

Study reveals racial disparities in prostate cancer care

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A study led by investigators from Vanderbilt-Ingram Cancer Center (VICC), Nashville, Tenn., finds that black men with prostate cancer receive lower quality surgical care than white men. The racial differences persist even when controlling for factors such as the year of surgery, age, comorbidities and insurance status.

Daniel Barocas, M.D., MPH, assistant professor of Urologic Surgery, is first author of the study published in the Aug. 17 issue of the *Journal of Urology*.

Investigators from VICC, the Tennessee Valley Veterans Administration Geriatric Research, Education and Clinical Center, Nashville, and the Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, Rockville, Md., were involved in the study of [racial disparities](#).

The researchers analyzed records of 105,972 [prostate cancer](#) patients who received radical prostatectomies in all nonfederal hospitals in Florida, Maryland and New York state from 1996 to 2007. Of the patients, 81,112 (76.5 percent) were white, 14,006 (13.2 percent) were black, 6,999 (6.6 percent) were Hispanic and 3,855 (3.6 percent) represented all other races.

Previous studies have found that men who are treated at high volume hospitals (HVH) by surgeons who do a high volume of prostatectomies (HVS) have better outcomes and lower mortality.

In this study, [black men](#) had 33 percent lower odds of using a high volume surgeon and 27 percent lower odds of visiting a high volume hospital than [white men](#). Furthermore, black men had a higher rate of [blood transfusion](#) and longer length of stay in the hospital. They also were more likely to die in the hospital.

Black men who used HVH and HVS were at substantially decreased risk for adverse outcomes, including death, than those using lower volume health care providers, but still had worse outcomes than their white counterparts.

"Our findings of racial variation in the quality of surgical care for prostate cancer adds to previous studies that have shown [racial differences](#) in screening behavior, stage at presentation and use of aggressive treatment, and may contribute to our understanding of why black men have much higher prostate cancer mortality than white men," said Barocas.

The results suggest that black men may have more difficulty gaining access to high quality care.

"Racial disparities in prostate cancer outcomes may be partially explained by differences in access to high quality care, which in turn may reflect differences in patient resources," explained Barocas. "To close this gap, we may need interventions aimed at improving access to high quality care for all men, including access to high volume health care providers."

Provided by Vanderbilt University Medical Center

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