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The Prostate Cancer Advisory Council 2025 Annual Report

Table of Contents

I. Situation Analysis
II. 2023 PCAC Proposed Membership Renewals
III. Executive Summary
IV. Goal Focus 2023

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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 has always been to advise the Governor, State Surgeon General and State Legislature on statewide issues regarding prostate cancer incidence and mortality as well as contemporary health disparities related to bridging awareness and access to care as it pertains to prostate cancer treatment. Furthermore, its body remains collaborative, multi-institutional and inter-disciplinary with the purpose of imparting 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.

Membership Replacements

- Dr. Kosj Yamoah – MD, PhD – Moffitt Cancer Centre, physician licensed under chapter 459
  - Term January 2026-January 2030 (4-year term)
  - *Replacing Dr. Julio Pow Sang*

Membership Invitation

- Dr. Carolyn Tucker – MD – University of Florida – Professor in Health Disparities Research
  - Term January 2026- January 2030
  - Awaiting response to be finalized.

EXECUTIVE SUMMARY

PCAC 2025 Activities:

Dr. Tarik Benidir, the Chair PCAC, opened the meeting by introducing the council members as well as attendees from BRAC and CCRAB. He then asked if any of the current members would like to be excused from the committee, none of the members asked to do so. He also introduced the newest addition to the PCAC committee, Dr. Kosj Yamoah, who is the chair of radiation oncology at Moffitt Cancer Centre, an MD, PhD, and a high-profile addition to the committee. He will be replacing Dr. Julio Pow Sang with Moffitt Cancer Centre. We followed by introducing the schedule of the meeting which focused on health disparities in underserviced communities of Florida.

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The annual meeting began by addressing the rise in prevalence of advanced prostate cancer diagnosis in Florida as well as the United States, with correlations to the USPSTF recommendations to cease screening in all men, which was later rescinded, but has possibly created a culture change where screening is not always recommended. He then presented large randomized controlled trials showing the benefit of screening for prostate cancer and focused on the most recent released one in winter of 2025, notably the 23 year follow up of ERSPC. This showed a number needed to diagnosis of only 12, improved from 18 at the 16 year follow up ERSPC publication. The absolute risk reduction improved from 0.14% to 0.22% as well. He then tied these recently published results, to the fact that guidelines are encouraging earlier detection in high-risk men, notably those with a strong family history or African American/Caribbean ancestry. We discussed why these new guidelines were implemented in the African American population, noting a higher sensitivity to routine screening, a lower overall rate of screening in this at-risk group, a possible more aggressive biology, and a major concern correlating to treatment equipoise. The treatment equipoise phenomena focused on how this at-risk population is not receiving the same standard of care, diagnostic workup, diagnostic imaging, therapeutic counselling options as well as systemic treatment possibilities as those of higher income/socioeconomical opportunities.

He then focused on switching to Florida directly, demonstrating how this nationwide phenomenon was heightened in the state of Florida, with data showing underutilization of prostate MRI, Prostate Specific Membrane Antigen PET scans, Focal Therapy discussion, systemic therapy options in those of lower socioeconomical status.

Finally, Dr. Benidir breached a topic which pertains to physician education of a changing landscape of care. He placed the onus in the hands of the practicing provider. Are physicians aware of the recent clinical trials released showing the benefits of screening. Are physicians aware of the updated guidelines in 2024 demonstrating the younger age of screening for African American men as it pertains to non-African American men. Are physicians aware of the difference between PSA values by age category and what is normal in an older male may be alarming in a younger male. Are physicians educated about what is a reoccurrence of prostate cancer, and the definitions of biochemical recurrence as it pertains to post surgery or post radiation care, given that up to 30% of men develop recurrences. He therefore placed a high importance in seeking optimized training in first line medical leads (Family physician, nurse practitioners) to ensure they are updated on definitions, new guidelines and appropriate management in the modern era.

Limitations:

- Limited access to healthcare, screening information, contemporary diagnostics, therapeutics and prostate cancer options.
- Cultural barriers which hinder the quality of information delivered and received
- Patient, physician and community lack of awareness regarding the importance of early detection and screening.
- Insight into genetic differences and how this pertains to the biologic undertone of prostate cancer aggressiveness.

Resources Needed:

1. Funding: Secure financial support from government grants, private donors, and corporate sponsors to cover program expenses and outreach efforts.

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2. Partnerships: Collaborate with local healthcare providers, community organizations, and advocacy groups to leverage existing networks and resources.

3. Educational Materials: Develop culturally relevant educational materials in multiple formats, including print and digital.

4. Include statewide initiatives aimed at ensuring physicians and those offering screening are up to date on their knowledge of recent guidelines, recommendations and definitions of normal vs abnormal PSA's as it pertains to age, prior treatment and associated risk groups.

4. Media Channels: Allocate resources for media campaigns through television, radio, social media, and online platforms.

5. Create a unified site or platform where events related to prostate cancer screening and awareness could be used to allow different silos/counties to work together rather than in isolation.

Dr. Benidir presented a follow up on his initiative regarding the value of genomic markers (specifically Decipher ™) in African American men, being considered for active surveillance for presumed low risk prostate cancer. The ability of this genomic marker to act as a measure of disease progression, when the biopsy states the patient has low risk prostate cancer, may potentially service as an opportunity to reduce the rapid progression and metastatic difference we see in African American men as compared to non-African American men. Dr. Benidir is working with the University of Florida and Veracyte (company of Decipher) to explore this question and has received acceptance at conferences to present his recent results in this field.

Charles Griggs from 100 black men of Jacksonville chapter and Dr. Abramowitz from University of Miami brought up well received points. They recommended that physicians should undergo education and subsequent testing to ensure that they are up to date in their knowledge of screening as it pertains to general population and at-risk groups as well as how to monitor for cancer recurrence. This would be in the form of CME credits or mandated education material that they would need to take. Dr. Tucker then pointed to the fact that training on how to communicate with various ethnicities (cultural competency) is also a beneficial strategy in improving patient adherence and follow-through in screening. Mr. Griggs then suggested that there be a unified site or platform to promote prostate cancer events, rather than everyone working in isolated spaces. This was agreed upon favorably by the committee.

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Dr. Kosj Yamoah then introduced himself after Dr. Benidir had completed his talk and discussed his grant funded work seeking answers for the increased mortality and incidence of aggressive prostate cancer in African American Men. He discussed how the socioeconomic and cultural barriers intimately tie in with biologic differences leading to this unfortunate gap in outcomes.

Dr. Carolyn Tucker, professor of health disparities at the University of Florida from the department of psychology, then presented her HealthSmart initiative of incorporating the community in clinical trials. Specifically, not as patients but as active members in the enrollment of trials. She noted that representation of African Americans in the leadership of trials, provides a voice to the patients and could shape the pathway of trials in favor of higher enrollment and participation of those in need. She thereafter presented her proposal (HealthSmart) and how she would apply for a grant to see if this

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would work in prostate cancer survivors who currently struggle with obesity, diabetes and other health disparities. I agreed to help Dr. Tucker in her endeavors as we sought funding for the Florida Cancer Innovation Fund.

Dr. Noah Hammerlund presented his work using machine learning to improve risk stratification in patients being seen in cancer clinics, to help guide treatment decision making strategies with the hopes of improving individualized care. He is applying for a grant in this space.

Dr. Abramowitz and his team from University of Miami discussed their study using machine learning to map out regions of concern on prostate MRI which then helps the diagnostic capabilities at biopsy. Dr. Matthew Abramowitz called this habitat imaging in radiation micro-boost delivery to prostate cancer. This is a form of machine learning in the imaging space known as radiomics. Habitat risk Score (HRS) may improve micro boost contouring during radiation treatment.
Proposed goals for 12-month pilot study aim to improve accuracy and consistency. Expand access to innovative care and provide training and resources. Prostate mpMRI Analysis to Normalize Targets using HRS for Expanding Access to Radiation Micro boosts, (PANTHER Florida Trial.) The idea of utilizing this for therapeutic reasons as well was raised by Dr. Benidir and a discussion of how this could be used not only for radiation therapy "boost" planning, but also focal therapy was entertained, with the possibility of multisite collaboration in this space.

Dr. Ramzi Salloum gave the committee an update from CCRAB (Cancer Control Research Advisory Board) annual 2025 report, The STATE of Cancer in Florida. Cancer was the second leading cause of death for the residents in Florida, and prostate cancer was third in mortality behind lung and breast. Prostate cancer incidence when age adjusted was the second leading cancer by incidence in Florida behind breast cancer. Dr. Salloum recommended that PCAC attend the CCRAB to work collaboratively on setting goals that include inclusivity and community implementation. He also highlighted the new changes, recommendations and goals he would implement in his 2025 CCRAB report.

Dr. Daniel Armstong gave the committee and update from BRAC (Biomedical Research Advisory Council). For fiscal year 2024-2025 the following funding opportunities were discussed:

1. James and Esther King Biomedical Research Program - $7.85 million
2. Bankhead-Coley Cancer Research Program - $10 million
3. Casey DeSantis Cancer Innovation Fund (CCIF) - $60 million

Discussing grant research priorities awarded, there were 28 awards given in the prevention and treatment. These focused on prevention and improved treatment or care delivery that contributes to a reduction in the deaths in at least one of the following types of cancers: pediatric, lung, breast, prostate, colon, or melanoma.

PCAC 2026 Initiatives

- Assess challenges and opportunities in implementing statewide prostate cancer early
- diagnosis awareness amongst African American men.

- Improving diagnostic and therapeutic equipoise as standard of care in the state of Florida. Equity
- is the key to better outcomes in at risk groups.

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- Mandate higher education, formalize training in physicians, nurse practitioners to stay up to date with new guidelines, new practice changing clinical trials, and update of definitions for prostate cancer recurrence. This could be CME accredited.

- Seek sources of funding for prostate cancer awareness initiatives. Community outreach and engagement and encouraging for a statewide unified platform for patient resources, events and education.

Respectfully Submitted by:

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