

# Improving Our Understanding of the Racial/Ethnic Differences in the Treatment of Prostate Cancer in Metropolitan Detroit

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**This study seeks to examine racial/ethnic patterns in the treatment of prostate cancer by reviewing clinically localized prostate cancer patients, age 55 and up, to determine the influence of co-morbid disease status, socioeconomic status, and cancer severity measures for use of definitive treatment.**

## PROJECT SUMMARY

Prostate cancer deaths for Metropolitan Detroit have consistently exceeded those of the State of Michigan and most of the United States. The 2000 United States Census Bureau reported that 80% of the men residing in the City of Detroit are black. It has been suggested that Detroit's racial makeup is the reason some of the highest rates of prostate cancer mortality have been consistently reported for the Metropolitan area. Black men are twice as likely to die from prostate cancer than Caucasian men. It has been previously suggested that nationally, the racial/ethnic disparity in prostate cancer mortality is greatly impacted by disparities in the use of definitive treatment (radical prostatectomy and radiation treatment) for clinically localized prostate cancer. Within Metropolitan Detroit, the impact of the racial disparity in prostate cancer treatment on the reported racial

prostate cancer disparity in mortality is unknown. We propose a cross sectional observational study utilizing the Metropolitan Detroit Surveillance Epidemiology End Result (SEER) Tumor Registry-Medicare Database to determine racial/ethnic patterns in the use of definitive treatment (radical prostatectomy and radiation treatment) for localized prostate cancer. We hypothesize that within Metropolitan Detroit there is significant racial/ethnic disparity in the use of definitive treatment for clinically localized prostate cancer. Furthermore, this racial/ethnic disparity in the use of definitive treatment is tumor grade dependent, resulting in a wider treatment disparity among men with higher-grade tumors. We will use the SEER Tumor Registry-Medicare Database to address the following specific aims:

- I) Determine the racial patterns in the use of definitive treatment (radical prostatectomy and radiation treatment) among men in Metropolitan Detroit who were 65 years of age and older, diagnosed with clinically localized prostate cancer between 1992 thru 2002.
- II) Determine the influence of patient's comorbid disease status, socioeconomic status and cancer severity measures on the reported racial/ethnic disparity in the use of definitive treatment in men in Metropolitan Detroit who were 65 years of age and older, diagnosed with clinically localized prostate cancer between 1992 thru 2002.