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Why are Black men more likely to die from prostate cancer?

Each year, about 52,000 men are diagnosed with prostate cancer in the UK. However, Black men are at higher risk of prostate cancer than other men. 1 in 4 Black men will get prostate cancer in their lifetime. This is double the 1 in 8 risk of other men.

In which groups is prostate cancer most common?

Prostate cancer is most common in men aged over 50, and in Black men. Men with a family history of the disease may be at an even higher risk. This is particularly the case if other men in your family developed prostate cancer before the age of 55 years.

"As such, Black men might want to speak to their GP about their risk and the pros and cons of a PSA blood test from the age of 45, even if they have no symptoms," says Prostate Cancer UK.

Why are Black men more likely to get prostate cancer?

Prostate Cancer UK explains that we don't know exactly why Black men are more likely to get prostate cancer. However, it might be linked to genes.

"Higher rates of prostate cancer are seen in men of Black African and Black Caribbean descent across the UK, USA, the Caribbean and West Africa, and this suggests a genetic link between these men and their prostate cancer risk."

The PROFILE prostate cancer study

To better understand the reasons behind prostate cancer in Black men, Prostate Cancer UK and Movember are funding further research. The PROFILE study will be the first of its kind in the UK, aiming to find out why Black men are at higher risk of prostate cancer than other ethnic groups.

The researchers are looking at the genes of men who are of African and Caribbean descent to see if they can learn to predict prostate cancer risk, and find better ways of diagnosing and treating the disease.

The study will take place over five years as researchers monitor the group of men for signs of developing prostate cancer, using blood tests, scans and biopsies.

If you are a man of African or Caribbean descent aged 40-69 and haven't had prostate cancer, you may be suitable to take part in the PROFILE study.

The hope is that increased research into prostate cancer and its origins in various groups of men can aid the development of treatment.

Prostate Cancer UK says that, at the end of the study, the researchers hope to understand why certain men are more likely to get prostate cancer, and whether one day they could create tests to help spot these men earlier, based on their genes.

How can men understand their risk of prostate cancer?

"If prostate cancer is caught early, there's a good chance it can be successfully treated. However, early prostate cancer often has no symptoms, which is why it is so important for men to be aware of their risk," says Prostate Cancer UK.

To help men understand their risk and what action they can take, Prostate Cancer UK has a 30-second online risk checker.

Using this, men answer three questions:

1. What is your age?

- 2. Has your father or brother had prostate cancer?
- 3. Do you have Black or mixed Black ethnicity?

The risk of prostate cancer for trans women and non-binary people

If you are a transgender woman or non-binary person, your prostate cancer risk factors may be different. An exact figure on their risk of prostate cancer is unknown. However, as in cisgender men, Prostate Cancer UK says it is likely that being Black or having a family history of prostate cancer also increases your risk of getting prostate cancer.

Similarly, the risk of prostate cancer increases from the age of 50 in trans women and non-binary people assigned male at birth.

Going to a GP regarding prostate cancer

When you visit your GP, they will talk to you about your risk of prostate cancer and the tests you can have to diagnose it.

Prostate UK explains that there is no single test to diagnose prostate cancer, but the first step is usually a PSA blood test. This measures the amount of prostate-specific antigen (PSA) in your blood and can indicate a problem with your prostate.

"It's normal to have a small amount of PSA in your blood, which increases as you get older and your prostate grows bigger. But other factors, including an enlarged prostate gland, prostate cancer, inflammation, or infection, can raise your PSA level.

"There are advantages and disadvantages to having a PSA test and your doctor will be able to talk to you about these."

If you decide to have a PSA test, your doctor will discuss the results with you. The threshold at which your PSA is considered raised increases with age. Your doctor will take your wishes into account, along with your PSA level and any symptoms you have. Depending on these, they may recommend that you be referred for other tests, such as an MRI scan or biopsy.

Do Black men fear going to their GP about prostate cancer?

"After conducting focus groups with Black men, we found some specific issues associated with cancer taboos and masculinity that may prevent the issue being openly discussed, diagnosed and treated," says Prostate Cancer UK.

Elderly pride

Older Black men said 'pride' can prevent them from talking about issues like prostate cancer. This was linked to them not wanting to deal with it. In turn, this could foster a culture of keeping your problems to yourself and not discussing health within your family. This could result in future generations feeling reluctant to talk about health as well, and a potential rise in prostate cancer deaths.

Masculinity also affected willingness to be tested and biopsied, with reluctance to have a digital rectal examination (DRE). This is where your doctor inserts a gloved finger through your back passage (anus) into the rectum. This allows them to feel the back of the prostate: if the prostate does not feel smooth, the chance of prostate cancer is higher.

The cancer taboo

Prostate Cancer UK found men felt reluctance to talk about cancer. This was linked by several people to it being a taboo subject. This belief appeared to be the consequence of a lack of knowledge, and fear. For prostate cancer specifically, this was also linked to it being associated with the genitals and a reluctance to discuss issues related to them.

"Some men felt discussing prostate cancer or their concerns was a sign of weakness. They said some of their male family members, even those with a diagnosis of prostate cancer, never talked about it. However, this silence changed with a late-stage diagnosis, as this often caused a sense of regret that encouraged older men to act."

A real-life story of a Black man with prostate cancer

Simeon Greene started experiencing urinary problems 10 years ago. Following a GP appointment, he was referred to a urologist. He had a number of follow-up appointments over the next five years and was told he had an enlarged prostate. His symptoms were relieved with a surgical procedure called transurethral resection of the prostate (TURP). However, it was later found that the tissue removed during this procedure included cancerous cells. He was informed that the cancer was very aggressive.

"I had so many appointments to plan my treatment. But, the hardest thing I've ever had to do was tell my partner, who also had breast cancer. She had a thousand questions but I had no answers. I prepared myself for the worst. I even planned my funeral," he said.

After discovering that the cancer had not spread to his bones, Simeon was put on a waiting list for surgery, which eventually went "very well". He is now awaiting treatment for the side effects of surgery.

Fear and mistrust

Simeon adds that he and his family have long been fearful of government and health services due to negative experiences in the past. He references infamous studies, such as the United States Public Health Service Syphilis Study at Tuskegee, which ran from 1932 to 1973, in which Black men have been treated poorly.

In this study, 600 African American men, who were all poor and with limited access to healthcare information, were told they were being treated for "bad blood". This was a medical term used at the time to describe several ailments, including syphilis. 399 participants had syphilis and 201 did not. However, the participants were not offered treatment and the study was deemed "ethically unjustified", due to its risk to human subjects, as a result.

"They thought they were getting access to free healthcare. Black men from Jamaica, including members of my family, were migrant labourers in the area during this period. As a result, I have anxieties when seeking advice for my health," says Simeon.

The impact of COVID-19 and the Missing Men campaign

Over 49,000 men in England were diagnosed with prostate cancer in 2018, making it the most commonly diagnosed cancer. However, following the pandemic, fewer men have been approaching their GPs. The latest data show that, since March 2020, urgent referrals by GPs in England have dropped by over 52,000.

As a result, more than 8,600 fewer men in England started treatment for prostate cancer in 2020 than in the previous year.

The NHS and Prostate Cancer UK are now attempting to identify men who would normally have come forward for help with prostate-related symptoms. The Missing Men campaign encourages men to identify their risks of prostate cancer and ensure as many as possible have the chance of a cure.

Under the Race Relations (Amendment) Act 2000, all public authorities have a 'general duty' to promote race equality. This includes monitoring staffing and the service they deliver by ethnicity. This could help ensure higher-risk patients are provided with relevant resources and awareness and that healthcare providers are aware of the risk factors and relevant support available.

Where to find extra support and information on prostate cancer

The vast majority of men with prostate cancer are over 50, and a significant majority are over 75. However, there are cases of prostate cancer in younger men.

Therefore, if you are under 45 and you have concerns, you can contact Prostate Cancer UK's Specialist Nurses on 0800 074 8383 or online.

They have information specifically for Black men.

Prostate Cancer UK also provides a one-to-one support service and can help men find local support groups in their area.

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