

DR. MARK TYSON: My name is Dr. Mark Tyson, and I'm a resident here in the Department of Urology at Mayo Clinic in Arizona. Today, I'm going to discuss the findings of our recent study that was published in *Mayo Clinic Proceedings*.

We found, basically, that African American men and non-Hispanic men are at increased risk of poorer survival metrics after treatment for prostate cancer. There is a lot that's known about African American men in our country, with respect to survival after prostate cancer treatment. We have known for a long time that African American men do not do quite as well as the Caucasian cohorts. However, much less is known about the other minority groups in our country, specifically the Hispanics as well as the Asian cohorts.

We know that the American Cancer Society publishes age-adjusted incidence and mortality figures, but these really aren't risk-adjusted, and in that sense, may not be quite as useful for direct comparisons. We undertook a study looking at almost 300,000 men with prostate cancer in the United States over the last 20 years and basically looked at their survival outcomes by race.

We basically found that African American men did not do quite as well as Caucasian men after adjusting for stage of diagnosis, Gleason score, co-morbidity, age, and all those other, sort of, clinical parameters that are important when one considers survival. The new thing about our study was that we also accounted for the effects of treatment. So theoretically, African American men or Hispanic men who have equal grades of disease, equal disease stages of disease, and so forth, if they have equal access to treatment and receive equal treatment, their outcomes should theoretically be equal. And what we show in our study is that is not the case.

For Hispanic men, after all of the other clinical parameters are accounted for, the survival is about the same as the Caucasian men, but for the African American men, the survival disadvantage continues, even after adjustment for all these clinical and demographic variables. What this basically suggests is that some disparities in survival exist in this country, even after the effects of treatment are accounted for some minority populations but not for others. And this is very important for clinicians to recognize, because there are varying degrees of reasons why this may be the case.

We hypothesize that, perhaps, the most important reason this may be the case may be related to post-treatment factors. Because one limitation of the study is we didn't have a whole lot of access to post-treatment use of androgen deprivation therapy, for example, or chemohormonal therapy. And this may be, obviously, very important when one considers survival for prostate cancer. So the next step in our study is going to be evaluating just exactly what these post-treatment factors may be contributing to the survival disparities between African American men and Caucasian men in the United States.

If you would like more information regarding urologic services at our department here at Mayo Clinic in Arizona, please visit our website. Thank you.