Active Surveillance Appears Safe for Black Men With Low-Risk Prostate Cancer

While disease progression was higher in Black men, their rates of metastasis and mortality were similar to those of white men.

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Active surveillance is a safe option for Black men with low-risk prostate cancer, according to a study published in JAMA.

“Our research provides evidence that active surveillance is safe for African-American men,” Brent Rose, MD, of UC San Diego Health, said in a press release. “This means more African-American men can avoid definitive treatment and the associated side effects of urinary incontinence, erectile dysfunction and bowel problems.”

About one in nine men will be diagnosed with prostate cancer, making it the most common malignancy in men after skin cancer. Since it is known to often progress slowly, men with low-risk prostate cancer can sometimes forgo treatment. In such cases, active surveillance, involving regular blood tests, prostate exams and biopsies, is done to hold off on treatment and delay related side effects.

Earlier studies have reported that Black men are more than two times as likely to die of prostate cancer compared with white men. Also, Black men with low-risk prostate cancer may develop a more aggressive variant, with a higher chance of disease progression, metastasis and related death. So the safety of active surveillance as an option for Black men remains ill-defined.

Rishi Deka, PhD, of the University of California, San Diego, and colleagues compared the clinical outcomes of Black and white men with low-risk prostate cancer who were being actively monitored.

As part of a retrospective cohort study, they included Black and white men diagnosed with low-risk prostate cancer in the U.S. Veterans Health Administration Health Care System between January 2001 and December 2015. Their last follow-up was on March 31, 2020. Active surveillance included at least one additional biopsy and no definitive treatment requirement within the first year of being diagnosed.

The study population included 8,726 men, of whom 26% (2,280) were Black and 74% (6,446) were white. The median follow-up period was 7.6 years.

The researchers found that 60% of Black men experienced disease progression compared with 48% of white men. Also, 55% of Black men needed therapy compared with 41% of white men. However, both metastasis (cancer spreading beyond the prostate) and cancer-related mortality occurred at similar rates in both groups.

“African-American men, compared with non-Hispanic white men, had a statistically significant increased 10-year cumulative incidence of disease progression and definitive treatment but not metastasis or prostate cancer-specific mortality,” wrote the researchers. “Longer-term follow-up is needed to better assess the mortality risk.”

Click here to read the study abstract in JAMA.

Click here to read a commentary on the study in JAMA.

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