

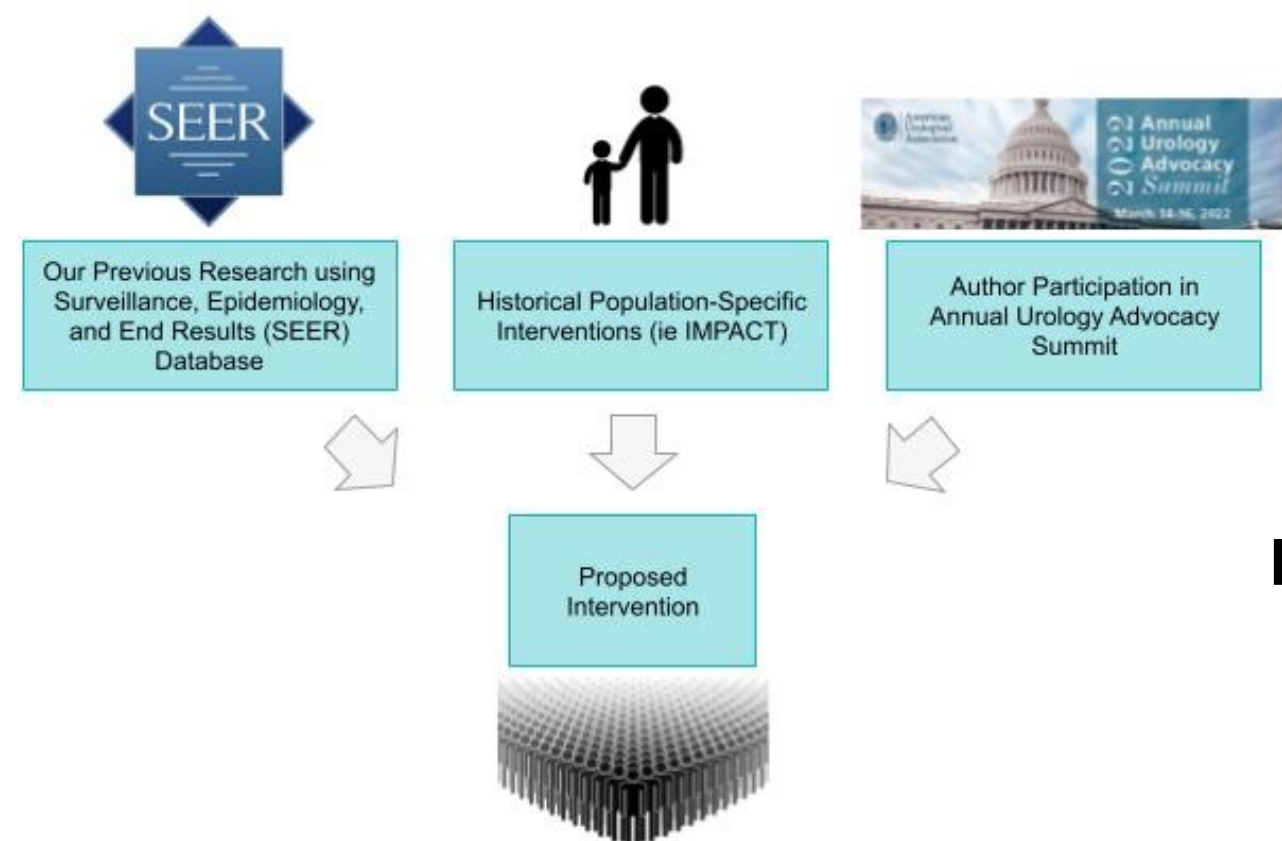
INTRODUCTION

- Studies on racial and socioeconomic disparities in prostate cancer date back to 1975¹
- Uninsured patients experience mortality rates almost twice as high as those of insured patients⁴
- Black patients suffer 134% higher mortality of prostate cancer than non-Hispanic White patients²
- It is unclear whether this racial disparity is mostly attributable to genetics or socioeconomics**
- Studies report that Black patients are almost half as likely to undergo PSA screening than White patients³
- In 2012, however, U.S. Preventive Services Task Force (USPSTF) recommended against prostate-specific antigen (PSA)-based screening
- Determining the effect of the recommendations on these disparities could provide key insight into the underlying reasons behind these disparities**
- Local efforts have been made to address disparities in population-specific ways such as Improving Access, Counseling, and Treatment for Californians with Prostate Cancer (IMPACT) program and American Urological Association's Annual Urology Advocacy Summit and Political Action Committee⁵

OBJECTIVES

- To highlight barriers to prostate cancer care for vulnerable populations based on our previous studies^{6,7}
- To propose a concerted intervention to address these barriers

METHODS



References:

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RESULTS

Compared with White patients, Black patients had worse survival in pre-USPSTF era but not in post-USPSTF era. Additionally, White patients experienced survival decrease in post-USPSTF era compared to pre-USPSTF era, while Black patients demonstrated no survival change between pre- and post-USPSTF eras, suggesting that lower rates of PSA screening among Black men in the pre-USPSTF era may be critical contributing factors to prostate cancer survival disparities between White and Black men

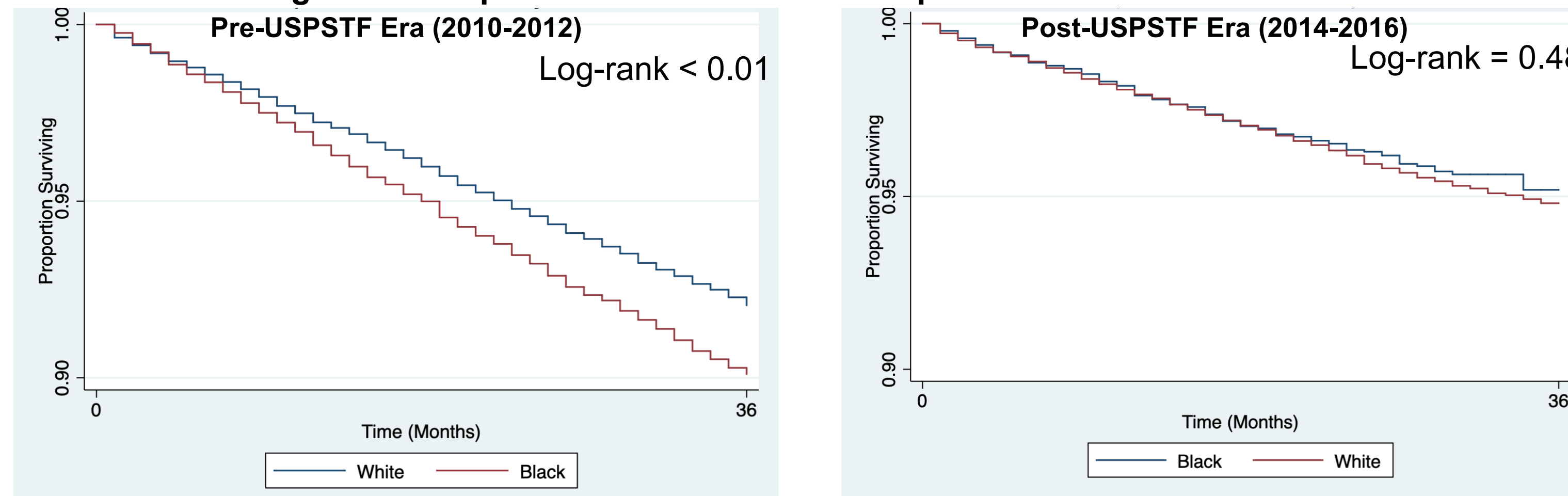


Fig 1a. Prostate cancer-specific survival between Black and White men in the (Left) pre-US Preventive Services Task Force (USPSTF) and (Right) post-USPSTF eras

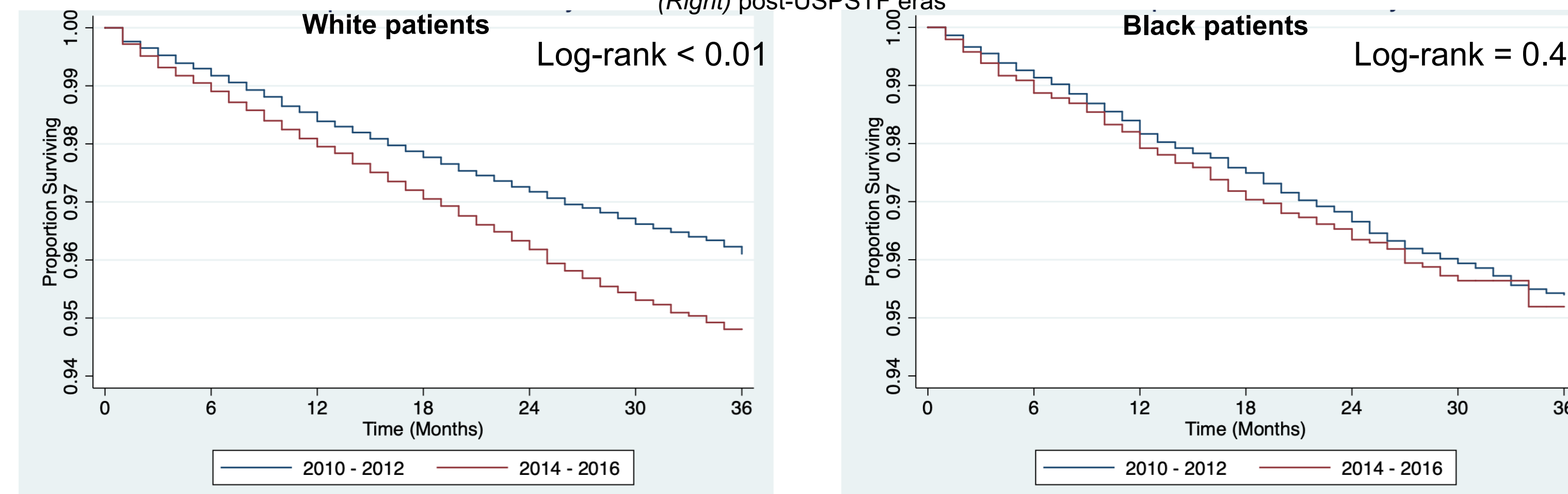


Fig 1b. Prostate cancer-specific survival in the pre-US Preventive Services Task Force (USPSTF) and post-USPSTF eras between (Left) White patients and (Right) Black patients

Figure 5. Proposed Implementation of Plan to Address Disparities in Prostate Cancer



Insured patients experienced survival decrease after USPSTF recommendations, while uninsured patients did not, suggesting that lower rates of PSA screening among uninsured patients in the pre-USPSTF era may be important contributing factors to disparities between insured and uninsured patients

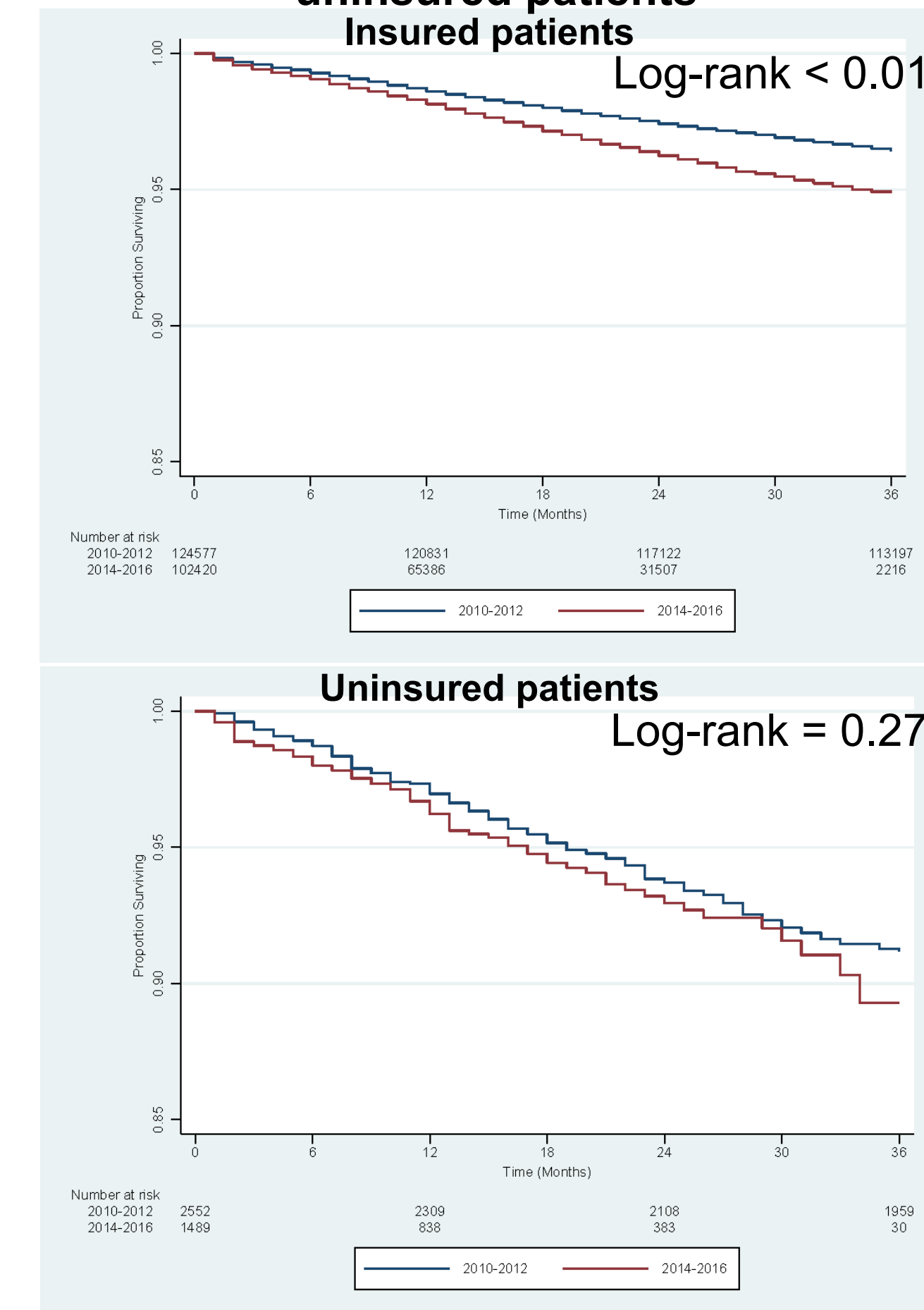


Fig 2. Prostate cancer-specific survival in the pre-US Preventive Services Task Force (USPSTF) and post-USPSTF eras between (Top) Insured and (Bottom) Uninsured patients

CONCLUSION

- Lower rates of PSA screening among Black and uninsured men in pre-USPSTF era are important contributing factors to prostate cancer survival disparities
- Prostate cancer outcomes among Black men cannot be remedied without addressing financial burden of seeking prostate cancer screening and care
- Local communities provide key input into developing successful initiatives culturally tailored to patients
- Advocacy partnership between urologists and local governments, institutions, and communities will be critical in bringing issue of long-standing racial and socioeconomic disparities in prostate cancer to national stage and putting an end to them once and for all