

Progress on Prostate Cancer Research

April 2019

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Research

Advancements in prostate cancer research provide hope for finding a cure and lead to the discovery of new treatments to minimize the impact of a man's prostate cancer and maximize his quality of life. Us TOO is excited to introduce this new, regular *Hot SHEET* supplement which includes some of the latest research from the Prostate Cancer Foundation (www.pcf.org).

The PCF is the world's leading philanthropic organization funding and accelerating prostate cancer research. Founded in 1993, the PCF has raised more than \$745 million and provided funding to more than 2,000 research programs at nearly 200 cancer centers and universities.

Racial Disparities in Prostate Cancer Treatment and Outcomes: Biology or Access to Care

An ongoing challenge in the prostate cancer community is the recognition that African American men have significantly higher prostate cancer incidence and mortality rates compared with Caucasian men, and are typically diagnosed at a younger age with more aggressive disease. Understanding the reasons for these disparities is critical for improving outcomes for African American men.

National Minority Health Month is observed every year in April to call attention to the health disparities that persist among racial and ethnic minority populations and the ways in which society can help advance health equality.

The Prostate Cancer Foundation would like to highlight a recent research study published in the *Journal of Clinical Oncology* (<https://ascopubs.org/doi/abs/10.1200/JCO.18.01279>) addressing these issues. Of course, research and other efforts to close these gaps do not stop when the month is over – our investigators continue their work throughout the year to measure, intervene, and advocate for patients.

Differences in Clinical Outcomes Between Black and White Men with Metastatic Castration-Resistant Prostate Cancer
To identify factors influencing disparities, PCF-funded researcher Dr. Susan Halabi of Duke University investigated overall survival outcomes of African American versus Caucasian men with metastatic castration-resistant prostate cancer (mCRPC) in randomized **phase III clinical trials** testing the efficacy of docetaxel or docetaxel-containing regimens. Nine phase III trials with outcomes for 8,028 patients were used in this meta-analysis (an analysis that **combines many similar studies** to increase the statistical power). Of these patients, **85% self-identified as Caucasian and 6% as African American**.

Despite some differences in baseline characteristics, African American men and Caucasian men had similar median overall survival (time from randomization on the trial to death from any cause) across all of the trials, of 21 months. Progression-free survival (time from randomization to disease progression or death, whichever occurred first) was also similar in African American men and Caucasian men on these trials, with a median of 8 months for both.

However, when differences in important prognostic characteristics (such as age, performance status, PSA, and site of metastases) were statistically adjusted for, African American men had 19% lower risk for death than Caucasian men. Readers should note that these results are from clinical trials, and may not be generalized to the U.S. population.

These results suggest that when treatment is similar, disparities are not observed, and **support hypotheses that disparities result from unequal access to care**. Unequal access to health care for African Americans is a problem that has been well-documented in medical literature. At the same time, differences in biology may contribute to African American men being diagnosed at higher rates, at younger ages, and with more aggressive disease, and may affect treatment responses.

What's next?

Studies to define biological versus demographic and socio-economic contributors to disparities are critical. It is also critical to establish and vigorously *implement new methods for enrolling higher numbers of African American men and other minority groups onto clinical trials*, so these groups may be appropriately represented.

For more information on PCF's research initiatives specifically aimed at reducing health disparities, and how African American patients can get involved, please visit www.pcf.org/aari.

For more information visit www.pcf.org, email info@pcf.org, or call 1-800-757-2873.