

Study highlights possible causes of racial disparities in prostate cancer deaths

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New research provides insights on the potential causes of racial disparities in deaths following prostate cancer surgery. The findings are published early online in *Cancer*, a peer-reviewed journal of the

American Cancer Society (ACS).

Black men not only have a higher rate of developing [prostate cancer](#) compared with [white men](#), but they're also more than twice as likely to die from the disease. Meanwhile, Asian American and Pacific Islanders (AAPIs) have the lowest rates of death from prostate cancer among all races.

To investigate the potential causes behind such disparities, Wanqing Wen, MD, MPH, of Vanderbilt University School of Medicine in Nashville, Tennessee, and his colleagues examined information from the National Cancer Database, which includes cancer registry data from more than 1,500 US facilities. The team sought to quantify the contributions of tumor-related and treatment-related characteristics, as well as factors related to access to care and disparities in prostate cancer survival among different groups.

The analysis included 432,640 white, 63,602 Black, 8,990 AAPI, and 21,458 Hispanic patients who underwent prostate removal between 2001 and 2014. The median follow-up time was 5.5 years, and the 5-year survival rates were 96.2 percent, 94.9 percent, 96.8 percent, and 96.5 percent for whites, Blacks, AAPIs, and Hispanics, respectively.

When the researchers adjusted for age and year of diagnosis, they observed that Blacks had a 51 percent higher death rate than whites, while AAPIs and Hispanics had 22 percent and 6 percent lower rates, respectively. After adjusting for all clinical factors and non-clinical factors, the Black-white survival disparity narrowed to being 20 percent higher for Blacks, while the AAPI-white disparity increased to being 35 percent lower for AAPIs. Adjusting for these factors had little effect on survival disparities between Hispanics and whites.

Of the factors included in the team's adjustments, education, median

household income, and [insurance status](#) contributed the most to racial disparities. For example, if Blacks and whites had similar education levels, median household income, and insurance status, the survival disparity would decrease from 51 percent to 30 percent.

"Socioeconomic status and insurance status are all changeable factors. Unfortunately, the [socioeconomic status](#) inequality in the United States has continued to increase over the past decades," said Dr. Wen. "We hope our study findings can enhance public awareness that the racial survival difference, particularly between Black and white prostate patients, can be narrowed by erasing the racial inequities in socioeconomic status and health care. Effectively disseminating our findings to the public and policy makers is an important step towards this goal."

More information: "Racial disparities in mortality for prostate cancer patients following radical prostatectomy," *Cancer* (2020). [DOI: 10.1002/cncr.33152](#)

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