

# SC Senate Prostate Study Committee



Commercial and Medicaid Managed Care

Focus is Access to Affordable Quality Care

Value for Patients, Employees and Employers

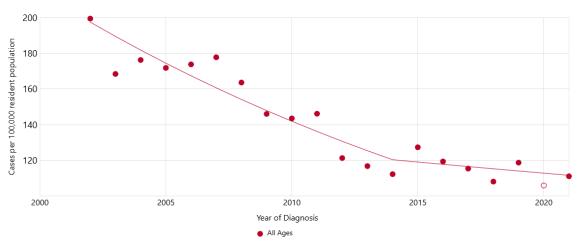
Market-based Solutions to Drive Innovation and Improve Health

#### Historical Trends

Incidence, South Carolina

Prostate, All Races (incl Hisp)

Male, All Ages



Notes: Created by statecancerprofiles.cancer.gov on 09/08/2025 10:34 am. Regression lines calculated using the Joinpoint Regression Program (Version 5.1)

The 2020 incidence rate is displayed but not used in the fit of the trend line(s). Impact of COVID on SEER Cancer Incidence 2020 data.

Source: Incidence data provided by the National Program of Cancer Registries SEER\*Stat Database - United States Department of Health and Human Services, Centers for Disease Control and Prevention.

Rates calculated by the National Cancer Institute using SEER\*Stat. Rates are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The US Population Data File is used with SEER data. Rates and trends in this graph are computed using the same standard for malignancy. For more information see malignant.html

Due to data availability issues, the time period used in the calculation of the joinpoint regression model may differ for selected racial groups or counties.



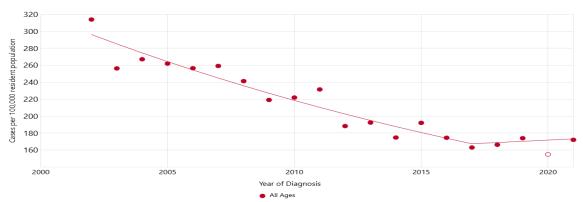
### **Incidence Trend is different for Black Males**



Incidence, South Carolina

Prostate, Black Non-Hispanic

Male, All Ages



#### Notes:

Created by statecancerprofiles.cancer.gov on 09/08/2025 10:38 am. Regression lines calculated using the Joinpoint Regression Program (Version 5.1)

The 2020 incidence rate is displayed but not used in the fit of the trend line(s). Impact of COVID on SEER Cancer Incidence 2020 data.

For Hispanic incidence data, NHIA (NAACCR Hispanic Identification Algorithm) was used for Hispanic Ethnicity ( See

Technical Notes ).
Source: Incidence data provided by the National Program of Cancer Registries SEER\*Stat Database - United States

Department of Health and Human Services, Centers for Disease Control and Prevention. Rates calculated by the National Cancer Institute using SEER\*Stat. Rates are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama, Mississippi, Louisiana, and Texas. The US Population Data File is used with SEER data. Rates and trends in this graph are computed using the same standard for malignancy. For more information see malignant.html
Due to data availability issues, the time period used in the calculation of the joinpoint regression model may differ for selected racial groups or counties.



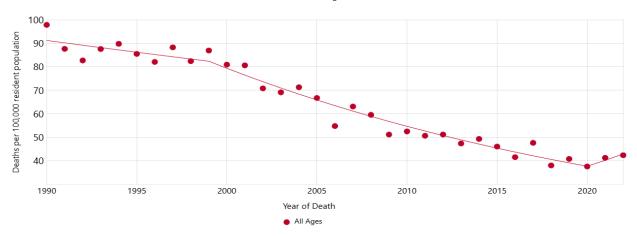
# **Mortality Trend is different for Black Males**

#### **Historical Trends**

Mortality, South Carolina

Prostate, Black Non-Hispanic

Male, All Ages



#### Notes: Created by statecancerprofiles.cancer.gov on 09/08/2025 11:06 am. Regression lines calculated using the Joinpoint Regression Program (Version 5.1)

Source: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER\*Stat. Death rates (deaths per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: (<1, 1-4, 5-9, ..., 80-84, 85+). Population counts for denominators are based on Census populations as modified by NCI. The US populations included with the data release have been adjusted for the population shifts due to hurricanes Katrina and Rita for 62 counties and parishes in Alabama. Mississippi. Louisiana, and Texas. US Population Data File is used with mortality data.



# SCAHP Members Are Addressing this Challenge

## **Preventative** Screening HealthFair

Saturday, April 26, 2025 10:00 AM - 2:00 PM



Speakers discussing Breast and Cervical Cancer. Lung Cancer, Prostate Cancer, and Colorectal Cancer

Free screenings: Mammograms, Blood Pressure, Glucose, A1C

Free men's screenings: Prostate

Free lunch

Raffles, prizes, and much more!

#### **SPONSORS OF THIS EVENT**







For more information, please reach out to: Brends Thorpe at brends thorne Discrencer.org





For More Information, Please Contact:

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# **Examples of Coverage by Category**

Large Group 51+: Health Plans | BlueCross BlueShield of South Carolina

Small Group Fully Insured ACA

SC Medicaid (Healthy Connections)

Medicare





# **Current Challenges**

Cultural and Demographic Issues National Guidance on Screening Not Clear

Our Health Plans and Associate Members are ready to support consumers, providers and stakeholders



Thank you!

Jim Ritchie Executive Director