

Contact: Kim Irwin

kirwin@mednet.ucla.edu

310-206-2805

[University of California - Los Angeles](#)

Low-income men more likely to be diagnosed with advanced prostate cancer

Low-income men are more likely to present with advanced prostate cancers, most likely because they don't receive screening services shown to reduce the diagnosis of later-stage cancers, a UCLA study found.

The study focused on a group of disadvantaged men enrolled in the state's IMPACT (Improving Access, Counseling and Treatment for Californians with Prostate Cancer) program, which provides high-quality care to poor, underinsured and uninsured men. Researchers found that of the 570 men studied, 19 percent had metastatic cancer at diagnosis, compared to 4 percent of men from the general population who were followed in other studies.

The study also found that the diagnosis rates for lower-risk, less advanced cancers in the IMPACT patients did not increase over time, while the diagnosis rates of lower-risk, less advanced cancers did go up for men in more affluent populations.

Previous studies have shown that widespread adoption of PSA screening for prostate cancer has resulted in more men being diagnosed with organ-confined, low-risk disease. This trend has not been mirrored among the disadvantaged IMPACT patients, who don't have access to or don't take advantage of screening.

Published in the February 2009 issue of *The Journal of Urology*, the study sheds light on the challenges and opportunities that public assistance programs face in reducing cancer-related socioeconomic disparities.

"The IMPACT program without question allows these disadvantaged men to receive high quality prostate cancer care that they did not have access to before," said Dr. William Aronson, the senior author of the study, a clinical professor in the UCLA Department of Urology and a researcher at UCLA's Jonsson Comprehensive Cancer Center. "However, the persistent preponderance of metastatic and higher risk localized cancers in these men suggests that more

comprehensive strategies are needed to eliminate the disparities in prostate cancer morbidity and mortality."

With much national attention now focused on the potential over-diagnosis and over-treatment of men with prostate cancer, these findings "serve as a reminder that for disadvantaged men, under-detection and under-treatment of prostate cancer remains a significant concern," the study states.

In an accompanying editorial, a health disparities researcher writes that men from minority groups who live in poverty are more likely to die of prostate cancer than men with higher socioeconomic status. Access to services may prove to be key.

"Improving access to the preventive and treatment aspects of health care will go a long way toward reducing the disparities in disease morbidity and mortality suffered by poor and minority communities," writes Dr. M. Norman Oliver, director of the University of Virginia Center of Health Disparities.

###

The study was conducted by researchers from UCLA, the Jonsson Cancer Center and Dr. David Miller at the University of Michigan,

IMPACT, administered by staff at UCLA, is the first and only program of its kind nationwide to assist underinsured or uninsured patients in obtaining prostate cancer treatment. The program provides access to free, high-quality treatment through more than 700 medical providers located throughout the state.

UCLA's Jonsson Comprehensive Cancer Center comprises about 235 researchers and clinicians engaged in disease research, prevention, detection, control, treatment and education. One of the nation's largest comprehensive cancer centers, the Jonsson center is dedicated to promoting research and translating basic science into leading-edge clinical studies. In July 2008, the Jonsson Cancer Center was named among the top 10 cancer centers nationwide by U.S. News & World Report, a ranking it has held for nine consecutive years. For more information on the Jonsson Cancer Center, visit our website at <http://www.cancer.ucla.edu>.
