The following is a statement to the Prostate Cancer Study Committee, in response to the meeting on January 8, 2025.

I will begin by saying I endorse the exhortations of fellow members, Dr. Hebert and Dr. Gimbel, for the need for expanding access to and uptake of screening programs for prostate cancer.

I have done a review for evidence-based programs that do just that (see here, within the National Cancer Institute, one of the National Institutes of Health). Their inventory of programs are found here.[1]

A summary of these programs are below:

Project	Purpose	Methods	Outcomes	Notes
Prostate Cancer Screening: Making the Best Decision	To enhance knowledge in the decision-making process	A web-based decision aid that includes introductory material, a review of screening and treatment options, a review of risk factors, and the importance of making a decision with a doctor	The study showed increased knowledge about prostate cancer and decisional satisfaction with screening as well as decreased decisional conflict about screening.	No difference in actual screening rates after 13 months
Prostate Health Awareness Project	To enhance knowledge in the decision-making process for prostate cancer screening among African American men	An educational intervention is a booklet and video that present balanced information on the risks and benefits of prostate cancer screening	An increase in knowledge about prostate cancer screening and a decrease in decisional conflict about prostate cancer screening.	No difference in screening rates after 12 months
The PSA Test for Prostate Cancer: Is it Right for ME?	To increase knowledge and patient participation	A pamphlet mailed to patients prior to their provider appointment that	The study showed increased knowledge about prostate cancer	No difference in screening rates at time of visit

[1] https://ebccp.cancercontrol.cancer.gov/topicPrograms.do?topicId=28360573&choice=default

	in the decision-making process for prostate cancer screening	presents balanced information about the potential risks and benefits of screening, the accuracy of the prostate-specific antigen (PSA) test, and the efficacy of prostate cancer treatments.	and PSA testing and an increased likelihood to discuss screening with a primary care provider.	

Additional studies confirm these projects above- educational outreach is effective in increasing patient knowledge of prostate cancer, screenings, and the need.[2],[3] These results are mixed, however, when examining African American men only, with interventions that found both a better understanding of need, but more distrust of the process. Notably, spousal input did not impact their intention to be screened in these studies.[4]

Notably, these programs found that knowledge, intention to discuss screening, and shared decision making did not necessarily lead to increased screening rates. There remains a gap between this increased awareness and actually obtaining a screening test (PSA, digital rectal exam, or other).

As discussed in the committee meeting, screening is a very valuable tool for early detection and improved outcomes. However, there remains a gap for those who are un- or under-insured. Should a screening indicating further testing and/or treatment is required, these men will be faced with out of pocket expenses that can not only be unaffordable, but prove to be a barrier to screening in and of itself. Prior work has shown that those with insurance are more likely to be screening, indicating that payment is indeed a barrier to such screening.

Men who live in rural areas face additional barriers to screening. These men are less likely to have health insurance, have lower incomes, and not be near to a urologist when needed[5]. These men in rural areas are also less likely to obtain recommended surveillance and treatment after diagnosis, leading to poorer outcomes.[6]

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[2] https://bmccancer.biomedcentral.com/articles/10.1186/s12885-024-12044-9

[3] https://link.springer.com/article/10.1007/s40615-024-02085-y

[4] ibid

[5] Kirby, W., Ferguson, J., Johnson, D., Neuwahl, S., Nielsen, M., Woods, M., ... & Fraher, E. (2013). 422 FUTURE SUPPLY OF UROLOGISTS: PROJECTED TO DECREASE DRAMATICALLY BETWEEN 2009-2025. *The Journal of Urology*, *189*(4S), e171-e172.

[6] Shen, X. (2024). Differences in rural versus urban patients with prostate cancer in diagnosis and treatment: an analysis of a population-based cohort. Jco Oncology Practice, 20(8), 1109-1114. https://doi.org/10.1200/op.23.00547

Other successful program that has targeted African American men have combined outreach, education, and increased access to screening services themselves – once again reiterating the need for connecting all aspects of the issue.[7],[8]

The Best Chance Network here in South Carolina is a good model for such care, the BCN provides screenings for breast and cervical cancers, and refers patients to providers for follow up care and treatment, subsidized by the program. This effectively removes the barriers for screening, and provides the necessary treatment as well. The state currently does not have a similar program for prostate cancer.

There are in-state programs that address some needs, such as the SC AMEN Program within the MUSC Hollings Cancer center. This program screens African American men ages 40-69, including follow up survey to determine if screening were completed. This does not include treatment for those who cannot afford this.

The Center for Rural & Primary Healthcare therefore recommends:

1. Increasing access to screening methods for men, including PSA, physical exams, and others. Efforts should be made to reach, in particular, rural men.
2. Financial resources should be allocated to provide assistance for screening and treatment for un- and under-insured men, to remove this barrier from treatment. Adding Prostate Cancer to as an extension of the Best Chance Network would be an effective means of doing so.
3. Further research should be conducted on how to move men from a better understanding of the disease and the need for screening and actually obtaining such screening. African American and rural men should in particular be included in such research
4. Continue to support programs that provide educational efforts, decision making support, and linkages to screening and treatment
5. Support for the expansion of residency slots for in-state training of Urologists
6. Support to include Urology provider eligible for certain rural incentive programs, to encourage care delivery for rural residents

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[7] Cuzick, J., Thorat, M. A., Andriole, G. L., Brawley, O. W., Brown, P. H., Čulig, Z., ... & Wolk, A. (2014). Prevention and early detection of prostate cancer. The Lancet Oncology, 15(11), e484-e492. https://doi.org/10.1016/s1470-2045(14)70211-6

[8] Dorfman, C., Williams, R., Kassan, E., Red, S., Dawson, D., Tuong, W., ... & Taylor, K. (2010). The development of a web- and a print-based decision aid for prostate cancer screening. BMC Medical Informatics and Decision Making, 10(1). https://doi.org/10.1186/1472-6947-10-12