

## Studies Highlight Barriers to and Disparities in Access to Care for Patients with Prostate Disease

BALTIMORE, May 15, 2020 /PRNewswire/ -- Men of color in the United States are at an increased risk of prostate cancer and other prostate conditions, and despite advances in diagnosis and treatment, disparities still remain. The AUA will showcase three new studies during a special event for media on Friday, May 15 at 11:30 a.m. Dr. Robert Waterhouse will moderate this press session, which will feature in-depth presentations from the authors of the following abstracts:

**A Pilot Study to Compare a Community Health Worker-led vs a Physician-led Intervention for Prostate Cancer Screening Decision-Making Among Black Men (#PD53-10):** Community health workers (CHWs) play an important role in assisting African American men with complex health decision-making, according to researchers in New York. This study compared the impact of prostate cancer screening educational sessions led by CHWs vs. those led by physicians. While there was no significant difference in decisional conflict reduction by group, the CHW-led group showed significantly greater improvement on knowledge post-intervention, suggesting these workers are effective in assisting African American men with complex health decision-making.

**Trends in Prostate Cancer Mortality, Stage, and Survival by Race/Ethnicity and Area Socioeconomic Deprivation, United States, 1950-2017 (#MP64-11):** Ethnic minorities and men in more deprived areas may have lower access to and use of prostate cancer screening and treatment, according to California researchers. Using the national mortality database, researchers computed prostate cancer mortality rates for major racial and ethnic groups from 1950-2017, analyzed socioeconomic disparities and disparity trends in disease stage and survival. Higher deprivation levels were associated with higher prostate cancer mortality, with gradients being the steepest for African Americans and American Indians/Alaska Natives.

**Disparities in BPH Progression: Predictors of Presentation to the Emergency Department in Urinary Retention (#PD29-07):** African American and Hispanic males are more likely to present to the emergency department for acute urinary retention (AUR) than other groups, suggesting they may be undertreated – or untreated – for benign prostatic hyperplasia or other lower urinary tract symptoms. Researchers used the Healthcare Cost and Utilization Project State Emergency Department Databases to identify a broad cohort of men in Florida aged 45 years or older who presented to the ER with AUR between 2005 and 2015. The patients identified were older, with the mean age as 72.2 years (10.6 years older than those with non-urologic complaints); were more likely to be African American or Hispanic; were more likely to have Medicare insurance; and were more likely to live in more urbanized areas.

"Race and ethnicity are observed as significant factors associated with disparate higher incidence and poorer outcomes for some urologic conditions including prostate cancer and BPH. Although the biologic behavior of certain benign and malignant disease may have racial differences, socioeconomic disparity creates another critical driver for adversity," said Dr. Waterhouse. "It is imperative to dedicate resources to not only increase access for persons subjected to socioeconomic deprivation, but to expand it in a way that leads to diagnosis and treatment of urologic disease at earlier stages with better decision support to drive better results."

**About the [American Urological Association](#):** *Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has nearly 22,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health care policy.*

### PD53-10

#### **A pilot Study to Compare a Community Health Worker-led vs a Physician-led Intervention for Prostate Cancer Screening Decision-Making Among Black Men**

*Natalia Martinez-Lopez, Danil V. Makarov, Shannon Ciprut, Theodore Hickman, Helen Cole, Zachary Feuer, Michael Fenstermaker, Heather Gold, Stacy Loeb, Joseph E. Ravenell*

**Introduction:** Prostate cancer is the second leading cause of cancer deaths amongst men in the US and harms Black men disproportionately. The majority of U.S. men are uninformed about many key facts important to make an informed decision about prostate cancer. Lower Prostate Specific Antigen knowledge (PSA) may be associated with certain vulnerable populations and lower PSA utilization. Most experts agree that it is important for men to learn about these problems as early as possible in their lifetime. A community-based decision aid is feasible and efficacious in improving several measures indicative of high-quality decision making. This pilot

study compared the impact of Community Health Worker (CHW)-led vs a Physician-led educational session with a decision aid on prostate cancer screening knowledge, screening decisional conflict, and participant's perceptions of the intervention.

**Methods:** 118 Black men recruited in eight community-based settings attended a prostate cancer screening education session led by either a CHW or a physician. The session was based on a decision aid previously validated in black men. Participants completed pre- and post-surveys to assess knowledge and decisional conflict. Participant perceptions about the intervention were also assessed. The survey incorporated a revised version of the Decisional Conflict Scale, where higher scores indicated greater conflict. Differences in correct answers and decisional conflict scores were compared between the two groups using linear regression.

**Results:** There was no significant difference in reduction in decisional conflict by group (0.49 physician-led vs 0.62 CHW-led,  $p=0.127$ ). The CHW-led group showed significantly greater improvement on knowledge post-intervention (change of 2.6,  $sd=2.81$  vs 5.1,  $sd=3.19$ ,  $p<0.001$ ). However, those in the physician-led group were more likely to agree that the speaker knew a lot about PSA testing ( $p<0.001$ ) and were more likely to trust the speaker ( $p<0.001$ ).

**Conclusions:** A CHW-led intervention on prostate cancer screening improved prostate cancer knowledge and equally decreased decisional conflict compared to a physician-led intervention, suggesting CHWs can effectively assist black men with complex health decision-making in community-based settings.

**Funding Source:** NYU Perlmutter Cancer Center

#### MP64-11

### Trends in Prostate Cancer Mortality, Stage, and Survival by Race/Ethnicity and Area Socioeconomic Deprivation, United States, 1950-2017

*Gopal Singh, Isaac Kim Jr., Alison Kim*

**Introduction:** In 2019, prostate cancer is estimated to be the most common cancer in men and the second leading cause of cancer death in the United States. Temporal disparities in prostate cancer outcomes are not well analyzed. This study examines racial/ethnic and socioeconomic disparities in US prostate cancer mortality, stage of disease at diagnosis, and survival from 1950 through 2017.

**Methods:** Using the national mortality database, we computed age-adjusted prostate cancer mortality rates for major racial/ethnic groups from 1950 to 2017. Census-based deprivation indices were linked to national mortality data to analyze area socioeconomic disparities in prostate cancer mortality from 1992 to 2016. The deprivation indices were linked to the Surveillance, Epidemiology, and End Results (SEER) database to analyze disparity trends in stage of disease and patient survival. Log-linear models were used to estimate annual rates of change in mortality by race/ethnicity and deprivation level.

**Results:** Racial disparities in prostate cancer mortality widened between 1950 and 2017. In 1950, black men had 6% higher mortality than whites, with the relative risk of mortality among black men increasing to 151% higher in 2001 and 103% higher in 2017. During 1950-1993, prostate cancer mortality increased by 0.42% annually for whites and by 2.26% per year for blacks. During 1994-2017, prostate cancer mortality declined for all ethnic groups with the steepest decline among blacks and the slowest decline among American Indians/Alaska Natives and Hispanics. Although prostate cancer mortality declined for all groups, socioeconomic disparities in mortality persisted or widened between 1992 and 2016. Compared to men in the most affluent quintile, men in the most deprived group had 8% higher prostate cancer mortality in 1992-94 and 16% higher mortality in 2012-16. Higher deprivation levels were associated with higher prostate cancer mortality with the gradients being steepest for American Indians/Alaska Natives and blacks. During 2000-2016, patients in the most deprived decile were 27% more likely to be diagnosed with late-stage prostate cancer and had lower survival than patients in the most affluent decile (10-year survival rate = 85.8% vs 90.7%).

**Conclusions:** Marked inequalities in mortality, stage, and survival may partially reflect a larger proportion of late-stage prostate cancer diagnoses and possibly lower access to and use of prostate cancer screening and treatment among men in more deprived areas and ethnic minorities.

**Funding Source:** None

#### PD29-07

### Disparities in BPH Progression: Predictors of Presentation to the Emergency Department in Urinary Retention

**Introduction:** Lower urinary tract symptoms (LUTS) associated with benign prostatic hyperplasia (LUTS/BPH) is an age-related process that can progress to acute urinary retention (AUR). Currently, no studies have evaluated what groups of patients present to the ED with AUR, the regional distribution, or the socioeconomic and demographic factors therein. We utilized a population-level administrative dataset to retrospectively evaluate patients who presented to the emergency room with AUR secondary to BPH.

**Methods:** Using the Healthcare Cost and Utilization Project (HCUP) State Emergency Department Databases (SEDD), we conducted a retrospective cohort study of patients who presented to emergency departments in Florida between 2005 and 2015. Male patients above 45 years of age who presented with diagnosis codes for both AUR and LUTS/BPH were considered. Information was collected on age, race/ethnicity, primary insurance, and rural-urban commuting area (RUCA) codes.

**Results:** The mean age for patients presenting with AUR was 72.2 years, 10.6 years older than those presenting for non-urologic complaints ( $p < 0.001$ ). A significantly higher proportion of AUR patients had Medicare insurance (68.9% versus 41.7%,  $p < 0.001$ ). Greater proportions of the AUR patients belonged to urban RUCA codes (93.2% versus 91.3%,  $p < 0.001$ ). On multivariable analysis adjusted for measured confounders, all covariates of interest demonstrated significance. The risk of presenting to the ED for AUR from LUTS/BPH increased with age, with the 75-85 year age-group at the highest risk (OR 15.96,  $p < 0.001$ ). Other factors associated with presentation to the ED with AUR included African-American (OR 1.15,  $p < 0.001$ ) or Hispanic (OR 1.75,  $p < 0.001$ ) race, Medicare (OR 1.27,  $p < 0.001$ ) or private (OR 1.33,  $p < 0.001$ ) insurance, and urban RUCA codes (OR 1.31,  $p < 0.001$ ).

**Conclusions:** Male patients older than 45 who presented to the ED for AUR with BPH were more likely to be older, of non-white race, have Medicare or private insurance, and live in more urbanized areas. We surmise that African-American and Hispanic patients may be untreated or undertreated for BPH in the outpatient setting, resulting in an increased risk of presentation to the ED with AUR.

**Funding Source:** None

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