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# What Is the Current State of Disparities in Prostate Cancer Care?

**Announcer:**
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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**Dr. Morgans:**
Hi, my name is Alicia Morgans, and I'm a GU Medical Oncologist at Dana Farber Cancer Institute. I'm really pleased to be joined today by Dr. Kelvin Moses, who is at Vanderbilt University where he's a Urologist. And we're talking today about what is the current state of disparities in prostate cancer care? Thank you for being here with me today, Kelvin.

**Dr. Moses:**
Thank you very much.

**Dr. Morgans:**
So set the stage, Kelvin, what are the disparities that we face that our patients face and prostate cancer care today?

**Dr. Moses:**
So a lot of information over the last several decades have shown that black men in particular in the U.S. are more likely to be diagnosed with prostate cancer, more likely to present with more aggressive disease or higher stage disease, and more than twice as likely to die from prostate cancer compared to white men in the U.S. In terms of Hispanic men, those numbers are actually trending in the wrong direction. About 20 years ago, there really weren't major differences. But there's some data that indicates that the treatment and survival disparities are actually getting worse and widening in the Hispanic population as well.

**Dr. Morgans:**
Wow. Well, certainly there are many things that go into creating and expanding these disparities, or at least perpetuating them. And I wonder if you can speak to some of the social determinants of health that really are key factors here?

**Dr. Moses:**
Yeah, and that's a really important topic. So when we talk about the impact of our livelihood on cancer survival, you really want to take a global view of the patient. And so that's why we talk about social determinants of health, because that talks about their neighborhood, you know, do they have access to fresh food and water, clean water? Are they able to travel to a medical center? It talks about insurance, whether or not they have it? And can they even get in the door for a place that will be able to treat their cancer? It also has to do with other issues like policing, and jobs, and job availability. And so, all these factors come into play when we're talking about how do men access care? How do they get the appropriate treatment? And really, their survivorship. You know, most men don't die from prostate cancer, they live with it. And so, are they even able to afford the medications or the therapies or the complications that can occur with the treatment for prostate cancer?

**Dr. Morgans:**

Absolutely, you know, some of the struggles we have too are that the data that we use to inform our treatment decision-making are really pretty skewed. We don't have great information, as I understand, on, you know, genetic variation across different races. And certainly, there's disparities in clinical trial enrollment. I wonder if you can speak to any of that, and how that affects us in the clinic?

**Dr. Moses:**
Yeah. So I'll take the clinical trial one first. You know, we get information from randomized, blinded clinical trials. And that's what the level, you know, grade 1 or grade A evidence comes from that. And in order to get generalizability or applicability, you want good representation of the people who are treated for this. And if we take the fact that black men are twice as likely to die from prostate cancer, we should really be oversampling for black men in these trials to really see if there's a signal there. And unfortunately, we come very short. Blacks take up about 13% of the U.S. population, but in most clinical trials, is either even not reported or less than 5% are represented. And so, we have to improve our clinical trial participation in order to get generalizability to all populations.

You mentioned some of the genetic influence on prostate cancer. Now, we have to understand that we're all people, and so our genes are probably 99.9% similar. And so there may be small genetic variants that can influence again, the type of cancer that we get or the aggressiveness at presentation. There's some research by Dr. Walter Rayford that showed that the percentage of genetic mutations that are seen between white and black men is actually about the same. But you may see some differences in the type of gene mutations, whether it's inflammatory genes in African American man, versus cell cycle genes and white men. And that does deserve some more exploration, because you can tailor your therapies that way.

But again, to reiterate, we want to make sure that we have adequate representation of the man at highest risk in our clinical trials and genetic studies.

**Dr. Morgans:**
Well, I could not agree more. And I really thank you for taking the time to walk me through this important topic.

**Dr. Moses:**
Thank you for having me.

**Announcer:**
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