

POSTER SESSION 2 ABSTRACTS
12th Annual HMO Research Network Conference
May 1-3, 2006 Boston, MA

Racial and Ethnic Disparities in Access, Treatment, and Outcomes
PS2-3

Racial Differences in Treatment of Early Stage Prostate Cancer

Kathryn E. Richert-Boe, MD, MPH¹, Sheila Weinmann, PhD¹,
Stephen K. Van Den Eeden, PhD², Shelley M. Enger, PhD³, Benjamin A. Rybicki, PhD⁴

¹Kaiser Permanente Northwest; ²Kaiser Permanente Northern California;
³Kaiser Permanente Southern California; ⁴Henry Ford Medical Center

Background: Controversy and uncertainty surround the different treatment modalities for prostate cancer. Prior studies have found variations in treatment by race, with African-Americans receiving less aggressive treatment than Caucasians. We did this study to determine if there are differences in treatment between the races at an HMO where access to medical care is theoretically equal for all members and, if so, the reasons for these differences.

Methods: We used information from the Kaiser Permanente Northwest (KPNW) Tumor Registry to identify all men diagnosed with stage 1, 2 or 3 (local or regional) prostate cancer between 1980 and 2000. We compared the likelihood of treatment with curative intent (TCI) between the two races using unconditional logistic regression, controlling for age, tumor grade, stage, and comorbid conditions. We reviewed medical records of all 79 African-American men and the same number of Caucasian men (matched for age, stage, grade and year of diagnosis) to try to determine the reasons that some men did not receive TCI and others did.

Results: Between 1980 and 2000, 3040 Caucasian and 79 African-American members of KPNW Health Plan were diagnosed with stage 1, 2 or 3 prostate cancer. African-American men were less than half as likely as Caucasian men to receive TCI (OR=0.45; 95% CI=0.23-0.88.) African-American men were not more likely than Caucasian men to refuse TCI when it was recommended or offered. Urologists recommended or offered TCI more often to Caucasian men than to African-American men, and this difference could not be explained by differences in age, tumor grade, stage, or comorbid conditions. This was true for low-risk disease as well as for high-risk disease.

Conclusions: Although the number of subjects in this study is small, it appears as though African-American men are less likely to receive TCI than are Caucasian men. This might be due to both over-treatment of Caucasian men with low-risk disease and under-treatment of African-American men with high-risk disease. We could not explain it due to differences in age, tumor grade, stage, or comorbid conditions. More research is needed among populations with a higher proportion of African-Americans.