

Becky Campbell: Hi. My name is Becky Campbell, and I'm senior manager of medical content here at PCF. I'm so excited to be joined today by Dr. Isla Garraway and Dr. Curtis Pettaway to discuss the PCF Screening Guidelines for Black Men in the United States that were recently published. Thank you both for being here today to discuss this important work, really for the public at large and for Black men and families specifically.

Dr. Isla Garraway: Great. Thank you, Becky. It's great to be here.

Dr. Curt Pettaway: Happy to be here.

Becky Campbell: Wonderful. So, I'm just going to introduce you both briefly, and then we'll get into the discussion. So Dr. Isla Garraway is Professor of Urology and Director of Research in the department - at David Geffen School of Medicine at UCLA. She is also an attending urologist and principal investigator at the VA Greater Los Angeles Healthcare System. Dr. Garraway has received PCF Donald S. Coffey Career Development, Young Investigator, and multiple Challenge awards. Dr. Curtis Pettaway is a professor in the Department of Urology at MD Anderson Cancer Center. His clinical practice is based on treating patients with genitourinary malignancies, and his research is focused on discovering markers of cancer progression and reducing disparities in prostate cancer outcomes among African Americans and other underserved populations. So Dr. Pettaway and Dr. Garraway, you were both members of this quite large panel that came together to create these new screening guidelines. We're going to get to that in a minute, but first I'd like to start with some background. What is known about disparities in prostate cancer among Black men that sort of sparked this effort?

Dr. Isla Garraway: Yeah. Well, I think there's a lot known about disparities in prostate cancer that affect Black men in particular. And unfortunately, this has been well-known for decades now. If you look at data from the American Cancer Society and other, you know, major entities that report these kinds of data, you can see, year over year, that Black men—for any endpoint, whether that be incidence of prostate cancer, progression to metastatic disease, or death from prostate cancer—are outliers compared to any other racial-ethnic group in terms of their being affected by these different you know, endpoints associated with prostate cancer.

Becky Campbell: Absolutely, and so clearly, very important to address this in multiple facets. And so the guidelines are really just one way that the healthcare community is you know, trying to address this situation. So thinking about the panel that came together, both of you maybe can talk a little bit about who was involved, what background and expertise that they bring to this quite substantial project.

Dr. Isla Garraway: Yeah, well, we really were kind of rallied into action, thanks to the Prostate Cancer Foundation leadership. And the goal was to really create a very diverse panel of experts, but patient advocates as well, to really kind of share their experiences and their expert background, refer to the current guidelines that we have, and then also do an - a very extensive literature search of what's been published out there over the past, you know, 10, 15 years regarding the benefit of screening in Black men, and how they might benefit even more than the average man, due to the fact that they have these disparities—or these disparities that are so well known. And because of the fact that they are more likely to be diagnosed with prostate cancer, more likely to be—to die from prostate cancer, we really wanted to address early detection in these men to try to reduce some of these—and close—narrow this gap and some of these disparities. And so, of course, Dr. Pettaway was one—on the top of our list, you know, being a urologist, a urologic oncologist, and is exemplary and one of those types of experts that

we wanted to, you know, gain their knowledge and input from. But we had not only representation from urologists, but we had representation from medical oncology, and we had methodologists to specialize in analyzing data, and radiation oncology, so pretty much... primary care. Anyone who basically is involved in advising patients who are at risk of prostate cancer or managing prostate cancer patients, we wanted to have their input.

Dr. Curt Pettaway: Yeah. You know, my hat's off to the Prostate Cancer Foundation for recognizing this need, you know, to have this type of guideline. We've—as Dr. Garraway mentioned, we've known about these disparities for so long. And the message for early detection of prostate cancer was really poorly communicated. And this guideline, really served as a vehicle for utilizing the best available data to synthesize and make concrete statements about what should happen in Black men. And so, certainly myself and many other investigators across the country, with a variety of different skill sets were certainly overjoyed to participate in what I would call a historic event.

Becky Campbell: Well, thank you so much—it was—for laying that out. You know, it was quite a lot of work, and we're just going to keep things very simple, but everyone should keep in mind, this is, you know, really the distillation of, I think, over a thousand articles were reviewed. So to get to these very simple statements that are easy for men, easy for families, and easy for those busy primary care doctors to understand. Rather than, you know, getting lost in lots of data. It's really so well distilled down. So, I'd like to just walk through a few of these, and we'll have a link to, you know, more information on our website and in the show notes below. But let's start with the very first key question that the panel sought to answer. So, Dr. Pettaway, should Black men be screened for prostate cancer?

Dr. Curt Pettaway: Well, the answer is an emphatic “yes.” We certainly know from randomized controlled trials that we can decrease the incidence of metastatic disease and death from prostate cancer. So, there's no doubt about that. On the other side, the problem becomes—is that—when you do that, you can increase the incidence of what we call “over-detection,” detecting those small, indolent cancers that may not pose a threat to an individual during their life. So, the goal, then, is to find the clinically significant cancers, while trying to minimize the effect of over-detection. And there are a variety of ways that urology and other physicians have grown to be able to do this more routinely as we go about detecting prostate cancer. So, we're finding ways to find the significant cancers and decrease the harm from the potentially insignificant or, what we call indolent cancers, that won't pose a threat to you. And so bottom line is we're at a point now where the answer is an emphatic “yes,” that we should screen for prostate cancer. And I'll let Gar—Isla give us some important insights with respect to what the data showed.

Dr. Isla Garraway: Yeah, I mean, I think, exactly a hundred percent right, and there was a consensus of the panel that that simple question, “Should Black men be screened for prostate cancer?” It's not necessarily, I mean, I think, a lot of us on the panel thought it was an obvious “yes,” but it's not necessarily that well understood and communicated to Black men, that this should be something that they should do. And so it was really great to review the data and show that you know, the risk of, you know, the risks of over-detection, you know, are there still. But we have tools to deal with that, we have, you know—we—it still does not outweigh the benefit of screening and knowing, you know, whether or not you're at risk for a diagnosis of prostate cancer, so that you have an opportunity for early detection and early intervention if it's warranted. Not all cancers need to be treated, which is the great news. I mean, we have—we don't have to immediately treat all cancers. But at least you'll know. You know, at—at the

earliest possible point, you know, if you have prostate cancer, so that we can monitor it, and we can decide the best course of action for each individual.

Dr. Curt Pettaway: Yeah, knowledge is power.

Dr. Isla Garraway: Yep.

Becky Campbell: Absolutely. We put the patient in the driver's seat, allow them to have the decision—the information they need to make decisions about their care with their physician.

Dr. Curt Pettaway: Yeah.

Becky Campbell: So there's been a lot of confusion over the years about what is prostate cancer screening. So this—your second question that the panel looked at was, “What should Black men know about how screening for prostate cancer is conducted?”

Dr. Isla Garraway: Well, the really great news is that it's a simple blood test now. I think there has been a lot of hesitancy to screen for prostate cancer because of the dreaded prostate exam, and the consensus now is that really the blood test is all we need as a first-line screen. That's all we need to do, is collect a little bit of blood and measure what's called the “PSA,” the Prostate-Specific Antigen test in the blood. And by getting a measurement of PSA, we can have an idea about where your risk is for detection of prostate cancer. So that's the first step, that's all that's needed. It's a simple blood test. This can happen after a discussion with any of your providers. It could be your primary care, it could be if you have a urologist. But making sure you have that discussion about, you know, “Should I be tested for prostate cancer? I am a Black man. I am at high risk. I feel I should be tested,” and that will lead to that simple blood test being collected, and the knowledge that is power, as Dr. Pettaway just mentioned.

Dr. Curt Pettaway: Yeah, I think that we've taken the fear factor out of it from the standpoint of view of having the digital rectal exam for checking the prostate. As Dr. Garraway eloquently stated, it's not needed as a first-line test. We can go with the blood test.

Becky Campbell: Absolutely and thank you for hopefully finally dispelling that myth and for helping us spread the word—it's just a simple blood test. So another area of controversy, for you know, for all men over the years has been the age to start and stop screening. So let's start with starting. At what age should Black men obtain their first PSA test? And how often should they be screened for prostate cancer?

Dr. Isla Garraway: Well, one of the pieces of knowledge that became very clear through our literature review that the team did as part of this process of generating these guidelines is looking at some really great modeling data of clinical trials that have been done looking at the benefit of screening. And what that has shown is that prostate cancer onset is so much earlier in Black men compared to other men. So I mean, we're talking 3 to 9 years earlier, is when it occurs in Black men. That's a huge—that's like, you know, half a generation, you know. So it's very important that Black men start screening earlier as a result of that knowledge, and so that's why we recommend that discussions—first of all, you have—in order to know that you need to be screened, you need to have a discussion. You need to be aware, right? So we really recommend that primary care providers start talking to their patients who are high risk for prostate cancer, including Black men, you know, starting around age 40. And then that test—first

test should be—should happen, you know, before 45 years of age so that you have the best chance of early detection for prostate cancer.

Dr. Curt Pettaway: Yeah, I couldn't agree more. If you look at the data that's already out there, with respect to incidence and mortality of prostate cancer, you not only see that the prostate cancer incidence is higher, but the age of onset is, you know, least 5 years earlier, and when you look at the mortality curves, the mortality starts to tick up 5 to 10 years earlier in Black men. So I couldn't agree more with that, and I think the panel was pretty—had a pretty good consensus about that.

Becky Campbell: And then—and Dr. Pettaway, just to follow up on that. How often should the screening occur? You know, every 6 months, every year every 2 years? What does that cadence look like?

Dr. Curt Pettaway: Well, that's certainly a very important question. There are a lot of different strategies out there, and the question is, well, how, you know, how does this apply to Black men? And it seemed like, based on the modeling data that Isla talked about, that for those who are going to undergo screening, that yearly screening for prostate cancer really preserves the benefit of reducing mortality over time. And when you look at that interval, it's really that interval where you get the biggest bang for the buck between age 40 and 69. So for those who are going to undergo screening, it seems like it should be a yearly type of thing.

Dr. Isla Garraway: Yeah, I agree. I think this is an area that's still really very active in research in terms of figuring out what's the appropriate interval, and there's a lot of nuance in determining that appropriate interval, as Dr. Pettaway mentioned. A lot of it has to do with what that first PSA value is, and what you know the subsequent values look like. If your PSA is constantly, very, very low, you can maybe increase the interval. But we do need more data to kind of really support that, although some of the data that's already out there is very promising, but for now, it's just—the key is, as Dr. Pettaway says, regular testing. Regular intervals. So you don't—you know, once you make that decision, "I'm going to start PSA testing. I'm going to get my first screen. I'm, you know, between—before I'm 45, you know." Then it's just a matter of, like, making sure that interval is regular every year, every—at least every 2 years, at the maximum for now, until we know more data, you know. That's—it should be regular screening. It's just—should be part of an annual physical exam essentially.

Becky Campbell: Absolutely, makes a lot of sense and sounds so clearly reflected in these guidelines. Dr. Garraway, you and I were talking a little bit earlier about other factors that might influence screening such as genetic risk and family history. Do you want to say just a little bit more about that?

Dr. Isla Garraway: Yeah, sure. So Black men are one of a few high-risk populations that we know have a, you know, have a high risk of developing prostate cancer and even lethal prostate cancer. But there are other populations that also are at high risk, and that includes people who have a strong family history of prostate cancer. So if your father, grandfather, uncles—that there are multiple members of your family with prostate cancer—and it's not just prostate cancer. It's other cancers, too, that can be related, and kind of be in the same kind of spectrum of risk, like breast cancer, and some others, you know, then that can increase your risk as well. So really, knowing your family history—sometimes it's hard to know that, sometimes not everybody really is aware of, you know what's going on medically with all their family members. But if you do know that you have a family history of prostate cancer, then that should even be more of a motivation

to make sure that you're getting screened early, because those can contribute to your risk. Another thing is, if you have a known genetic, you know, alteration in your family—because you know, prostate cancer is one of the most heritable cancers. So that means that there are alterations in the genes that can be passed down, you know, from father to son to grandson, and that can increase your risk, and if you know that you have one of those alterations, then, again, that also should be another reason to make sure you're getting early and regular screening for prostate cancer.

Becky Campbell: Absolutely.

Dr. Curt Pettaway: Yeah, I mean, you know, this has certainly put an impetus on us as we're talking to patients. To, you know, ask them to find out a little bit more about the cancer history in their families, you know, because this certainly can put you at increased risk for a variety of different cancers, but—and certainly it certainly piqued physicians history taking skills, in this era of precision medicine to know more about family history of prostate and other cancers.

Becky Campbell: I think it could be hard to—any advice for talking to your family about this? This could be a hard subject to raise, you know, sort of over the dinner table or a family barbecue. Do you have any sort of anecdotal evidence as to how folks can raise this with their family?

Dr. Isla Garraway: Yeah, that's a great question, Becky. And I think, you know, again, it can be a really sensitive topic, you know, really to healthcare

Dr. Curt Pettaway: Yeah.

Dr. Isla Garraway: But I guess one of the motivating factors can be just the fact that you know, again, going back to Dr. Pettaway's statement, knowledge is power. So knowing if your family is at risk for prostate cancer can allow you to protect the next generation of your family by making sure they're aware.

Dr. Curt Pettaway: Right.

Dr. Isla Garraway: And that they have an opportunity for early screening and early detection.

Becky Campbell: Absolutely. So you've got these guidelines. They're published in the journal—New England Journal of Medicine Evidence. What is the next step for implementation we're sharing today with the public? How do we get the word out to healthcare systems, insurers, primary care doctors, anybody who might be interfacing with Black men and families?

Dr. Curt Pettaway: I'm going to let Isla take that one.

Dr. Isla Garraway: I mean, I think opportunities like this, to really speak to the public and raise awareness about these guidelines. The really nice thing about these guidelines that's different from the guidelines that we use—Dr. Pettaway and I, you know, to manage our patients - is that these are so clear. They're really aimed towards patients and their families, as well as primary care, you know, just—who not—don't necessarily have the time or the ability to go through all of the evidence and figure it out for themselves. So we just started with these very simple questions, very simple answers, that are backed up by the data that you can read, if you want, further in the article. And so it really is a very simple and clear message—at least that's what we were intending it to be. So, I think taking the opportunity and talking to our patients, talking to

our colleagues. You know, anytime we have a chance to talk about this issue at our annual meetings—it hopefully will spread like wildfire, and everybody will get the message, and we'll really raise awareness about little things that we could do. It's not gonna solve the whole problem, you know. But hopefully, it can contribute at least to that really key, critical knowledge that people need to make these informed decisions about screening and giving them the opportunity to discuss this with their providers, so that they have the opportunity to get that screening early.

Dr. Curt Pettaway: Yeah, you know, Isla hit on an important point, as you did, Becky, that, you know, primary care providers are really a key group here because they order most of the PSA testing for their patients. We come in down the line and, you know, the evidence we see from that is when the [US] Preventive Services Task Force, you know, way back in 2012 decided to give screening a low recommendation, meaning they didn't recommend it during that time. We saw PSA testing go down. We saw prostate biopsy incidence go down, and we saw the incidence of distant disease, that dangerous disease, go up. And so it tells us that primary care providers are listening to certain guideline panels to make their decisions. So, we really have to get this information out to primary care providers because they're the first line.

Dr. Isla Garraway: Yes, and just to follow up on what Dr. Pettaway is mentioning about the other—the guidelines that really have an impact on screening. You know, one of the issues that the guideline panel will tell you, the USPSTF, is that they couldn't make specific recommendations towards Black men because there wasn't enough of that population participating in the randomized clinical trials, which they depended on to make recommendations. So it's not that they're against, you know, screening—and Black men are - these recommendations that are—that the PCF is making. It's more that they just didn't have the data at the time. So it is really important. That's why this—it heightens the relevance and the importance of these guidelines that are coming out of the Prostate Cancer Foundation because it gives—it gave us an opportunity to really look at the other types of data that's out there, the modeling data and say, "Hey, look! If we were to focus on high-risk populations like Black men, this is the benefit of the screening that wasn't picked up in the original trials." So this really kind of complements, you know, previous studies and kind of takes them to a new level and provides information that wasn't available in those randomized clinical trials that were first done for screening.

Dr. Curt Pettaway: Yeah. And you know, the Preventive Services Task Force, to their credit, certainly recommended the need for these types of data in Black men. So I think it was kind of a call to action—and certainly the Prostate Cancer Foundation—and certainly stepped up to the plate, in, you know, establishing and doing the kind of research that would allow a guideline to be published. And certainly, we need a lot more data. I think we need prospective cohorts of Black men in clinical trials related to the topics of early detection and management so that we can really have the best available data. And I think that that's one thing that is glaring when you look at the prostate cancer trials that provided the evidence, there were few Black patients in any of those trials. So we've really got to step up to the plate and get these kinds of trials done.

Becky Campbell: Absolutely. It's a complicated problem with, you know, disparate representation among the trials, you know, across many diseases, certainly not just prostate cancer. But that is certainly another topic for another conversation. So in closing, Dr. Pettaway, I'll kick it to you. What is a take-home message for those who are watching this video today? They're probably—they're not even patients. They're Black men and families watching this today.

Dr. Curt Pettaway: I'm—my take-home message is that prostate cancer can be a lethal disease. It's very common. very common. And you should, under the right circumstances, you certainly should talk to your doctor about the need for getting the PSA blood test. And if it's appropriate for you, then what I would recommend is that when you get that test, you write it down or you put it on your cell phone so you'll have your own record of what your PSA test is—even, uh—you know, get your own medical records so that you know what's going on with your own health. Electronic medical records are widely available today, and portals, and patients can know their own information. So like I said, knowledge is power. And if you are a candidate for PSA testing, you should get that value and know what that value is.

Becky Campbell: Absolutely. Dr. Garraway, can you take us out? One last word.

Dr. Isla Garraway: Alright. Well, I mean, I love what Dr. Pettaway just said about self-advocacy and really knowing, you know, your own data and the goals of PSA testing and early detection. And I guess my last word would be just spread the word, that advocacy can happen not only from the patients themselves but from their loved ones. So if you are a loved one, you know who—of a patient who is possibly at high risk for prostate cancer, make sure that they have this knowledge. Make sure that they know that PSA screening is simple. It's effective. And it really gives them choices to help reduce their risk of lethal disease.

Dr. Curt Pettaway: Yeah, that's right. And I think one of the things that is different about prostate cancer that we can emphasize is that prostate cancer diagnosis is not necessarily a diagnosis of death at all. Prostate cancer can be very treatable, and some low-grade prostate cancers are just followed over time. So it does not mean it's a death sentence for you.

Dr. Isla Garraway: Exactly.

Dr. Curt Pettaway: And that's the importance of detecting it early.

Becky Campbell: Wonderful. Well, thank you so much for your time today. I'm thrilled that we could get together and discuss these guidelines. Some simple messages: know your PSA level, talk with your doctor, and share this information with your community so we can help spread the word. Thank you so much for your time today, and for your excellent work on this really extensive panel work.

Dr. Curt Pettaway: Awesome, awesome.

Dr. Isla Garraway: Thank you, Becky.

Dr. Curt Pettaway: Thank you.