

Therefore, public and professional education is imperative for men to receive objective information about the potential benefits and harms of screening and treatment to assist them in making informed decisions.

Last year, Senate Joint Memorial 8 of the 45th New Mexico Legislative Session directed the DOH to convene a Task Force of healthcare professionals to develop a report providing legislators with information on the burden of prostate cancer in New Mexico; the status of prevention and early detection for prostate cancer; the controversy over screening and treatment of prostate cancer; and survivorship issues.

Based on extensive research of the issues described in this analysis under substantive issues, The Task Force made the following recommendations to the legislature in November 2002:

“Education, both public and professional, is needed in New Mexico regarding prostate cancer. Education and related services should be provided to: 1) increase public and professional understanding of prostate cancer; 2) assess the risks and benefits of routine screening; 3) help men make appropriate personal choices regarding screening and treatment; 4) help men and their families access prostate cancer support services; 5) monitor research on prostate cancer screening; and 6) use science to guide policy, research, screening and treatment decisions.”

PERFORMANCE IMPLICATIONS

Proposed Performance Measures: Number of men receiving evidence-based education on: a) prostate cancer; b) the risks and benefits of prostate cancer screening; and c) the risks and benefits of prostate cancer treatment.

FISCAL IMPLICATIONS

The appropriation of \$100.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY 04 shall revert to the general fund.

ADMINISTRATIVE IMPLICATIONS

The Comprehensive Cancer Program within the Chronic Disease Bureau of the Public Health Division could incorporate oversight of the new contracts created as a result of SB 553 with existing staff.

RELATIONSHIP

HB144/SB133, Tobacco Fund Settlement Appropriations, makes appropriations from the Tobacco Settlement Fund for a variety of projects including a \$100,000 appropriation to the Department of Health for public education on prostate cancer.

SB534, also Tobacco Fund Settlement Appropriations, makes a \$100,000 appropriation from the Tobacco Settlement Fund for a variety of projects to the Department of Health for public education on prostate cancer. It does differ from HB144 and SB133 regarding the specific amounts for different projects.

OTHER SUBSTANTIVE ISSUES

Prostate cancer is the most commonly diagnosed form of cancer, other than skin cancer, in the United States and is second only to lung cancer as a cause of cancer-related death among men. The American Cancer Society estimates that 189,000 men in the United States will be diagnosed with prostate cancer in 2002 and 30,000 men will die of it. In New Mexico, there are on average 1,024 new cases of prostate cancer and 197 deaths each year according to the New Mexico Tumor Registry at the UNM Cancer Research and Treatment Center.

Age, race, ethnicity, and family history are factors that affect the risk for prostate cancer. About 80% of men with clinically diagnosed prostate cancer are aged 65 years or older.

Prostate cancer is the most common cancer in American men. By age 50, up to one in four men have some cancerous cells in the prostate gland. By age 80, the ratio increases to one in two. The risk of prostate cancer increases with age. In the United States, the average age at diagnosis is 72.

Prostate cancer is the leading cause of cancer death among American Indian men and the second leading cause, after lung cancer, among White, Hispanic, and African American men (Source: NM Department of Health).

Currently, there are no effective measures for preventing prostate cancer because the major risk factors (age, race, family history) cannot be modified. Screening methods, such as digital rectal examination (DRE) and prostate specific antigen (PSA), are commonly used by clinicians for early detection. In New Mexico, approximately 81% and 72% of men age 50 and older report having had DRE or PSA respectively (Behavioral Risk Factor Surveillance Survey).

DOH reports that Digital rectal examination (DRE) has been used for years as a screening test, but its ability to detect prostate cancer is limited. Tumors often form in areas of the prostate that cannot be reached by a DRE. Clinicians also can have difficulty distinguishing between benign abnormalities and prostate cancer.

The prostate-specific antigen (PSA) measurement is a blood test that many clinicians use to screen for prostate cancer. PSA is an enzyme measured in the blood that can rise naturally as men age or if prostate abnormalities are present. However, DOH notes, that the PSA test cannot distinguish prostate cancer from benign growth or other conditions, such as prostatitis (inflammation of the prostate).

Public communication campaigns need to be developed to inform men of the importance of consulting with their health care provider about prostate cancer, the risks and benefits of screening and treatment for prostate cancer, and availability of resources for men diagnosed with prostate cancer. Education on treatment options is crucial as the choices are complex. Men and their family members should be thoroughly educated on the pros and cons of their options. Since all treatments carry some risk for negative long-term side effects such as incontinence and impotence, men need to be aware that the risks may outweigh the benefits.

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