

UROLOGICAL CANCER

Poorer prostate cancer outcomes in African American men

The National Comprehensive Cancer Network advises men with very-low-risk prostate cancer and a life expectancy of <20 years to choose active surveillance as a treatment option. This approach reduces overtreatment of indolent cancers, but facilitates detection of disease progression and curative intervention when required. Several studies have shown favourable oncological outcomes for men on active surveillance. However, these studies tend to be based on cohorts in which minority populations, such as African American men, are poorly represented. To address whether race-based health disparities exist among men with very-low-risk prostate cancer, a study has evaluated the outcome of African American men with very-low-risk prostate cancer eligible for active surveillance, but who choose to undergo radical prostatectomy instead.

The study retrospectively analysed data from 256 African American men, 1,473 white men and 72 men of other ethnicities. All men had very-low-risk prostate cancer, underwent radical prostatectomy and did not receive

neoadjuvant hormonal therapy. Cancer recurrence, presenting characteristics and pathological data was compared for each group, and multivariable modelling was used to assess the association of ethnicity with upgrading and adverse pathological features.

African American men with very-low-risk prostate cancer had more adverse pathological features at radical prostatectomy and poorer oncological outcomes than white men. Preoperative characteristics between the two groups were similar; however, African American men were more likely to experience disease upgrading at radical prostatectomy (27.3% versus 14.4%), positive surgical margins (9.8% versus 5.9%) and higher Cancer of the Prostate Risk Assessment Post-Surgical scoring system (CAPRA-S) scores. No differences were found in metastasis-free, cancer-specific or overall survival (median follow-up of 3 years). Men of other ethnicities had similar characteristics to white men. Using multivariate analysis, African American race was found to be an independent

predictor of adverse pathological features and pathological upgrading.

This study shows that African American men with very-low-risk prostate cancer seem to have poorer oncological outcomes compared with white men, in agreement with previous retrospective studies that have indicated that prostate cancer is more aggressive in African American men. These results suggest that active surveillance for very-low-risk prostate cancer may not be suitable for African American men. These men should receive counselling about the increased oncological risk that might apply to them when deciding on treatment options.

Vanessa Marchesi

Original article Sundi, D. *et al.* African American men with very low-risk prostate cancer exhibit adverse oncologic outcomes after radical prostatectomy: should active surveillance still be an option for them? *J. Clin. Oncol.* doi:10.1200/JCO.2012.47.0302

Further reading Sundi, D. *et al.* Pathologic examination of radical prostatectomies in men with very-low-risk disease at biopsy reveals distinct zonal distribution of cancer in African American men. *J. Urol.* doi:10.1016/j.juro.2013.06.021