

Trends and Racial Differences in the Utilization of Androgen Deprivation Therapy for Metastatic Prostate Cancer

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Objective: The purpose of this study was to assess utilization trends for androgen deprivation therapy (ADT) overall and by type (orchiectomy and luteinizing hormone-releasing hormone (LHRH) agonists), and the factors associated with time to receipt for metastatic prostate cancer.

Methods: Data from the Surveillance, Epidemiology, and End Results (SEER) cancer registry and Medicare claims database was obtained for 5,273 men, ages 65 years and older, diagnosed with stage IV prostate cancer during 1991-1999 from 7 SEER regions. An accelerated failure time regression model with log-normal distribution was used to examine factors associated with mean time to receipt of ADT.

Results: African-American men were less likely than white men to receive any ADT following diagnosis ($p < 0.001$). Differences were noted in the time to receipt of ADT, with African-American men having a longer mean time to receipt of orchiectomy (time ratio (TR)=1.50, 95% CI=1.03, 2.17) or LHRH agonist (TR=1.42, 95% CI=1.06, 1.89) than white men.

Conclusion: African-American men with metastatic prostate cancer were significantly less likely to receive ADT and when treated, had a slightly longer time to receipt than white men, which may have implications for patients and physicians involved in the palliative management of metastatic prostate cancer.