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Title: Promote Prostate Cancer Screening for Minority Populations in Michigan

Introduced by: Kultaj Kaleka for the Medical Student Section

Original Author: Sanjay Das, Kultaj Kaleka, Sai Kilaru, and Andrei Tuluca

Referred to: Reference Committee D

House Action: **APPROVE AS AMENDED**

Whereas, in 2019, an estimated 174,650 new cases of prostate cancer will be diagnosed, and an estimated 31,620 deaths will occur in the United States¹, and

Whereas, from 2011-2015 in Michigan, prostate cancer had the highest incidence amongst any cancer in men and was the second-leading cause of cancer deaths in men², and

Whereas, in 2019, it is estimated that there will be 4,580 new cases of prostate cancer in Michigan², and

Whereas, the most prominent risk factors found for developing prostate cancer within ten years was age, family history, and black race³, and

Whereas, from 1999-2009, the prostate cancer mortality rate was higher for American Indian/Alaska Native (AI/AN) men than Non-Hispanic white men despite a lower incidence rate of prostate cancer⁴, and

Whereas, prostate cancer screening in certain Native American populations is markedly lower compared to Non-Hispanic white men⁵, and

Whereas, from 1996-2008, prostate cancer screening rates in AI/AN men remained virtually unchanged (57.0 percent to 55.7 percent) while prostate cancer screening rates increased in African-American men (62.0 percent to 71.2 percent) comparable to non-Hispanic white men (71.3 percent)⁶, and

Whereas, for any cancer diagnosis, Native Americans presented with significantly advanced-stage cancer and significantly possessed less basic knowledge of cancer screening/management⁷, and

Whereas, for diagnoses and deaths of prostate cancer in Michigan from 1985-2015, black men have more than two times the rate compared to non-Hispanic white men in Michigan^{3,8}, and

Whereas, African-American men are diagnosed at an earlier age, have a shorter mean survival period, and are more likely to die from low-grade prostate cancer than non-Hispanic white men^{9,10}, and

Whereas, black men are less likely to have a digital rectal examination, prostate specific antigen test, or a regular doctor¹¹, and

Whereas, black men are less likely to report that men with prostate cancer can “lead a normal life” or that “men can have prostate cancer without symptoms” demonstrating a false perception of the disease and barriers in early detection among black men¹¹, and

Whereas, among men with preclinical disease (i.e., prostate cancer is present but not yet diagnosed), black men are estimated to be at a 44 percent to 75 percent higher risk of metastasis prior to diagnosis, suggesting greater risk of progression¹², and

54 Whereas, the five-year relative survival for localized or regional prostate cancer is close to 100 percent
55 compared to the 30 percent in the distant stage of prostate cancer^{1,13}, and

56
57 Whereas, community groups serving black men, religious organizations, and civic organizations have
58 been utilized to promote health screenings^{14,15}; therefore be it

59
60 RESOLVED: That MSMS encourage outreach to diverse community organizations that serve African-
61 American, Native American, and other at-risk minority men in an effort to promote prostate cancer screening
62 and prostate cancer education in this high-risk population.
63

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65 WAYS AND MEANS COMMITTEE FISCAL NOTE: \$10,000.00 or more as this Resolution directs MSMS to work on
66 an education campaign with the Tribal Nations in Michigan and engage in other outreach efforts.

Relevant MSMS Policy: None

Relevant AMA Policy:

Screening and Early Detection of Prostate Cancer H-425.980

Our AMA believes that:

- (1) All men who would be candidates for and interested in active treatment for prostate cancer should be provided with information regarding their risk of prostate cancer and the potential benefits and harms of prostate cancer screening, sufficient to support well-informed decision making.
- (2) Prostate cancer screening, if elected by the informed patient, should include both prostate-specific antigen testing and digital rectal examination.
- (3) Men most likely to benefit from tests for early detection of prostate cancer should have a life expectancy of at least 10 years and include: (a) Men 40 years of age or older of African American descent; (b) Men 40 years of age or older with an affected first-degree relative; and (c) Men 50 years of age or older.

¹ American Cancer Society. Facts & Figures 2019 . American Cancer Society. Atlanta, Ga. 2019.

² American Cancer Society. Cancer Statistics Center: Michigan at a Glance 2019. <https://cancerstatisticscenter.cancer.org/#/state/Michigan>. Accessed February 24, 2019.

³ Michigan Resident Cancer Incidence File. Updated with cases processed through November 30, 2014. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services. In.

³ Hoffman RM, Li J, Henderson JA, Ajani UA, Wiggins C. Prostate cancer deaths and incident cases among American Indian/Alaska Native men, 1999-2009. *Am J Public Health*. 2014;104 Suppl 3(Suppl 3):S439-445.

⁴ Pandhi N, Guadagnolo BA, Kanekar S, Petereit DG, Smith MA. Cancer screening in Native Americans from the Northern Plains. *Am J Prev Med*. 2010;38(4):389-395.

⁵ Goins RT, Schure MB, Noonan C, Buchwald D. Prostate Cancer Screening Among American Indians and Alaska Natives: The Health and Retirement Survey, 1996-2008. *Prev Chronic Dis*. 2015;12:E123.

⁶ Guadagnolo BA, Cina K, Helbig P, et al. Assessing cancer stage and screening disparities among Native American cancer patients. *Public Health Rep*. 2009;124(1):79-89.

⁸ Prostate Cancer In Michigan. In: Michigan Department of Health and Human Services; 2017.

⁹ Mahal BA, Alshalalfa M, Spratt DE, et al. Prostate Cancer Genomic-risk Differences Between African-American and White Men Across Gleason Scores. *Eur Urol*. 2019.

¹⁰ Kelly SP, Rosenberg PS, Anderson WF, et al. Trends in the Incidence of Fatal Prostate Cancer in the United States by Race. *Eur Urol*. 2017;71(2):195-201.

¹¹ Demark-Wahnefried W, Strigo T, Catoe K, et al. Knowledge, beliefs, and prior screening behavior among blacks and whites reporting for prostate cancer screening. *Urology*. 1995;46(3):346-351.

¹² Tsodikov A, Gulati R, de Carvalho TM, et al. Is prostate cancer different in black men? Answers from 3 natural history models. *Cancer*. 2017;123(12):2312-2319.

¹³ Noone AM, Howlader N, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z, Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2015, National Cancer Institute. Bethesda, MD, https://seer.cancer.gov/csr/1975_2015/, based on November 2017 SEER data submission, posted to the SEER web site, April 2018. In.

¹⁴ Holt CL, Wynn TA, Litaker MS, Southward P, Jeames S, Schulz E. A comparison of a spiritually based and non-spiritually based educational intervention for informed decision making for prostate cancer screening among church-attending African-American men. *Urol Nurs*. 2009;29(4):249-258.

¹⁵ Gilbert K, Dean L. (2013) Social Capital, Social Policy, and Health Disparities: A Legacy of Political Advocacy in African-American Communities. In: Kawachi I, Takao S, Subramanian S. (eds) *Global Perspectives on Social Capital and Health*. Springer, New York, NY. In.