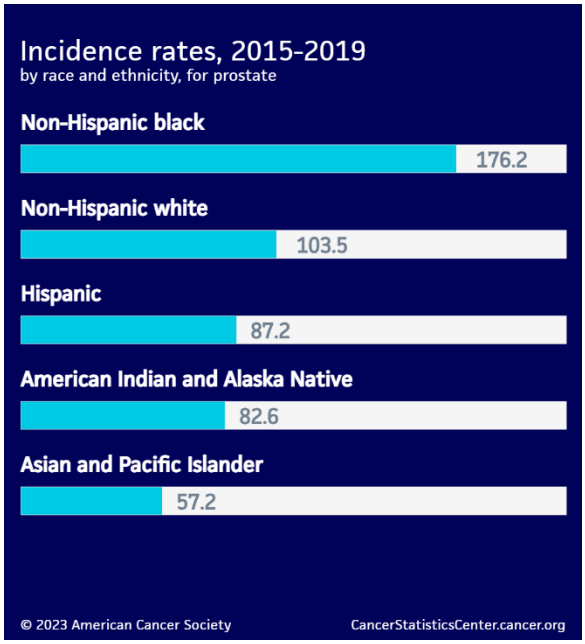
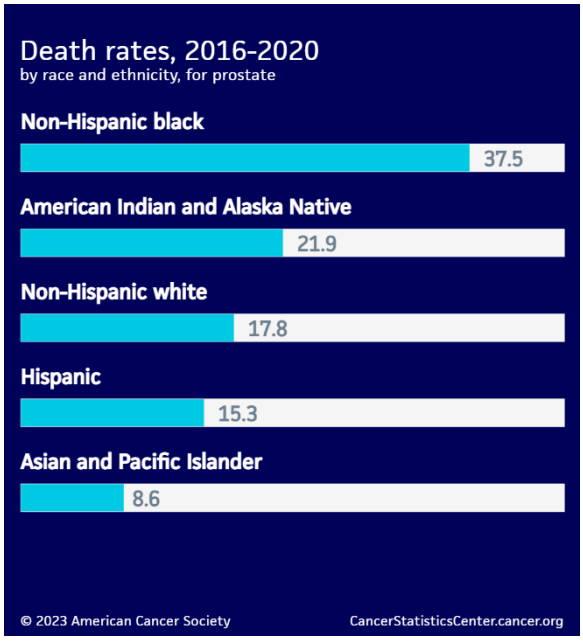
Prostate Cancer and Black Men

Significant differences persist in cancer incidence, survival, morbidity, and mortality among specific populations in the US. Some groups continue to have higher cancer rates and are less likely to be diagnosed early or receive optimal treatment compared to other groups. This is the case for prostate cancer, which has wide racial disparities along the cancer care continuum.[1]

In 2023, an estimated 288,300 new cases of prostate cancer will be diagnosed in the US and 34,700 men[2] will die from prostate cancer.[3] Black men in the US have among the highest documented prostate cancer incidence rate in the world, are over twice as likely to die from prostate cancer, and are more likely to be diagnosed at an advanced stage compared to non-Hispanic White men.[3,4] Additionally, Black men with lower-grade (less aggressive) disease are more likely to die from prostate cancer than other groups.[5] The reasons for this disparity are complex and include interactions between social, behavioral and biological factors.

Self-reported screening rates with prostate-specific antigen (PSA) testing among Black men are slightly lower (33%) than what is observed in White men (37%) and shared decision making - when a doctor and a patient discuss the uncertainties, risks, and potential benefits of prostate cancer screening - is often lacking.[6] The discussion should also include the patient's health status, values, and preferences. Given the higher incidence and mortality rate for Black men, the lower screening rate is a cause for concern.





Average annual rate per 100,000, age adjusted to the 2000 US standard population.

The Challenges

While routine PSA testing was previously recommended as a screening tool for prostate cancer, no organization currently recommends routine screening for individuals of average risk due to concerns of overdiagnosis. Many organizations recommend a model of informed decision making between an individual and their provider to decide if screening is appropriate and desired. If an individual is diagnosed with prostate cancer, choosing among treatment options is complicated because not every individual with prostate cancer needs to be treated right away based on the

aggressiveness of the cancer. The correct interpretation of PSA testing results and decision-making for treatment are important. Informed decision making is a critical yet not well understood component to the screening and treatment of prostate cancer and tools to determine whether an individual's prostate cancer is likely to be aggressive or would benefit from treatment need to be improved.

Given the significant disparities in prostate cancer incidence and survival, special focus should be placed on ensuring diversity in prostate cancer clinical trials. Representation from diverse ethnic and racial groups in clinical trials can shed light on variations in disease progression and treatment response between groups. Additionally, participants in clinical trials have an opportunity to gain access to the newest developments in cancer treatment. Black men, however, are underrepresented in prostate cancer clinical trials despite their proportion of the US population with the disease.[7] Beyond clinical trials for approval, products treating or diagnosing prostate cancer should continue to be studied once on the market to identify any potential differences in efficacy for Black men.

The Bottom Line

The higher incidence and mortality rates for Black men for prostate cancer are exceptionally concerning. The American Cancer Society recommends that high risk men, including African American men, begin discussions about screening for prostate cancer at age 45.[8] After this discussion, men who want to be screened should get the prostate-specific antigen (PSA) blood test.[8] In addition, research - including clinical trials - on the risk, screening, diagnosis, and treatment of prostate cancer must be more inclusive of Black men in order to reduce these disparities.

ACS CAN Position

For FY24, ACS CAN urges Congress to provide $20 million, for the Centers for Disease Control and Prevention's (CDC) Prostate Cancer Awareness Campaign, including $7 million for initiatives to increase outreach and education among high-risk men, especially African-American men, and $120 million for the Department of Defense Prostate Cancer Research Program (PCRP) which is dedicated to supporting research focused on eradicating prostate cancer.[9]

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[1] Chowdhury-Paulino, I.M., Ericsson, C., Vince Jr., R. et al. Racial disparities in prostate cancer among black men: epidemiology and outcomes. Prostate Cancer Prostatic Dis (2021). https://doi.org/10.1038/s41391-021-00451-z

[2] Throughout this document *men* refers to individuals assigned male at birth and/or persons with a prostate.

[3] American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023.

[4] DeSantis CE, Siegel RL, Sauer AG, et al. Cancer statistics for African Americans, 2016: progress and opportunities in reducing racial disparities. CA Cancer J Clin. 2016;66(4):290-308.

[5] Mahal BA, Berman RA, Taplin M, Huang FW. Prostate Cancer–Specific Mortality Across Gleason Scores in Black vs Nonblack Men. JAMA. 2018;320(23):2479–2481

[6] American Cancer Society. Cancer Prevention & Early Detection Facts & Figures Tables and Figures 2021-2022. Atlanta: American Cancer Society; 2021.

[7] Unger, J. M., Hershman, D. L., Osarogiagbon, R. U., Gothwal, A., Anand, S., Dasari, A., Overman, M., Loree, J. M., & Raghav, K. (2020). Representativeness of Black Patients in Cancer Clinical Trials Sponsored by the National Cancer Institute Compared With Pharmaceutical Companies. *JNCI cancer spectrum*, *4*(4), pkaa034. https://doi.org/10.1093/jncics/pkaa034.

[8] Siegel, R. L., Miller, K. D., Wagle, N. S., & Jemal, A. (2023). Cancer statistics, 2023. *CA: a cancer journal for clinicians*, *73*(1), 17–48. https://doi.org/10.3322/caac.21763

[9] CDMRP. Prostate Cancer. https://cdmrp.health.mil/pcrp/default