

At the same PSA level, Black men found more likely to have prostate cancer than white men

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Black men in the United States are more likely to develop prostate cancer than white men, and after diagnosis, they're more likely to have

advanced disease and to die than white men with the disease.

Although it would seem that earlier prostate-specific antigen (PSA) screening could reduce the risk of fatal [prostate cancer](#) in Black men, new research indicates that at any given PSA level, Black men are more likely to harbor prostate cancer than [white men](#), indicating that they may face an increased risk of prostate cancer than white men at lower PSA levels.

The findings are published in *Cancer*.

For the study, researchers used models to predict the likelihood of prostate cancer diagnosis from a first biopsy for 75,295 Black and 207,658 white male Veterans receiving care from the U.S. Department of Veterans Affairs (VA). Prostate cancer was detected in the first prostate biopsy in 55% of Black men and in 43% of white men. After taking various competing factors into account, Black Veterans were 50% more likely to receive a prostate cancer diagnosis based on their first prostate biopsy than white Veterans.

Also, Black men with a pre-biopsy PSA of 4.0 ng/mL had a 49% risk of prostate cancer detected during their biopsy, compared with a 39% risk for white men with the same PSA level. The investigators' model indicated that Black Veterans with a PSA of 4.0 ng/mL had an equivalent risk of prostate cancer as white Veterans with a PSA of 13.4 ng/mL.

"These findings suggest that to reduce health disparities for Veterans in the prevention of prostate cancer, clinicians should consider an individual Veteran's risk for prostate cancer including factors such as race and age. Clinicians may consider earlier screening for populations at greater than average risk, which includes Black men," said first author Kyung Min Lee, Ph.D., of the VA Informatics and Computing

Infrastructure (VINCI), located within the VA Salt Lake City Health Care System.

The VA recommends that for average risk men ages 55–69 years, any decision to initiate or continue [prostate](#) cancer screening with PSA should be individualized, noted Jane Kim, MD, MPH, Executive Director for Preventive Medicine in the VA.

"This includes consideration of age, [family history](#), race/ethnicity, [medical conditions](#), and patient values, as well as potential benefits versus harms. Per the U.S. Preventive Services Task Force, before deciding whether to be screened, men should have an opportunity to discuss the benefits and harms of screening through shared decision making with their clinicians," she said.

Dr. Lee added that prospective studies are needed to evaluate the risks and benefits of lower PSA biopsy thresholds informed by patient race and genetic risk scores. "The VA Office of Research & Development has recently initiated the ProGRESS clinical trial—The Prostate Cancer, Genetic Risk, and Equitable Screening Study—to evaluate these questions," he said.

More information: Association between pre-diagnostic PSA and prostate cancer probability in Black and Non-Hispanic White men, *Cancer* (2023). [DOI: 10.1002/cncr.34979](https://doi.org/10.1002/cncr.34979)

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