

Black patients more likely to experience MACE after ADT for prostate cancer

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Black patients are more likely to experience adverse cardiovascular

outcomes after systemic androgen deprivation therapy (ADT) for prostate cancer, according to a study [published](#) online June 18 in *JACC: CardioOncology*.

Biniyam G. Demissei, M.D., from the Perelman School of Medicine at the University of Pennsylvania in Philadelphia, and colleagues conducted a retrospective cohort study involving 3,543 prostate cancer patients treated with systemic ADT between 2008 and 2021. The multivariable adjusted association between self-reported race (Black versus White) and incident major adverse cardiovascular events (MACE) after initiation of ADT was assessed.

The researchers found that the risk for MACE was increased in association with Black race (hazard ratio, 1.38), with the strongest associations seen for incident heart failure, [cerebrovascular disease](#), and [peripheral artery disease](#) (hazard ratios, 1.79, 1.98, and 1.76, respectively). Overall, 98% of the disparity in MACE risk between Black and White patients was mediated by the social vulnerability index, specifically the socioeconomic status theme.

"Multilevel targeted interventions tailored to the needs of patients from socioeconomically vulnerable communities are necessary to reduce the disparities in CVD in patients with [prostate cancer](#)," the authors write.

One author disclosed ties to Pfizer.

More information: Biniyam G. Demissei et al, Social Determinants of Health Mediate Racial Disparities in Cardiovascular Disease in Men With Prostate Cancer, *JACC: CardioOncology* (2024). [DOI: 10.1016/j.jacc.2024.04.004](https://doi.org/10.1016/j.jacc.2024.04.004)

Edward Christopher Dee et al, Disparities in Cardio-Oncology Care Among Patients With Prostate Cancer, *JACC: CardioOncology* (2024).
[DOI: 10.1016/j.jacc.2024.05.005](https://doi.org/10.1016/j.jacc.2024.05.005)

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