



COMMUNITY HEALTH DATA BASE

An Information Service of Public Health Management Corporation

Data findings

PROSTATE CANCER SCREENINGS IN SOUTHEASTERN PENNSYLVANIA MEN

September 2010

Suffered only by men, prostate cancer is a cancer of the prostate gland, which is located underneath the bladder. The majority of prostate cancers originate from abnormal growth and changes of gland cells in the prostate.

Prostate cancer is usually a slow growing cancer. As a result, the relative 5-year survival rate is nearly 100%.⁽¹⁾ Despite the 5-year survival rate, prostate cancer is also the second leading cause of cancer death among American men.⁽¹⁾ The American Cancer Society estimates that in 2010 there will be about 217,730 overall new cases of prostate cancer in the U.S. and 32,050 American men will die of the disease.⁽¹⁾

Risk Factors for Men

While there is no known exact cause of prostate cancer, investigation of the disease has led to findings about associated risk factors for men. The most strongly related risk factor for men to prostate cancer is age; numbers of men diagnosed with the disease increase with age. Most men who have been diagnosed are over 65 years old.⁽¹⁾ A second risk factor is family history. Several other risk factors have been associated with prostate cancer diagnosis, advancement, and death, including race, obesity, exercise, diet, and inflammation of the prostate, but further research is needed.⁽¹⁾

Detection and Screenings

Current routine methods of detection for prostate screenings include PSA (prostate-specific antigen) tests that detect PSA levels in the blood, and digital rectal exams conducted by a healthcare provider. However, there are no agreed upon standards for when and how often these screenings should be conducted with men.

Recommendations have changed over time as a result of inconclusive evidence regarding whether PSA tests save lives and concern that positive screenings may spur treatment in older men for whom resulting side effects (such as impotence, incontinence, infertility, and poor mental health) are a greater harm than the risk of prostate cancer death.^(2,3) The U.S. Preventive Services Task Force has deemed current evidence insufficient to recommend prostate cancer screenings.⁽⁴⁾ The American Cancer Society recommends that men ages 40 and up discuss risk factors with their healthcare providers to determine whether screening and/or treatment is appropriate.⁽¹⁾



Prostate Screening in Southeastern Pennsylvania

This article presents information from the Community Health Data Base on prostate screenings among men 45 years of age and older residing in the five-county Southeastern Pennsylvania (SEPA) region. Data presented here are from the 2008 Southeastern Pennsylvania Household Health Survey, a biennial, random digit dial telephone survey of over 10,000 households in the five county area of Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.

Two in five men 45 years old and older residing in Southeastern Pennsylvania have not received a prostate screening (PSA test or DRE) in the past year (40.5%), representing approximately 316,700 men. Furthermore, 17.2% of male residents (134,000 men) have never received a prostate screening.

Nearly half of men 45 and older in Philadelphia County have not received a prostate screening in the past year (49.5%), compared to 38.1% in Delaware County, 37.4% in Montgomery County, 35.1% in Chester County, and 34.1% in Bucks County.

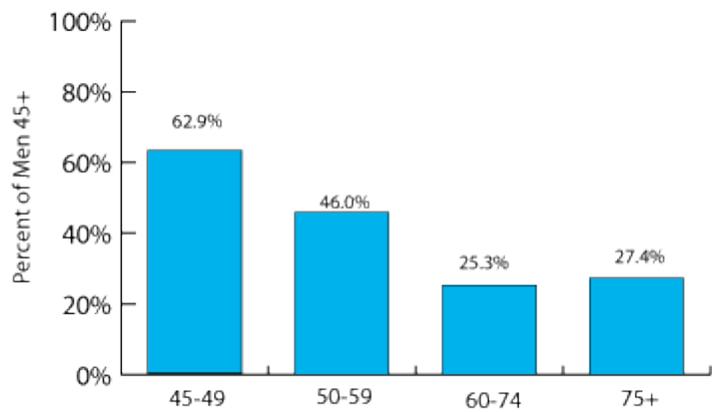
The likelihood of not having received a prostate screening in the prior year decreases with age (see Figure 1). Three in five men (62.9%) aged 45-49 years have not had a prostate screening in the past year compared to nearly half (46.0%) of men 50-59, one quarter (25.3%) of men 60-74, and over one-quarter (27.4%) of men 75 and older.

Black, Latino, and Asian men in Southeastern Pennsylvania are more likely to not have had a prostate screening in the past year than White men (62.3%, 55.6%, and 43.8%, respectively, compared to 39.3% of White men). Among those groups, Asian men (45+) are most likely to never have received a prostate screening (48.5%).

Men in Southeastern Pennsylvania living below the Federal Poverty Level (5) are more likely to not have received a prostate screening in the past year than non-poor men (57.2% compared to 39.3%). Poor men are also more likely than non-poor men to have never received a prostate cancer screening (31.1% and 16.1%, respectively).

Insurance status appears to be related to receipt of prostate screenings (see Figure 2). While almost four in five (77.9%) uninsured men have not received a prostate screening in the past year, 38.7% of insured men have not. Furthermore, nearly half (46.7%) of all uninsured men in the region have never received a screening, compared to 15.7% of insured men.

Figure 1. No Prostate Screening in Past Year Among Men 45 and Older by Age Group, SEPA 2008

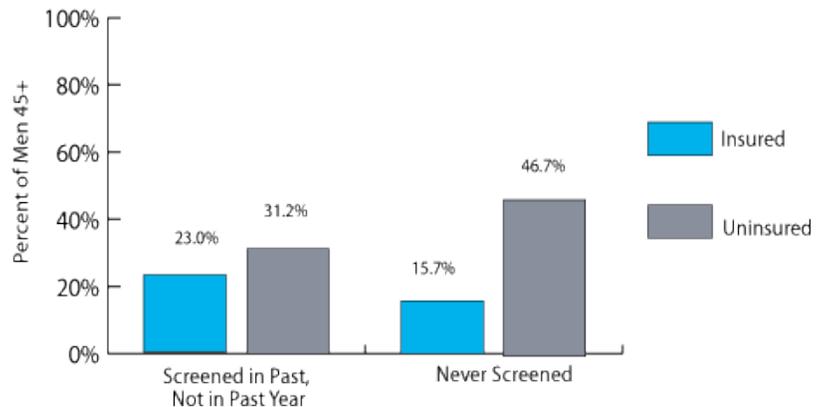


Source: PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey

Men 45 and older in Southeastern Pennsylvania who do not have a regular source of healthcare are more likely to have not received a prostate screening in the past year compared to men who do have a regular source of care (69.5% compared to 38.1%).

CHDB's 2008 Southeastern Pennsylvania Household Health Survey data show disparities exist between subgroups of men 45 years and older in Southeastern Pennsylvania regarding receipt of prostate screening exams. In order to determine the true impact of these disparities on local men, further research must be conducted to determine the benefits of screening in light of the risks and to establish standards of prostate health care.

Figure 2. Time Since Last Prostate Screening Among Men 45 and Older by Insurance Status, SEPA 2008



Source: PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey

For information regarding PHMC's Community Health Data Base 2008 Southeastern Pennsylvania Household Health Survey, or to learn more about prostate screenings among men in the region, please contact CHDB Research Associate Amanda Innes Dominguez at ainnes@phmc.org.

- (1) American Cancer Society, 2010. Prostate Cancer Overview. Available at: <http://www.cancer.org/Cancer/ProstateCancer/OverviewGuide/index> (accessed 8/25/10).
- (2) National Cancer Institute, 2009. Prostate-Specific Antigen (PSA) Test. Available at: <http://www.cancer.gov/cancertopics/factsheet/Detection/PSA#a7> (accessed 8/27/10).
- (3) Prostate Cancer Foundation, 2010, Understanding Prostate Cancer Side Effects. Available at: http://www.pcf.org/site/c.leJRIROrEpH/b.5822789/k.9652/Side_Effects.htm (accessed 9/8/2010).
- (4) U.S. Preventative Services Task Force, 2008. Screening for Prostate Cancer Recommendation Statement. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf08/prostate/prostaters> (accessed 8/27/10).
- (5) Poverty status is defined as below or above 100% of the Federal Poverty Level. Poverty level is calculated based on family size and household income. For example, a family of four with an annual income of \$21,200 in 2008 was considered living in poverty.