SELF REGIONAL HEALTHCARE

Below is a snapshot of Self Regional Healthcare Prostate Cancer Cases. This is based on calendar year.

| **Calendar Year** | | | | | |
|---|---|---|---|---|---|
| **Prostate Cancer Cases** | **2021** | **2022** | **2023** | **2024** | **2025 (August)** |
| **Analytic** | 64 | 74 | 119 | 142 | 111 |
| **Non Analytic** | 25 | 27 | 32 | 36 | 33 |
| ***TOTAL*** | ***89*** | ***101*** | ***151*** | ***178*** | ***144*** |

**Treatment Options Available:**

1. Active Surveillance
2. Surgical Options-Robotic Prostatectomy
3. Radiation Oncology:
    a. EBRT-External beam radiation therapy
    b. IMRT- Intensity modulated radiation therapy
    c. SBRT-Stereotactic body radiation therapy
    d. Radiopharmaceuticals- Pluvicto. Implemented at SRH April 2025.
4. Hormone Therapy
5. Chemotherapy
6. Immunotherapy
7. Targeted Drug Therapy

Cancer Incidence for Selected Cancers, 2015-2019, South Carolina*

| County | South Carolina 5 year rate | County 5 year rate | New cases | South Carolina Rank | |
|---|---|---|---|---|---|
| McCormick | 113 | 164 | 18 | 2** | |
| Greenwood | 113 | 100 | 45 | 35 | |
| Abbeville | 113 | 98 | 19 | 37 | |
| Edgefield | 113 | 97 | 19 | 38 | |
| Saluda | 113 | 95 | 13 | 41 | |
| Laurens | 113 | 93 | 43 | 42 | |
| Newberry | 113 | 77 | 13 | 46 | |

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
- South Carolina's population is racially diverse, with African American 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 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 African American 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)*

**Self Regional Healthcare Urology Outreach Clinics:**

- Laurens, SC
- Edgefield, SC
- Abbeville, SC
- Newberry, SC – scheduled to begin November 2025

**Community Screenings @ SRH- Opportunity**

- Currently we are not offering communities screenings for Prostate Cancer.
- Previously, these were done. There was a lot of controversy surrounding prostate screening guidelines, so we stopped those during COVID.
- Providers can discuss shared decisions regarding prostate screenings/PSAs /DRE & can order/review these results.
- Dr. Hansen spoke with Edgefield Community in September 2024 regarding Prostate Cancer detection and treatment options
    - This coupled with other education efforts has made a positive impact.

**Disparities and Risk Factors**

- **Racial Disparities**:
    - **African American men in SC have a prostate cancer death rate 2.3x higher than white men**.
    - Higher incidence and mortality linked to delayed diagnosis, limited access to care, and socioeconomic factors.
- **Screening Guidelines**:
    - Men aged 55–69 should consider PSA screening after shared decision-making.
    - **African American men and those with family history** are advised to begin discussions earlier.
- **Access Disparities**:
    - Rural counties like McCormick (rate: 164) show higher incidence, possibly due to limited screening and late-stage diagnosis.
    - Greenwood's proximity to SRH offers better access, but outreach to surrounding rural areas is critical.

**SRH Recommendations**

- **Expand Community Outreach**: African American men for early screening and education.
- **Monitor Pluvicto Implementation**: Track outcomes and access at SRH to ensure equitable use.
- **Enhance Data Collection**: Include stage at diagnosis, treatment outcomes, and patient demographics.
- **Partner with Local Organizations**: Churches, barbershops, and civic groups can help reach high-risk populations.

**Other Recommendations**:

**USPSTF – United States Preventive Services Task Force**

- As of 2018, Men aged 55-69 PSA screening after discussing the potential benefits and harms with their healthcare provider. The decision should consider individual risk factors, values and preferences. After 70, USPSTF does not recommend.
    - Men aged 40-54 may need PSA screening if they have a first-degree relative with prostate cancer, two extended family members with prostate cancer or if they are African-American.

**ACS – American Cancer Society**

- Shared decision making for men starting at age 50, and earlier at age 45 for men at higher risk (African American or those with family history.) They did not recommend routine screening at age 40 or over 70.

**AUA – American Urological Association**

- Shared decision making for men aged 55-69, considering the individuals risk factors and preference. Did not recommend screens for under 40 or over 70. Early detection may benefit men at higher risk.
-