

Quality of care, other issues may cause worse results in black prostate cancer surgery patients

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Black prostate cancer patients may not be getting the same quality of care as white patients, according to a first-of-its-kind study by researchers at Henry Ford Hospital who found racial disparities in the results of surgery to remove diseased prostates.

While it is possible that anatomical differences or [tumor characteristics](#) may explain why the results of radical [prostatectomy](#) are not as good for African Americans as for white [patients](#) undergoing the same procedure, the study concluded that "surgeons, administrators and [policymakers](#) need to implement measures to address these disparities."

The new [research findings](#), based on population samples from throughout the U.S., will be presented this week at the American Urological Association's Annual Meeting in Atlanta.

Quoc-Dien Trinh, M.D., a Fellow at Henry Ford Hospital's Vattikuti Urology Institute and lead author of the study, says that while no one before has reported [racial disparities](#) in the results of [cancer surgery](#), earlier studies have found similar differences in other areas of medical treatment and care.

"Again, research raises a serious issue in the difference between Caucasian and [African American patients](#), and we're trying to understand why it is happening," Dr. Trinh says.

"Is it a biological issue? African American patients might present with worse disease, therefore surgery and treatment are more difficult. For some cancers, like pancreatic, if you have worse disease, the surgery is harder. But that's doubtful with [prostate cancer](#). It shouldn't be the case."

Dr. Trinh also notes that it is possible that African American patients have an anatomical difference – the form of their pelvis – that makes their surgeries harder, and there are studies to support that. "It's not controversial, just related to bone structure. And it might, big question mark, might make surgery harder," he says.

"But if it's not anatomy or a disease aggressiveness issue then why do Caucasians have a better outcome than African American patients? While this study does not go into those specific issues, it raises the question."

Using the most recent available data from the Nationwide Inpatient Sample (NIS), Dr. Trinh and his fellow researchers identified 7,408 African American and 51,319 white prostate cancer patients who underwent [radical prostatectomy](#) (RP) between 2001 and 2007. In RP, the entire cancerous prostate and some surrounding tissue are surgically removed.

They then compared the surgery's immediate and short-term outcome, according to race, in five areas: rates of blood transfusions, complications during and after surgery, prolonged hospital stay, and in-hospital death. They found that compared to their white counterparts, African American patients had:

- Significantly higher rates of blood transfusions, 9 percent compared to 6 percent
- More complications during surgery, 1.7 percent compared to 1.3 percent

- Higher rates of overall complications after surgery, 13 percent vs. 10.3 percent
- Longer hospital stays (more than the median 3 days), 28.7 percent vs. 20.9 percent
- No differences for in-hospital mortality rates

Trinh says because of limitations on available data, there is no way to know exactly why these disparities exist yet. "Is it physician and patient interaction, types of insurance, how these patients are perceived? It's hard to know," he says.

"I'd say that it's a little bit of everything – worse disease, presentation, anatomy that makes surgery harder. But it's also a question of quality of care for ethnic minorities, especially in the American health care system. And that needs to be raised."

Provided by Henry Ford Health System

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