

# THE PROSTATE CANCER ADVISORY COUNCIL 2022 ANNUAL REPORT



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<http://prostatecanceradvisorycouncil.org/>

## Situation Analysis

The Florida Prostate Cancer Advisory Council (PCAC) was established in 2004 by state statute 381.911 and remains under the direction of the University of Florida Prostate Disease Center (UFPDC). The task of PCAC is to advise the Governor, State Surgeon General and State Legislature on statewide issues regarding prostate cancer incidence and mortality as well as related health disparities for access to care and prostate cancer treatment. PCAC is a collaborative, multi-institutional and inter-disciplinary advisory body focused on a communication platform that promotes education and awareness as well as improved detection and management of prostate cancer statewide. The Council is required to file an annual report update to the Governor, State Surgeon General and the Florida Legislature.

Membership in the UFPDC/PCAC is by appointment of the executive director of the UFPDC in consultation with the Department of Health's Comprehensive Cancer Control Program and 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.

## 2023 PCAC Proposed Membership Renewals

- **Nicole Bixler, DO, MBA, FACOFP**
  - Statute: Medical Doctor/ physician licensed under chapter 459 (DO)
  - Term: January 2023 - January 2025            2 Years
- **Daniel Landau, MD**
  - Statute: Cancer Related Specialty
  - Term: January 2023 - January 2025            2 Years
- **Ali Kasraeian, MD**
  - Statute: Medical Doctor/ physician licensed under 458 (MD)
  - Term: January 2023 - January 2025            2 Years
- **Raymond W. Pak, MD, MBA**
  - Statute: Cancer Related Specialty
  - Term: January 2023 - January 2025            2 Years
- **Megan Wessel, MPH**
  - Statute: Patient Advocate/Prostate Cancer Survivor Group
  - Term: January 2023 - January 2025            2 Years

## Executive Summary

The 2022 annual meeting of PCAC was held virtually on Saturday, December 10, 2022. Council members and guests attended by invitation and public notice.

Speakers and participants addressed disparities in prostate cancer specific mortality experienced by black men. Statewide institutions represented included UF Gainesville and UF Jacksonville, University of Miami Sylvester Cancer Center, Orlando Health Cancer Institute, and H. Lee Moffitt Cancer Center. The Florida Cancer Control and Research Advisory Council (CCRAB) was represented by Chairperson Dr. Clement Gwede and the Florida Biomedical Research Advisory Council (BRAC) was represented by Chairperson Dr. Daniel Armstrong.

PCAC working goals for 2022 emphasized the ongoing collaboration with the Florida Cancer Data System (FCDS) to create web-based platforms for education and tracking of outcomes. Additionally, there was broad recognition of the importance of prostate cancer related disparity for black men compared to other ethnicities.

Noah Hammarlund, PhD from the University of Florida in Gainesville presented work illustrating that prostate cancer represents one of the largest and most persistent disparities in medicine. By training a machine learning model on health outcomes blinded to ethnicity, he then ran black patients through the model to determine if known poorer outcomes are related to problems with healthcare delivery or biology intrinsic to black men. His work demonstrated a 5x increase in problems with health care delivery compared to intrinsic biology.

PCAC member, Ali Kasraein, MD then discussed current initiatives between urologists and medical oncologists to close the disparity gap for black men. Their work includes educating physicians about the appropriate use of 2<sup>nd</sup> generation therapies for metastatic prostate cancer. Shockingly, only 12% of patients receive appropriate 2<sup>nd</sup> generation medications.

Keith Crawford, MD, PhD from the Prostate Health Education Network(PHEN) brought up that due to a lack of screening from the COVID-19 pandemic, we may shortly face a growing number of advanced prostate cancer cases in Florida. Therefore, guideline approved medication regimens will become increasingly important to ending health disparities.

PCAC member, Nicole Bixler, MD brought to the groups attention the important role of including primary care physicians within educational initiatives. While cancer related education often focuses on the providers treating cancer; primary physicians are the front lines of diagnosis and have a larger impact on patient outcomes when early diagnosis is achieved.

Following an excellent discussion, Lisa Richardson, MD from the Center for Disease Prevention and Control (CDC) further discussed prostate cancer disparities. She emphasized 50% of the strongest health influences occur outside the hospital and relate to education, job status, family/social support, income and physical environment. An additional 30% come from diet, and health behaviors. Thus only 20% of health influences derive from health care. She ended by emphasizing the CDC's health equity approach which included building infrastructure to support health equity programs which are measurable and supported by sound policy.

Commenting on Dr. Richardson's talk, Charles Griggs from the 100 Black Men organization and PCAC member, discussed the importance of PSA screening especially in the black population, who appear to be at higher risk within the state of Florida.

The council then divided into small groups to discuss ways PCAC could increasingly integrate with the FCDS. Major points of discussion were problems with health disparity, screening and ensuring adequate measurement of legislative recommendations. The council ranked recommendations by importance. Specific avenues to pursue in partnership with the FCDS include:

1. Add social determinants of health, economic and insurance variables to race as variables determining prostate cancer incidence and mortality.
2. Where possible, add case count as an optional results output to ensure policy decisions can impact large numbers of men.
3. Add PSA screening as a tracked variable to FCDS once available.

Finally, the respective chairmen of CCRAB and BRAC, Drs. Clement Gwede and Danny Armstrong updated the board on respective statewide activities related to cancer control and research in regards to prostate cancer. Each year, 12,000 Florida men are diagnosed with prostate cancer and over 2,000 will die from the disease. PCAC has previously recommended early discussion of prostate cancer screening as well as increased scrutiny of men at risk for prostate cancer secondary to racial and familial concerns. Dr. Armstrong reviewed current funding and active state grants for biomedical and cancer research. The current state budget supports less than half of highly ranked cancer research proposals.

The overarching goal of PCAC is to serve as the voice of patients, advocates and scientists in regards to the impact of prostate cancer on Floridians. In so doing, PCAC strives to be the reliable source of updated prostate cancer education in broad collaboration with their health care partners across the state and nation. PCAC is uniquely comprised of scientists, physicians, and patient advocates representing diverse communities and institutions. The Council is dedicated to the improvement of prostate cancer related outcomes across the state.

Lastly, PCAC has as an aspirational long-term goal to provide a framework that results in increased and focused prostate cancer screening to both underserved and at-risk populations of men in Florida. There continues to be a disparity in prostate cancer screening, diagnosis and treatment that requires post-pandemic awareness.

In closing, I want to recognize the many-year contributions of both past and current PCAC board members. Dr. Julio Pow-Sang will ably be serving as interim director of PCAC as I have recently taken a position at UCLA. Thank you for your support the last five years. I offer the following reiteration of PCAC goals for 2023.

## Goal Focus 2023

1. Work with the FCDS to create a web-based platform that is recognized as the trusted source for prostate cancer information within the State.
  - a. Specifically:
    - i. Add social determinants of health, economic and insurance variables to race as variables determining prostate cancer incidence and mortality.
    - ii. Add case count as an optional results output.
    - iii. Add PSA screening as a tracked variable to FCDS once available.
2. Expand relationships with the Regional Cancer Control Collaboratives, Florida Cancer Control & Research Advisory Council and Florida Department of Health.
3. Continue promoting prostate cancer education for patients, advocates, physicians and legislators through collaboration with the Prostate Cancer Education Network, CDC, and American Cancer Society.
4. Develop funding streams required to support prostate cancer-based projects that will enhance the information available for health and advocacy related decisions and improve the efficacy and reduce the aggregate costs associated with variable care delivery.

Respectfully Submitted by:

A handwritten signature in black ink, consisting of the letters 'W' and 'B' in a stylized, cursive font.

Wayne G Brisbane, MD  
Executive Director  
Prostate Cancer Advisory Council