

- A statistical “snapshot” of prostate cancer in South Carolina

According to American Cancer Society, South Carolina statistics:

- Estimated new cases of prostate cancer in 2023: 5,770 cases
- Estimated deaths of prostate cancer in 2023: 640 deaths
- Top cancers by incidence in South Carolina: 1. Breast 2. Prostate 3. Lung 4. Colorectal 5. Pancreas
- Top Cancer by Mortality: 1. Lung 2. Colorectal 3. Pancreas 4. Breast 5. Prostate

The prostate cancer death rate is nearly 2.5 times (2.3) higher among Black men than among white men in South Carolina.

- Recommended guidelines for when to get screened for prostate cancer:

Latest recommendations as of 2022 for Prostate Cancer Screening

1. United States Preventive Services Task Force (USPSTF):

The USPSTF, an independent panel of experts, updated its recommendations in 2018. At that time they recommended that men aged 55 to 69 should make an individualized decision about prostate-specific antigen (PSA)-based screening after discussing the potential benefits and harms with their healthcare providers. The decision should consider the individual's risk factors, values, and preferences. For men aged 70 and older, the USPSTF recommended against routine screening.

2. American Cancer Society (ACS):

The ACS recommended shared decision-making for men at average risk starting at age 50, and earlier at age 45 for men at higher risk (African American men or those with a family history). The shared decision-making process involves discussing the potential benefits and risks of prostate cancer screening with a healthcare provider, allowing the individual to make an informed choice.

3. American Urological Association (AUA):

The AUA recommended shared decision-making for men aged 55 to 69, taking into account an individual's risk factors and preferences. They did not recommend routine screening for men under 40 or over 70 years of age. The AUA also emphasized that early detection may benefit men at higher risk more.

Prostate cancer screening primarily involves a PSA blood test, which can detect elevated levels of PSA, a protein produced by the prostate. However, a high PSA level does not necessarily indicate the presence of cancer, and not all prostate cancers are aggressive or require treatment. Overdiagnosis and overtreatment of low-risk prostate cancers have been concerns in the past, leading to more conservative screening recommendations.

Men must have a conversation with their healthcare providers about the benefits and risks of prostate cancer screening, considering their individual circumstances, risk factors, and values. Screening decisions should be based on informed discussions and shared decision-making.

- What can be expected during a prostate cancer screening?

It is recommended that patients get a prostate-specific antigen (PSA), which measures the level of PSA in the blood, and a digital rectal examination.

- After a prostate cancer screening, if prostate cancer is detected, what can the patient expect?

The patient should receive counseling on the grade and stage of their prostate cancer with a risk-adjusted discussion on treatment recommendations. Depending on the risk, subsequent clinical screening with further tests or imaging can occur. As needed, the patient may also be referred to other appropriate providers who may deliver care. This may include radiation oncology, medical oncology, or medical genetics but is based with urologic oncology.

- Treatment options for prostate cancer:

This depends on the stage of cancer. Localized prostate cancer can be standardly treated with surgery or radiation. There are other options that continue to be explored including types of tumor ablation. For advanced cancer, there are treatments with medications such as hormonal therapy, chemotherapy, immune therapy and radiopharmaceuticals.

- After a patient is considered in remission of prostate cancer, what are the guidelines for how often they should be screened going forward?

This is a risk adjusted discussion and can vary from every 3 months to yearly, depending on the patients' risk.

- The best methods to ensure timely screening, accurate diagnosis, and treatment of prostate cancer: Age, race, and family history are the three biggest risk factors for prostate cancer, so making men aware of these factors could help to influence their prostate cancer screening behavior.

- Why choose MUSC Hollings Cancer Center for prostate cancer screening and treatment:

Hollings has a panel of experts that includes urologists, medical oncologists, radiation oncologists, medical geneticists, and radiologists who can provide the full gamut of care and evaluation. Hollings has access to the latest surgical, radiation, systemic treatments, and imaging techniques including prostate-specific membrane (PSMA) scans. Our providers participate in telemedicine to ensure equal access to patients across the state. Most importantly, all the clinical providers meet weekly to discuss the cancer patients who are pursuing care.

- MUSC Hollings Cancer Center – South Carolina Prostate Cancer Screening Program for African American Men (SC AMEN Program)

The MUSC Hollings SC AMEN Program focuses on increasing prostate cancer screening rates among African American men aged 40-69 in South Carolina through patient education, navigation to screening, and follow-up. Since September 2021, 343 Black men have been enrolled.

South Carolina's population is racially diverse, with Black people comprising 27% of the state population.

- 14% of the state population lives in rural counties.

- 75% of the counties in the state include areas that are designated as rural

Prostate cancer burden in African American men:

- Prostate cancer is the most commonly diagnosed cancer among men and is the second leading cause of cancer death among men in South Carolina.
 - The incidence rate of prostate cancer is 80% higher in Black men in South Carolina compared to the prostate cancer incidence rates of white men in the state. REF: [Implementing Community-based Prostate Cancer Education in Rural South Carolina: A Collaborative Approach through a Statewide Cancer Alliance - PMC \(nih.gov\)](#)
 - The prostate cancer death rate is nearly 2.5 times (2.3) higher among Black men than among white men in the state.
- In fiscal year 2023, Hollings had more than \$2.4 million in active research grants and trials related to prostate cancer.