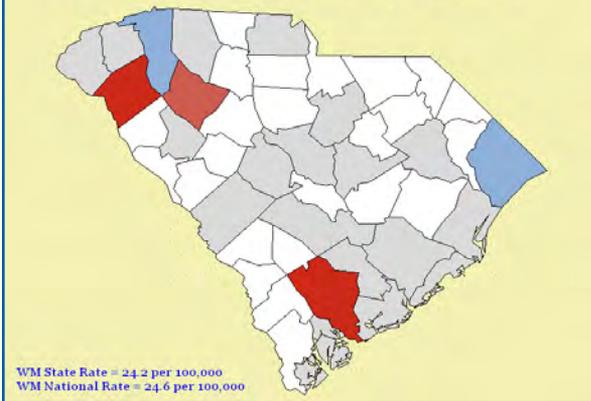


GRADING SCALE

A B C D F NS*

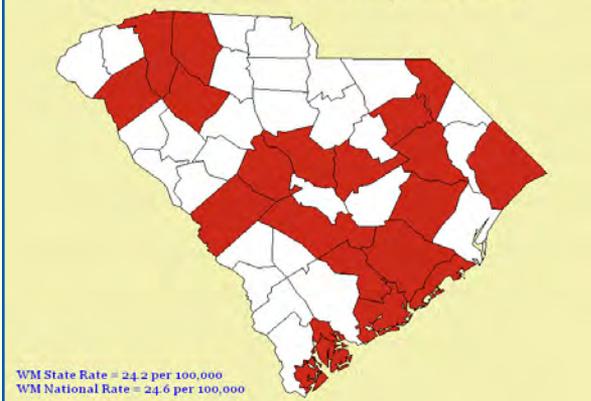
- **White Males:** Aiken, Lexington, Sumter, Clarendon, and Darlington counties rated best in the state, Grade A. Kershaw and Hampton rated better than the state or nation, Grade B. Oconee, Greenville, Orangeburg, Colleton, Charleston, and Georgetown rated worst in the state, Grade F. All other counties rated Grade C, no different from the state or the nation for rates of new cancers.
- **Black Males:** In all but five counties (Edgefield, Saluda, Newberry, Chesterfield, and Clarendon) rates of new cases for prostate cancer rated worse than the state and nation, Grade F.

Prostate, White Male Mortality, 2001-2005



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Prostate, Black Male Mortality, 2001-2005



GRADING SCALE

A B C D F NS*

- **White Males:** Greenville and Horry counties rated better than the state or nation, Grade B. Lauren County rated worse, Grade D. Anderson and Colleton counties rated worst in the state, Grade F. All other counties rated Grade C, no different.
- **Black Males:** Anderson, Greenville, Spartanburg, Laurens, Aiken, Lexington, Richland, Sumter, Orangeburg, Beaufort, Charleston, Dorchester, Berkeley, Williamsburg, Florence, Darlington, Marlboro, and Horry counties rated worst in the state, Grade F.