Men from deprived areas less likely to be treated for prostate cancer

April 22 2010

Men living in deprived areas are far less likely to be treated with the most common types of radical treatment for prostate cancer than those in more affluent places, says a study published in the British Medical Journal today.

A large scale study carried out by researchers from Cambridge found that patients from the most deprived areas are 26% less likely to have radiotherapy than men from the most affluent areas and 52% less likely to have radical surgery.

Prostate cancer is the most common malignancy in men and its incidence has been increasing, particularly since the late 1980s and early 1990s.

It is 20-40% more likely to happen and be noted in the most affluent areas and survival rates are also increasing to around 80% in that same socioeconomic group. It is thought this is partly due to less deprived men agreeing to prostate specific antigen (PSA) screening tests.

The researchers, led by Georgios Lyratzopoulos at the University of Cambridge, studied data on 35,171 men (aged 51 and over) between 1995 and 2006.

More detailed information about the stage of their disease was available for 15,916 men over a nine-year period from 1998 to 2006.

The men were all diagnosed with prostate cancer during this period and

the researchers sought to find out what variation existed in how the cancer was managed between patients of different socioeconomic status.

The proportion of patients treated by surgery increased significantly over time from 2.9% during 1995-7 to 8.4% during 2004-6. Use of radiotherapy for patients remained stable at around 25% throughout the study period.

The researchers found that either radiotherapy or surgery was used more often in the most affluent people.

Radiotherapy was used for the most affluent people in 28.5% of cases, compared with 21% of people from the most deprived areas - a 26% difference. Similarly, surgery was used for 8.4% of the better off people, compared with just 4% of the worse off patients - a 52% difference.

This pattern persisted even when factors such as age, hospital of diagnosis and disease stage were taken into consideration.

The researchers say the causes and impact on survival of such differences between socioeconomic groups remain uncertain, and call for further research to help explain the socioeconomic differences in treatment.

In an accompanying editorial, researchers in Finland suggest that, when discussing treatment decisions, "better educated patients may process information more easily and doctor-patient communication may be more effective or fluent when doctor and patient have similar social backgrounds."

Because the reasons for these socioeconomic disparities are unclear and the best way to reduce them is unknown, future studies should investigate the contribution of various prognostic factors to differences

in survival, they conclude.

Provided by British Medical Journal