

**THE 2017 SCOPE OF WORK:
2016 YEAR IN REVIEW**



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<http://prostatecanceradvisorycouncil.org/>

In 2004 the Prostate Cancer Advisory Council (PCAC) was established by state statute 381.911. The Council is housed at the University of Florida Prostate Disease Center, (UFPDC). The UFPDC works with other agencies, organizations and institutions to improve public awareness of prostate cancer. Part of the systemic focus on prostate cancer includes educational efforts fostered through collaborative relationships between diverse communities.

Membership in the UFPDC Prostate Cancer Advisory Council is by appointment of the executive director of the UFPDC in consultation with the Department of Health's Comprehensive Cancer Control Program and the State Surgeon General to cover a geographically and institutionally diverse advisory council that shall consist of 9 members:

- Two persons from prostate cancer survivor groups or cancer-related advocacy groups
- Four persons, one of whom is a physician licensed under chapter 458, one of whom is a physician licensed under chapter 459, one of whom is a scientist, one of whom is the executive director of the UFPDC or designee
- Three persons who are engaged in the practice of cancer related medical specialty from health organizations committed to cancer research and control.

The council membership was updated and approved in the summer of 2016 by the State Surgeon General, Celeste Phillip. All positions are current with council representation emphasizing academic diversity. Council membership is compliant with state statute with representation by prostate cancer advocacy groups, physicians and cancer specialists.

I. Executive Summary

Current PCAC members and invited guests held a publically announced and required annual meeting in Gainesville on December 3rd, 2016. The agenda included discussion of 2016 goal accomplishments as well as development of 2017 scope of work and objectives.

In line with the scope of work defined by the State Surgeon General for 2016, a PCAC sub-committee formed a document that defined evaluation and early detection guidelines for Florida men at risk for prostate cancer. This effort was initiated in the first quarter of 2016 with a final document provided to the State Surgeon General and posted on the PCAC website in the second quarter of 2016. This guideline provides a carefully considered and reliable resource for Floridians in a background of otherwise contradictory recommendations for prostate cancer risk assessment. Challenges to the benefit of prostate cancer screening culminated in the 2012 United States Preventative Services Task Force negative recommendation for screening. As a result, 20% less men were screened in 2013 with 30% less prostate cancer diagnosed. This included a 23% drop in high risk, aggressive prostate cancer diagnosis. The presumption cannot be a decreased incidence of high risk prostate cancer. The reality is that more cases of undiagnosed and undetected high risk prostate cancer will present at a stage beyond cure and contribute to the cancer death rate that remains the second highest of all male cancers. Additionally, Florida Department of Health data supports regional variation in prostate cancer

death rates including certain geographic increases in disease specific death in both white and black men since 2011.

The 2016 Prostate Cancer Early Detection Guidelines for Floridians supports the utilization of PSA as a screening blood test for the assessment of Florida males at risk for prostate cancer. The guidelines define risk as average for men over 50 and as high for all Floridian African-American men and men with first or second degree relatives with prostate cancer diagnosis. Florida men with average risk are recommended to first discuss the risks and benefits of prostate cancer screening with their primary health care provider. Screening consists of both a PSA blood test measurement as well as a carefully performed digital rectal exam of the prostate. A full discussion of screening benefit and risk should be part of the patient evaluation. The risk of screening includes potential complications of prostate biopsy and well as the identification of low clinical risk prostate cancer. Benefits of screening for prostate cancer includes early identification of significant life-impacting prostate cancer where early detection and treatment can be curative. Based on widespread positive feedback on the value of the Early Detection Guidelines for Floridians, PCAC will similarly pursue the development of prostate cancer management guidelines in the first part of 2017.

The members of PCAC strongly support the ongoing assessment of statewide racial and geographic differences in prostate cancer detection, treatment and outcomes including survival. PCAC, in partnership with the Florida Department of Health (DOH) and Florida Cancer Control and Research Advisory Council (CCRAB), will explore mechanisms to pursue improved communication, education and information sharing with Florida physicians and patients impacted by this disease.

PCAC will expand collaborative efforts with CCRAB to address statewide cancer initiatives in regards to prostate cancer. CDC Florida data from 1999 to 2013 identifies prostate cancer incidence second only to breast cancer and cancer death rates behind only lung and breast for that time period. Florida Cancer Data System (FCDS) reported 12,000 new prostate cancer cases in 2013 based on inpatient tumor registries and is piloting a claims based case capture method to add outpatient cases. The Florida Cancer Plan for 2015 – 2020 includes the promotion of increased cancer screenings and improving patient outcomes through improvements in health equity and access. To address one of the Florida Cancer Plan's objectives, CCRAB will meet with PCAC, to discuss PCAC's prostate cancer screening recommendations and strategies of targeting high risk populations. In anticipation of new US Preventive Services Task Force (USPSTF) prostate cancer screening recommendations in 2017, PCAC and CCRAB will work collaboratively.

The Florida Cancer Plan supports policies that will ensure health equity for all cancer patients and caregivers. By improving Floridian's access to high-quality, multidisciplinary and integrated prostate cancer care, the Florida Cancer Plan projects a 10-year goal of a 20% reduction in prostate cancer death. By definition, integrated delivery systems are organized, collaborative networks that link health care providers who are clinically and fiscally accountable for patient populations across the continuum of care. Integrated delivery systems, in turn, appear to have

the greatest ability to deliver high quality and efficient care. In a fully integrated market the average man with prostate cancer is more likely to receive a full range of unbiased pretreatment counseling, avoid inappropriate imaging, avoid treatment when life expectancy is less than 10 years and avoid multiple hospitalizations in the last 30 days of life.

Integral to prostate cancer health care delivery is the principle of shared decision-making supported by patient education and physician participation. PCAC, as part of an initiative for 2017, will seek to expand the educational component of the website to include pertinent links to articles, publications, instructional videos and clinical trials related to prostate cancer. Additionally, PCAC will work to expand working relationships with Florida urologists in both academic and private practice as well as with advocacy and prostate cancer survivor groups across the state in 2017. Improvements in patient access and management will be dependent on integration of data and collaboration across specialties and practice types. Opportunities for collaboration between academic and private practices urologists exist within AQUA which is the national urologic disease registry for the American Urological Association. This includes the potential to share quality measures to improve prostate cancer management in the state. Shared quality measure development for prostate cancer will be an additional goal for PCAC in 2017.

PCAC is uniquely comprised of scientists, physicians and patient advocates positioned to provide impactful recommendations in regards to prostate cancer risk and treatment to all Floridians. The members of PCAC are inspired to fulfill this role.

II. Scope of Work: 2017

In 2017, the members of PCAC will ...

- Establish a subcommittee to develop evidence-based recommendations for standard treatment/management guidelines for early prostate cancer
- Develop working partnerships with CCRA, DOH, patient advocacy and survivor groups to better understand and address disparities in access to detection and management protocols
- Explore state funding mechanisms for prostate cancer outcomes research
- Expand website to impact a broader statewide patient and provider base through utilization of educational products
- Pursue and establish a prostate cancer specialist speakers panel for dissemination of information to community and patient groups
- Seek to develop collaborative quality initiatives (CQI's) between academic and private practice urologists to integrate and improve patient care including the development of quality measures related to prostate cancer management
- Work with DOH to inform urologists in private practices of the statutory requirements and importance of reporting prostate cancer, diagnosis and treatment, to the Florida Cancer Data System (Florida's statewide cancer registry).
- Review the 2017 Prostate Cancer Screening Recommendations from the USPSTF and update Florida-specific guidelines, as appropriate, to be consistent with national recommendations.
- Review the Florida Prostate Cancer Screening guidelines in context to the new United States Preventative Services Task Force guidelines.
- Support the Florida Cancer Data System, according to state statute.

Submitted by

A handwritten signature in blue ink that reads "Tom Stringer". The signature is written in a cursive style and is positioned above a solid horizontal line.

Tom Stringer, MD
Executive Director
Prostate Cancer Advisory Council