PROSTATE CANCER IN THE BLACK AND AFRICAN AMERICAN COMMUNITY
August 29th, 2023
**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.
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

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!
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 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

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

"ZERO360 was the lifeline I needed."
John, Stage III Prostate Cancer Patient

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.
ZERO Programs/Activities

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

zerocancer.org
info@zerocancer.org
(202) 463-9455
WHAT ARE WE DOING AT ZERO TO WORK TOWARDS ACHIEVING HEALTH EQUITY?
Tucker-Seeley Framework for Efforts to Address Health Disparities (updated)

- DE&I training
- Workforce diversity
- Committed and engaged leadership

Organizational Readiness

Definitions
- Defining Health disparity, inequality, inequity
- How do you decide what health outcomes to focus on?

Health Outcomes

Data sources
- Health data
- Non-health (SDOH)
- Clinical data
- Total vs. social group
  - Absolute
  - Relative
  - Summary

Measures

Communication
- Reporting disparities: who is the audience?

Evaluation

Community Engagement, Organizing, and Partnerships

• What does success look like? Reduce overall rate, reduce differences across groups

• Total vs. social group: Absolute, Relative, Summary

• Reporting disparities: who is the audience?

• What does success look like? Reduce overall rate, reduce differences across groups

• Community Engagement, Organizing, and Partnerships
Terms Defined

• **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 and Our Guiding Questions

- 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?
Health Equity at ZERO

- Thought Leadership
- Convene and Collaborate
- Policy/Advocacy
- Education and Outreach

Health Equity
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

Programs/Activities at ZERO

Prostate Cancer in the Black Community
A Film Series

Presented by ZERO
Black Men's Prostate Cancer Initiative

https://zerocancer.org/black-men/film-series
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

- Medical University of South Carolina (MUSC) project:
  - Co-PIs: Marvilla 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
Contact information

- Main Website: [https://zerocancer.org/](https://zerocancer.org/)
- Health Equity link: [https://zerocancer.org/about-prostate-cancer/health-equity](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
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
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.
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
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
Prostate cancer is one of the most heritable cancers

Polygenic risk scores can be used to predict prostate cancer risk
Polygenic Risk Score Distribution by Race
Other Causes of Increased Incidence?

• Different exposures?
  • Differences in diet
  • Certain chemicals/pollutants
• Societal stressors?
• 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 likely to 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%
  - $p<0.001$

![Graph showing cumulative incidence of death from any cause over 8 years for African-American and Non-Hispanic White men.](image-url)
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

Klebaner et al. JNCI 2021
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 by higher grade, higher PSA, and stage because of delayed diagnosis?
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
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

Yearly Incidence of Metastatic Prostate Cancer and PSA Screening Changes
Prostate Cancer Screening and Subsequent Metastases
The Impact of Intensifying Prostate Cancer Screening in Black Men: A Model-Based Analysis

Yaw A. Nyame (1,2), MD, Roman Gulati (3), MS, Eveline A. M. Heijndijk (4), PhD, Alex Tsodikov, PhD, Angela B. Mariotto (5,6), PhD, John L. Gore, MD, (1,2) Ruth Etzioni (7), PhD

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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.
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
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
**RISK ASSESSMENT**

- **Age 45–75 y for patients with average risk**
- **Age 40–75 y for patients with high risk:**
  - Black/African American individuals
  - Those with germline mutations that increase the risk for prostate cancer
  - Those with suspicious family history
- Start risk and benefit discussion about offering prostate cancer early detection:
  - Baseline PSA
  - Consider baseline digital rectal examination (DRE)

**EARLY DETECTION EVALUATION**

- **Patients with average risk and PSA ≤1 ng/mL, DRE normal (if done):** Repeat testing at 2- to 4-year intervals
- **Patients with high risk and PSA ≤3 ng/mL, DRE normal (if done):**
  - And
  - Patients with average risk and PSA 1–3 ng/mL, DRE normal (if done)
- **PSA >3 ng/mL, and/or very suspicious DRE:**
  - See Further Evaluation and Indications for Biopsy (PROSD-3)
- **PSA <4 ng/mL, DRE normal (if done), and no other indications for biopsy:** Repeat testing at 1- to 2-year intervals
- **PSA ≥4 ng/mL or very suspicious DRE:** See Further Evaluation and Indications for Biopsy (PROSD-3)
- **Not screened**
# Prostate Cancer Foundation Guidelines (Sneak Peak!)

<table>
<thead>
<tr>
<th>#</th>
<th>Key questions</th>
<th>PCF statements of recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Should Black men be screened for prostate cancer?</td>
<td>Yes. Since Black men are at high risk for prostate cancer, the benefits of screening generally outweigh the risks.</td>
</tr>
<tr>
<td>2</td>
<td>What should Black men know about how screening for prostate cancer is conducted?</td>
<td>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.</td>
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<tr>
<td>3</td>
<td>What information should Black men obtain to make an informed decision about PSA screening and early detection of prostate cancer?</td>
<td>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.</td>
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<tr>
<td>4</td>
<td>When should Black men obtain their first PSA test and how often should they be screened for prostate cancer?</td>
<td>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.</td>
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<tr>
<td>5</td>
<td>At what age should Black men consider stopping PSA screening?</td>
<td>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.</td>
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<tr>
<td>6</td>
<td>How should family history and genetic risk be taken into consideration when screening Black men for prostate cancer?</td>
<td>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.</td>
</tr>
</tbody>
</table>
Thank You!
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!

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