

ANNUAL REPORT & RECOMMENDATIONS

2012

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FLORIDA PROSTATE CANCER ADVISORY COUNCIL ANNUAL REPORT & RECOMMENDATIONS

SUBMITTED TO
THE GOVERNOR
THE PRESIDENT OF THE SENATE
THE SPEAKER OF THE HOUSE OF REPRESENTATIVES
THE STATE SURGEON GENERAL

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RECOMMENDATIONS:

In order to meet the aims of the Prostate Cancer Awareness Statute, the following were designed to decrease the economic burden of prostate cancer and to follow the direction by the State Surgeon General. They are categorized under Clinical, Education, Research, and Funding:

CLINICAL

1. Develop the integrated prostate health and prostate cancer system of care
2. Secure the funding to support the scope of work required for developing the system of care (p.15)

EDUCATION

1. Conduct a pan-Florida prostate cancer symposium that is designed to bring together prostate cancer stakeholders to highlight recent advances in prostate cancer research, clinical trials, and best practices used for the prevention of prostate cancer and to promote strategies for successful rural and urban outreach, community education, and increased awareness
2. Create prostate cancer related educational materials that will heighten the awareness of prostate cancer and will be made available via different forms of media

RESEARCH

1. Leverage the membership of the Florida Prostate Cancer Advisory Council to develop an integrated interdisciplinary multi-institutional research model that utilizes the existing research infrastructures in the state to create programs (Figure 1) that will support the following objectives:
 - i. Distinguish indolent from aggressive disease
 - ii. Advance the understanding of the etiology of the disease
 - iii. Assess and evaluate appropriate imaging/detection modalities
 - iv. Encourage clinical research programs to support development of systems of care
 - v. Incentivize team science through multi-institutional funding mechanisms
 - vi. Assess and provide information on treatment alternatives for aggressive and/or advanced prostate cancer — including new treatment modalities as they become available
 - vii. Support prostate cancer registries, tissue banks and other support structures that aid in prostate cancer research



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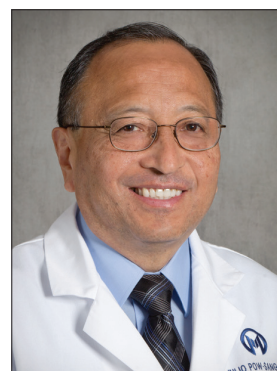
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The Honorable Rick Scott, Governor
The Honorable Don Gaetz, Senate President
The Honorable Will Weatherford, House Speaker
Dr. John Armstrong, State Surgeon General

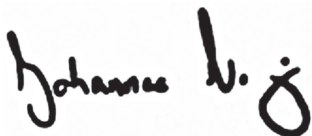
Dear Governor Scott, President Gaetz, Speaker Weatherford, and Surgeon General Armstrong:

According to the American Cancer Society (2010), prostate cancer is the leading site of new cancers in men nationally, representing 28% of all new cancer diagnoses. Florida, with 14,610 men afflicted with the disease, is not immune to this trend. Even though mortality rates diminished over the last 20 years, Florida had the third highest total number of new diagnoses nationally and there are still a significant number of men who will die of advanced disease — this increases over twofold for the African American community. In 2012, the American Cancer Society (2011) estimated that the frequency of prostate cancer within Florida had increased for the fourth consecutive year to 16,780 new diagnoses. The average estimated cost of treating prostate cancer is \$59,286 versus active surveillance at \$24,809, for a two-year period. This equates to a forecasted cost of treatment for the Floridian men who were diagnosed in 2010 exceeding \$900,000,000 versus just over \$400,000,000 for active surveillance. The economic burden coupled with numerous Florida community advocates raising their concerns about the disparities that equate to African American men having a significantly higher chance of succumbing to prostate cancer versus their Caucasian counterparts in their communities have produced an overwhelming sense of urgency.

Nevertheless, despite the increasing incidence, the exploding costs, and troubling disparities, the prostate cancer landscape is complex and comprises a polarized topography as a prominent task force and various epidemiologists question the efficacy of prostate cancer screening. Nationally, it has become perplexing and, at times, directly conflicting through information that can be confusing for current and prospective patients, their loved ones, and care providers over the appropriateness of screening for, and the evidence-based treatment of, prostate cancer.

From a state perspective, Florida is not immune to the confusion as medical professionals routinely discuss the best course of treatment for the disease. To address the local and systemic prostate cancer confusion and to mitigate the conflicting discourse, the Florida Legislature created the Florida Prostate Cancer Advisory Council and charged the multi-institutional task force with enhancing the systemic communication and education on prostate cancer in order to ensure that no Floridian man is left behind to interpret the confusing information alone. To accomplish this task, the communication platform, www.prostatecanceradvisorycouncil.org, was designed to be the reliable source of prostate cancer information that is accessible to patients, advocates, physicians, care providers, researchers, and Florida's governing officials. Notwithstanding, our work has just commenced and the following pages will highlight the progress made to date, the scope of work for 2013, and the Florida Prostate Cancer Advisory Council's recommendations on how to decrease the variability of information through the creation of a prostate cancer system of care.

Respectfully,

A handwritten signature in black ink, appearing to read 'Johannes Vieweg'.

Johannes Vieweg, MD, FACS
Chairman, Florida Prostate Cancer Advisory Council
Executive Director, University of Florida Prostate Disease Center
Chairman, University of Florida Department of Urology

Rick Scott
Governor



John H. Armstrong, MD
State Surgeon General

September 4, 2012

Johannes Vieweg, MD, FACS
Department of Urology, Chairman
College of Medicine
University of Florida
Post Office Box 100247
1600 SW Archer Road, Suite N2-216
Gainesville, FL 32610

Dear Dr Vieweg:

It was a pleasure to see you again, and to meet Tom, Paul, and Jim on Monday, August 13 to discuss the Florida Prostate Cancer Advisory Council. I am impressed with the Council members' expertise and diverse perspectives and will look to you for advisement and key messaging on prostate cancer screening, diagnosis, and treatment for Floridians.

To review, we discussed and agreed that the Council could provide guidance and leadership for Florida in developing an integrated system for prostate health and cancer care by defining the standards for prostate cancer care and providing informed decision-making support.

I am committed to promoting prostate cancer research in Florida. Using existing statewide cancer networks as a model, I would support the creation of a network specific to prostate cancer which sets measurable goals to track progress. We all agree that this is an area in need of advanced study that leverages the state's collective prostate cancer expertise and resources in order to promote men's health.

I would ask the Council to develop a research agenda with goals and a timeframe to accomplish these efforts.

On behalf of the citizens of Florida thank you for your efforts and for sharing in our joint mission to improve health outcomes especially in the area of prostate cancer control.

Sincerely,

A handwritten signature in blue ink that reads "John Armstrong".

John H. Armstrong, MD
Surgeon General and Secretary of Health

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EXECUTIVE SUMMARY & RECOMMENDATIONS

INTRODUCTION:

The objective of the Florida Prostate Cancer Advisory Council Annual Report 2012 is to highlight the accomplishments of the Council over the previous year, to announce the establishment of a new communications platform for prostate cancer (www.prostatecanceradvisorycouncil.org), and to provide the multi-institutional and interdisciplinary collaborative team's recommendations on how to reduce the aggregate impact, the economic burden, and the disparities related to prostate cancer on the Floridians that we serve.

Having established the communications platform highlighted in the 2011 Annual Report, the recommendations are focused on meeting the systemic objective and strategic direction provided by the State Surgeon General:

1. To develop an integrated system for prostate health and prostate cancer
2. To develop a prostate cancer research agenda and goals

RECOMMENDATIONS:

In order to meet the aims of the Prostate Cancer Awareness Statute, the following were designed to decrease the economic burden of prostate cancer and to follow the direction by the State Surgeon General. They are categorized under Clinical, Education, Research, and Funding:

CLINICAL

1. Develop the integrated prostate health and prostate cancer system of care
2. Secure the funding to support the scope of work required for developing the system of care (p.15)

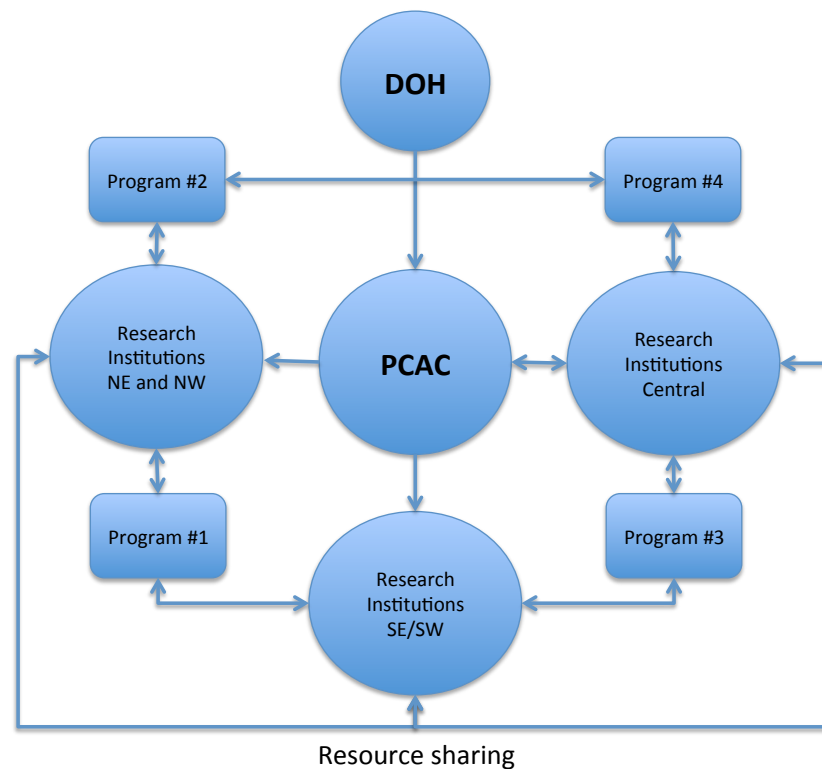
EDUCATION

1. Conduct a pan-Florida prostate cancer symposium that is designed to bring together prostate cancer stakeholders to highlight recent advances in prostate cancer research, clinical trials, and best practices used for the prevention of prostate cancer and to promote strategies for successful rural and urban outreach, community education, and increased awareness
2. Create prostate cancer related educational materials that will heighten the awareness of prostate cancer and will be made available via different forms of media

RESEARCH

1. Leverage the membership of the Florida Prostate Cancer Advisory Council to develop an integrated interdisciplinary multi-institutional research model that utilizes the existing research infrastructures in the state to create programs (Figure 1) that will support the following objectives:
 - i. Distinguish indolent from aggressive disease
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 - v. Incentivize team science through multi-institutional funding mechanisms
 - vi. Assess and provide information on treatment alternatives for aggressive and/or advanced prostate cancer — including new treatment modalities as they become available
 - vii. Support prostate cancer registries, tissue banks and other support structures that aid in prostate cancer research

FIGURE 1: INTEGRATED INTERDISCIPLINARY MULTI-INSTITUTIONAL RESEARCH MODEL



Legend:

Programs correspond to the research priorities specified in the report

Core resources include tissue banks, registries, genomic/genetic resources, biostatistics etc.

2. Extend the scope of the Florida Biomedical Research Program to include prostate cancer-focused research

FUNDING

1. Develop the funding streams required to support the current efforts, i.e. the development of the integrated system of care and the multi-institutional research model

CONCLUSION:

By developing an integrated system for prostate health and prostate cancer care and through the coordination of systemic research efforts via a multi-institutional platform, the Florida Prostate Cancer Advisory Council's work will lessen the personal and economic burden of prostate cancer, decrease disparities, and, thus, create new financially sustainable paradigms for care delivery and research discoveries.

2012 ACCOMPLISHMENTS & COMMITTEE REPORTS

INTRODUCTION:

In 2011, the Florida Prostate Cancer Advisory Council (PCAC) conducted an environment scan that resulted in the state's first documented systemic SWOT (strengths, weaknesses, opportunities, and threats) analysis for prostate cancer. The environment scan was the impetus behind the Florida Prostate Cancer Advisory Council initial recommendations and highlighted the need for validated prostate cancer related educational and treatment information. Based on this initial work, the Florida Prostate Cancer Advisory Council met in person in April and September to pour the fundamental foundation required to reach Floridian men from the Panhandle to the Keys.

MISSION AND VISION STATEMENTS:

To guide the work of the Council, the members met to establish a mission statement that would define the purpose of its work and its principle objectives. The following mission, taken from the aims of the Prostate Cancer Awareness Act, was unanimously approved by the Florida Prostate Cancer Advisory Council:

MISSION STATEMENT:

To be the reliable source of prostate cancer information that is accessible to patients, advocates, physicians, care providers, researchers, and Florida's governing officials.

To chart the course for the future, the Florida Prostate Cancer Advisory Council authored a vision statement that represents the unwavering tactical focus of the interdisciplinary and multi-institutional team's current and future efforts to diminish the impact of prostate cancer in the State of Florida.

VISION STATEMENT:

To improve the outcomes and reduce the ethnic/racial disparities related to prostate cancer.

COMMITTEE CREATION:

With the mission and vision statements approved, the Florida Prostate Cancer Advisory Council created the following committees in an effort to leverage the unique strengths of the Council members and, based on the documented disparities and increasing incidence of the disease, to tackle the unbridled sense of urgency to enhance the communication and awareness pertaining to prostate cancer.

COMMITTEES

- Education Committee: charged with drafting the educational materials for patients and advocates, physicians, and elected officials.
- Communications Platform/Website Committee: charged with developing easily navigable web pages to serve as the communications platform for patients and advocates, physicians, researchers, and elected officials.
- Research Committee: charged with developing a prostate cancer research agenda for the State of Florida.
- Development Committee: charged with developing the revenue streams required to sustain the work, accomplish the mission, and progress toward the aggressive vision of the Florida Prostate Cancer Advisory Council.

COMMITTEE REPORTS:

The following reports capture the work that led to the creation of the communications platform and the establishment of the Florida Prostate Cancer Advisory Council research agenda.

EDUCATION COMMITTEE

The Education Committee was charged to create web-based materials that would heighten the knowledge of prostate cancer through enhanced education, awareness, and by communicating the unique demographics/areas of concern within the State of Florida, which would be found on the prostatecanceradvisorycouncil.org website.

Under this charge, the Education Committee focused on designing educational materials for the following target audiences:

- Patients, family members, and advocates
- Physicians and care providers
- Researchers
- Policy Makers

Specifically, the Education Committee oversaw the creation of validated prostate cancer information for the following stakeholders:

Patients, Family Members, and Advocates — the educational information covers screening, diagnosis, interpretation of biopsy results, risk stratification, treatment options, and post-treatment surveillance. The educational information was written with a deliberate intent to ensure that it would be easily interpreted by the Floridians that are served.

Physicians and Care Providers — to demonstrate the impact of prostate cancer on Floridian men, their physicians and care providers, the Florida Prostate Cancer Advisory Council commissioned health services researcher, Dr. Scott Gilbert, Assistant Professor, University of Florida Department of Urology, to trend the incidence and treatment rates associated with prostate cancer by county.

ONGOING RESEARCH

The series of maps (Figure 2) shows a side-by-side comparison of overall incidence rates, advanced-stage diagnosis incidence rates, and percentage of all cases diagnosed as advanced-stage.

Florida incidence rates follow distinct geographic trends. Only 9 of 67 Florida counties have incidence rates more than 10% above the 10-year average statewide rate of 145.3 per 100,000 men. Union County has the highest rate in the state (262.6 per 100,000 men) due to the fact that a large percentage of inmates from across the state who need treatment are diagnosed and treated at a Florida Department of Corrections hospital in Union County. This rate is artificially inflated because the treated inmates are counted as residing in Union County, not in their home county. In the panhandle, most counties have an incidence rate more than 20% below the state rate.

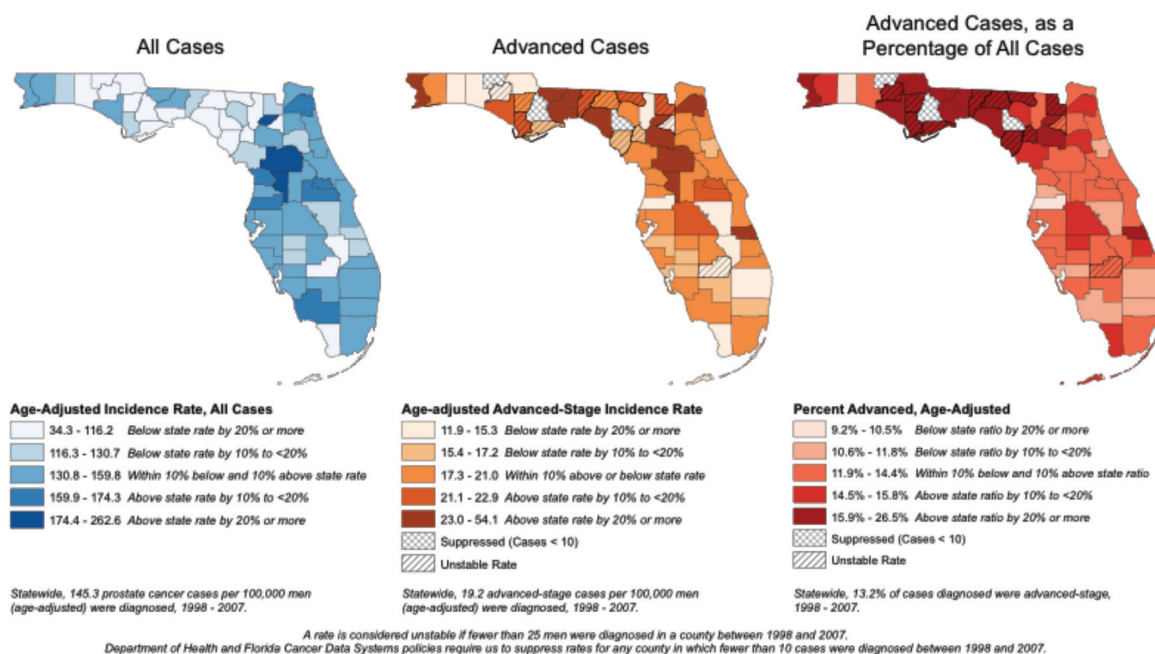
When the statewide distribution of advanced-stage diagnoses is considered it is not surprising to see that the three counties with the highest overall rates in the state (Marion, Sumter, and Union) are also among the counties with highest advanced-stage incidence rates. However, many of the counties in the panhandle with the lowest overall incidence rates are among the counties with the highest advanced-stage rates as well.

Indeed, it is shown in the final panel that the counties with the highest percentage of advanced stage cases are found mostly in the panhandle and northern part of the state. Thus the overall incidence of diagnosed prostate cancer is low in the panhandle, but the likelihood of being diagnosed with advanced-stage cancer is much higher, on average, than in most other places across the state.

FIGURE 2: FLORIDA PROSTATE CANCER RATES (ADENOCARCINOMA), BY COUNTY, 1998 - 2007

Florida Prostate Cancer Rates (Adenocarcinoma) by County, 1998 - 2007

All incidence rates are per 100,000 male person-years.



The last series of maps (Figure 3) shows a side-by-side comparison of age-adjusted treatment rates for surgery, brachytherapy, and external beam radiation in Health Service Areas (HSAs) across Florida. HSAs are built from the zip codes in which most Medicare recipients use a particular hospital.

Rates for each type of treatment are broken down by quintiles; there are 117 HSAs in Florida, so each quintile represents 23 or 24 counties. The highest surgery rates in the state are in the central and north-central Florida region, as well as in over half of the panhandle. Some of the lowest rates can also be found in the panhandle, but they are most prominent on the southeast coast of Florida.

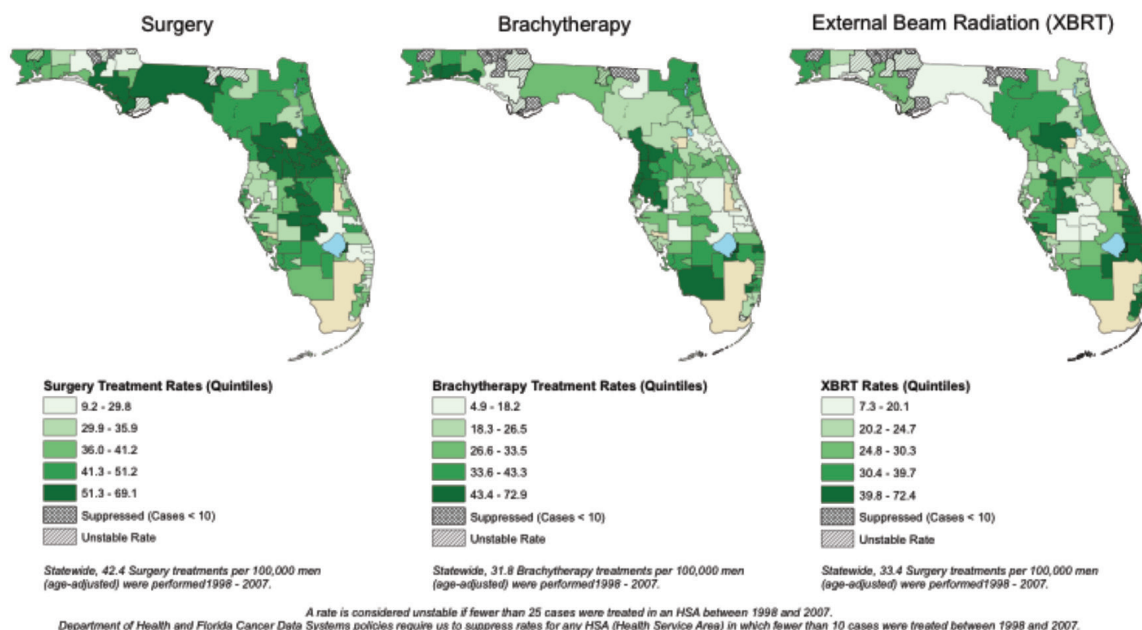
Whereas the southeast coast has relatively low surgery rates, external beam radiation rates are among the highest in the state. In contrast, the panhandle has some of the highest surgery rates in the state, with some of the lowest external beam radiation rates. The HSA comprising Marion County is one of a handful of HSAs that is in the highest quintile for both.

Finally, brachytherapy follows an entirely different pattern. There are pockets on the southeast coast with high brachytherapy rates, but the highest rates are, in general, found in the HSA comprising most of Collier County (Naples), along with a large swath of western coastal areas from Hillsborough County north into parts of Levy County. The panhandle has a pocket of high brachytherapy rates in the southern portions of Santa Rosa, Okaloosa, and Walton counties; the rates are also high on the opposite side of the state, in the Fernandina Beach area

FIGURE 3: TREATMENT RATES BY HEALTH SERVICE AREA

Florida Prostate Cancer Treatment Rates by Health Service Area, 1998 - 2007

All treatment rates are per 100,000 male person-years.



Researchers — The information provided is an overview of the research related recommendations for prostate cancer in the State of Florida. Specifically, it provides a framework for creating research synergies between the collaborating institutions participating within the Florida Prostate Cancer Advisory Council.

Policy Makers — Three foundational Florida Prostate Cancer Advisory Council documents are provided. The primary document, *Response to the US Preventive Task Force's Draft Recommendation for PSA Screening*, highlights the Council's ability to critically examine potentially confusing recommendations and provide clarity around a nationally debated issue.

COMMUNICATIONS/WEBSITE COMMITTEE

The Communications/Website Committee was charged with ensuring that the communications platform was easily navigable and intuitive. Through a process of continual refinement, dialogue and testing, the following main navigation page was created to ensure that the intended target audience could rapidly and effortlessly retrieve the information required to enhance their prostate cancer education or facilitate sound decision-making.



Due to a lack of financial resources, a plan for rolling out the communications platform by utilizing the institutional representation of the Florida Prostate Cancer Advisory Council members was created. Specifically, a communications strategy to leverage the strength of the two physician organizations was crafted through the delivery of an email that introduced the Florida Prostate Cancer Advisory Council's mission and vision and alerted the recipient about the launch of the website; it was sent to the memberships of the Florida Medical Association and Florida Osteopathic Medical Association.

Lastly, desiring continuous feedback, the Communications/Website committee established the mechanism for the Council to be contacted in an effort to ensure that any individual accessing the site could ask a question or provide feedback on how to make the site a more useful tool for individuals seeking validated information on prostate cancer.

RESEARCH COMMITTEE

The Florida Prostate Cancer Advisory Council's research objective is to support and advocate innovative research and technological solutions to decrease the burden, incidence, suffering and cost of prostate cancer among Florida's population. To accomplish these goals, the Florida Prostate Cancer Advisory Council members have developed a comprehensive research agenda, which specifies research priorities, makes recommendations for funding, and advocates for new initiatives to enhance grant funding for prostate cancer research.

The following recommendations have been issued:

- Extend the scope of the Florida Biomedical Research Program to include prostate cancer research
- Develop new funding mechanisms that will:
 - Distinguish indolent from aggressive disease
 - Advance the understanding of the etiology of the disease
 - Assess and evaluate appropriate imaging/detection modalities
 - Assess and evaluate under and over-utilization of staging studies in the initial evaluation of men with newly diagnosed prostate cancer
 - Encourage clinical research programs to support development of systems of care
 - Incentivize team science through multi-institutional funding mechanisms
 - Support prostate cancer registries, tissue banks and other support structures that aid in prostate cancer research

The Florida Prostate Cancer Advisory Council, due to its multi-institutional composition, is in a unique position to assist the Florida Legislature with coordination of research programs and to facilitate responsible implementation of research and educational programs in Florida. The Florida Prostate Cancer Advisory Council members work closely with the research community and create dialogues with scientists throughout the state on prostate cancer research issues, on the biomedical discovery process through translational research, and on process improvements within the research enterprise. Progress and recommendations related to prostate cancer research programs will be communicated through the Florida Prostate Cancer Advisory Council's website prostatecanceradvisorycouncil.org, the hosting of a Pan-Florida prostate conference, the bi-annual Advisory Council meeting, and production of an annual report for submission to the Florida Governor and Legislature.

DEVELOPMENT COMMITTEE

To date, the expenses of the Florida Prostate Cancer Advisory Council were supported by two of the respective institutions (Moffitt Cancer Center and the University of Florida Prostate Disease Center) of the Council members. The Development Committee is currently looking to secure philanthropic funding and is searching for the potential grant mechanisms required to create an evidence-based and integrated system of care for prostate health and cancer care, to maintain the communications platform, and to continue striving toward its unwavering vision of improving the outcomes and reducing the ethnic/racial disparities related to prostate cancer.

PROSTATE CANCER SYSTEM OF CARE

On August 13, 2012, members of the Florida Prostate Cancer Advisory Council met with State Surgeon General John Armstrong. The productive meeting concluded with Dr. Armstrong requesting a list of the prostate cancer research priorities for the State of Florida and he challenged the Council to create an integrated system of prostate health and prostate cancer care that is supported through informed-decision making. Traditionally, there have been only "guidelines" for prostate cancer care, and the challenge will require the Council to bridge the treatment and political gaps for the betterment of Floridian men.

The State Surgeon General's request was discussed by members of the Council and was enthusiastically supported by the multi-disciplinary group of healthcare professionals. To aid in the informed decision making, the Florida Prostate Cancer Advisory Council will conduct a pan-Florida prostate cancer symposium that brings physicians,

researchers, community leaders, prostate cancer survivors, and prostate cancer advocates together to highlight recent advances in prostate cancer research, clinical trials, and best practices used for the prevention of prostate cancer and to promote strategies for successful rural and urban outreach, community education, and increased awareness. Note — the foundation for creating the integrated system of care for prostate cancer will be undertaken and is detailed under the plan of work for 2013.

RECOMMENDATIONS

To sustain the current scope of work and to follow the strategic direction provided by the State Surgeon General, the Florida Prostate Cancer Advisory Council unanimously makes the following recommendations:

CLINICAL

1. Develop the integrated prostate health and prostate cancer system of care
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EDUCATION

1. Conduct a pan-Florida prostate cancer symposium that is designed to bring together prostate cancer stakeholders to highlight recent advances in prostate cancer research, clinical trials, and best practices used for the prevention of prostate cancer and to promote strategies for successful rural and urban outreach, community education, and increased awareness
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 - v. Incentivize team science through multi-institutional funding mechanisms
 - vi. Support prostate cancer registries, tissue banks and other support structures that aid in prostate cancer research
2. Extend the scope of the Florida Biomedical Research Program to include prostate cancer focused research

FUNDING

1. Develop the funding streams required to support the current efforts, the development of the integrated system of care and the multi-institutional research model

PLAN OF WORK 2013

1. **Work with the Department of Health and members of the Florida Legislature to develop and secure the funding mechanisms required to support the current scope of work, to create the system of care, and to accomplish the mission and vision of the Florida Prostate Cancer Advisory Council**
2. **Conduct a Pan-Florida Prostate Cancer Conference**
3. **Create the foundation for an evidenced-based and integrated system of care for prostate health and prostate cancer care:**

Note — the following comprehensive list details the comprehensive and sequential steps required to create a foundation for the evidenced-based and integrated system of care for prostate health and cancer care:

1. Perform a systematic literature search for existing clinical practice guidelines on prostate cancer
 - a. Websites of professional organizations such as AUA, EAU, NCCN, SUO, ACS, NICE
 - b. National Guidelines Clearing House (NGCH; <http://www.guideline.gov/>)
 - c. Guidelines International (G-I-N; <http://www.g-i-n.net/>)
2. Rating of the quality of existing guidelines using the AGREE II instrument (<http://www.agreetrust.org/>)
3. Develop a list of critical questions for the management of men with prostate cancer based on existing guideline documents; for example: “Should a patient with pT3a, M+ prostate cancer undergo adjuvant XRT (versus observation and salvage XRT as indicated)?
4. Development of criteria for prioritizing questions (i.e. prevalence of condition, severity of condition, health disparity issues, associated resource utilization)
5. Survey of stakeholders for prioritizing clinical questions for guidance development based on above criteria and selection of a subset of questions to be included in the guidance document
6. Mapping of available systematic reviews to high priority clinical questions based on:
 - d. Cochrane Database of Systematic Reviews (<http://www.cochrane.org/cochrane-reviews>)
 - e. Systematic reviews from DARE database <http://www.york.ac.uk/inst/crd/>)
 - f. Other published systematic review of high quality systematic reviews as defined by AMSTAR criteria (<http://www.biomedcentral.com/1471-2288/7/10>)
 - g. Individual, high quality trials and observational studies

7. Development of GRADE evidence profiles (<http://www.gradeworkinggroup.org/>) for selected focused clinical questions based on available evidence
 8. Meeting of guideline panelists to development guidance statements using GRADE framework (strong recommendation for/conditional recommendation for/no recommendation can be made/conditional recommendation against/strong recommendation against) based on considerations of:
 - a. Quality of evidence
 - b. Relationship of benefit to harm/burden
 - c. Patients' values and preferences
 - d. Costs/resource utilization
 9. Peer review of draft guidance document
 10. Posting of guidance document for public comment
 11. Finalizing and formal approval of guidance document by the Florida Prostate Cancer Advisory Council Steering Committee
 12. Submission to State Surgeon General
 13. Dissemination and implementation of guidance document in the State of Florida
-

4. **Create and disseminate educational materials that are designed to heighten the awareness of prostate cancer throughout the State of Florida**
5. **Assess newer therapies for advanced prostate cancer**
6. **Secure the funding streams required to sustain the current efforts and the proposed scope of work**

REFERENCES

- American Cancer Society. (2010). *Cancer facts and figures 2010*. Atlanta, GA: Author.
- American Cancer Society. (2011). *Cancer facts and figures 2011*. Atlanta, GA: Author.
- Crawford, E.D., Black, L., Eaddy, M., & Kruep, E.J. (2010). A retrospective analysis illustrating the substantial clinical and economic burden of prostate cancer. *Prostate Cancer and Prostatic Diseases*. 13(2), 162-167.

NOTES:

