



UC San Diego
Moore's Cancer Center

***PROSTATE CANCER IN
THE BLACK AND AFRICAN
AMERICAN COMMUNITY***

August 29th, 2023



UCSD MOORES CANCER CENTER
community
OUTREACH & ENGAGEMENT



MEETING REMINDERS



AUDIO

Please make sure you are muted throughout the duration of the meeting unless you have raised your hand



CHAT

Use the chat to introduce yourself & ask questions throughout the meeting!



RECORDING

The slides, meeting recording and resources will be shared with all attendees

PROSTATE CANCER IN THE BLACK AND AFRICAN AMERICAN COMMUNITY

A VIRTUAL WEBINAR - AUGUST 29TH, 2023 - 12-1PM PT

DISMANTLING DISPARITIES

Black men in the US and Caribbean have the highest documented prostate cancer incidence rates in the world. They are 1.7x more likely to be diagnosed with—and 2.1x more likely to die from—prostate cancer than white men.

Please join us on August 29th to discuss barriers and solutions to prevent, find, treat, and survive prostate cancer in the Black and African American community.



REGISTER TODAY!

Community members, advocates and practitioners welcome!

AGENDA

- Welcome
- Prostate Cancer in the Black/African American Community
- Introduction to ZERO Prostate Cancer
 - Reggie Tucker-Seeley, ScD
 - Kris Bennett, MiM
- Prostate Cancer Disparities in Black Men: Influence of Genetics, Access to Care, and PSA Screening
 - Brent Rose, MD
- Closing & Action Steps

ALL ARE WELCOME - REGISTER TODAY!

PROSTATE CANCER RATES IN THE BLACK & AFRICAN AMERICAN COMMUNITY

In 2023, an estimated 288,300 new cases of prostate cancer will be diagnosed in the US, and 34,700 men will die from prostate cancer. Black men in the US have among the highest documented prostate cancer incidence rate in the world

INCIDENCE RATE

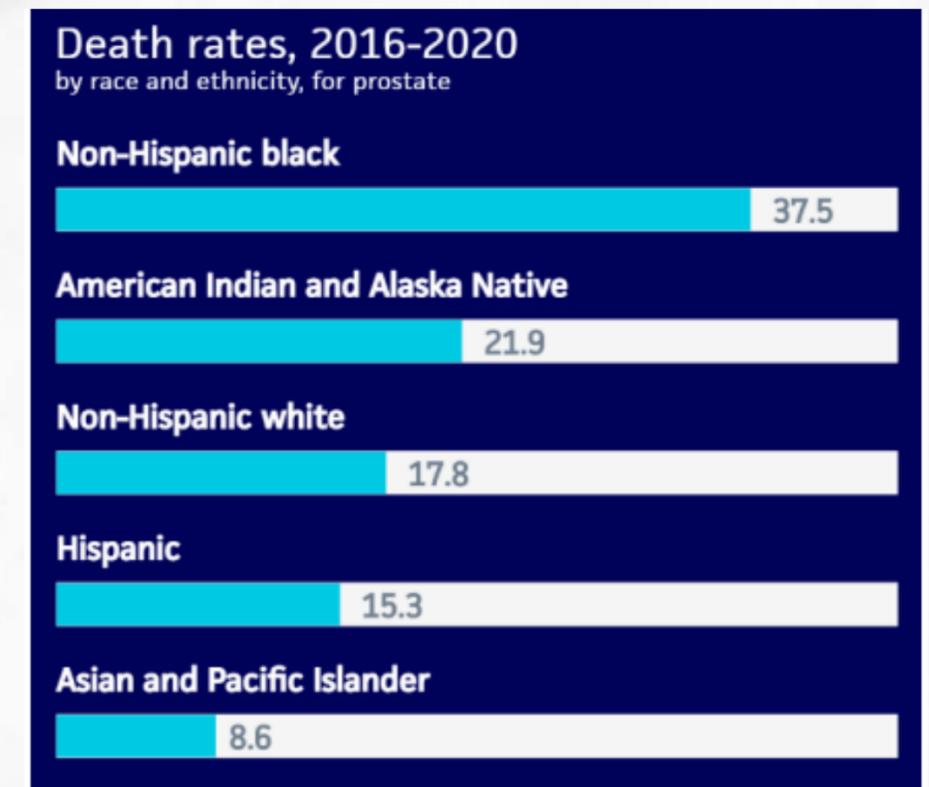
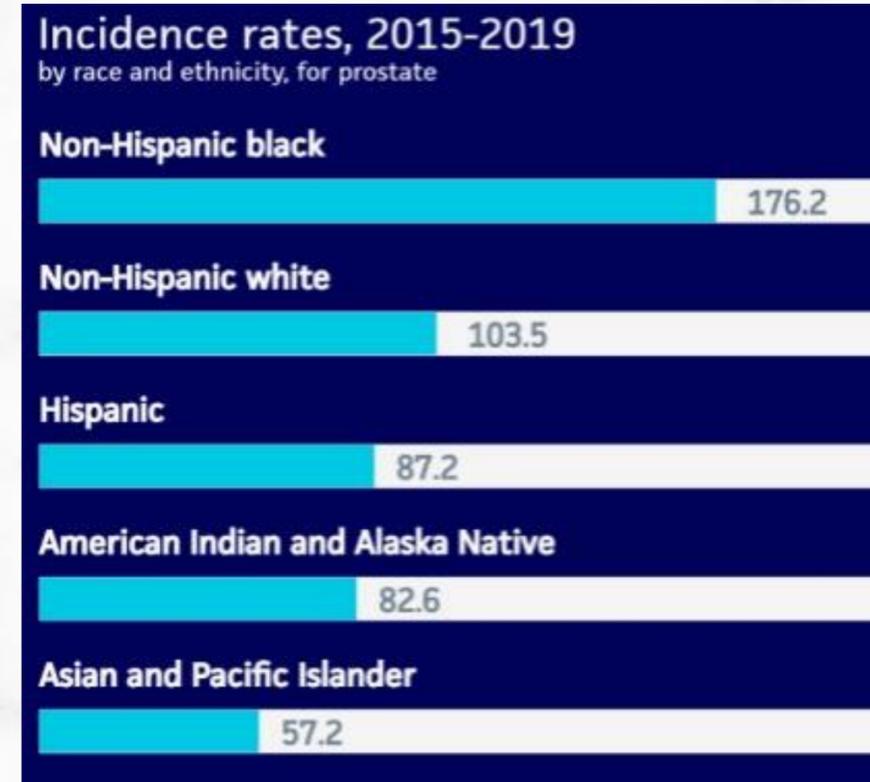
- One in six Black men will develop prostate cancer in his lifetime; Black men are 1.7 times more likely to be diagnosed with prostate cancer than white men

MORTALITY

- Black men are 2.1 times more likely to die from prostate cancer than white men

SCREENING DISPARITIES

- 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%)



https://www.fightcancer.org/sites/default/files/prostate_cancer_and_black_men_2023_0.pdf

ADDRESSING PROSTATE CANCER DISPARITIES

Health equity is vital to addressing prostate cancer disparities; this means:

- Equal access to screening
- Tailored outreach, education and engagement
- Reducing socioeconomic barriers
- Access to clinical trials
- Culturally competent care

AND MORE... TODAY WE WILL FOCUS ON:

How can a comprehensive approach to health equity effectively address the disparities in prostate cancer outcomes among Black men, considering factors like education, community involvement, and access to culturally competent care?



ZERO[®]

PROSTATE CANCER

ZERO Prostate Cancer is the leading national nonprofit with the mission to end prostate cancer and help all who are impacted. ZERO advances research, provides support, and creates solutions to achieve health equity to meet the most critical needs of our community.



**Reggie
Tucker-Seeley, ScD**

Vice President of
Health Equity



Kris Bennett, MiM

Director of Health Equity,
Community Organizing
and Engagement

Prostate Cancer in the Black Community: Implementing a health equity strategy

Reggie Tucker-Seeley, ScD
VP, Health Equity

Kris Bennett, MiM
Director, Health Equity

What is ZERO

- ZERO, Prostate Cancer is the leading national nonprofit with the mission to end prostate cancer.
 - ZERO advances research, provides support, and creates solutions to achieve health equity to meet the most critical needs of our community.. (www.zerocancer.org)
- We merged with UsToo (Oct 2021).



ZERO Programs/Activities



"ZERO360 was the lifeline I needed."

John, Stage III Prostate Cancer Patient



Free Support for Prostate Cancer Patients

The practical challenges of prostate cancer can be overwhelming and stressful. ZERO360 is a free, comprehensive service, staffed by case managers who help patients and their families:

- navigate insurance
- find resources to help pay for treatment and living expenses
- connect with emotional support services
- ensure access to care

Contact a ZERO360 Case Manager Today!

Call **844-244-1309** (Toll-Free) Monday–Friday 8:30 a.m. - 5:00 p.m. ET (Closed on Holidays)
or Visit the Online Portal at zero360.pafcareline.org

Visit zerocancer.org/zero360 for additional information and to enroll.



PROSTATE CANCER SUPPORT PROGRAMS

Us TOO Support Groups zerocancer.org/supportgroups

A variety of peer-led virtual and in-person groups are available offering emotional support, resources, and education to empower those impacted by prostate cancer to make informed decisions on testing, treatment, and management of side effects.

MENtor zerocancer.org/mentor

A one-to-one peer support network where trained, volunteer MENtors have a wealth of insights to share based on their experiences.

Online Support Services

ZERO Connect (facebook.com/groups/zeroconnect) is a Facebook-based support group for participants to share stories, ask questions, and connect. An invite-only Facebook group also exists for Black men/caregivers (email healthequity@zerocancer.org for information).

The Inspire Online Support Community (zero.inspire.com) connects patients and loved ones to enhance the quality of life for all those affected by prostate cancer.

Educational Resources zerocancer.org/learn

ZERO offers a variety of educational resources and events for prostate cancer awareness, screening, treatment, and side effects.



"Once our support group began, we became each other's sounding board, support system, and newfound friends in the fight against prostate cancer."

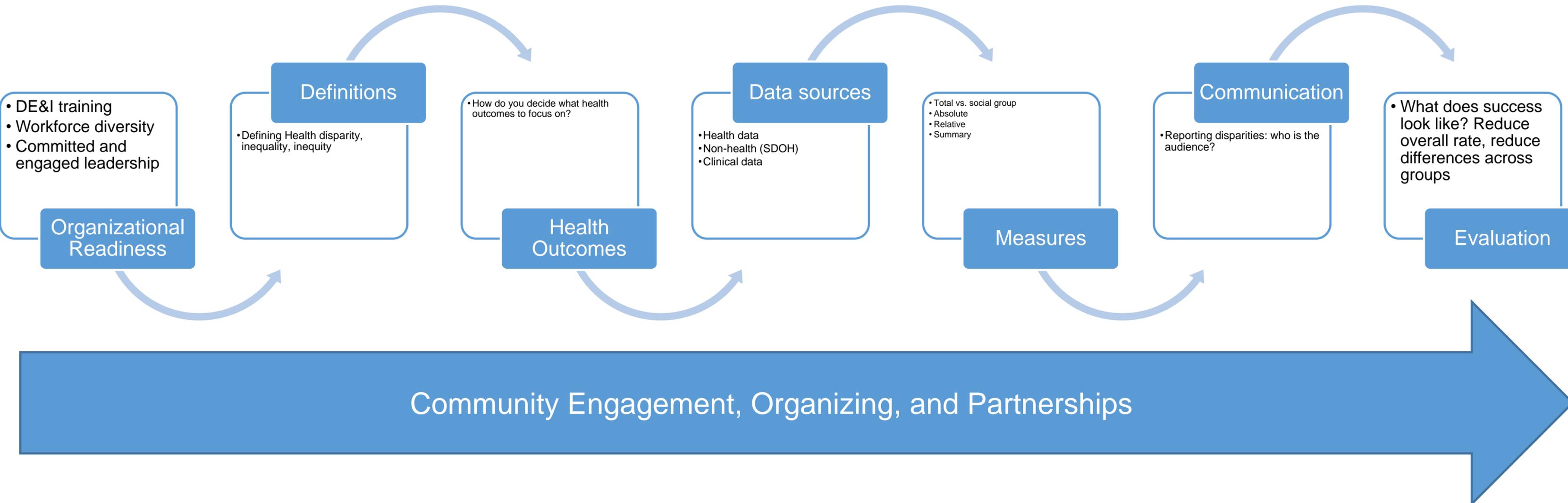
Ken, ZERO Us TOO
Support Group Leader

ZERO[®]
PROSTATE CANCER

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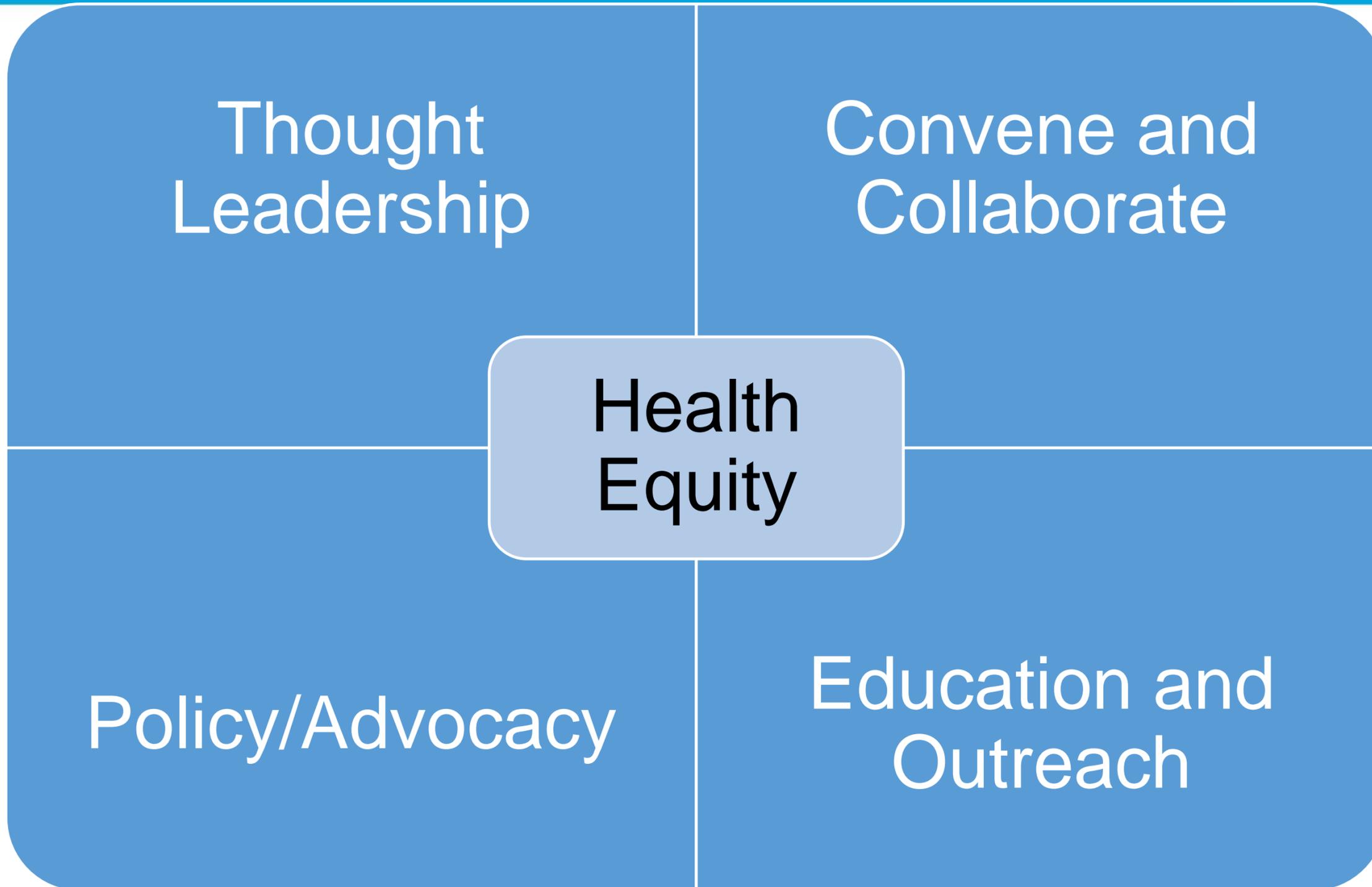
WHAT ARE WE DOING AT ZERO TO WORK TOWARDS ACHIEVING HEALTH EQUITY?

Tucker-Seeley Framework for Efforts to Address Health Disparities (updated)



- **Health Disparities**: Differences between groups in health outcomes related to preventing, detecting, treating, and surviving prostate cancer.
 - Examples: racial/ethnic differences in screening behaviors; racial/ethnic differences in treatment; place-based differences in quality of care received; socio-economic differences in quality of life after treatment
- **Health Equity**: Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive prostate cancer.
 - This requires removing obstacles to a usual source of healthcare and coordinated high quality specialty care; and ensuring that families have the resources to manage their health and navigate the primary and specialty care delivery system.

- Health Equity Team:
 - Reggie Tucker-Seeley, VP, Health Equity
 - Kris Bennett, Director, Health Equity, Community Organizing and Engagement
 - Mikhaela Dieudonne, Manager, Health Equity
 - Health Equity Task Force
- Our work on the health equity team is focused on two key questions:
 - What does an equitable cancer care delivery system look like?
 - How do we prepare Black men to expect [and get] equity as we are navigating the healthcare delivery system? What tools are needed?



Black Men's Prostate Cancer Initiative

- **The Black Men's Prostate Cancer Initiative support groups** provide prostate cancer education resources and support specifically for Black men diagnosed with prostate cancer.
 - Virtual group: meets on the 2nd and 4th Monday each month at 8pm EST/7pm CST/5pm PST via Zoom.
 - In-person group: meets in Atlanta, GA on the 3rd Saturday of the month

Source: <https://zerocancer.org/black-men/prostate-cancer-initiative>

Programs/Activities at ZERO



<https://zerocancer.org/black-men/film-se>

Research partnerships

- Robert Wood Johnson Foundation (RWJF) Interdisciplinary Research Leaders (IRL) project:
 - Co-PIs: Robin Jones-Wright (The Empowerment Network); Darrell Hudson, PhD (Washington University)
 - Project Title: Prostate cancer patient, healthcare provider, and healthcare system perspectives on equity in the cancer care delivery system in St. Louis
 - Link: <https://irleaders.org/team/prostate-cancer-patient-healthcare-provider-and-healthcare-system-perspectives-on-equity-in-the-cancer-care-delivery-system-in-st-louis/>
- Medical University of South Carolina (MUSC) project:
 - Co-PIs: Marvella Ford, PhD (MUSC); Lee Moultrie (pCA survivor); Sherrie Wallington, PhD (George Washington University); Kris Bennett (ZERO)
 - Project Title: “What does an equitable prostate cancer care delivery system look like?” Perspectives of Black men in Charleston, South Carolina

- Main Website: <https://zerocancer.org/>
- Health Equity link: <https://zerocancer.org/about-prostate-cancer/health-equity>
- Email:
 - Reggie Tucker-Seeley: reggie@zerocancer.org or Kris Bennett: Kris@zerocancer.org or Health Equity team: healthequity@zerocancer.org

Comments/Questions

**Prostate Cancer
Disparities in Black Men:
Influence of Genetics,
Access to Care, and PSA
Screening**



Brent Rose, MD

Associate Professor and Director of the Division of Radiation Oncology, Chief of Genitourinary (GU) Disease Team, Co-Director of the Center for Health Equity, Education and Research

UC San Diego Health

Prostate Cancer Disparities in Black Men: Influence of Genetics, Access to Care, and PSA Screening

Brent S. Rose, MD

Associate Professor

UC San Diego Health

Department of Radiation Medicine and Applied Sciences

August 29, 2023

Prostate Cancer in Black Men

- Prostate Cancer is the most common cancer in Black men
- Approximately 1 in 6 Black men will be diagnosed with prostate cancer in their lifetime.
- Second most common cause of cancer death

Male

Estimated New Cases			
	Prostate	41,600	37%
	Lung & bronchus	13,200	12%
	Colon & rectum	10,590	9%
	Kidney & renal pelvis	6,340	6%
	Liver & intrahepatic bile duct	4,140	4%
	Pancreas	4,010	4%
	Myeloma	3,840	3%
	Non-Hodgkin lymphoma	3,630	3%
	Urinary bladder	3,420	3%
	Leukemia	3,090	3%
	All sites	111,990	



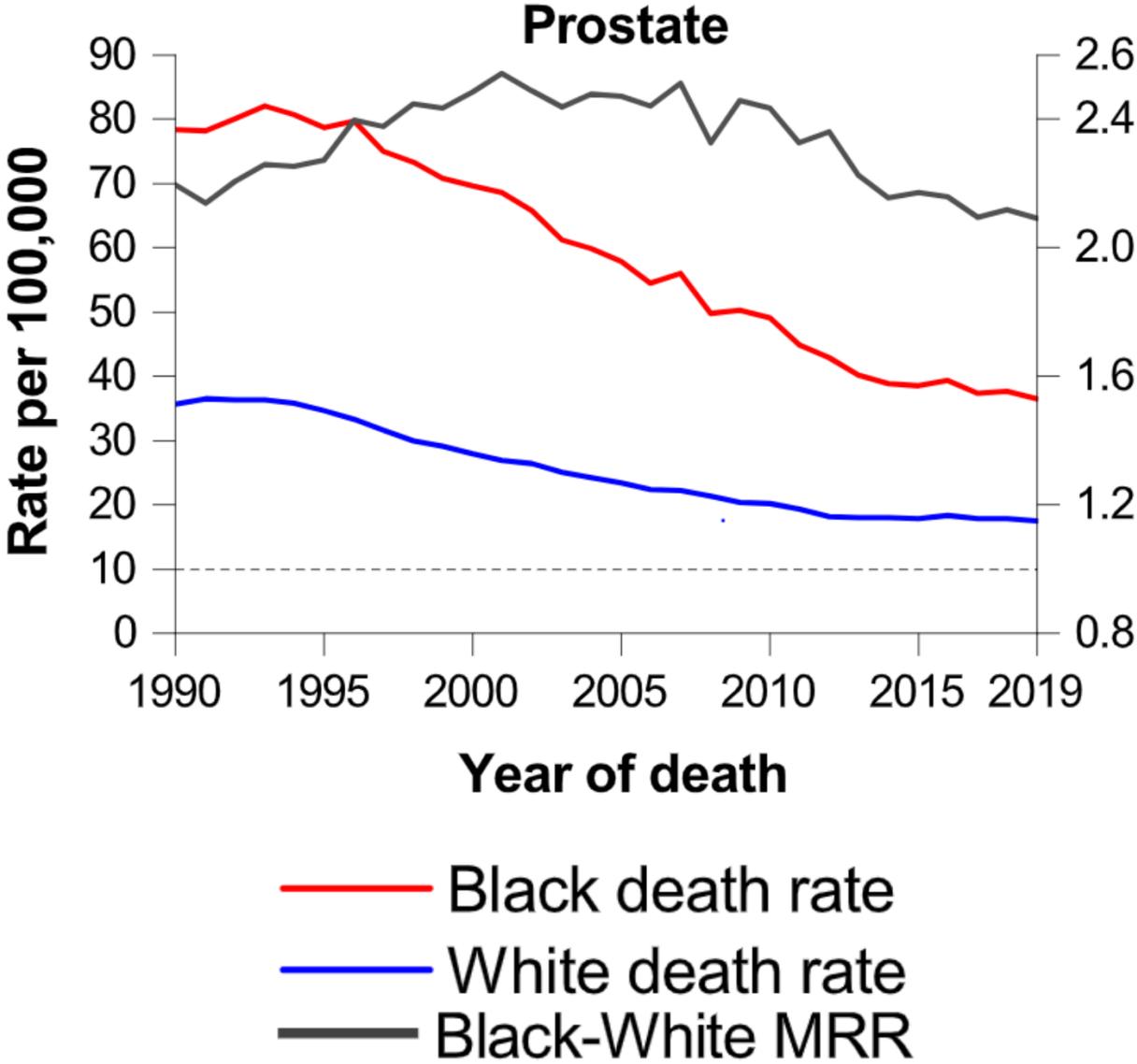
Male

Estimated Deaths			
	Lung & bronchus	7,890	22%
	Prostate	6,040	17%
	Colon & rectum	3,890	11%
	Pancreas	3,040	8%
	Liver & intrahepatic bile duct	2,720	7%
	Myeloma	1,260	3%
	Leukemia	1,130	3%
	Stomach	1,060	3%
	Non-Hodgkin lymphoma	890	2%
	Urinary bladder	870	2%
	All sites	36,430	



Prostate Cancer Disparities

- Mortality Rate has been declining for both Black and NHW men, but disparity remains
- Mortality Rate Ratio > 2



Prostate Cancer Disparities

- Prostate Cancer Disparities are driven by two main features:
 - Higher incidence of PC in Black men
 - Lower survival after diagnosis in Black men

Causes of this Disparity



Social Determinants of Health



Social Determinants of Health
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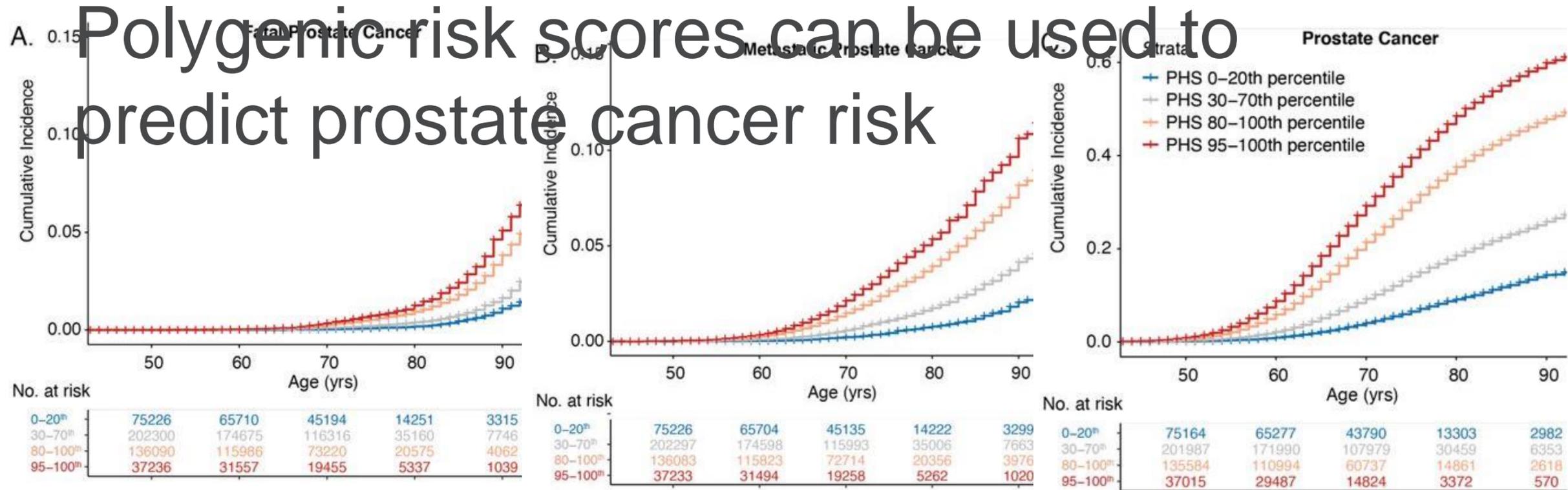
Healthy People 2030

Prostate Cancer Disparities

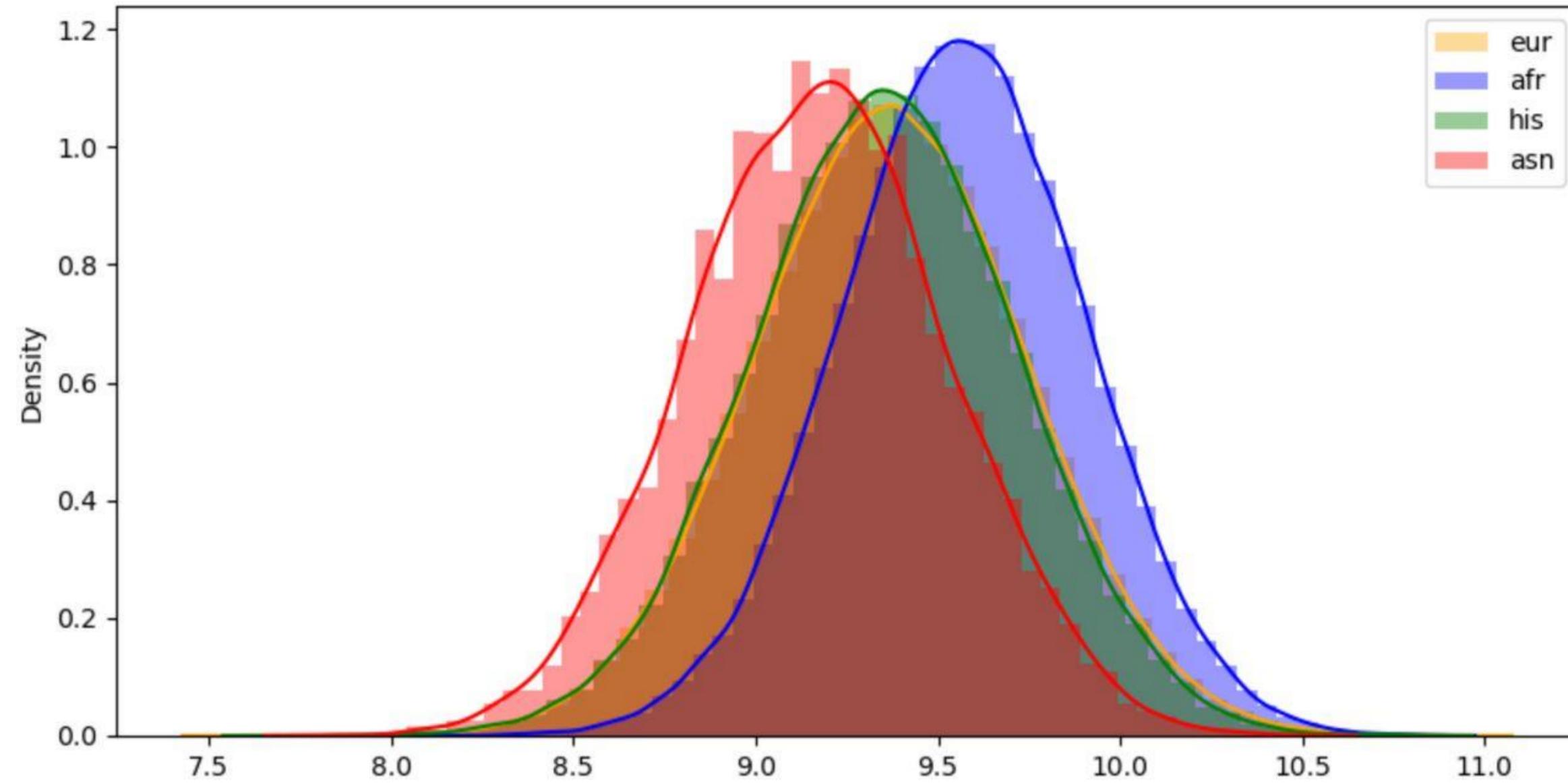
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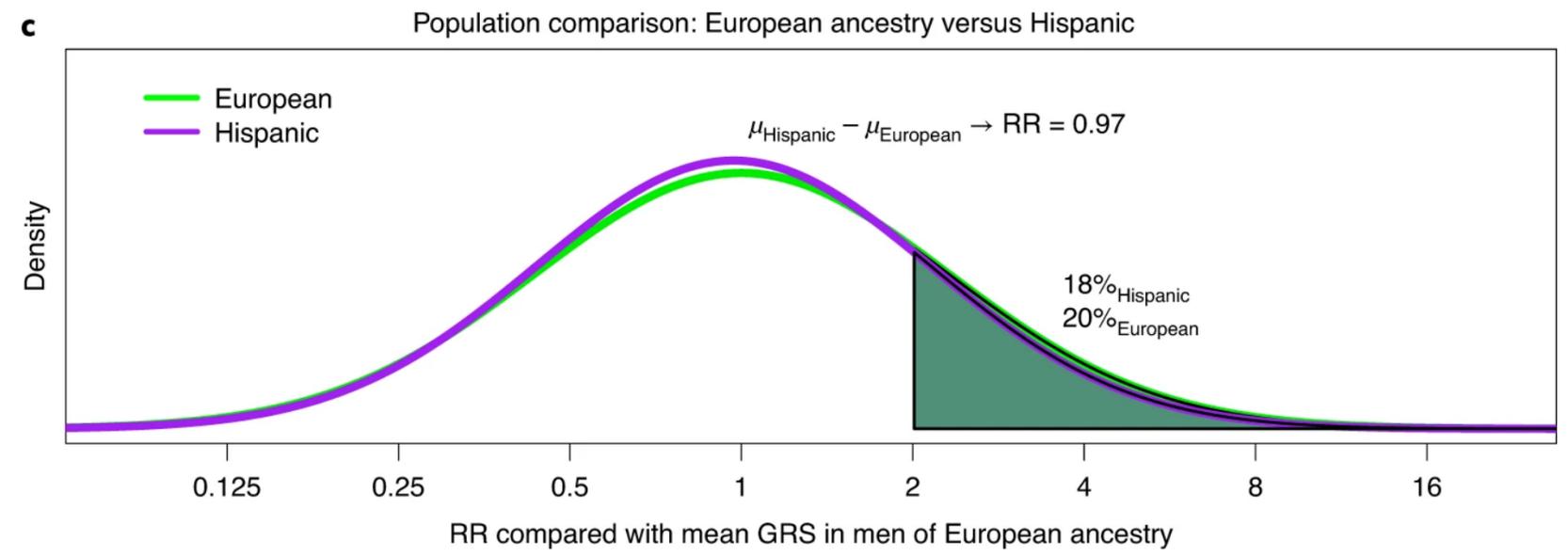
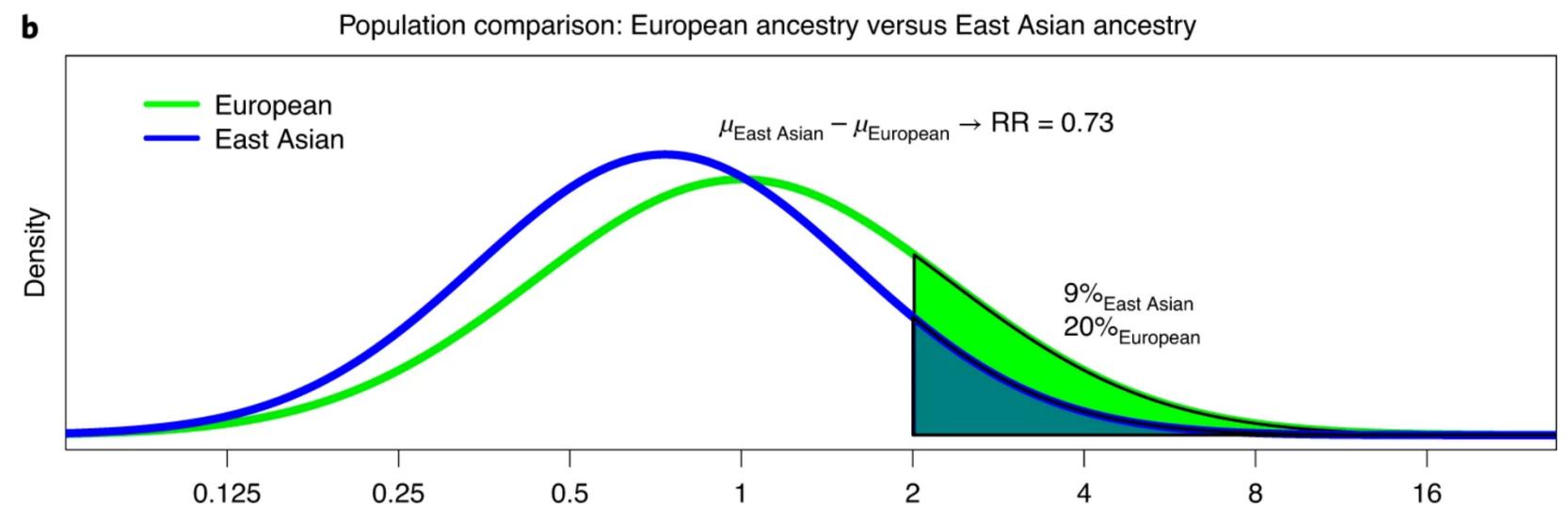
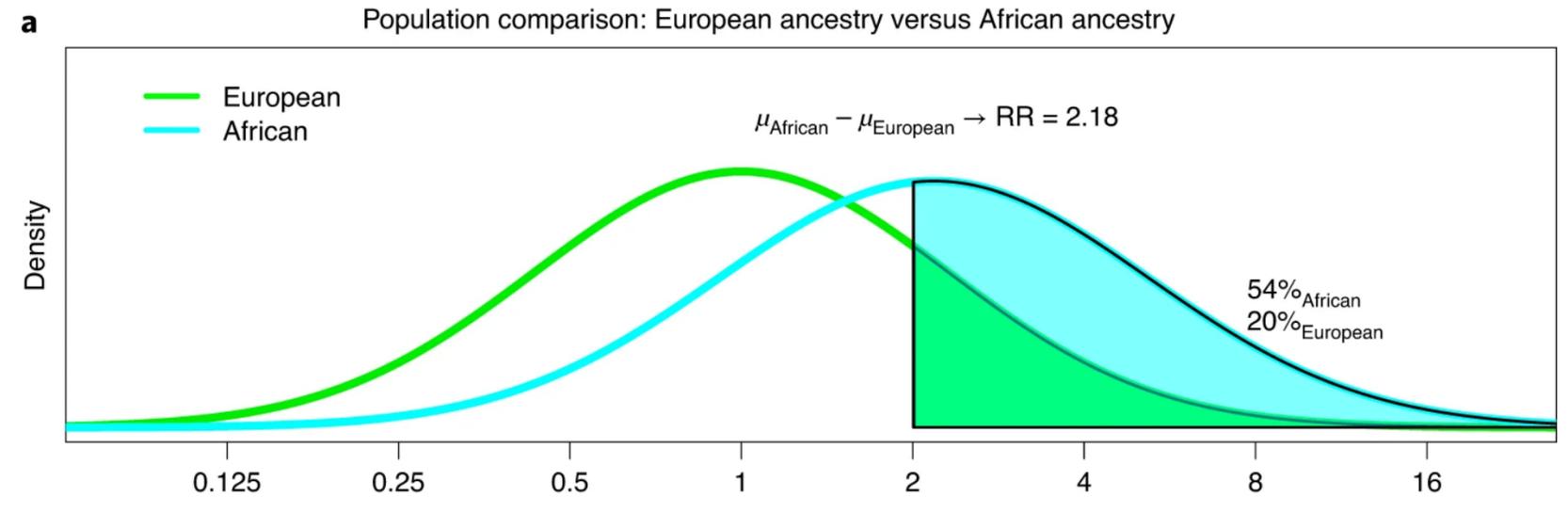
Prostate Cancer Genetics

Prostate cancer is one of the most heritable cancers



Polygenic Risk Score Distribution by Race





Other Causes of Increased Incidence?

- Different exposures?
 - Differences in diet
 - Certain chemicals/pollutants
- Societal stressors?



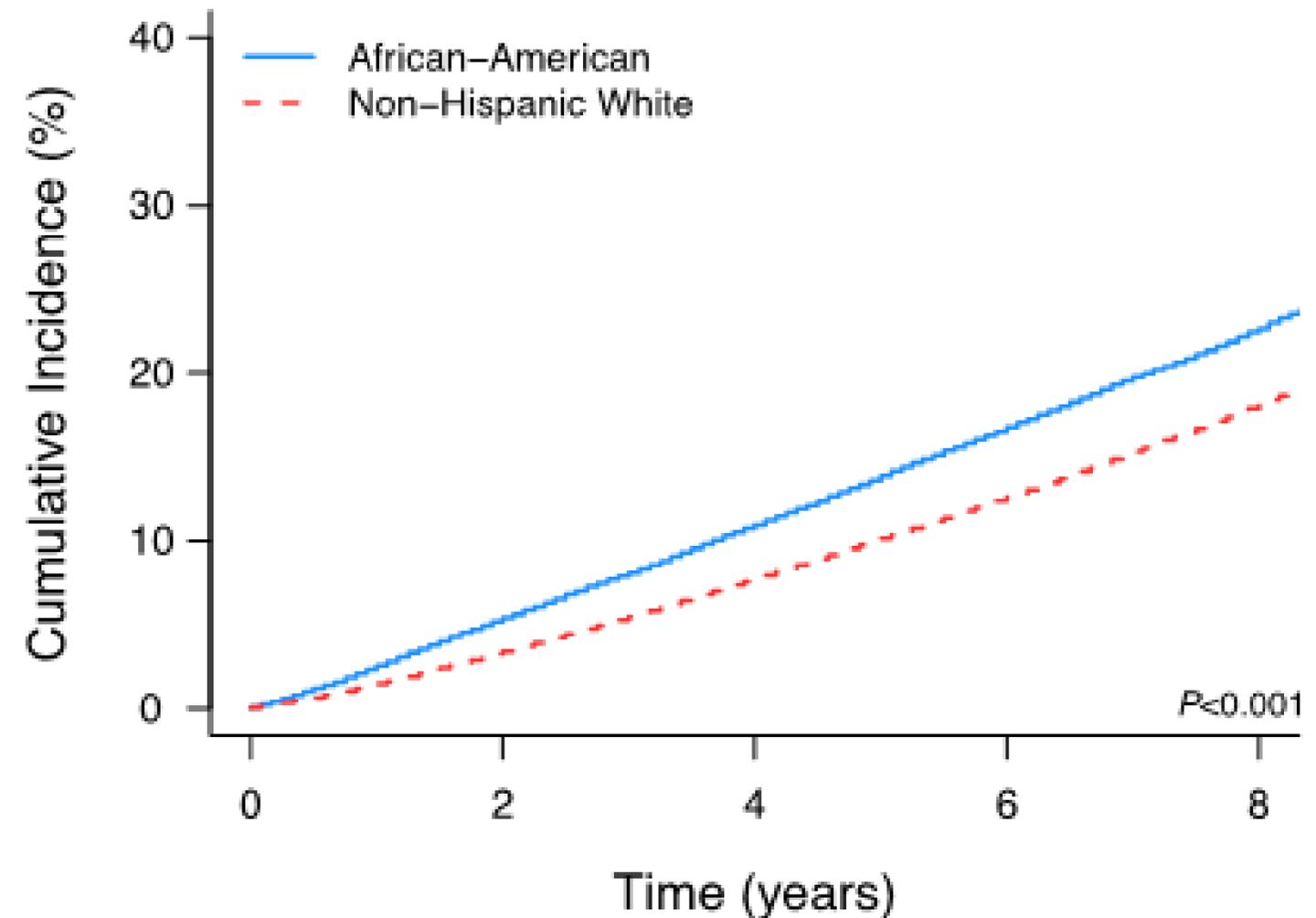
NATIONAL CANCER INSTITUTE

Surveillance, Epidemiology, and End Results Program

- SEER is one of the largest cancer registries in the United States
- 11,000,000 cancer cases including approximately one out of every three cancer cases in the US
- AA men with prostate cancer are more likely to high grade (Gleason 8-10 cancer)
- AA men with prostate cancer are more have metastatic disease at the time of diagnosis

Death among Men with Prostate Cancer in SEER

- Death from Any Cause at 8 years
 - AA: 22.6%
 - White: 18.2%
 - $p < 0.001$

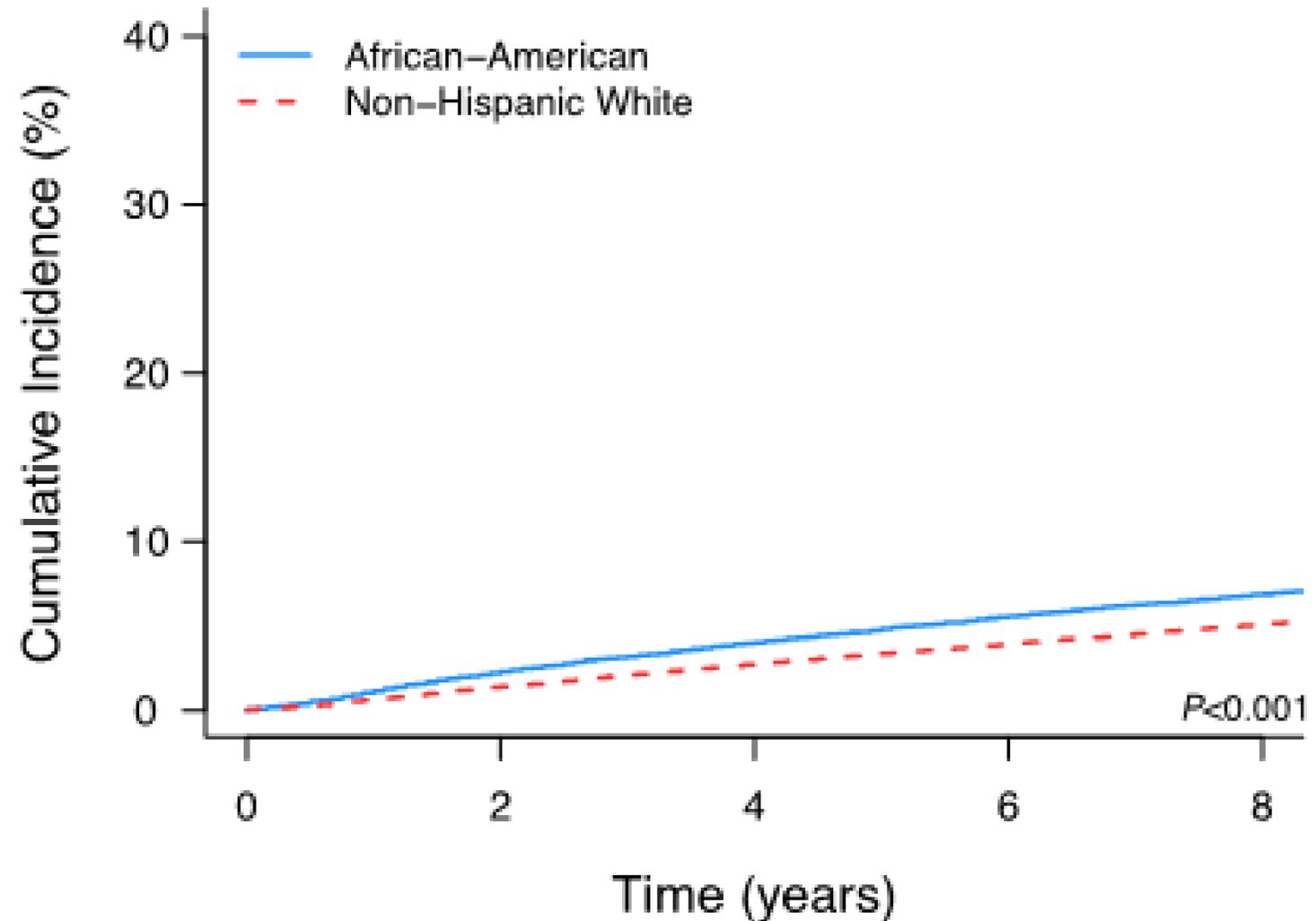


Number at risk

African-American	57994	45512	34115	22832	13628
Non-Hispanic White	248615	205215	161569	112501	69402

Death from Prostate Cancer in SEER

- Prostate Cancer Death at 8 years
 - AA: 6.9%
 - White: 5.1%
 - $6.9/5.1=1.35$
 - HR 1.39
 - $P<0.001$



Number at risk

African-American	57994	45512	34115	22832	13628
Non-Hispanic White	248615	205215	161569	112501	69402

Conclusions from SEER

- Hypotheses:
 - Prostate cancer is more aggressive in African American men
 - It transforms into high-grade, high PSA, metastatic disease faster
 - Appears to be a biologic phenomenon
- But what if that's not exactly true...?

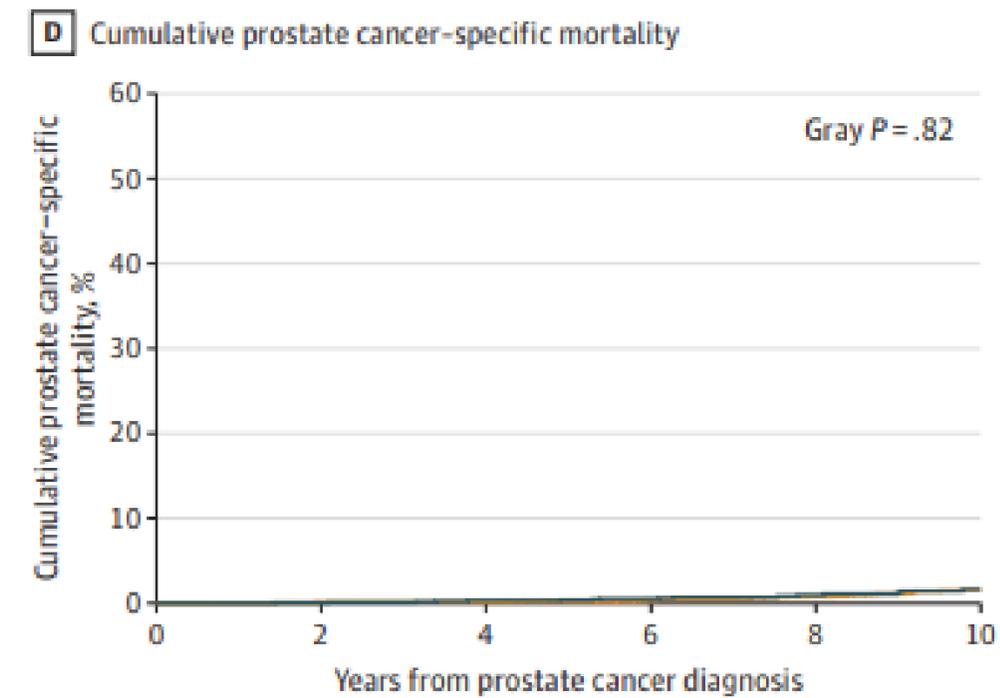
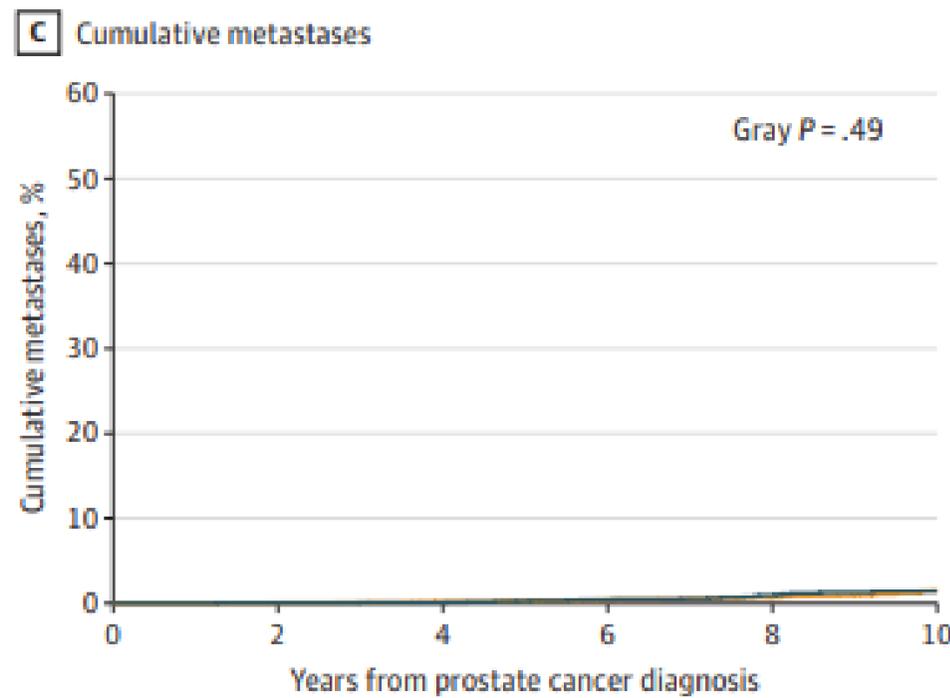
What if this disparity is not driven by biology?

- What if the disparity was driven by poorer medical care?
- Could the disease simply be higher grade, higher PSA, and stage because of delayed diagnosis?

JAMA | Original Investigation

Association Between African American Race and Clinical Outcomes in Men Treated for Low-Risk Prostate Cancer With Active Surveillance

Rishi Deka, PhD; P. Travis Courtney, MAS; J. Kellogg Parsons, MD, MHS; Tyler J. Nelson, BS; Vinit Nalawade, MS; Elaine Luterstein, BS; Daniel R. Cherry, MAS; Daniel R. Simpson, MD; Arno J. Mundt, MD; James D. Murphy, MD, MPH; Anthony V. D'Amico, MD, PhD; Christopher J. Kane, MD; Maria Elena Martinez, PhD; Brent S. Rose, MD



No. at risk		0	2	4	6	8	10
Non-Hispanic White	6446	6294	5944	4558	2924	1559	
African American	2280	2237	2126	1613	990	491	

6446	6296	5953	4573	2935	1578	
2280	2238	2128	1618	998	497	

Prostate Cancer Disparities

- Prostate Cancer Disparities are driven by two main features:
 - Higher incidence of PC in Black men
 - Lower survival after diagnosis in Black men
 - Not a forgone conclusion!
 - This disparity is addressable through better access and delivery of medical care!

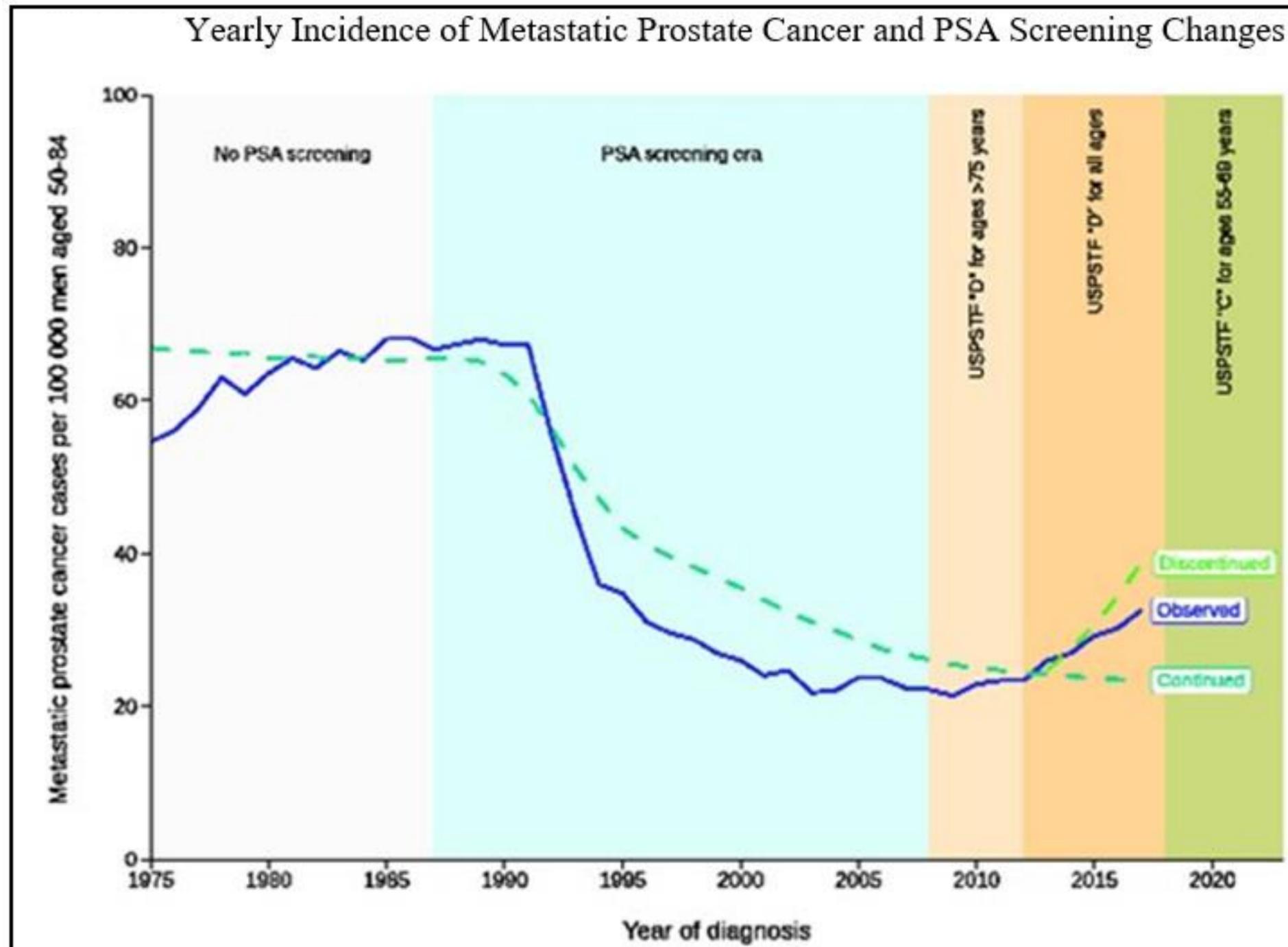
What is Causing the Disparity?

- Majority of disparity is caused by Stage, Grade, and PSA at diagnosis
- All markers of early detection

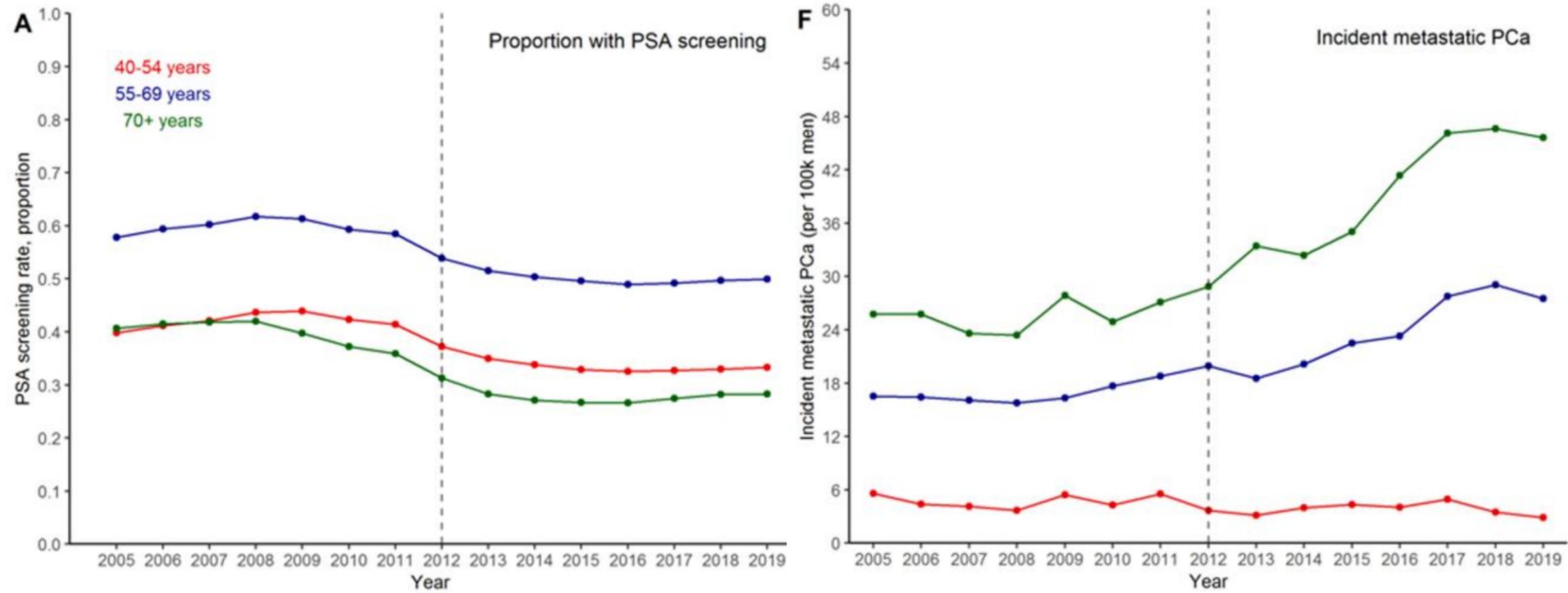
PSA Screening is Controversial

- ERSPC Study showed significant reduction in metastases and death from prostate cancer
- PLCO did not show a benefit
 - However, majority of patients on the no screening arm received PSA screening anyway (contamination)

PSA Screening



Prostate Cancer Screening and Subsequent Metastases



The Impact of Intensifying Prostate Cancer Screening in Black Men: A Model-Based Analysis

Yaw A. Nyame , MD,^{1,2} Roman Gulati , MS,^{2,*} Eveline A. M. Heijnsdijk , PhD,³ Alex Tsodikov, PhD,⁴ Angela B. Mariotto , PhD,⁵ John L. Gore, MD,^{1,2} Ruth Etzioni , PhD²

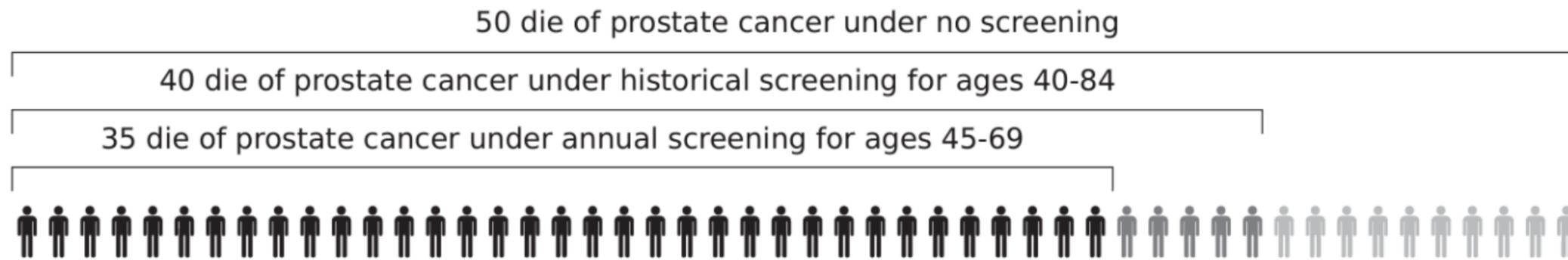
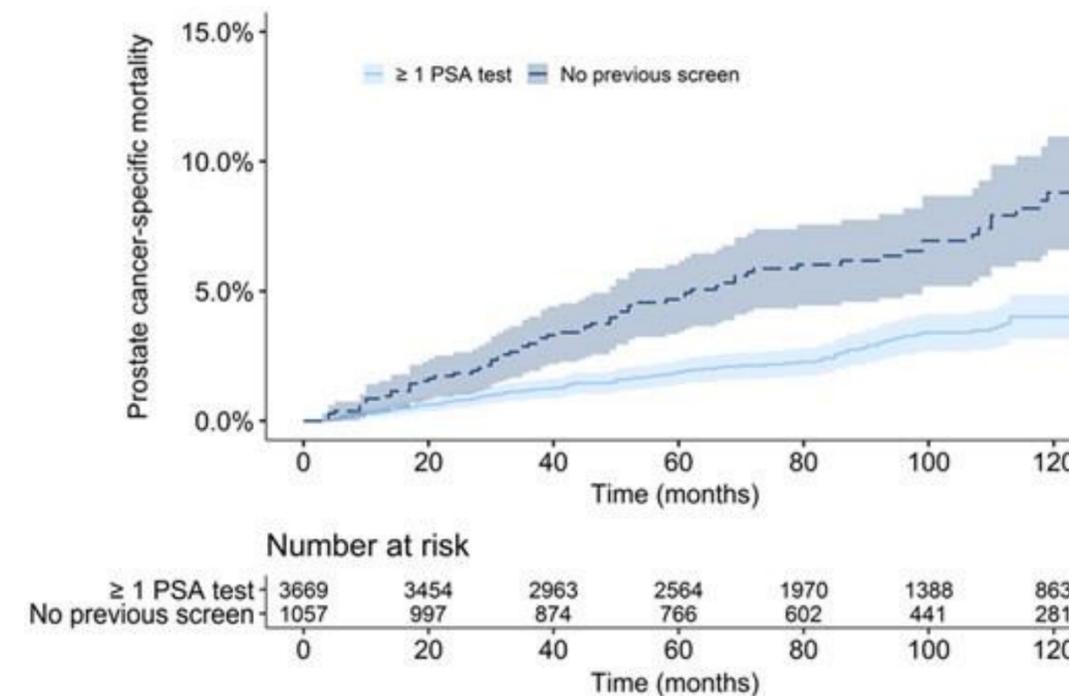
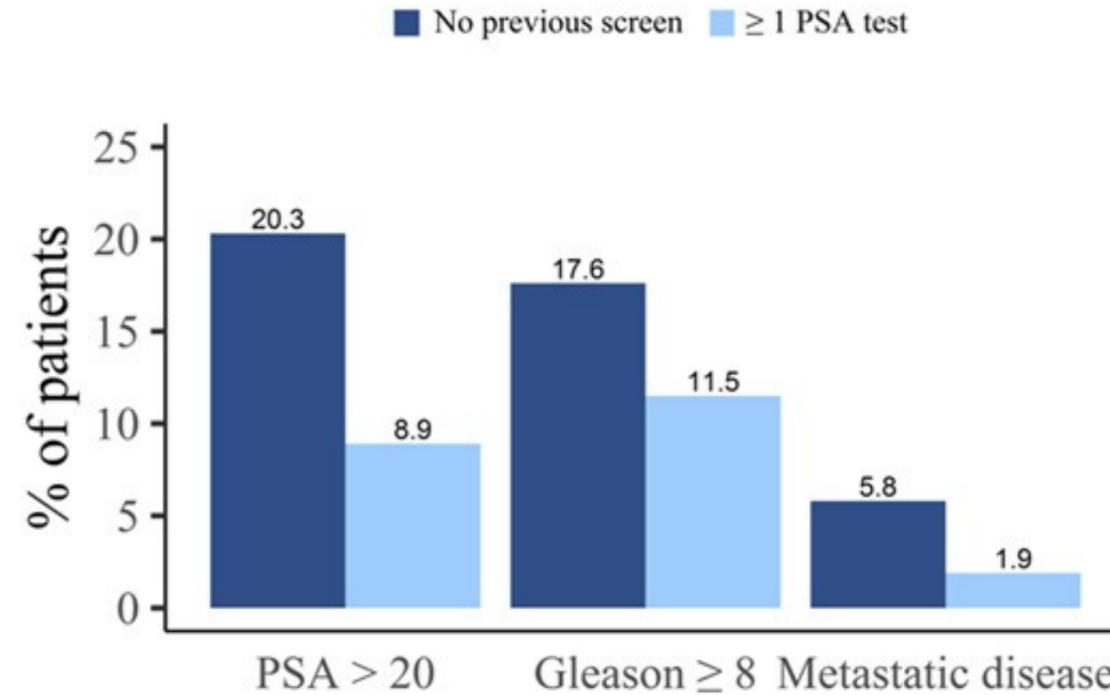


Figure 3. Prostate cancer deaths among 1000 Black men projected by the Fred Hutchinson Cancer Research Center model. The model projects 50 deaths (**light, medium, and dark gray figures**) under no screening, 40 deaths (**medium and dark gray figures**) under historical screening and biopsy, and 35 deaths (**dark gray figures**) under annual screening for ages 45-69 years.

PSA Screening in Younger Black Men

- Men diagnosed with PC between 40-55 years of age
- Identified the number of prior PSA tests they had had
- Men without prior PSA screening were diagnosed with more advanced disease and more likely to die from PC
- There are limitations with this approach including the potential for lead time bias



Number at risk

	0	20	40	60	80	100	120
≥ 1 PSA test	3669	3454	2963	2564	1970	1388	863
No previous screen	1057	997	874	766	602	441	281

Different Screening Recommendation?

- Prostate Cancer In Black men
 - Earlier age at onset
 - Higher incidence
 - Higher population level mortality

Different Screening Recommendation?

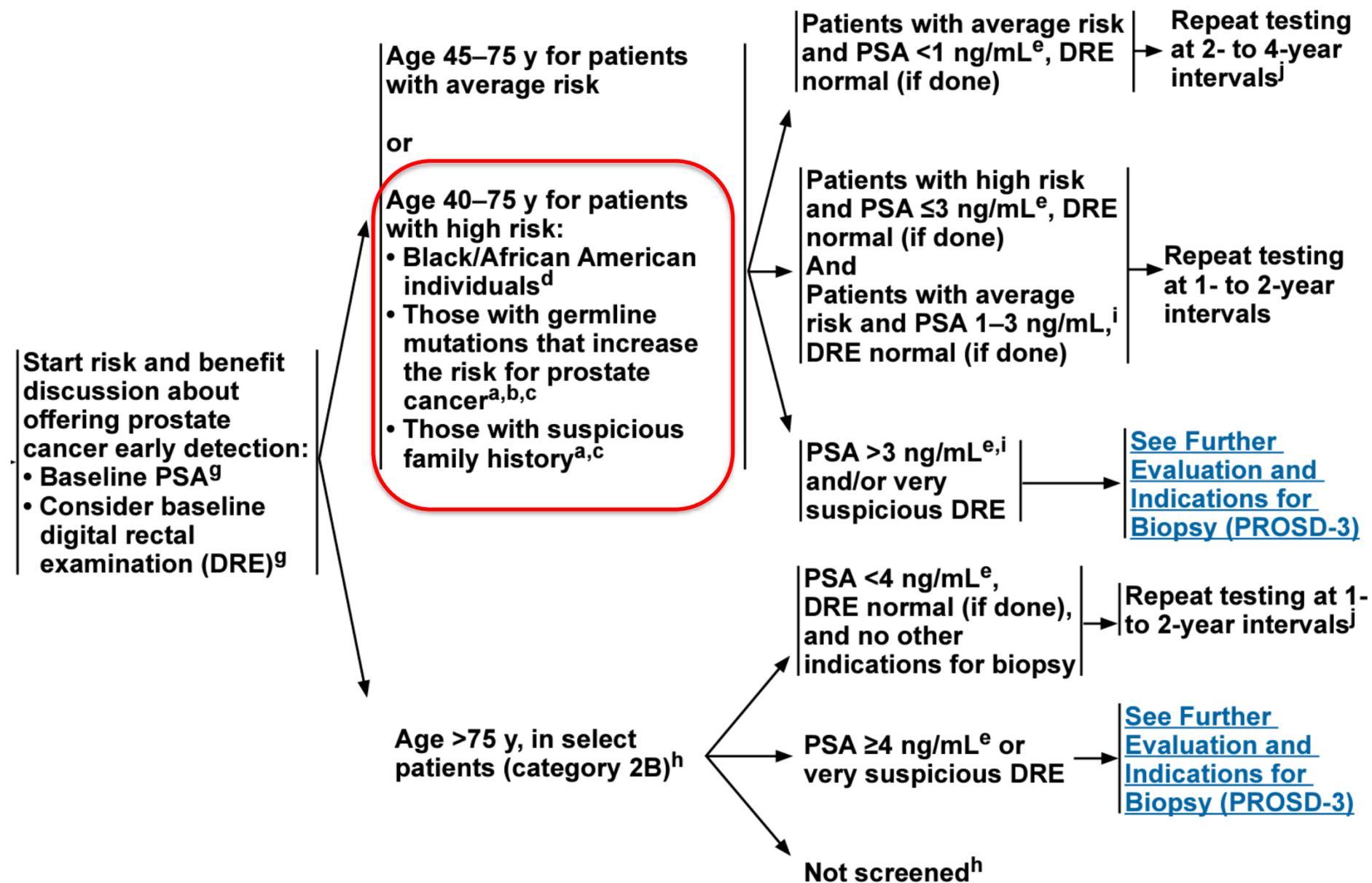
- Problem
 - Virtually no data on PSA screening in Black men from clinical trials
 - Increased screening will likely lead to overdiagnosis and overtreatment
 - Race-based guidelines raise many new questions
 - What is race? Biological or social construct?
 - Poorly designed guidelines could entrench systemic racism
 - i.e. what is a “normal” PSA in black men



National Comprehensive Cancer Network[®]

RISK ASSESSMENT

EARLY DETECTION EVALUATION



Prostate Cancer Foundation Guidelines (Sneak Peak!)

#	Key questions	PCF statements of recommendations
1	Should Black men be screened for prostate cancer?	Yes. Since Black men are at high risk for prostate cancer, the benefits of screening generally outweigh the risks.
2	What should Black men know about how screening for prostate cancer is conducted?	Prostate-specific antigen (PSA) is a blood test that should be considered first-line for prostate cancer screening. Some providers may recommend an optional digital rectal exam (DRE) in addition to the PSA test.
3	What information should Black men obtain to make an informed decision about PSA screening and early detection of prostate cancer?	Decisions about PSA testing depend on individual preferences. Therefore, Black men should engage in shared decision-making with their health care providers and other trusted sources of information about the pros and cons of screening beginning at age 40.
4	When should Black men obtain their first PSA test and how often should they be screened for prostate cancer?	For Black men who elect screening, a baseline PSA test should be done between ages 40-45. Depending on the PSA value and the individual's health status, annual PSA screening should be strongly considered.
5	At what age should Black men consider stopping PSA screening?	Black men over age 70 who have been undergoing prostate cancer screening should talk with their health care provider about whether to continue PSA testing and make an informed decision based on their age, life expectancy, health status, family history, and prior PSA levels.
6	How should family history and genetic risk be taken into consideration when screening Black men for prostate cancer?	Black men with an even higher risk of prostate cancer due to a strong family history and/or known carriers of high-risk genetic variants should consider initiating annual PSA screening as early as age 40.

UC San Diego Health

Thank You!



CLOSING REMARKS



We want your feedback

Take a moment to fill out this brief survey and let us know how we can improve in the future!



Sign up for the COE Newsletters

Stay up-to-date on our latest events and resources!



THANK YOU

Meeting recording, slides and resources coming soon!

 mcccoe@health.ucsd.edu

 <https://moorecancercenter.ucsd.edu>

 @UCSDCancer_COE