

# Refining Cancer Treatment Guidelines by Race

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## Prostate cancer surveillance criteria may be different based on race

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The guidelines for screening and treating prostate cancer have become confusing. A man's race may now become a consideration before treatment begins or is delayed.

Black men are more likely than white men to suffer from aggressive prostate cancer. This is true even among men whose cancer was originally considered to be low risk. A recent study suggests that the guidelines for monitoring prostate cancer - instead of treating it - be more stringent for black men than for white men.

### "Discuss prostate screening with your doctor."

Men who are considered to have low-risk prostate cancer – cancer that's not predicted to grow or spread quickly – can choose to have no treatment. Instead, they enter what's known as "active surveillance," during which time PSA levels are checked and biopsies are performed if anything suspicious is found.

For this study, Isaac Yi Kim, MD, PhD, chief of the Section of Urologic Oncology at The Cancer Institute of New Jersey and colleagues examined

the records of black men who had been treated between 1997 and 2011 for prostate cancer with a radical prostatectomy (surgical removal of the prostate). These men had been treated at both The Cancer Institute of New Jersey and Johns Hopkins Medical Institutions.

Examination of the tissue following surgery found that what was originally thought to be low risk disease was actually more advanced, meaning the cancer had started to spread beyond the prostate. This discovery of more advanced disease was two times more likely to occur in blacks (19.4 percent) than in whites (10.1 percent).

Slightly more black men than white men had advanced disease originally thought to be low risk enough to be followed with active surveillance. However, these numbers were not statistically significant.

"Considering these higher incidences of more advanced prostate cancer in African American men, our findings suggest more stringent criteria may be needed for those in this population who are considering active surveillance," Dr. Kim said in a press release announcing the study results.

dailyRx News talked about these findings with E. David Crawford, MD, professor of surgery, urology, and radiation oncology, and head of the Section of Urologic Oncology at the University of Colorado Health Sciences Center in Denver.

He said, "There is no question that many men are over treated once diagnosed with prostate cancer. Up to 20-40 percent of men could be candidates for active surveillance. The challenge is appropriately classifying men as good candidates."

"In every other cancer we treat, we stage the disease with PET scans, CT scans, markers,

lymph node biopsies and other modalities. In prostate cancer we rely on rather random biopsies to make important treatment decisions," Dr. Crawford said.

"This review highlights the criteria we use, at least for African American men, is dangerous. However, there are ways to better classify these men including mapping/staging biopsies, MRI's and new tissue markers that look at cell cycle progression genes."

"Knowledge is power here and we need more of it to make solid treatment decisions," said Dr. Crawford.

The study authors concluded that until better diagnostic and staging tools are developed and validated, "more conservative active surveillance criteria should be adopted for African American men..."

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