



**FACE TO FACE,
SHOULDER TO
SHOULDER:**

**LET'S TALK ABOUT
PROSTATE
CANCER**

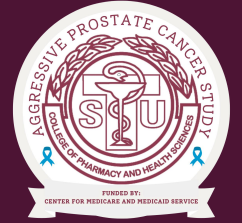
SAT, NOV 5TH, 2022

10AM-1PM



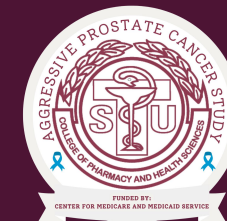
STUDY BACKGROUND AND WHY

PROSTATE CANCER DISPARITIES

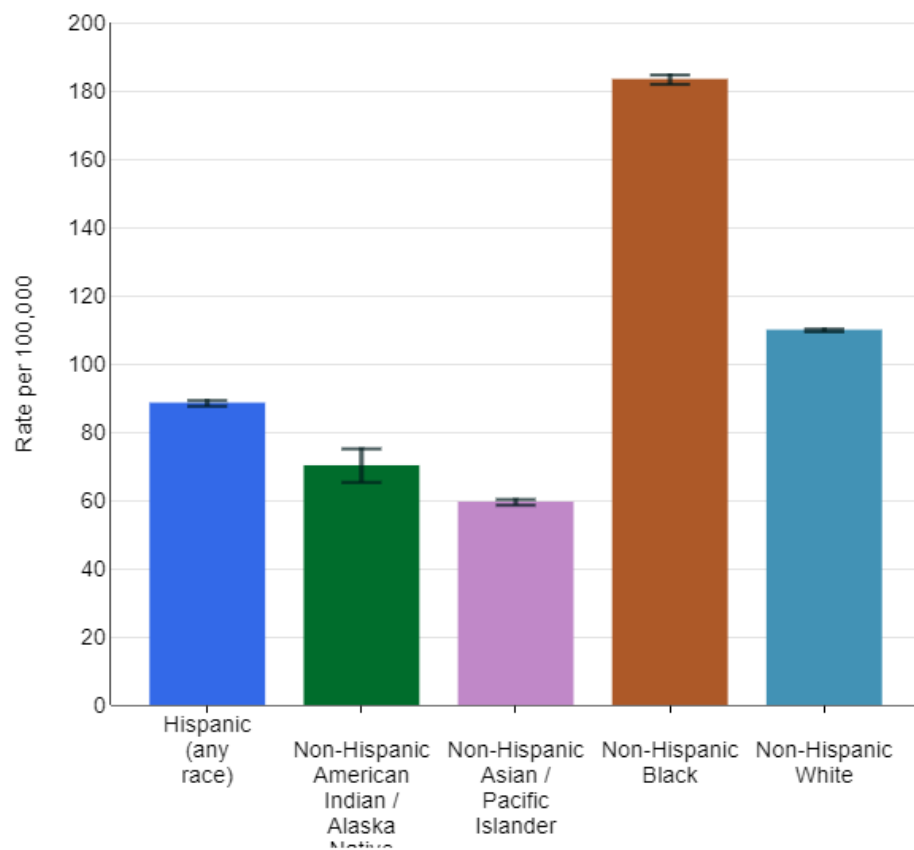


- AAs males have a higher incidence of PCa (168.8 per 100,000) compared to Caucasian males (95.3 per 100,000)
- AA males (12.3%) are more likely to present with a **clinically advanced stage / aggressive PCa (aPCa) at diagnosis** when compared to non-Hispanic Caucasian (6.3%) and Hispanic males (10.5%)
- Early screening for PCa improves chances for earlier stage diagnosis and reduces mortality but **AA are less likely to have early screening performed**

PROSTATE CANCER BY THE NUMBERS

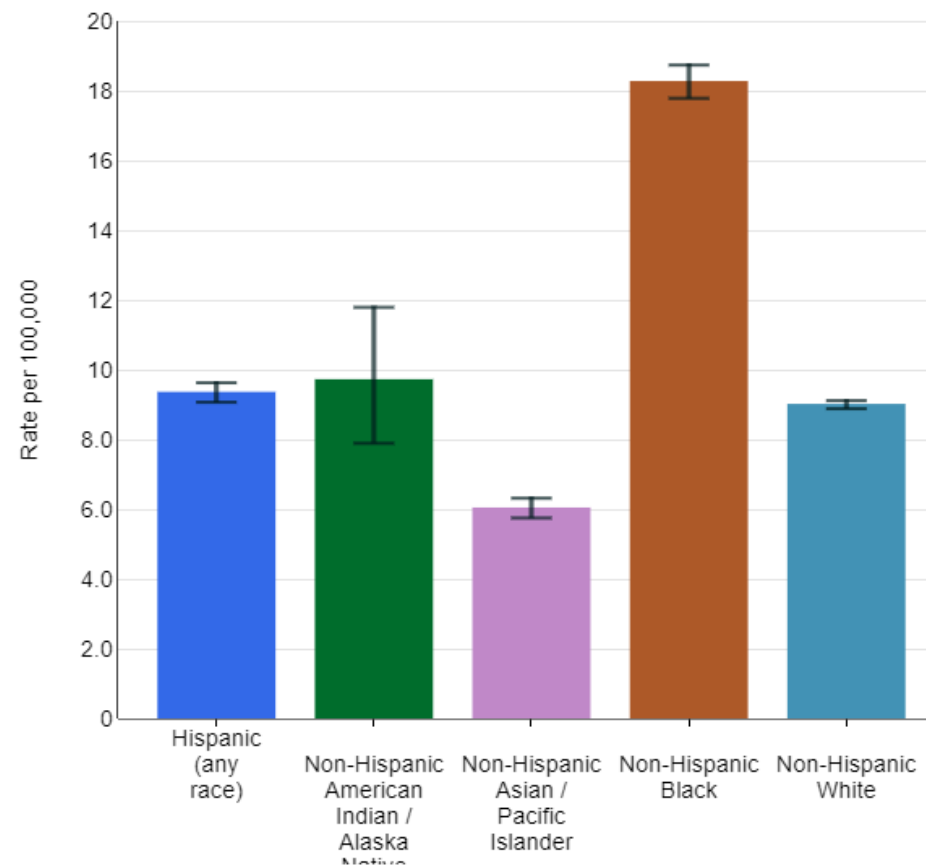


Prostate
SEER 5-Year Age-Adjusted Incidence Rates, 2015-2019
Male By Race/Ethnicity, All Ages, All Stages



Created by <https://seer.cancer.gov/statistics-network/explorer> on Mon Oct 31 2022.

Prostate
SEER 5-Year Age-Adjusted Incidence Rates, 2015-2019
Male By Race/Ethnicity, All Ages, Distant



Created by <https://seer.cancer.gov/statistics-network/explorer> on Mon Oct 31 2022.

WHAT IS HEALTH DISPARITY?



- CDC defines health disparities as
 - Preventable differences
 - In the burden of disease, injury, violence, or opportunities to achieve optimal health
 - Experienced by socially disadvantaged populations
- Healthy People defines health disparities as
 - Particular type of health difference
 - Closely linked with social, economic, and/or environmental disadvantage

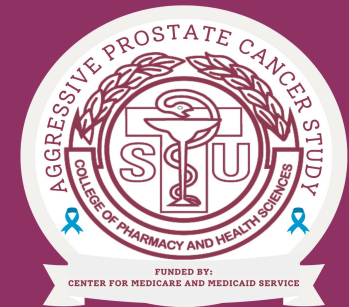
CDC. Health disparities. November 24, 2020. Accessed October 08, 2022. www.cdc.gov/healthyyouth/disparities/index.htm; Office of Disease Prevention and Health Promotion. Healthy People 2020. Updated February 6, 2022. Accessed October 8, 2022. www.healthypeople.gov/2020/about/foundation-health-measures/Disparities#:~:text=Healthy%20People%202020%20defines%20a,%2C%20and%20For%20environmental%20disadvantage

Social Determinants of Health

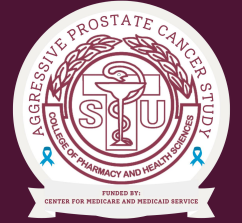


Social Determinants of Health
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 Healthy People 2030



ABOUT THE STUDY



Aim 1 –

Identify the key elements associated with aPCa among AA males and create SDOH-based interventions to potentially reduce burden of aPCa among AA males

Aim 2 –

Development of SDOH-based interventions for aPCa among AA males through community based participatory research (CBPR)

Collaborator 1 -

Houston Methodist Hospital



Collaborator 2 -

Sankofa Research Institute and
Community Workgroup



Collaborator 3 -

Community Advisory Board



Collaborator 4 –

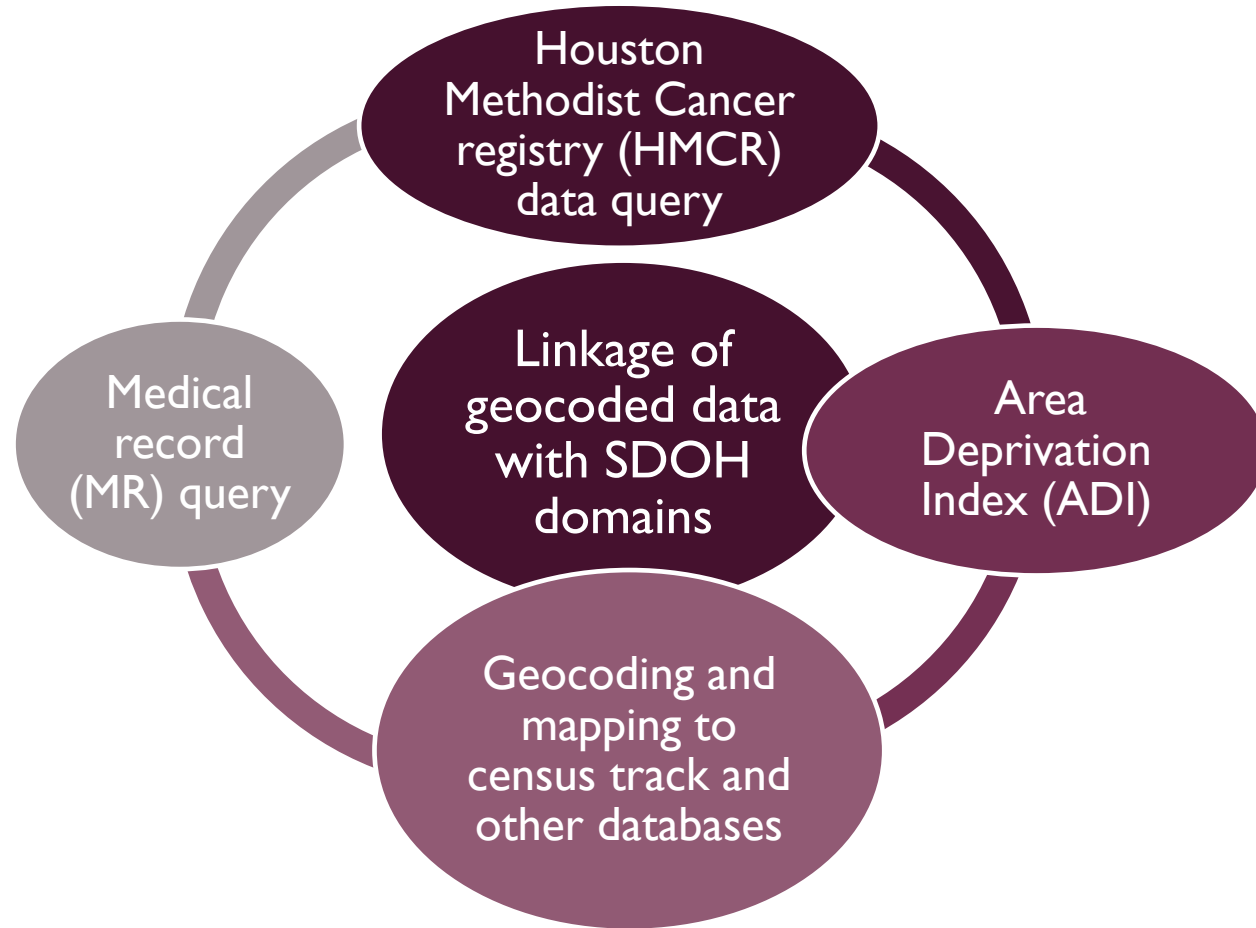
PharmD Interns



STUDY VARIABLES



- Timeframe: 2016 to 2021
- Population: African American Men with Prostate Cancer in Houston Methodist Cancer Registry
- Demographics: Age, race, ethnicity, zip code, marital status, insurance type, history of cancer, alcohol/tobacco use
- Prostate cancer related information: PSA, Gleason, stage
- Comorbidity and medications (previously reported to be associated with PCa)



DATA COLLECTION PLAN



STUDY TIMELINE



Sept 2020

IRB approval, Data extraction, Review, and Analysis

Sept 2022

Finalize study findings

March 2023

Present at health disparity conference, publication, final report to CMS

Sept 2021

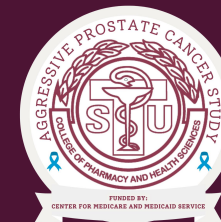
Community Workgroup;
Community Advisory Board

Nov 2022

Community Engagement Conference to share findings and next steps



DATA FINDINGS



AGGREGATE DATA BY RACE 2016 TO 2021

	All Patients			African American only		
	No aPCa	aPCa	Total	No aPCa	aPCa	Total
2016	161	186	347	41	52	93
2017	260	267	527	60	85	145
2018	369	363	732	88	83	171
2019	432	414	846	116	91	207
2020	343	357	700	88	86	174
2021	149	208	357	30	46	76
	1,714	1,795	3,509	423	443	866

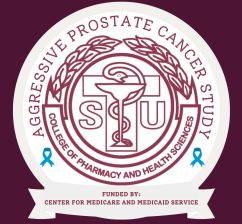
DATA SUMMARY AA (APCA VS. NO APCA) 2016 TO 2021



	Variables (n = 792)	10% Odds Ratio
1	Age	1.043*** (0.012)
2	ADI State rank	0.884** (0.047)
3	Thiazide like diuretics	0.611** (0.125)
4	Angiotensin 2 receptor antagonist	0.698* (0.144)
5	Direct vasodilators	1.628* (0.437)

*** p<0.01, ** p<0.05, * p<0.1
Standard errors in parentheses

AREA DEPRIVATION INDEX (ADI)*



A neighborhood with a high ADI is considered economically disadvantaged

AA Men living in an economically disadvantaged neighborhood were more likely to have aPCa

Living in an economically disadvantaged neighborhood may increase the risk of developing aPCa**

* - ADI data collected through census track/Zipcode and not individual patient report

** - Hypothesis generated by our data that would need to be confirmed against the existing literature/validated in future studies

MEDICATIONS – THIAZIDE AND THIAZIDE-LIKE DIURETICS*#



AA Men taking
thiazide-like
diuretics were less
likely to have aPCa

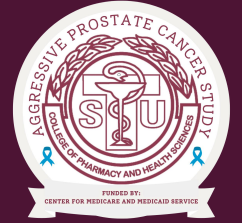
Use of thiazide-like
diuretics may
protect against
developing aPCa**

*- Medication data collected from individual patient report in medical record

#- **Thiazide and thiazide-like diuretics used to treat hypertension. E.g. Hydrochlorothiazide. Sometimes called “water-pill”**

** - Hypothesis generated by our data that would need to be confirmed against the existing literature/validated in future studies

MEDICATIONS – ANGIOTENSIN 2 RECEPTOR ANTAGONIST *#



AA Men taking
angiotensin 2 receptor
antagonists were less
likely to have aPCa

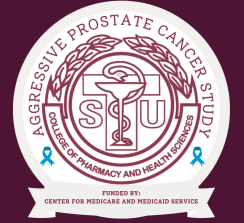
Use of angiotensin 2
receptor antagonists
may protect against
developing aPCa**

*- Medication data collected from individual patient report in medical record

#- **Angiotensin 2 receptor antagonist used to treat hypertension. E.g. Losartan, valsartan, Olmesartan**

** - Hypothesis generated by our data that would need to be confirmed against the existing literature/validated in future studies

MEDICATIONS – DIRECT VASODILATORS *#



AA Men taking
direct vasodilators
were more likely
to have aPCa

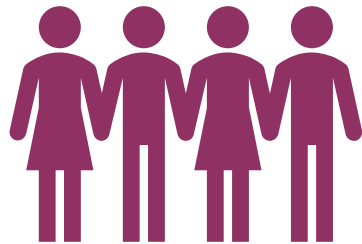
Use of direct
vasodilators may
increase the risk
of developing aPCa**

*- Medication data collected from individual patient report in medical record

#- **Direct vasodilators used to treat hypertension. E.g. Hydralazine**

** - Hypothesis generated by our data that would need to be confirmed against the existing literature/validated in future studies

FINDINGS FROM COMMUNITY COLLABORATION



COMMUNITY WORKGROUP




COMMUNITY ADVISORY
BOARD

AWARENESS, ADVOCACY, AND ACTION

Black Men Are TWICE As Likely To Be Diagnosed With Prostate Cancer

PROSTATE CANCER




We Want You Here!

Early Detection Saves Lives

PROSTATE CANCER

WE WANT YOU HERE!




Talk to your physician about prostate cancer screening

Aggressive Prostate Cancer Study
Texas Southern University
College of Pharmacy & Health Sciences
Funded by: Centers for Medicare and Medicaid Services
Office for Minority Health

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1 in 7 Black Men Will Develop Prostate Cancer In Their Lifetime

PROSTATE CANCER


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Black Men Are Likely To DIE From Undetected Prostate Cancer.

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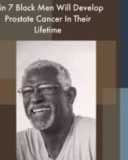
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Funded by: Centers for Medicare and Medicaid Services
Office for Minority Health

Request a PSA/DRE today!

EARLY DETECTION SAVES LIVES


Be proactive about prostate cancer

PROSTATE CANCER



We want you here!

Black men are twice as likely to be diagnosed with prostate cancer



1 IN 7 BLACK MEN WILL DEVELOP PROSTATE CANCER IN THEIR LIFETIME

TALK TO YOUR PHYSICIAN ABOUT PROSTATE CANCER SCREENING



Establish Prostate Cancer Screening and Prevention Center

Establish We Roar Against Prostate Cancer Funds

Optimize website with community friendly information/ FAQs

Flyers and educational materials

Engage mass, print, and social media platforms

Engage advocates, partners, and individuals

New Infrastructure



- Address access to care and health disparity
- Community trust building
- Mobile health coach
 - Mammogram suite
 - Primary care suite
 - Community/research engagement suite
 - Tele-health ready



ON-GOING EFFORTS ON ADVOCACY AND ACCESS TO PROSTATE CANCER SCREENING



CALL TO ACTION COMMITMENTS



- Disseminating prostate cancer educational materials among their respective circle of influence
- Sign up for TSU mobile health coach to provide prostate cancer screening
- Prostate cancer education event or webinar
- Promote Prostate cancer and health education events
- Donate to support We Roar Against Prostate Cancer funds
- Other





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