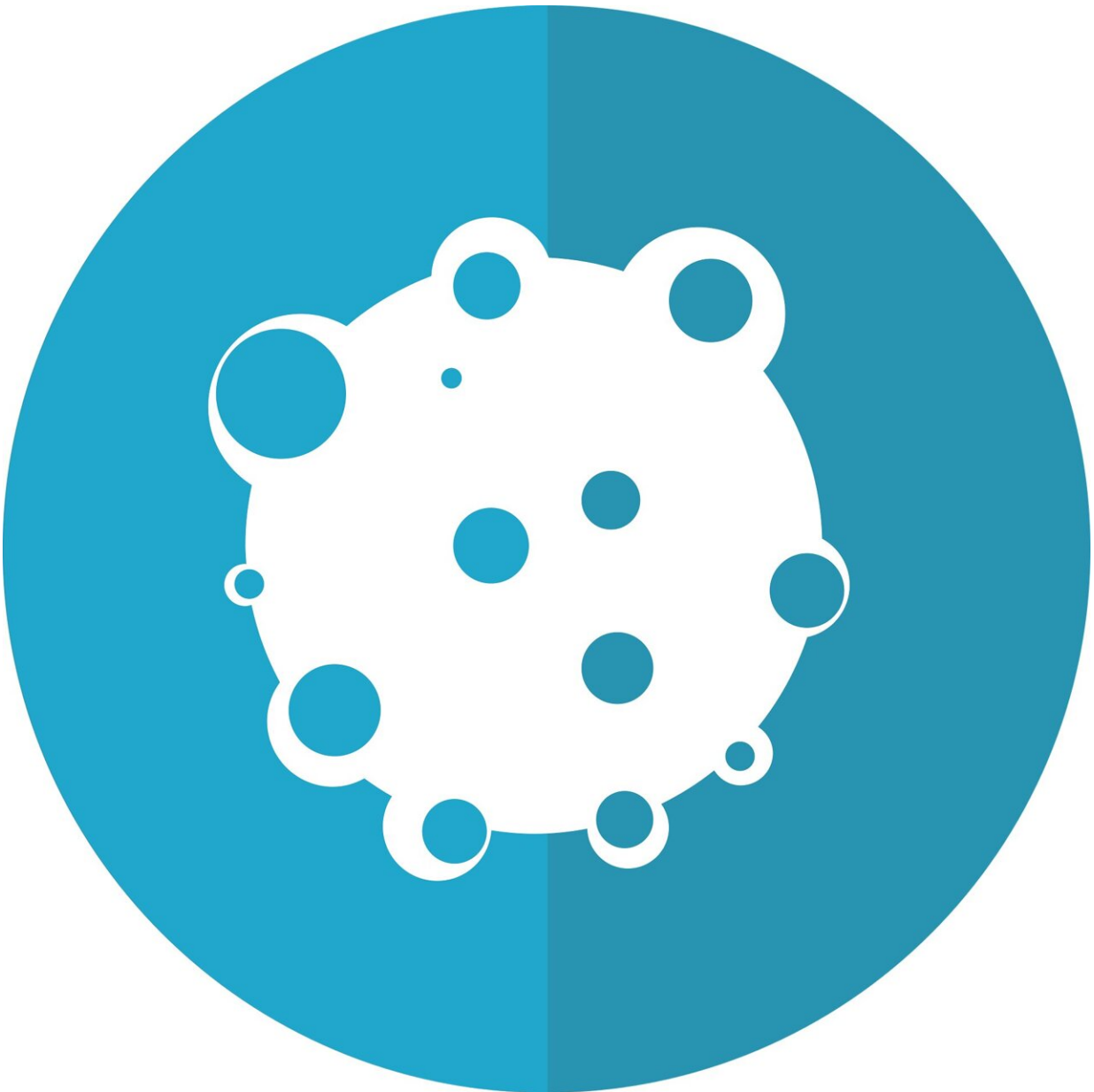


Analyzing Veterans Affairs data to study prostate cancer disparities

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Prostate cancer is one of the most common cancers in American men, second only to skin cancer. One in eight men will develop the disease in his lifetime. While nearly 250,000 men will be diagnosed with prostate cancer each year, research has shown that the disease is often more aggressive and more deadly for African American men.

Moffitt Cancer Center has been conducting research on disparities in [prostate](#) cancer, specifically evaluating the interplay between social and biological mechanisms that drive the [disease](#) among different races and ethnicities, for many years.

The newest study, published by *JAMA Network Open*, is a collaboration with the Prostate Cancer Foundation, the Veterans Affairs, and John and Daria Barry Foundation Precision Oncology Center of Excellence. Dr. Kosj Yamoah and his team evaluated 7.8 million veterans nationwide who were treated for prostate cancer between 2005 and 2019 with the goal of assessing racial disparities.

"The VA provides high-quality care to veterans regardless of race, sex, geographic location or economic circumstance, thereby creating an equal access system compared to other large health care systems. This provides us with a unique environment to investigate prostate cancer health disparities across the disease continuum, such as [treatment response](#) or overall outcomes at each phase of the disease," said Yamoah, director of Radiation Oncology Cancer Health Disparities Research and section head of Genitourinary Oncology within the Department of Radiation Oncology at Moffitt.

The results of this nationwide retrospective analysis showed that African

American veterans had a nearly two-fold greater incidence of prostate cancer, both localized disease and de novo metastatic disease, compared to European American men. African American men also had a 29% increased risk of prostate cancer detection on diagnostic prostate biopsy compared to European American men.

From a treatment perspective, African American men who received definitive primary treatment in a timely fashion experienced a lower risk of metastasis. But those who did not receive treatment right away or did not have any clear documentation of treatment had a worse risk of developing metastatic disease.

Yamoah says the findings more clearly define the drivers of prostate cancer disparities within a nearly equal access setting and highlights the need for action.

"Increased incidence of prostate cancer is a major driver of the residual disparity in prostate [cancer](#) metastasis among African American men. Even in an equal access to care scenario, we saw that adequate, timely therapy is a big factor that will decrease the risk of adverse events, including metastases and death," he said. "There is a lot of work still to be done, but this data gives us the information we need to develop strategies to combat [prostate cancer](#) disparities here in the U.S. and globally."

More information: Kosj Yamoah et al, Racial and Ethnic Disparities in Prostate Cancer Outcomes in the Veterans Affairs Health Care System, *JAMA Netw Open* (2022) [DOI: 10.1001/jamanetworkopen.2021.44027](https://doi.org/10.1001/jamanetworkopen.2021.44027)

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