

Prostate Cancer Advisory Council: Current and Future Goals

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Assistant Professor



Prostate Cancer Advisory Council Members

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Executive Director, PCAC
University of Florida

Nicole Bixler, DO, MBA, FACOFP
Florida Osteopathic
Medical Association

Charles Griggs
100 Black Men of Jacksonville

Paul Hull, PhD, MPA
American Cancer Society

Daniel Landau, MD
Orlando Health Cancer Center

Ali Kasraeian, MD, FACS
Kasraeian Urology

Raymond W. Pak, MD, MBA
Mayo Clinic, Jacksonville

Julio Pow-Sang, MD
H. Lee Moffitt Cancer Center
and Research Institute

Consultant
Tom Stringer, MD
UF Department of Urology



Florida Biomedical Research Advisory Council (BRAC)

- Daniel Armstrong, PhD

Cancer Control Research Advisory Council (CCRAB)

- Ramzi Salloum, PhD, *UF Cancer Center*
- Clement Gwede, PhD, MPH, *Moffit Cancer Center*

Distinguished Guests

- Michelle Van Leer, *UF Health*



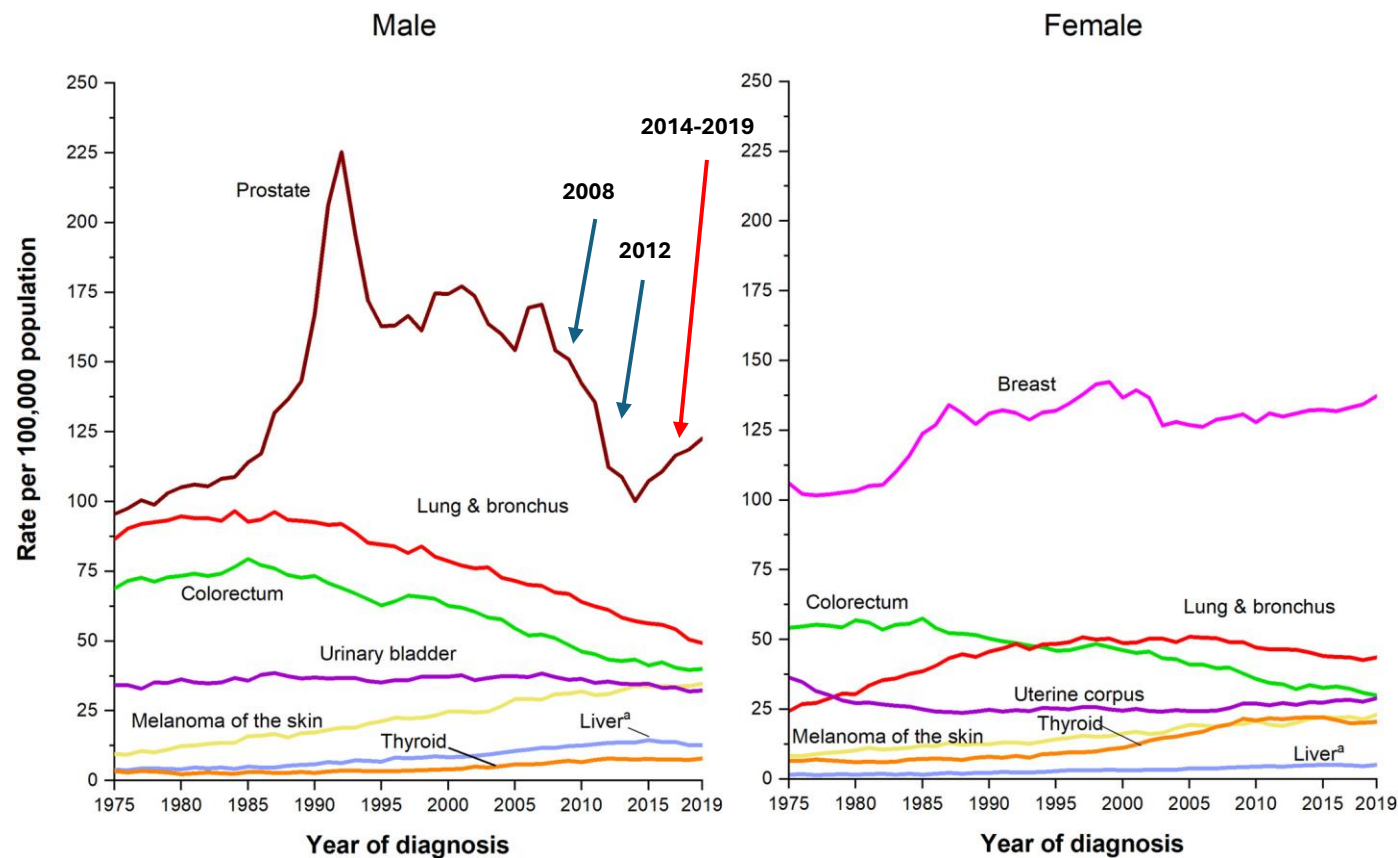
Dr. Kosj Yamoah MD, PhD Newest PCAC Member

Department of Radiation Oncology Chair –
Moffitt Cancer Center



Review of 2025

A journey through time...



2007-2014 (incidence declined 40%)

2008 – USPSTF against screening > 75 y.o

2012- USPSTF against screening for all

2014-2019 (incidence rising)

3% rise annually

4.5% rise annually in regional stage disease

In favor of screening for prostate cancer

- AUA, CUA, EAU, NCCN, ACP, *USPSTF**

Trial	PLCO	ERSPC	Goteborg
N	76,683	162,243	20,000
Age	55-75	55-69	50-64
Intervention	PSA annually x 6 years	PSA q4 years	PSA q2 years
Follow up	15	13	18
Prostate Cancer Specific Mortality	No (80% contamination)	21% RR reduction in favor of screening	42% RR reduction in favor of screening
NNS	N/A	1:781	1:139
NND	N/A	1:27	1:13

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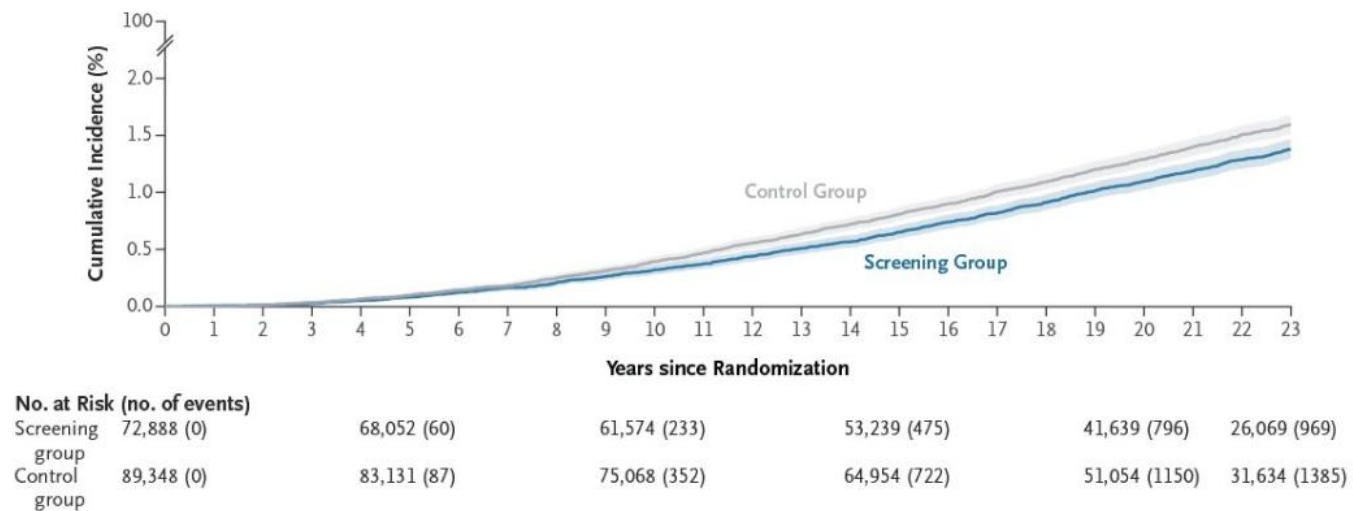
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European Study of Prostate Cancer Screening — 23-Year Follow-up

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23-year experience

Figure 2B. Prostate Cancer–Specific Mortality



- 1 less prostate cancer death for every
- 456 Invited for Screening (628)
- 12 Diagnosed with Pca (18)
- RR 17% (ITT)
- ARR 0.22% (0.14%)

Screening

- Directly prevents death from prostate cancer
- Has increased value the longer time goes on



African American/Caribbean Ancestry

- Lower Rates of Screening
- Higher Incidence Rates (1.8x)
- Higher Incidence of Advanced Disease
- Higher Mortality Rates (2.2x)





American
Urological
Association

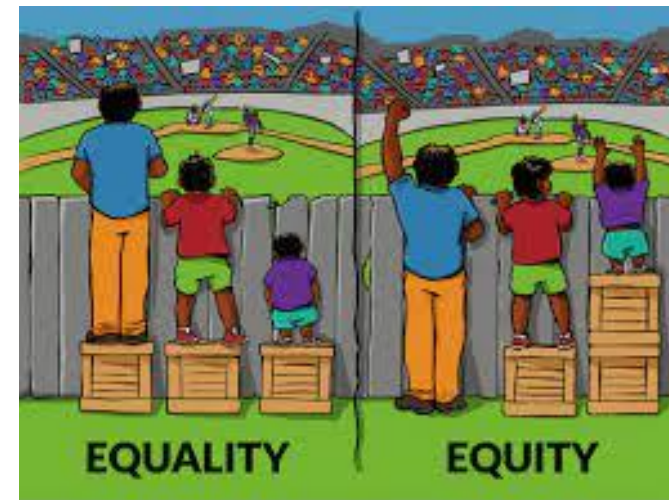


GUIDELINE STATEMENT 4

Clinicians may begin prostate cancer screening and offer a baseline PSA test to people between ages 45 to 50 years. (*Conditional Recommendation; Evidence Level: Grade B*)

GUIDELINE STATEMENT 5

Clinicians should offer prostate cancer screening beginning at age 40 to 45 years for people at increased risk of developing prostate cancer based on the following factors: Black ancestry, germline mutations, strong family history of prostate cancer. (*Strong Recommendation; Evidence Level: Grade B*)

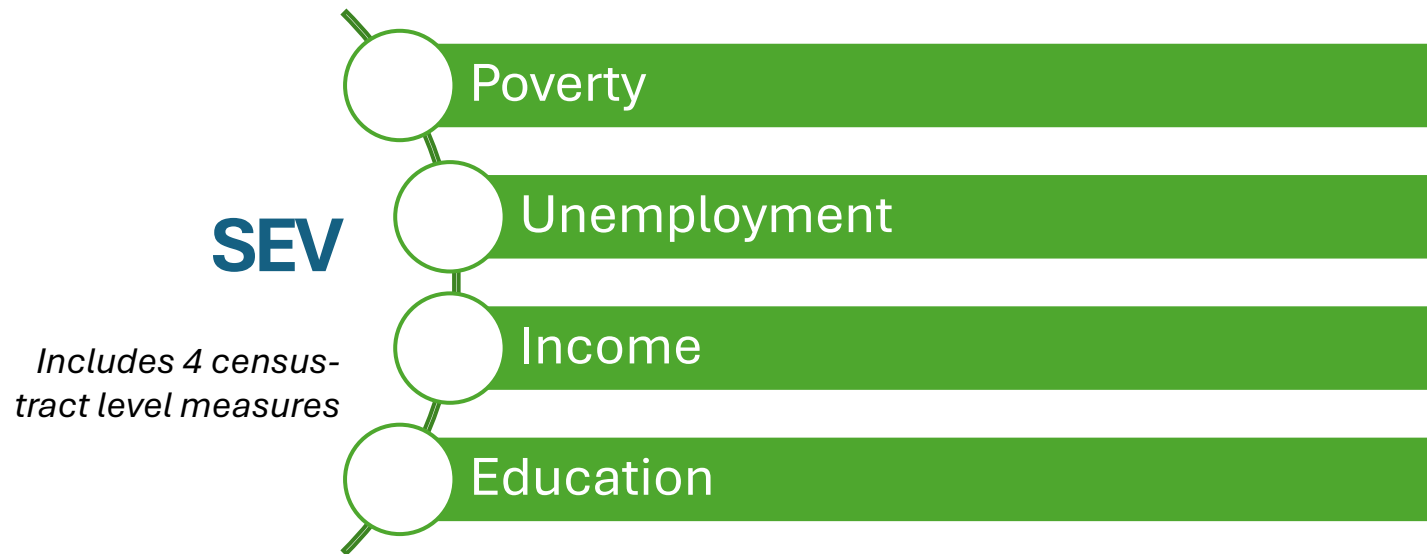


How does
Florida's
pathway for
prostate cancer
care in AA men
look like



Intersectional Perspective- Rurality and SEV

- ▶ Prostate cancer incidence is higher in *non-rural* communities as compared to *rural* communities (98.0 and 89.1, respectively).
- ▶ Prostate cancer incidence is higher in communities with *high socio-economic vulnerability (SEV)* as compared to communities with *low SEV*, i.e., less vulnerability (96.9 and 93.5)



KEY DEFINITIONS

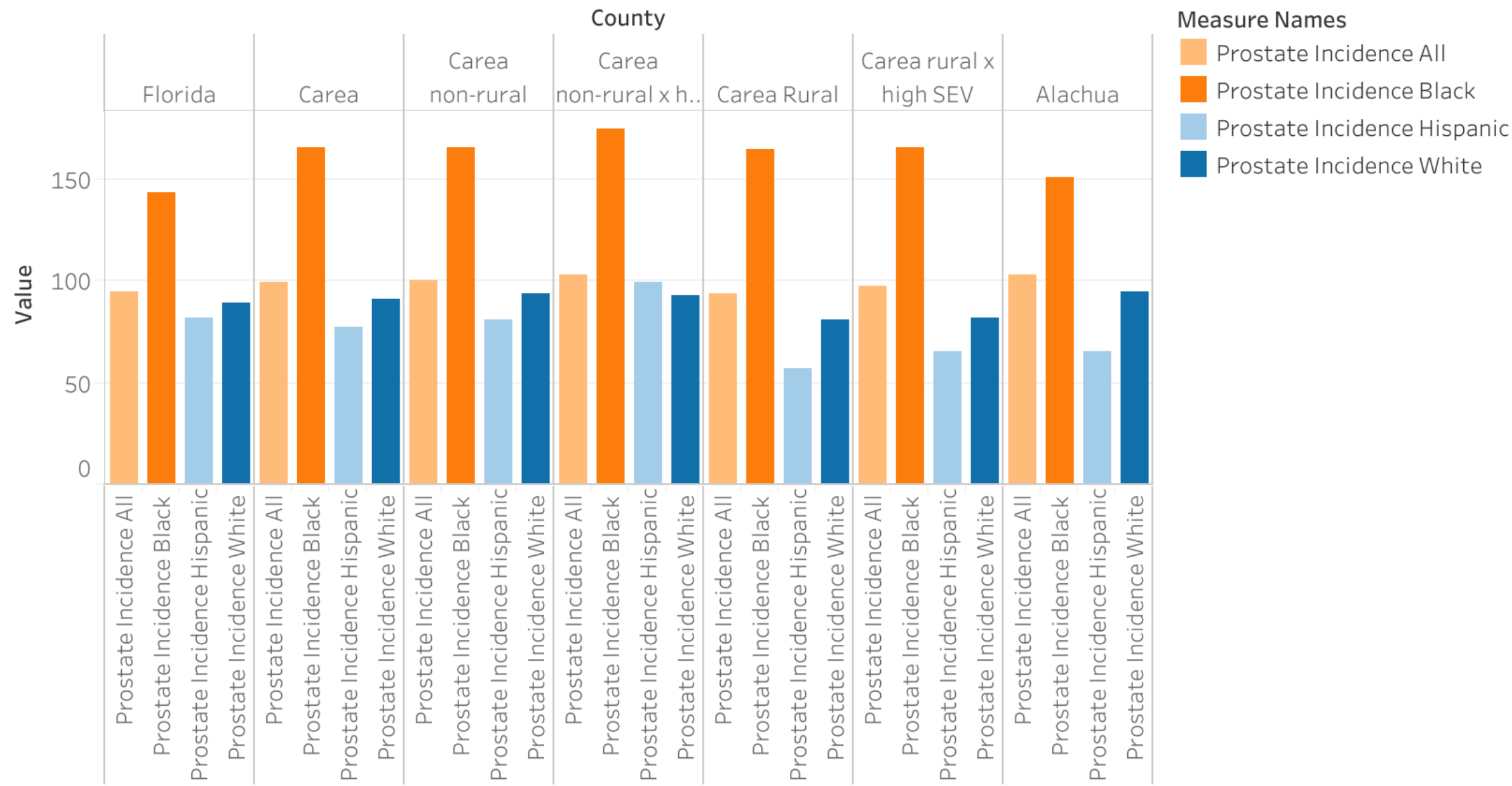
HIGH SEV refers to the census tracts with the most vulnerability—the top 50% or top two quartiles of the CDC’s SEV measure.

LOW SEV refers to the census tracts with the least vulnerability—the bottom 50% or the bottom two quartiles of the CDC’s SEV measure.

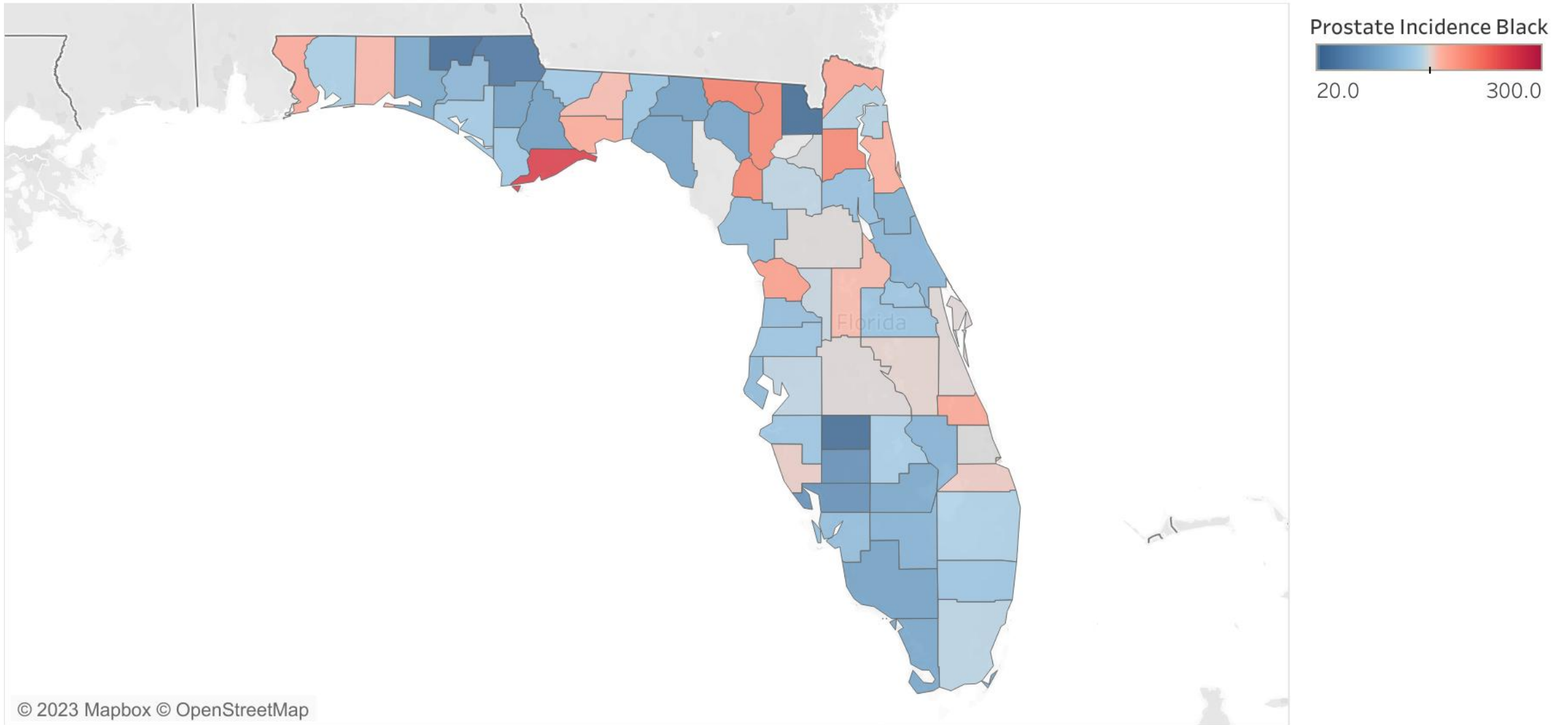
CDC’s Social Vulnerability Index (SVI). (2020, September 15).
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

Szurek SM, Hall J, Cho HD, Guo Y, Shenkman EA. (2021)
The UF Health Cancer Center Catchment Area Profile
Report 2021.

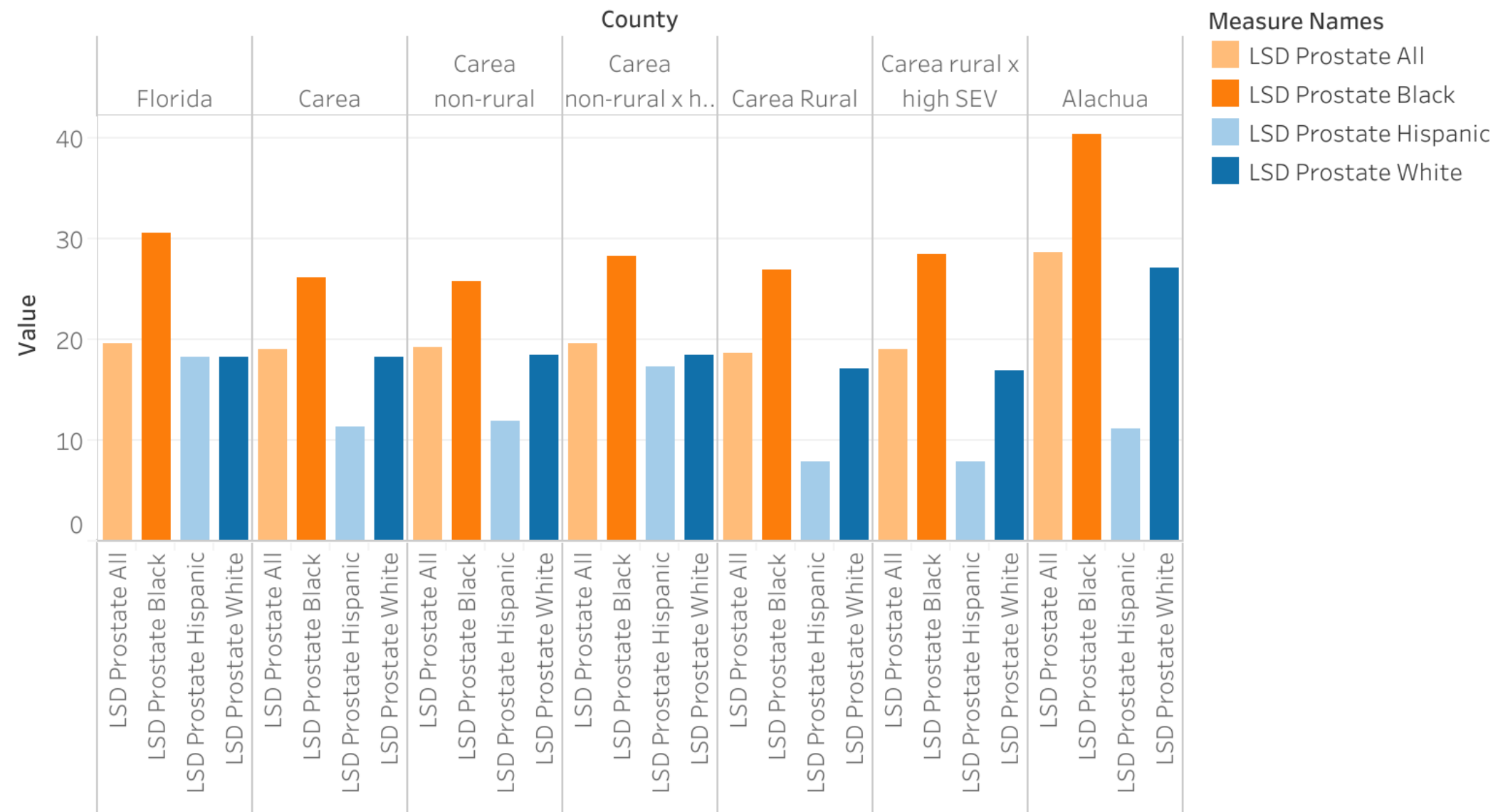
1. Regional Prostate Cancer Incidence (per 100K population)



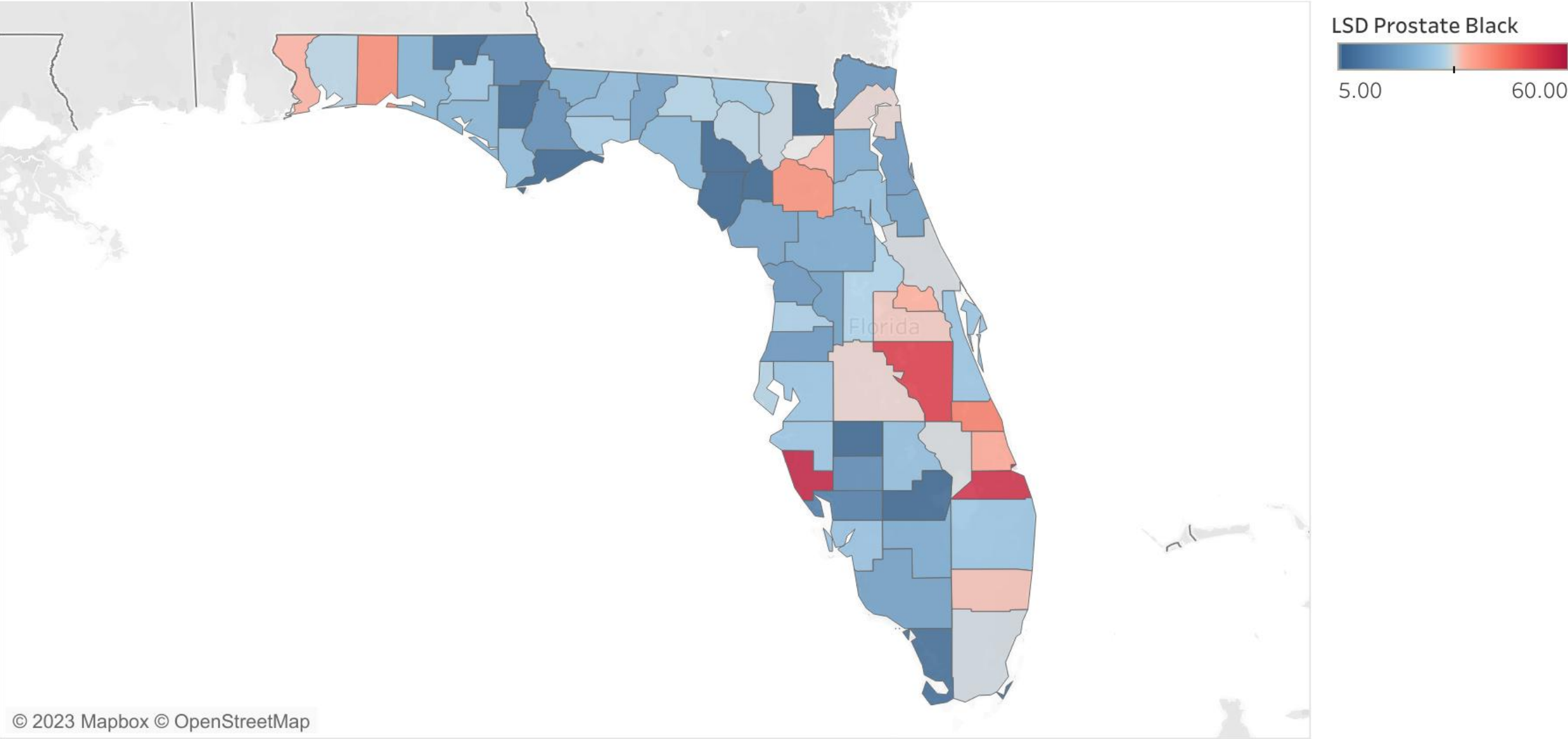
1.A County Prostate Cancer Incidence Black (per 100K population) (2)



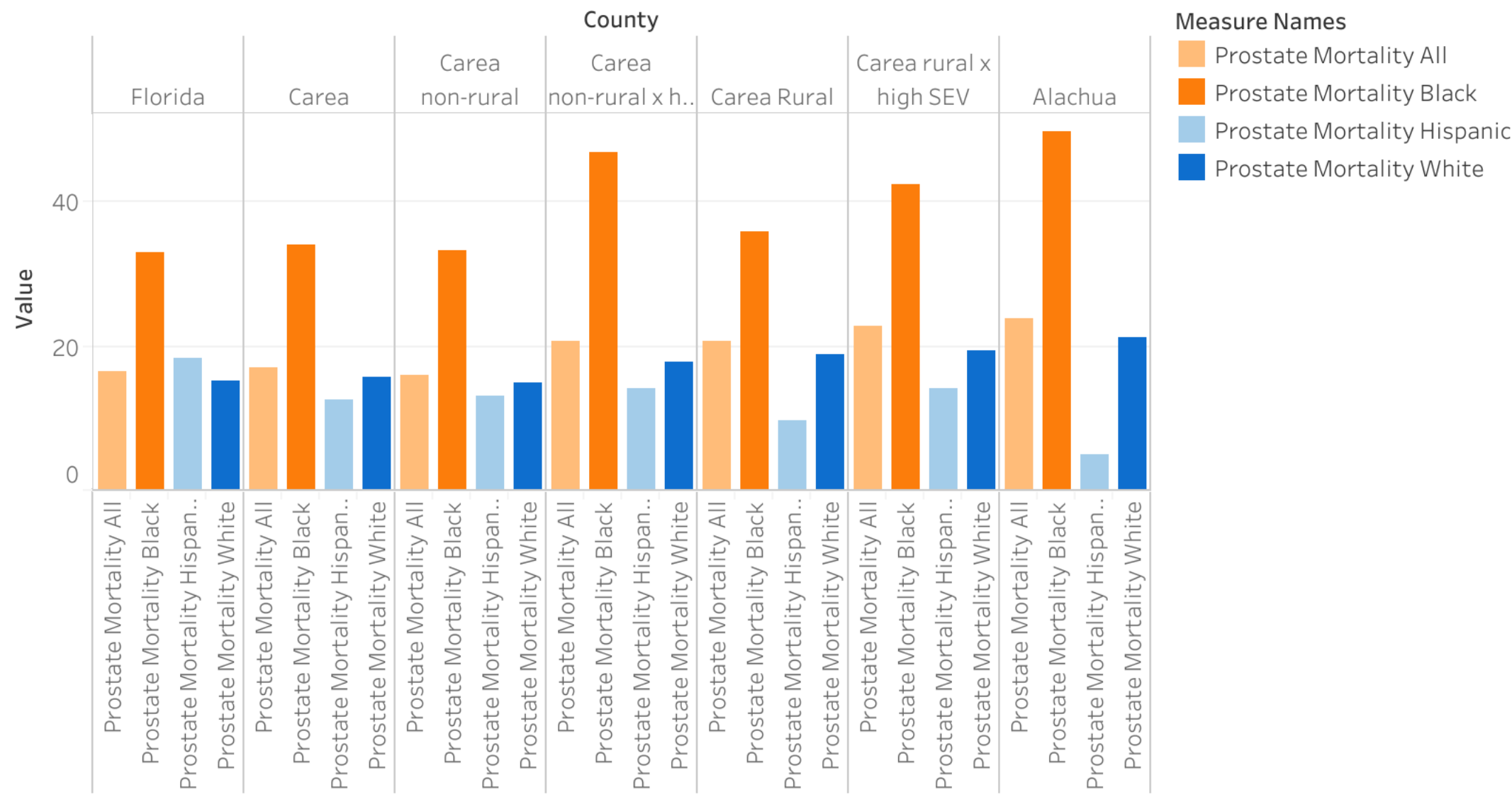
2 Regional Advanced Stage (III or IV) Diagnosis Prostate Cancer (per 100K)



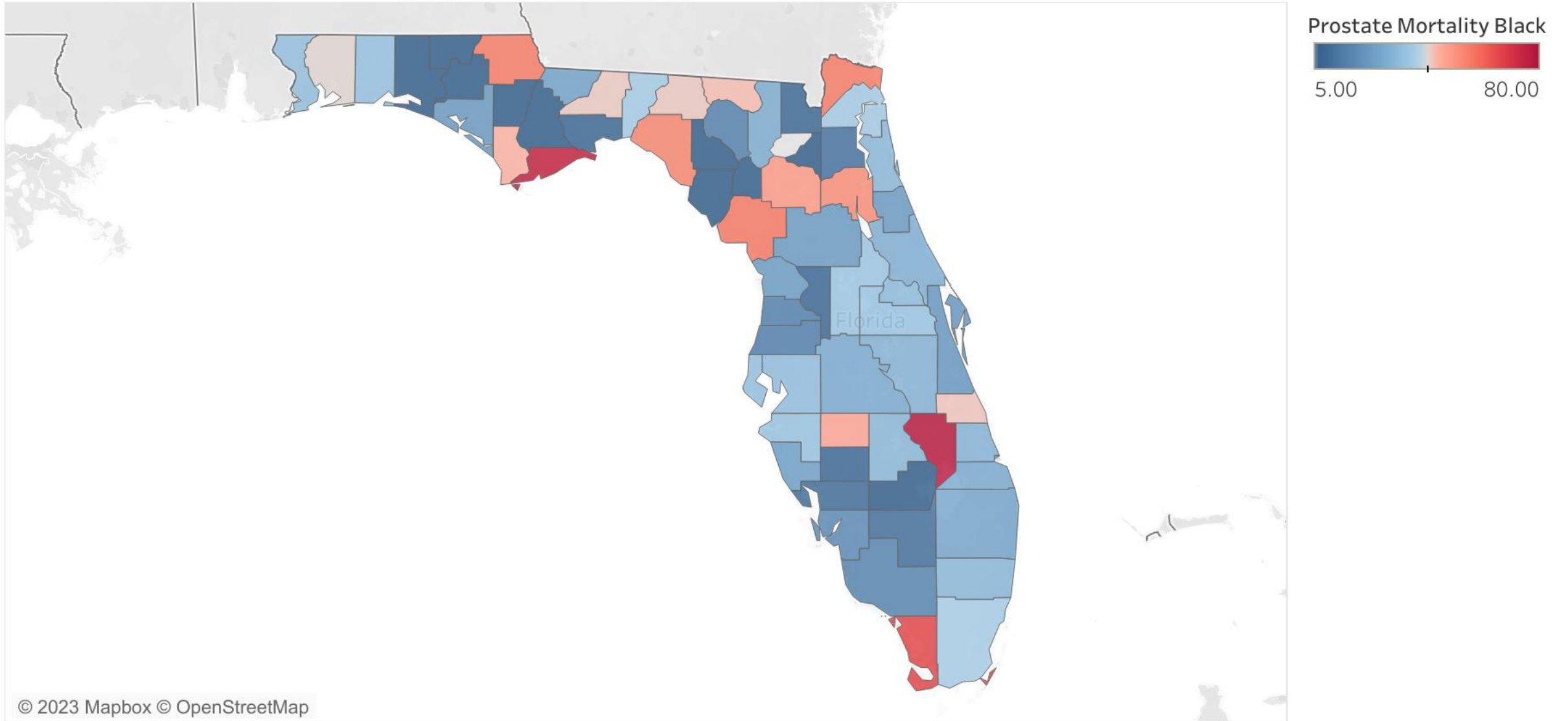
2.A County Advanced Stage Prostate Cancer Black (per 100K population) (3)



3 Regional Prostate Cancer Mortality



3.A County Prostate Cancer Mortality Black (per 100K population) (4)

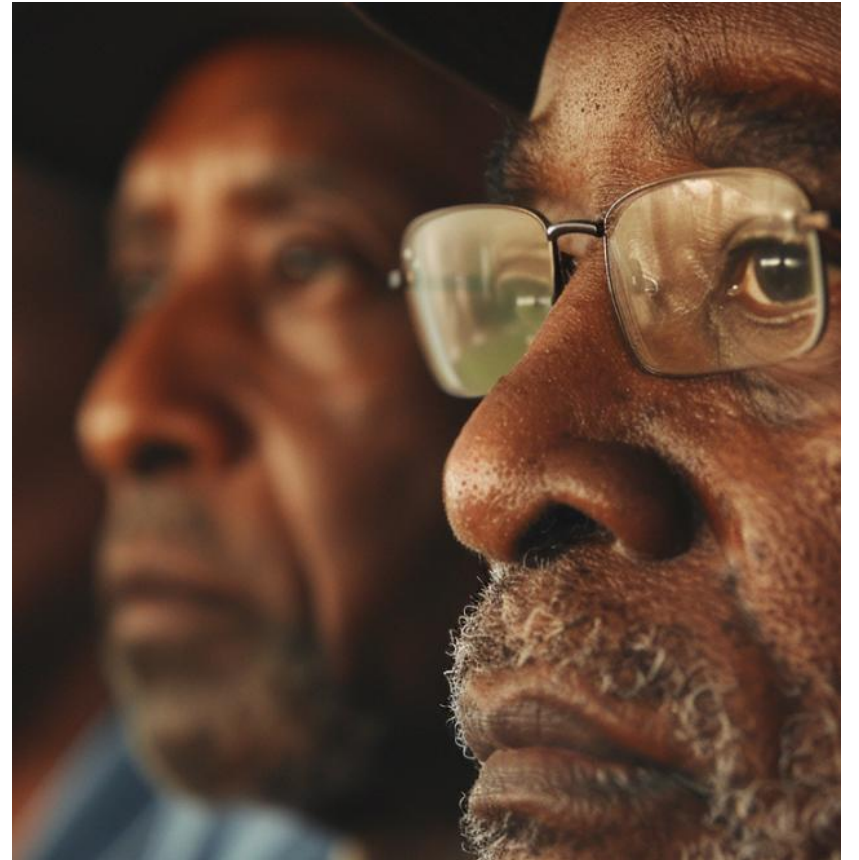


Summary

- In the state of Florida black men have a higher
 1. Incidence Rate of Prostate Cancer
 2. Incidence of LSD Prostate Cancer
 3. Higher Mortality
 4. *Higher mortality when matched by LSD?*
 1. *Treatment Equipoise?*

Prostate Cancer Disparity in AA men

- Limited access
 - Healthcare
 - Screening Information
 - Contemporary Diagnostics, Prognostics and theranostic prostate cancer options
- Cultural barriers
- Patient, physician and politician lack of awareness regarding the importance of early detection and screening.
- Genomic Differences



Proposed Solutions



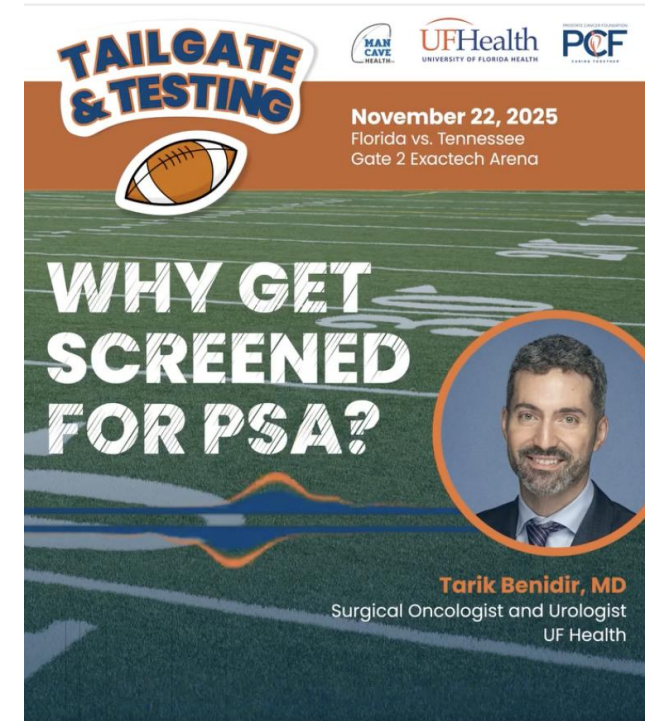
Community Outreach and Engagement

- UF Health Cancer Center Community + Cancer Disparities Research Collaborative (CDRC)
- Over 300 attendees
- Physician led information on screening, patient testimonials, research opportunities and small group informal discussions



Education and Awareness

- TailGate Podcast – November 22nd



Screening and Testing Campaigns



Proposed Goals for 2026



Future Avenues



- HealthCare Provider Training
 - Who to screen and when
 - General Population 45
 - At risk 40
 - PSA= 4ng/mL is an arbitrary cutoff
 - PSA of 4 in a 72 year old is normal
 - PSA of 4 in a 45 year is grossly abnormal
 - Adjuncts to PSA
 - PSA density, %free PSA, PHI/4k/IsoPSA
 - MRI
 - PSA after radical prostatectomy
 - Should be undetectable
 - PSA after radiation
 - Will still be detectable in non negligible proportion
 - PSA nadir + 2 ng/mL = biochemical recurrence (this can still be <4ng/mL)!