Prostate cancer (PCa) is the most common male reproductive malignancy and the major cause of cancer deaths. The incidence of PCa in White men was 90 per 100,000, while in Black men it was 150 per 100,000. More specifically, it has been suggested by several studies that racial disparities can be attributed to lifestyle and environmental factors. These factors all increase the risk of PCa.

The discrepancies in PCa incidence and mortality in White and Black men can be divided into several categories. Socioeconomically, Black men have lower socioeconomic status (SES) than White men in general. This, along with having less education, insurance, and worse work conditions is associated with more advanced tumors, as well as higher incidence and mortality rates in Blacks. In terms of personal factors, studies suggest that Blacks are exposed to more smoking, obesity, and other cancer risk factors due to having increased melanoma. However, its effects are minimal. Additionally, there is the possibility that genetic factors may be involved, however, more research is needed.

Blacks also have fewer protective factors with regards to PCa. Studies suggest that Black men receive less frequent PSA testing, more late stage diagnosis than early stage, less access to healthcare, and more non-surgical treatments compared to White men. These factors all increase the risk of PCa.

Accounting for these factors, it is believed that differences in treatment relating to socioeconomic disparity accounts for the racial discrepancies in PCa incidence and mortality rates in White and Black men, rather than genetic differences.

Categorization by race is challenging because it is confounded by various factors such as social class. These confounders may not be measured with equal validity across racial groups.

The definition of White and Black are not well defined among studies. It is unclear whether participants self-identified or were classified according to their parents’ education or occupation. A standardized definition would be helpful for decreasing bias.

Future considerations
There remains a lack of knowledge in the genetic differences between racial groups in regards to PCa. The socioeconomic differences between Black and White men with PCa should be considered in a clinical setting. For example, healthcare workers should be aware that Blacks are more likely to have less insurance, thus being more likely to refuse expensive treatments.

Future health research should focus on increasing the the equal access of PCa diagnostic test and definitive treatment availabilities for all people.

Conclusion
Both incidence and mortality of PCa in Blacks are higher than in White men mainly due to factors relating to socioeconomics. Genetic factors may play a role, but more research is needed. In order to improve PCa outcomes, treatment disparities should be addressed, as well as other factors associated with SES disparity.