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Original Communication

### Association of Black Race With Follow-up of an Abnormal Prostate-Specific Antigen Test

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Delayed evaluation after a clearly abnormal prostate-specific antigen (PSA) result may contribute to more advanced prostate cancer at diagnosis in black men. In 46 primary care practices over a period of 4.5 years, we studied men aged more than 50 years without known prostate cancer who had a PSA of at least 10.0 ng/mL for the first time. PSA follow-up included: a urology appointment, a new prostate diagnosis, or repeat PSA test. Cox proportional hazards models assessed time to follow-up, adjusting for demographic, clinical, and health care factors with censoring at a time that represents excessive delay (200 days). Among all 724 study men (27% black), delay until PSA follow-up averaged 115.2 days ( $\pm$  79.7 d) and the unadjusted hazard ratio (HR) for follow-up was shorter for black men than nonblack men (HR, 1.23; 95% CI, 1.00-1.51). However, black men were more likely to have had prior urology care and had higher index PSA levels than other men; both factors were associated with shorter follow-up. After adjustment, delay did not differ for black vs nonblack race (HR, 1.05; 95% CI, 0.78-1.43) but men aged at least 75 years had a longer delay than men aged 74 years or less (HR, 0.72; 95% CI, 0.59-0.89). Despite black men having greater risk of advanced prostate disease at diagnosis and better linkage to urologic care, follow-up was delayed, on average, by more than 3 months and did not differ by race. These results reveal a potentially important, remediable factor to improve prostate cancer prevention and care for black men.

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#### Keywords

prostate-specific antigen; African Americans; prostate cancer; physicians

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