

Stigma stymies prostate cancer screening, treatment in Ghana

January 24 2013

Infectious diseases in Ghana tend to capture the most attention, but a quiet crisis may soon take over as the country's most threatening epidemic: cancer.

A new study published in January in the journal *BMC Cancer*, led by Kosj Yamoah, M.D., Ph.D., a resident in the [Department of Radiation Oncology](#) at Thomas Jefferson University and Hospital, takes aim at the issue by investigating [prostate cancer](#) diagnoses and treatment delivery in black men living in the West African region, in order to devise research strategies to help improve [health outcomes](#).

Overall, many men are diagnosed at a later stage, with more than half opting out of treatment, they found. The researchers point to stigmas about cancer as a root of the problem.

"Cancer could eclipse [infectious diseases](#) as an epidemic if more awareness and intervention doesn't come about," said Dr. Yamoah, who grew up in Ghana until age 20, when he came to the United States.

"Cancer can be very hush-hush because of cultural and financial issues and social stigmas associated with the disease. We need to bring awareness and address the needs of the population and barriers to care."

"Cancer is still perceived as a [death sentence](#)," he added. "People are scared to go to their doctor to find out if they have it, let alone to follow through with treatment."

In a [retrospective analysis](#) of 379 patients referred for treatment at the National Center for Radiotherapy and [Nuclear Medicine](#) at the Korle Bu Teaching Hospital (KBTH) from 2003 to 2009, the team found that 33 percent were diagnosed with metastatic disease and 70 percent had a prostate-specific antigen (PSA) score four times higher than men in the United States or Europe at time of diagnosis.

[PSA screening](#) rates in Ghana are low, the authors explain, and many men opt out of [radiation therapy](#) and other therapies after diagnosis. Out of the 251 patients eligible for radiation therapy, only 141 patients actually received external beam radiation therapy.

Among patients with at least two years of follow up after [external beam radiation](#) therapy, three- and five-year PSA-failure free survival was 73.8 percent and 65.1 percent respectively. In the U.S., those percentages are 90 percent and 85 percent, respectively.

Reasons recognized by KBTH clinicians for patients declining radiation therapy included: the prohibitive cost of treatment, fear of radiation, and a state of denial based on their perception of disease originating solely from spiritual causes rather than biologic processes.

The data, which to date provides the largest source of published information on outcomes for prostate cancer treatment in the West African region, is a call to action, according to the authors.

The research team plans to develop treatment regimens tailored to the needs of Ghanaian men, which may differ from guidelines currently utilized in the United States and Europe in order to better address the disease burden and improve mortality rates in Ghana. That could mean more frequent PSA screening.

"There is controversy in the United States with PSA testing, but in a

country like Ghana, there may be a role for PSA screening, even infrequent screening, because of all the late stage cancers we are finding," said Dr. Yamoah.

The team has established collaboration between two institutions with the hope of improving prostate cancer treatment and plan to start more clinical trials to develop novel, shorter course treatments for locally-advanced prostate cancer.

"Based on these results, our group has proposed a plan for future research aimed at identifying an appropriate role for PSA screening in this population, developing radiation therapy treatment schedules that better fulfill the needs of Ghanaian prostate cancer patients, and contributing to understanding genetic factors associated with prostate cancer risk and [treatment](#) response," the authors write.

Sarah E. Hegarty, a statistical analyst in the Department Pharmacology & Experimental Therapeutics at Jefferson, and Terry Hyslop, Ph.D., also of the Department Pharmacology & Experimental Therapeutics at Jefferson, were also part of the study.

Provided by Thomas Jefferson University

Citation: Stigma stymies prostate cancer screening, treatment in Ghana (2013, January 24) retrieved 19 April 2024 from

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