

### Transcript Details

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## Prostate Cancer Research: Why Disparities Exist in Mortality and Trial Access

### Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll discuss inequalities in the mortality rates of prostate cancer and the accessibility of clinical trials among vulnerable populations with Dr. Rishi Sekar. Dr. Sekar is a Urologic Oncology Fellow at the University of Michigan. He also presented a session on this exact topic at the 2024 ASCO Genitourinary Cancers Symposium. Let's hear from him now.

### Dr. Sekar:

So this was a session at the ASCO Genitourinary Symposium focusing on disparities in cancer care. So our study was called "Disparities in Prostate Cancer Mortality and Clinical Trial Availability Across Vulnerable Populations," and our main goal of the study was to really dig into why there are disparities in access and participation in clinical trials. That's been a big problem over the past couple of decades in all of oncology, and we really haven't moved the needle much on that.

So what we really aimed to do in this study was to essentially perform a geographic or ecological study of the United States to understand where clinical trials are being offered and if those clinical trials are actually being offered in populations that may benefit the most. So we looked at prostate cancer mortality specifically in this study, and we also looked at various measures of social determinants of health or social vulnerability.

So the main unit of interest here is really the counties in the United States. We're not looking at individual patients or anything like that. The disease process we're looking at here is prostate cancer. So we're looking at clinical trials in prostate cancer, and we pretty much took a comprehensive look at these and looked at all kinds of prostate cancer trials: interventional, drug, surgical, etc. And all our data really came from kind of government-provided data, so we used data from surveillance, epidemiology, and end results, which is kind of a large cancer database that we use in the United States. We also used social determinants of health data from the Centers for Disease Control and Prevention and then all our clinical trials data came from the National Institutes of Health Library.

So overall, we found that when we're looking at counties, less than half of counties in the United States had at least one clinical trial over the study period. And I just want to emphasize there that our study period is actually quite large. We looked at data from 2008 to 2022, so quite a long period of time.

When we looked at prostate cancer mortality, we found that the counties that had the highest prostate cancer mortality were actually less likely to have any clinical trials, so kind of the opposite of what we'd hope when we're talking about delivering optimal prostate cancer care. At the same time, when you look at social determinants of health or social vulnerability, we also found that the most vulnerable counties—so those are counties with less education, less transportation or infrastructure, and lower income and education levels—those more vulnerable counties were also less likely to have any clinical trials available, and so we find this kind of competing pattern here.

Currently in the United States, the way our healthcare infrastructure is organized, most clinical trials are highly concentrated in urban areas or cities at academic medical centers, but we don't have as many opportunities in rural areas or distant areas from some of these urban areas.

### Announcer:

That was Dr. Rishi Sekar talking about his presentation at the 2024 ASCO Genitourinary Cancers Symposium that focused on inequalities in the mortality rates of prostate cancer and the accessibility of clinical trials among vulnerable populations. To access this

and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!