

PUBLICATIONS AND / OR PATENT ABSTRACTS

The following publication by the Principal Investigator is included in this section:

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HED: African American Males' Views on Prostate Cancer Screening

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Prostate cancer, as is true of other cancers, disproportionately affects the socioeconomically disadvantaged and medically underserved. It may be twice as common among African Americans as among whites,¹ with poorer chance of survival.¹⁻⁵ Some statistics indicate a 47% higher incidence and a 128% higher mortality rate.⁶ Other research has disclosed that African American men:

- Do not have adequate knowledge about prostate cancer, including basic components of testing;⁷⁻⁹
- Are less likely to correctly identify early symptoms of prostate cancer;^{7,8}
- Are more likely to believe pain is the first symptom of prostate cancer;⁸
- Are more likely to present initially with later-stage prostate cancer;¹⁰
- Have higher levels of prostate-specific antigen (PSA) at first presentation;¹¹ and
- Have prostate tumors that appear to be more aggressive.¹⁰

The disproportionate mortality in African American men can be attributed to delays in testing for (and ultimately diagnosing) prostate cancer. Recognizing this problem, in 1998 the American Cancer Society (ACS) outlined five challenges it would address, in a blueprint for action against prostate cancer in African Americans:⁶

- *Increasing research on causes, risk factors, preventive measures and new treatments, specifically those affecting African American men;*
- Involving African American men in clinical research design and implementation, in the development of educational initiatives, and as patient participants in clinical trials;
- Developing effective educational programs not only for the public but also for health care professionals, especially primary care physicians;
- Strengthening the capacity of grassroots organizations, particularly in the African American community, to effectively engage in advocacy and in education and patient-support initiatives; and
- Developing more community-based educational support and guidance programs for prostate-cancer patients and their families.

Debate about the utility of routine, across-the-board prostate-cancer screening continues. However, testing remains the only method recognized to promote early detection and appropriate treatment. The ACS now recommends that men aged 50 and above be informed about, and offered annually, a PSA test and digital rectal examination (DRE).¹² For those at increased risk—men with one or more first-degree relatives with prostate cancer, and all African American men—the ACS calls for routine annual testing beginning at age 40. Yet relatively few African American men are, in fact, screened for prostate cancer.

A literature search has produced five studies on factors influencing participation by African American men in prostate-cancer screening. Each of these studies utilized structured questionnaires. The results, summarized in Table 1, provide insights into why African American men are less likely to be screened.

To expand on these results, we used a qualitative research design to elicit a fuller range of thoughts on prostate cancer and the testing process. We addressed reasons at-risk African American men have or have not been screened, what did or would motivate them to undergo testing, and what they thought would encourage testing among other African American men.

Study Design

The study's survey tool (Appendix 1) was composed of four open-ended questions, plus questions on testing status and demographics. Fifth-year Doctor of Pharmacy students at Florida A&M University collected data in the spring of 1999 from a convenience sample of family, friends, and

acquaintances meeting study criteria: African American men aged 40 and above, residing in Florida. Participants completed the questionnaires themselves and returned them to the students.

The relationship between two demographic characteristics (marital status and educational level) and status of testing for prostate cancer was evaluated with Kruskal-Wallis test for ordinal response variables. Responses to the four open-ended questions were recorded verbatim, rather than divided into broader categories, to aid in identifying recurring themes without losing participants' own language. Two of the investigators reviewed the responses to condense them into major themes; these were further validated by two other investigators.

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Results and Discussion

A total of 1,315 surveys were returned. Demographic characteristics of respondents are summarized in Table 2. Most respondents were between 40 and 50 years of age, married, and college-educated.

Participants' screening status are presented in Table 3. Only 26% of respondents reported being screened annually; an additional 31% had been screened at some time, but not on a regular basis. Fully 43% of respondents had never been screened. Of those who had been screened at some point, nearly 58% (33% of the total) reported that they had undergone testing within the previous year.

Analysis of demographic data suggested a relationship between prostate-cancer testing and marital status (see Tables 4 and 5). Married African American men were most likely to be screened annually, followed by the widowed and divorced. Single African American men were least likely to receive annual testing. Testing varied with education as well: Men with graduate degrees were the most likely to be screened; those with a high school diploma or less were least likely.

Responses to the four exploratory questions revealed a number of factors influencing prostate-cancer testing among African American men.

Key Facilitators

Positive, motivating factors mentioned include:

- Presence of signs and symptoms
- Recommendations by doctors
- Access to testing
- Knowledge of risk factors
- Family encouragement
- Perceived benefits of testing
- Media campaigns
- Perceived seriousness of prostate cancer
- Knowing somebody who has prostate cancer

Key Deterrents

Factors influencing respondents' *not* being tested include:

- Fear of being diagnosed with prostate cancer
- Lack of recommendation from doctor
- Distrust of doctor
- Lack of a primary care provider
- Limited access to testing
- Low perceived susceptibility to prostate cancer

- Uncomfortable testing procedure
- Lack of information about the disease

It is interesting to note that the majority of facilitating and deterring factors listed can be addressed by primary care providers. Of particular importance, however, are respondents' perceptions of and attitudes about their physicians. African American men who are regularly tested identified doctors' recommendations as key factors in their decision, while those who are not regularly tested cited negative factors associated with physicians. These include distrust of their doctors, not being informed about or offered testing, not having an African American doctor to do the testing, and not having any personal physician.

These comments reinforce the need for primary care providers to develop meaningful and trusting relationships with their African American male patients, to be able to positively influence health promotion and disease prevention behavior. Other issues listed by respondents—including perceived risk factors, perceived seriousness of the disease, fear of test results, and the need for information—can also be addressed by primary care providers through active, appropriate patient education and encouragement.

Conclusion

One of the goals identified in the "Healthy People 2010" initiative is eliminating disparities in cancer screening and management. The high mortality rate from prostate cancer among African American men is one such disparity. Understanding the factors that facilitate or deter screening for prostate cancer among African American men is a critical first step. It is disheartening that deterrents to testing seem to have more weight than do facilitators. But the good news is that primary care providers may be able to influence the rate of prostate cancer testing in this at-risk population by seizing every available opportunity to inform, educate, and motivate.

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