

Behavioral Health - Racial Factor

The following is provided to identify the near certain causes of stress and anxiety as a primary cause of differences between African Americans and other races.

A large number of studies will statistically correlate hypertension with African American, the incidence rate of prostate cancer as well as chronic renal failure. Modeling of the interactions between the neuropeptides can identify catecholamines as existing in NPY and bioinformatic search can correlate their activity to hypertension, prostate cancer as well as chronic renal failure.

The following can be used for discussion purposes with qualified computational biology professionals as part of discussions relative to the interactions between neuropeptides and the cellular consequences of imbalances of activities. <https://www.uofmhealth.org/health-library/tw12861>

Prostate Cancer and Race¹

How much does infamous Tuskegee Experiment still loom over care for African Americans?

¹ https://www.medpagetoday.com/special-reports/apatientsjourney/80479?xid=nl_mpt_SROncology_2019-06-17&eun=g407160d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=OncoUpdate_061719&utm_term=NL_Spec_Oncology_Update_Active

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Over the years, as a staff medical reporter for a large metro daily in Chicago and a freelancer, I have written many stories about health issues affecting African Americans, including access to care, sickle cell, diabetes, kidney disease, hypertension and prostate cancer. It was part of my job to find the "black angle" in my stories. We had a large African American readership at the *Sun-Times*.

Prostate cancer is epidemic among black men. They have a 70% greater incidence of prostate cancer and a two-fold greater risk of dying from prostate cancer versus whites. Just why is a medical mystery.

Now as a white man on active surveillance for prostate cancer, I wonder where all the black men go.

When I was diagnosed with low-risk prostate cancer in 2010, I expected to meet many African Americans on the same journey, especially because I live a suburban Chicago community with a large black population. For most of the 30 years we have lived in our house, our immediate neighbors all have been black. Diversity is a point of pride in our small town -- though we do have problems. Yes, I have black friends.

I have encountered many men of African origin, especially at our gym, who readily talk about their prostate cancer issues. But I have yet to meet one who has followed the path of active surveillance.

In the locker room or walking on the track, I have heard black men complain about the discomfort and lack of dignity with digital rectal exams and biopsies. Several of these men admitted they felt relieved when they finally had radical prostatectomies because they quickly got off the biopsy train. The choice was theirs, but I thought to myself how different my care and options were.

Along these lines, Daniel Lee, MD, a urologist and researcher at Columbia University in New York, [found in a study in 2011](#) of 533 white, African-

American and Afro-Caribbean men that blacks have a greater worry about prostate cancer and higher scores for "screening fear" than do whites. This screening fear creates a barrier to undergoing initial DREs.

During the course of my journey, I started calling virtual support groups. I have heard men identify their African American background, but I recall, in my unscientific survey, only one, an East Coast university professor, who was on active surveillance.

Last September, I met Freddie Muse Jr. at the Prostate Cancer Research Institute meeting in Los Angeles, a patient-oriented meeting, which attracted several black men. Muse was diagnosed with a Gleason 3+4 cancer in 2007. He said his doctors termed his cancer as non-aggressive and slow-growing. He had no known family history of prostate cancer. Some urologists and prostate cancer oncologists, but not all, might have given active surveillance, routine monitoring with prostate-specific antigen scans, mpMRIs and targeted biopsies, a try.

"I was not offered active surveillance, even though I had an early stage PC," said Muse. Instead, he underwent external beam radiation treatments and has fared well since.

In 2008, he started a support group [The Men's Cancer Network](#) in Los Angeles aimed at African American men. The group now has about 35 participants. None are on AS.

"We are not seeing many African American men on active surveillance. My thought is that because we are normally diagnosed with more aggressive disease, and black men are not well-informed, there is no time for AS, treatment needs to begin right away to SAVE A LIFE," said Muse.

Should AS criteria differ by race?

Scott Eggener, MD, co-director of the University of Chicago Prostate Cancer Program, who put me on the path of AS, said the issues regarding blacks and AS are not totally clear. He supports using the same criteria to offer AS to black men as used in white men, though other experts disagree.

Eggerer co-authored a [recent study](#) that found as a result of these complexities it was an open question on whether "AS is an equally effective and valid management option for AA [African American] men."

The study analyzed retrospective data from 2003 to 2014 collected from seven institutions. Patients had undergone radical prostatectomies but qualified for active surveillance. Only 14.8% of 333 African American men vs 85.2% white men met the criteria for AS.

Eggerer summarized the situation in an email: "Some recent data from two separate publications suggests once you rigorously control for socioeconomic, access to care, etc.... race doesn't play nearly as big a role. There were a few papers from Johns Hopkins suggesting that AA men have higher rates of progression while on surveillance..... However, multiple other centers/groups didn't see the same in their own data, including our group."

So what to do? Everyone agrees there is a need for more research.

Fortunately, a major multi-institutional study was just launched that could look at some of these issues in 10,000 African American men diagnosed with prostate cancer since 2010. This will be the first large-scale study of prostate cancer in black men. It will emphasize research on aggressive disease, but could also look at low-risk cancers. Researchers will be taking DNA samples to search for DNA markers for prostate disease and examining slides and other biological samples.

Christopher Haiman, PhD, of Keck School of Medicine at the University of Southern California, is leading the \$26.5-million effort backed by the National Cancer Institute, the National Institute on Minority Health and Health Disparities, and the Prostate Cancer Foundation. The study is known as [RESPOND](#), short for Research on Prostate Cancer in Men of African American Ancestry.

"It's a health disparity that needs to be addressed. Considerable money, time and effort have gone into studies in men of European ancestry. It is time for a large-scale effort devoted to men of African ancestry," Haiman said.

Haiman, a genetic epidemiologist who also leads the African Ancestry Prostate Cancer Genetics Consortium, working with colleagues in the United States and Africa, said he is aiming to overcome the limits of small sample sizes in the past and find the factors at play, from genetics to non-genetic factors such as stress, to try and explain the disease in black men and to find ways to prevent it.

He said the study will look at men receiving aggressive therapies but also those on AS. "I've looked at a few of the studies having to do with active surveillance and there does seem to be a reluctance to do active surveillance in this population," Haiman said.

Tuskegee's ghosts

RESPOND is well-intentioned, but has to navigate the legacy of distrust of doctors and medical research created by the Tuskegee Syphilis Experiments on 400 black men with syphilis in Alabama. In 1997, I [wrote in the *Annals of Internal Medicine*](#) about how 1947 was a crossroads in medical ethics. That year, seven Nazi doctors were convicted and executed at the post-World War II trials at Nuremberg for crimes against humanity in conducting unspeakable experiments on Jews and other "untermenschen." Likewise, 1947 marked the year when penicillin was confirmed as an effective treatment for syphilis. Yet the nearly 400 men with syphilis in the Tuskegee Syphilis Trial were not treated.

Muse, the patient with prostate cancer from LA, says the after-effects of Tuskegee "hold strong today. Our men are very reluctant to participate in studies of this type. There's really a stigma associated with health issues in African American men."

Haiman said the USC study is being very cautious on this point. His group has run focus groups to shape its direction to approaching black men. "We are telling the men about this project in terms of the urgency of knowing more about prostate cancer -- this is an important public health issue in this population. Also, we are being very clear about how this study is quite different from those in the past, such as Tuskegee. We are not enrolling men

to do any sort of testing or administer a drug or anything. We are purely asking them for information so we can study the cause of the disease so eventually we could prevent it," said Haiman.

President Bill Clinton apologized for the damage done by the Tuskegee experiments. Haiman's large study could provide some answers to this common disease in black men. My hope is they don't overlook how active surveillance can help this population.

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