

# Healthcare Inequities Underscore Racial Disparities In Prostate Cancer

Atlanta 2007/03/12 -Improving access to and utilization of the healthcare system may benefit African-American prostate cancer patients more than educational or motivational interventions, according to a new study. Published in the April 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, the study reveals that African-American men are well educated about their risk of prostate cancer and the benefits of screening, and that socioeconomic factors that impact behavior are more important barriers to adequate care. The study finds African-American men access healthcare resources, including primary care physicians, infrequently, constrained by its limited availability, resulting in distrustful and irregular interactions.

Racial disparities in the diagnosis and outcome of prostate cancer are well documented in the U.S. Most concerning is the comparatively significantly higher mortality rate in African-American men (68.1 per 100,000 versus 27.7 per 100,000 among white men). Researchers continue to explore the reasons for this gap, but recent evidence suggests that socioeconomic, cultural, and behavioral factors play an important role. One promising hypothesis is that a lack of knowledge about prostate cancer and preventive care leads to less screening, delayed diagnosis and advanced disease.

Led by James A. Talcott, M.D., S.M. of the Massachusetts General Hospital and Harvard Medical School in Boston in conjunction with collaborators at the University of North Carolina Lineberger Comprehensive Cancer Center and Sheps Center for Health Services Research, researchers surveyed 84 African-Americans and 253 whites from North Carolina recently diagnosed with prostate cancer to better characterize the role of knowledge and attitudes, socioeconomic status, demography, and healthcare access in race and prostate cancer.

The researchers found that compared to whites, African-Americans were younger, had more underlying illness, and were at a socioeconomic disadvantage at the time of diagnosis. While the level of knowledge among this group was comparable if not better than among whites, African-Americans were more often distrustful of physicians but less likely to reject conventional Western medical treatments. African-Americans also reported having less access to healthcare resources and continuity of care, and were more likely to be uninsured or without secondary insurance and seek routine care at a public medical clinic or emergency room. In addition, they were less likely to have regular physical examinations, be seen by the same physician, and follow-up on a significant medical complaint. African-Americans were also more likely to have to request prostate cancer screening tests than whites, whose physicians were more likely to order them routinely.

“For African-American men,” conclude the authors, “the main barriers to timely diagnosis and screening identified in this study arose from their constrained opportunities for health care access and utilization, absence of strong ties to a primary physician, and a probably related reduced trust of physicians.”

Article: “Hidden Barriers Between Knowledge and Behavior: The North Carolina Prostate Cancer Screening and Treatment Experience,” James A. Talcott, Pamela Spain, Jack A. Clark, William R. Carpenter, Young Kyung Do, Robert J. Hamilton, Joseph A. Galanko, Anne Jackman, Paul A. Godley, *CANCER*; Published Online: March 12, 2007 (DOI: 10.1002/cncr.22583); Print Issue Date: April 15, 2007.

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