

For Black Men With Prostate Cancer, Equal Access Means Equal Outcomes

Addressing barriers to care, such as insurance coverage, could mitigate disparities in outcomes between white and Black men.

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Equal access to care and standardized treatment result in similar outcomes among white and Black men with prostate cancer, suggest new findings published in JAMA Oncology, reports [Healio](#).

Black men are more likely to be diagnosed with prostate cancer, especially more aggressive forms, and more likely to die of the disease than white men. But why? Are there genetic susceptibilities related to race? Or is it simply that fewer Black men get access to the best care?

One new study suggests that the answer is access to care. After adjusting for several factors, a multiple-cohort [study](#) of more than 300,000 men with prostate cancer has explored whether being Black is linked to worse cancer outcomes.

Led by Robert Dess, MD, an assistant professor in the radiology department of Brighton Center for Specialty Care in Brighton, Michigan, researchers used updated individual patient-level data of men with nonmetastatic prostate cancer from three cohorts: Surveillance, Epidemiology, and End Results (SEER), an authoritative source for cancer statistics in the United States; five equal-access regional medical centers within the Veterans Affairs (VA) health system; and four pooled National Cancer Institute-sponsored Radiation Therapy Oncology Group Phase 3 randomized clinical trials (RCT). Treatment provided covered the full range of options from active surveillance for low-risk cancers to surgery (including radical prostatectomy, removal of the prostate gland), hormone therapy and radiation.

Within this study, African-American men represented 17.8% of the SEER group, 38.1% of the VA group and 19.3% of the randomized clinical trials group. On average, scientists followed-up with SEER patients at six and a half years, VA patients at eight years and RCT patients at eight and a half years.

Results of the SEER cohort showed that Black men had a 30% higher age-adjusted prostate cancer-specific mortality hazard than white men. But after adjusting for several factors, including socioeconomic status and whether the men had access to health insurance, it became apparent that being Black was associated with only a 0.5% increase mortality from prostate cancer at 10

years after diagnosis. There was also no major difference among those at high risk.

In addition, researchers didn't find significant disparities in mortality in the group of men from the VA. Black men did have a significantly lower hazard within the RCT cohort.

“By controlling for access to care and quality of care through clinical settings where prostate cancer is treated, Dess and colleagues provided powerful evidence that equal treatment yields equal outcomes among equal patients,” said experts in a commentary. “African Americans, other minorities and the poor in general often experienced disparate quality of care or no care at all. Although race does not matter biologically, race still matters.”

For similar coverage, read our article [“Black Men With Advanced Prostate Cancer Live Longer Thanks to New Hormone Therapies”](#) and [“Prostate Cancer Disparities Greatest in Low-Risk Disease.”](#) For more on cancer care and racial disparities, see [“The Affordable Care Act Erases Racial Disparities in Care for Advanced Cancers.”](#)

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