



State Rurality Does Not Increase The Risk of Prostate Cancer Death

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INTRODUCTION

- Prostate cancer is the second most common cancer among men.
- PSA based screening for prostate cancer was introduced in the 1980s.
- There are current public health concerns in rural areas of the United States.
- AUA guidelines recommend PSA screening in average risk men between the ages of 55 and 69 years.

OBJECTIVE

- To evaluate the prevalence of prostate cancer screening and death rate in rural communities within the United States.

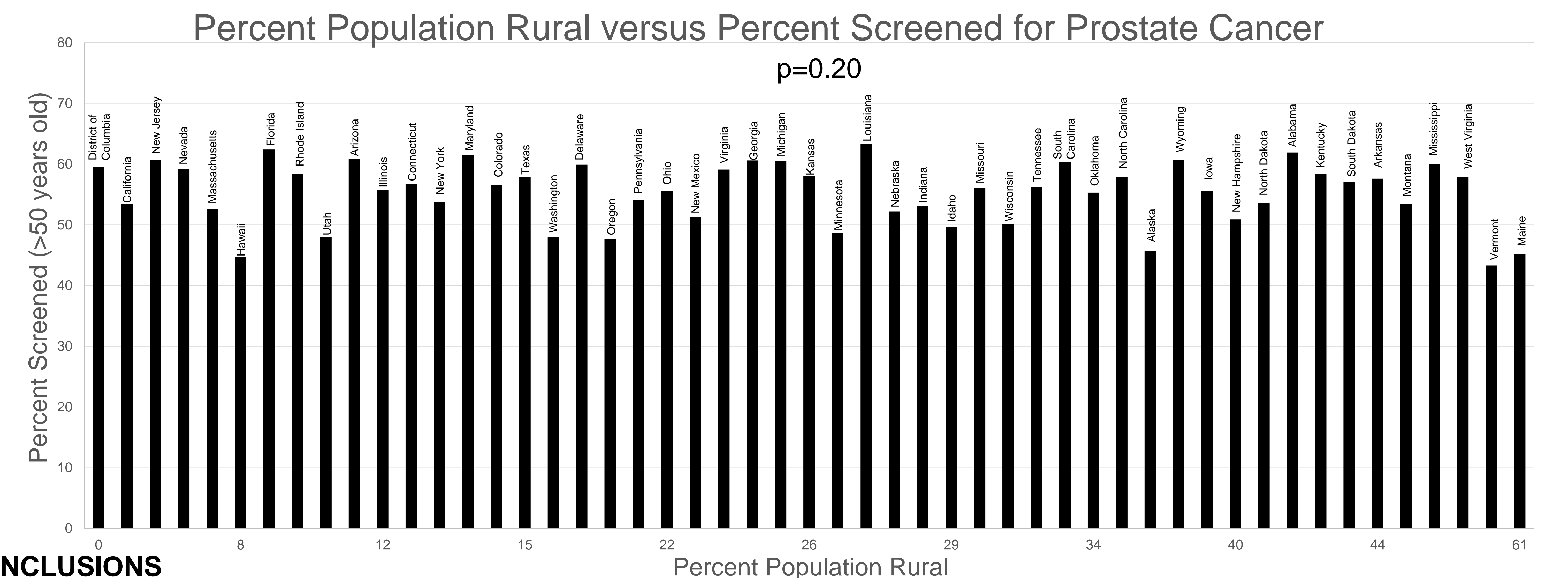
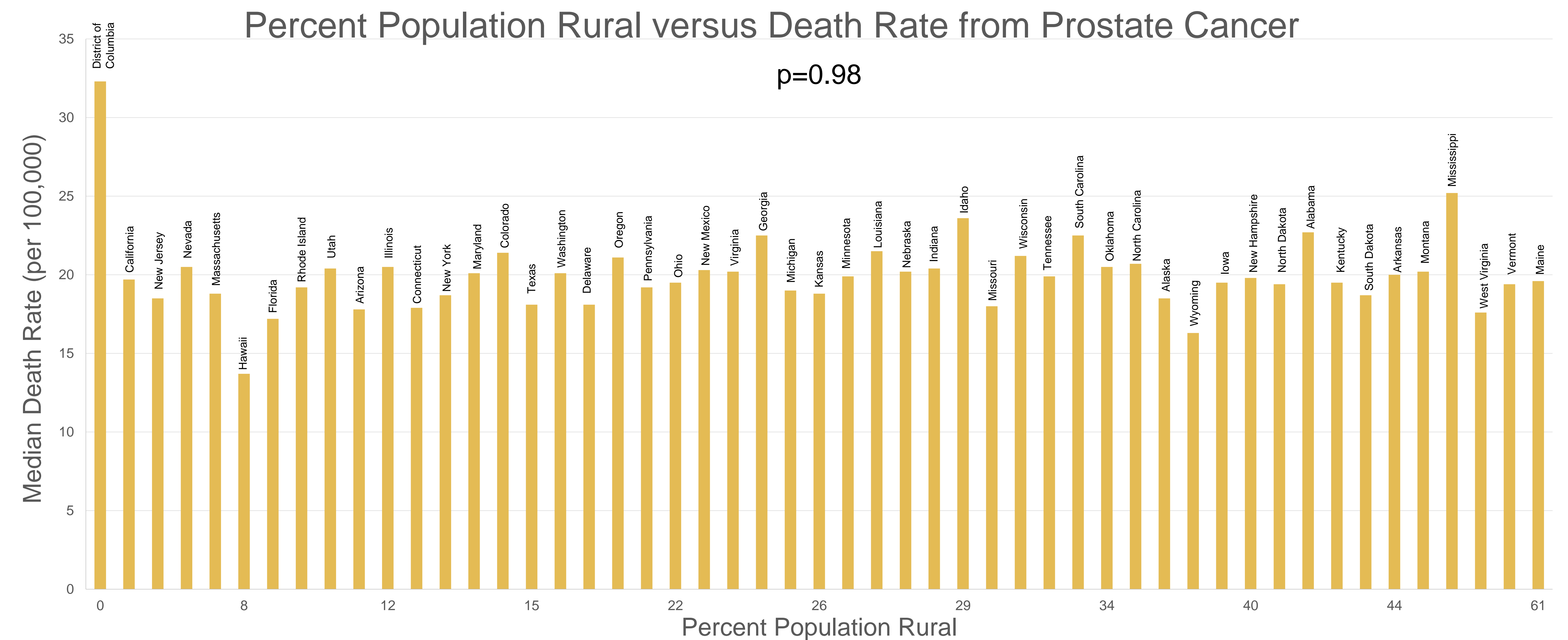
METHODS

- Annual prostate cancer death rates from 2011-2015 were obtained from the American Cancer Society.
- Data from the Behavioral Risk Factor Surveillance System (BRFSS) regarding prostate cancer during this time interval was collected.
- Screening for prostate cancer consisted of a single serum PSA.
- Data regarding populations (rural and urban), population race and socioeconomic status was obtained from the United States Census (2014).
- Descriptive analyses were used to describe the population.
- Pearson Correlation Coefficient was employed to determine screened, death rates and rurality correlations.

RESULTS

- Median Percent of US Population
 - Rural: 25.8% (12.5-34.6, IQR: 22.1%)
 - Urban: 73.8% (65.4-87.5, IQR: 22.1%)
- Median Percent of Male Patients >50 years old Screened
 - 56.2% (52.4-59.4, IQR: 7.0%)
- Median Death Rate (per 100,000) per State from Prostate Cancer
 - 19.5 (18.8-20.5, IQR: 1.7%)
- No correlation found between prostate cancer death rate and percent screened ($p=0.29$) or rurality ($p=0.98$)
- No difference in rural population and percent of men screened ($p=0.20$)

RESULTS



CONCLUSIONS

- Within the US, PSA screening is utilized in over 50% of men greater than 50 years of age.
- Barriers that are commonly associated with living in rural communities such as decreased access to healthcare do not translate into decreased survival outcomes due to prostate cancer.