

Association between cancer and the detection and management of comorbid health conditions among elderly men with prostate cancer in the United States

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Abstract: Using the data from the Surveillance, Epidemiology, and End Results registry (SEER)-Medicare Program, this dissertation analyzed the longitudinal relationship between prostate cancer and comorbid conditions. This study examined the detection and use of care for comorbidities among patients who were diagnosed with prostate cancer in 2000. The study also assessed racial disparity in survival among the survivors after controlling for use of care for non-cancer comorbidities, which have never been controlled for in previous cancer survival analyses.

Prostate cancer survivors not only were more likely to be diagnosed with comorbidities, but also received more necessary care for non-cancer conditions after 2000. The prevalence rates of chronic obstructive pulmonary disease, diabetes, depression, hypercholesterolemia, and hypertension and the overall severity of comorbidities increased more among the prostate cancer group than the non-cancer comparison group across time. After 2000, prostate cancer survivors were more likely to receive necessary care, especially clinical assessment and management of chronic conditions, than individuals without cancer. Although these findings did not differ by race, the magnitudes of changes after cancer diagnosis were larger among black survivors.

Black prostate cancer survivors had higher overall, cancer-specific, and non-cancer mortality rates than white survivors. Although racial disparities in survival were largely explained by racial differences in socioeconomic status and cancer disease information, the disparities were no longer statistically significant after controlling for comorbidities and use of care for non-cancer conditions.

In conclusion, cancer diagnosis may represent an important opportunity for prostate cancer survivors, especially black survivors, to be more aware of their health and to receive more necessary care. Efforts to increase early diagnosis, appropriate treatment, and post-diagnosis use of care among black survivors may be necessary to improve their survival and to further eliminate racial disparities in prostate cancer survival.

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