AREA OF FOCUS #6

Diseases of the Prostate

Benign prostatic hypertrophy (BPH) and chronic prostatitis (CP) are the two most common non-malignant diseases of the prostate. Their prevalence far exceeds that of prostate cancer. They affect adults of all ages and account for the major health care costs in the diagnosis and treatment of prostate diseases. They commonly are present in patients with prostate cancer.

They occur at an earlier age than prostate cancer; their causal relationship to the development of prostate cancer is not known.

Although the available data show that prostate cancer has a higher prevalence in African-Americans, the racial disparities for these nonmalignant diseases have never been accurately assessed. However, it is assumed that they follow a pattern similar to that of prostate cancer.

In addition to racial disparities in disease prevalence, the disparities in types of therapy, effectiveness of therapy, and effectiveness of screening programs has never been studied or evaluated.

Current Activities

Minority Recruitment in Chronic Prostatitis Cohort Study

Background

Diseases of the prostate are a major health care burden for men. There is strong documentation that cancer of the prostate has a higher incidence in African-American men. Although it has been suggested that the other two diseases of the prostate, BPH and CP, are also more prevalent in African-American men, these data are controversial and not well documented. Finally, it is unclear whether prostatitis increases the risk of malignancy in African-Americans. An accurate determination of the incidence and natural history of the three main diseases of the prostate in various racial/ethnic populations is essential if insights into the etiology, genetic susceptibility, and treatment strategies are to be effectively developed.

In 1997 the NIDDK established and funded the Chronic Prostatitis Collaborative Research Network (CPCRN). The purpose of this network was twofold: (1) to develop and follow a cohort of patients who meet the NIDDK definition of CP, which can be used to characterize the clinical and epidemiological characteristics of this disorder, and (2) to start innovative therapeutic interventions in persons who meet the criteria for CP.

The CPCRN consists of six clinical centers and a data-coordinating center. Currently, the CPCRN is addressing the first aim of the network—to develop and follow longitudinally a cohort of patients who meet defined clinical criteria. Patient recruitment into the centers has been excellent and has met or exceeded the established goals. However, the percentage of non-Caucasian, minority patients recruited into the cohort has been less than 5 percent. This small percentage will not allow a valid statistical determination of the characteristics of chronic prostatitis in minority males. The initial selection of centers was based on an ability to recruit patients with CP, and not on an ability to access minority populations. To significantly increase enrollment of minority men into the cohort, it will be necessary to add an additional clinical center that has a demonstrated large population of minority men.

Research Goals and Scope

A clinical center located at the University of Mississippi in Jackson will be added to the CPCRN. This center has a large minority population, and the Principal Investigator has a longstanding interest in the study of prostate diseases, including CP. Additional funding will be provided to other centers with access to minority populations to support personnel trained in minority recruitment. Patient recruitment at these clinical centers will significantly increase the enrollment of minority patients in the CPCRN cohort and will allow for statistically significant data analyses.

Performance Measures

The performance measures will include the quality of the proposals, the level of funding, and the total number of minority patients enrolled in this study.

Outcome Measure

The outcome measure will be the successful increase in the number of minority patients enrolled in the CPCRN cohort.