Active surveillance safe for African Americans with low-risk prostate cancer

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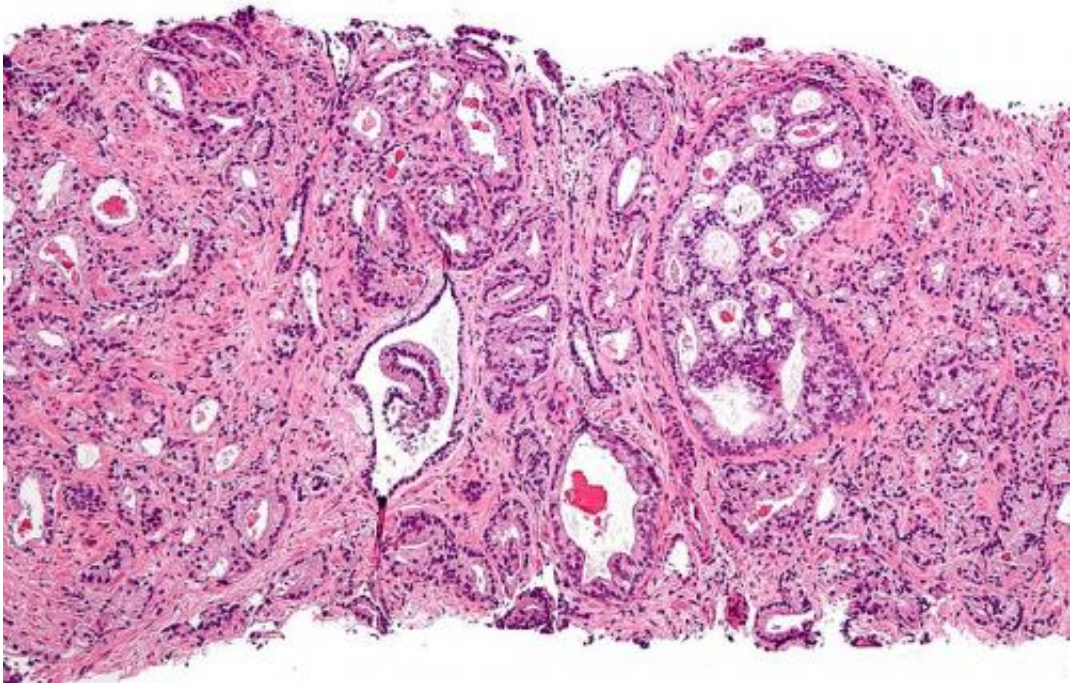

Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia, CC BY-SA 3.0

Previous studies have shown that African American men are 2.4 times as likely to die from prostate cancer compared to non-Hispanic white men. This, plus a concern that African Americans may develop cancers that are more aggressive, has led to fewer Black men being offered active surveillance as a treatment strategy.

Prostate cancer is typically slow growing. Low-risk disease may not need to be treated right away, if ever. Instead, a physician may recommend active surveillance—closely monitoring the disease for progression with prostate-specific antigen (PSA) blood tests, digital rectal prostate exams and biopsies—to avoid overtreatment and associated side effects caused by surgery, chemotherapy and other treatments.

"Our research provides evidence that active surveillance is safe for African American men," said Brent Rose, MD, assistant professor in the Department of Radiation Medicine and Applied Sciences at University of California San Diego School of Medicine. "This means more African American men can avoid definitive treatment and the associated side effects of urinary incontinence, erectile dysfunction and bowel problems."

In a study, published in the November 3, 2020 online issue of *JAMA*, Rose and colleagues tested the hypothesis that African American men undergoing active surveillance are at a significantly higher risk of disease progression, metastases (spread) and death from prostate cancer compared to non-Hispanic White men.

They found that 59.9 percent of African American men experienced disease progression compared to 48.3 percent of white men. In addition, 54.8 of African Americans required treatment compared to 41.4 percent of white men. Both are statistically significant increases, said study authors.

However, African American men and white men experience comparable rates of metastasis (1.5 percent vs 1.4 percent) and prostate cancer-specific death (1.1 percent vs 1.0 percent).

After skin cancer, prostate cancer is the most common cancer among males. One in nine men will receive a prostate cancer diagnosis in their

lifetime. Prostate cancer is more likely to develop in older men and in African American men. While the average age for diagnosis is 66, the number of younger men diagnosed with this disease is increasing.

Active surveillance is the preferred treatment option for many men with low-risk prostate cancer in order to avoid or delay the side effects of definitive treatments. African American men should not be excluded from active surveillance protocols.

Instead, write the authors, changes and improvement in patient selection and close follow-up need to occur to maintain favorable outcomes for all patients.

"Physicians and patients should discuss active surveillance for African American men with low-risk prostate cancer," said Rose, a radiation oncologist at Moores Cancer Center at UC San Diego Health and senior author on the paper. "Overall outcomes are similar among African American men and white men. However, due to the increased risk of progression, African American men need to be carefully followed and promptly treated if their cancer progresses."

The retrospective study looked and outcomes for 2,280 African American men and 6,446 non-Hispanic white men with low-risk prostate cancer who underwent active surveillance under the VA health care. The database included access to the health care records of 9 million veterans between 2000 and 2020 who received care at 1,255 health care facilities in the United States.

More information: Rishi Deka et al, Association Between African American Race and Clinical Outcomes in Men Treated for Low-Risk Prostate Cancer With Active Surveillance, *JAMA* (2020). DOI: 10.1001/jama.2020.17020

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