



# Prostate Cancer Screening Practice and Knowledge In Rhode Island

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Rhode Island has had the highest incidence of cancer in the country, but over the last decade the death rate from cancer has fallen to “average” for the United States.<sup>1</sup> For the most part, this has been accomplished by the combined efforts of the medical and public health community to bring cancer awareness and health education, particularly cancer screening, to the state population in general and to the disparate populations, specifically.

Prostate cancer screening has been controversial. The US Preventive Services Task Force recommends that men be advised of both the potential benefit and potential harm. To understand how prostate screening is being utilized in Rhode Island, the Rhode Island Cancer Council (RICAN) conducted two surveys to examine screening referrals and practices based on policies of both urologists and primary care physicians and public knowledge of perceived risk factors.

In Rhode Island prostate cancer incidence is 9% higher than the national average in the period 1996 – 2003.<sup>2</sup> The majority of Rhode Island males 40 years and older have been screened for prostate cancer. To understand screening practices in Rhode Island, we surveyed 150 primary care physicians (response n=79, 52%). (Table 1) Eighty-five percent performed annual Prostate Specific Antigen (PSAs) and Digital Rectal Examinations (DREs); 86% recognized that there are high risk groups for whom prostate screening should be initiated earlier than at the recommended age of 50. Sixty-three percent of respondents recognized family history as a high risk factor. Only 14% identified non-Hispanic black African-Americans as being a high risk population although this population has a 50% higher incidence than non-Hispanic white men.<sup>3</sup>

A population-based study of men over 40 was undertaken with the respondents mirroring the Rhode Island population. (Table 2a) We were concerned that African-American men may not be receiving prostate screening since physicians reported in our survey that they did not

Table 1.

PROSTATE CANCER SCREENING SURVEY OF RHODE ISLAND PRIMARY CARE PHYSICIANS (n=79)			
QUESTION	Percentage of Primary Care Physicians		
“As a Primary Care Physician in Rhode Island, what is your recommendation to males over 50?”	Yes	No	N/a
Annual Prostate-Specific Antigen (PSA) test and Digital Rectal Exam (DRE)	85	13	2
Advise males of the availability of PSA test and DRE	71	4	25
Perform PSA test and DRE upon patient request only	4	62	34
“Are there ‘high risk’ groups who you suggest screening at age 40?”	86	5	9
“If so, what factors determine which males are at ‘high risk?’”	Percentage of Total Responses (175)		
Family History	63		
Evidence of Symptoms	20		
Non-Hispanic Black/African American Race	14		
Testosterone Replacement	1		
Abnormal DRE	2		

Table 2a.

PROSTATE CANCER SCREENING		
RACE/ETHNICITY OF MALE RESPONDENTS (n= 194)		Rhode Island Census 2000
Race/Ethnicity	Percentage	
White	85	82
Non-Hispanic Black/African-American	6	6
Hispanic latino	2	9
Asian/Pacific Islander	1	1
Native American	5	1
Other/Not Stated	2	1

Table 2b.

PROSTATE CANCER SCREENING	
PERCENTAGE OF RESPONDENTS REPORTING SELECT RISK FACTORS FOR INCREASED PROSTATE CANCER	
Risk Factor	Percentage
Family History	48
Evidence of Symptoms	16
Non-Hispanic Black/African-American	6

perceive African-American men as being at high risk. Of 194 men who responded to the survey, 48% recognized family history as putting them at a higher risk. If they had symptoms, 16% thought that represented a prostate risk, but only 6% understood that if they were non-Hispanic black African-Americans, they were at high risk. (Table 2b)

There is a significant information gap among primary care physicians as well as in the general population as to the risk of the African-American community in Rhode Island. RICAN has been delivering prostate cancer education, including the successful award-winning “PawSox and Prostates” program\* at which prostate education is delivered to men at a PawSox game; however, more programs directed at primary care physicians, urologists, and particularly the African-American community are needed in Rhode Island.

## References

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## Disclosure of Financial Interests

The authors have no financial interests to disclose.

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