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14. ABSTRACT Prostate cancer (PCa) incidence and mortality is higher among African American (AA) men compared to all other groups. There is compelling evidence that higher mortality is due to the greater likelihood of AA men to be diagnosed with advanced-stage PCa. PCa screening, specifically prostate-specific antigen test (PSA) and digital rectal exam (DRE), has been shown to increase early-stage diagnoses. Although several organizations recommend annual PCa screening starting at age 45 for AA men, screening among AA men is low. Indeed, interventions to increase screening and the early detection of PCa among AA men are critical. Although culturally targeted health interventions have been found to be effective there are no interventions that have systematically addressed culturally relevant factors in PCa screening among AA men. The primary aim of the proposed study is to develop and evaluate the impact of a culturally targeted (CT) print intervention on PCa screening participation among AA 410 men through a randomized controlled trial. The proposed research also seeks to investigate the mediational pathways (i.e., mechanisms) through which the culturally targeted print intervention impacts screening participation.					
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INTRODUCTION

Prostate cancer (PCa) is the leading cause of cancer among American men and African American (AA) men carry a disproportionate amount of this burden. PCa incidence and mortality is 60% and 123% higher, respectively, than that of white men (1;2). It has been proposed the higher mortality rate is due to the possibility that PCa has unique disease characteristics in AA men (3). However, there is compelling evidence that higher mortality is due to higher likelihood of advanced-stage diagnosis (4;5) as AA men are more likely to be diagnosed with PCa at a more advanced stage compared to whites (2). A 2003 report on PCa trends from 1969-1999 (6) revealed that widespread PCa screening - specifically the prostate-specific antigen test (PSA) - led to a marked increase in early-stage diagnoses in the 1980s and was followed by a decline advanced-stage mortality. In other words, as early-stage diagnoses increased, advanced-stage diagnoses decreased, thereby decreasing deaths from advanced-stage disease. In light of the higher rates of advanced-stage diagnosis and mortality among AA men, the promotion of early detection of PCa through screening has the potential to reduce significant ethnic disparities in cancer. The majority of organizations agree that the benefit of routine screening may be larger among AA men and half recommend that AA men should be offered annual screening in their 40's (7;8). Unfortunately, there is considerable evidence that AA men are less likely to be screened compared to White men (9-13). There are relatively few PCa screening interventions that focus on AA men and these have resulted in only modest increases in screening. One explanation may be that none have systematically addressed culturally relevant factors in PCa screening, even though culturally targeted (CT) health interventions are reported to be more effective than generic interventions. Therefore, it is important to investigate whether a CT intervention is more effective in increasing PCa screening than a generic intervention. The importance of culturally relevant factors is supported by social identity theory (SIT), which defines social identity as that part of the one's self-concept that derives from their knowledge and evaluation of membership in a social group (14). This study is also guided in the Theory of Planned Behavior (TPB) (15). TPB posits that behavior is predicted by several variables: intention to engage in a behavior; attitudes (one's evaluation of a behavior); perceived group norms (one's perception of reference group desires that the individual participate in the behavior); and perceived behavioral control (one's appraisal of his or her ability to engage in the behavior). Studies have reported that attitudes, norms, and behavioral control were significant predictors of intention to participate in cancer screening (16) and intention was the strongest predictor of actual participation (17). This is consistent with findings that intention to participate in PCa screening significantly predicted screening participation (18).

In the current research, we expect that the association between the CT intervention and adherence to PCa screening guidelines will be mediated by screening intention, attitudes, perceived group norms and behavioral control over screening, as well as PCa knowledge and perceived risk. In other words, individuals who will be most likely to participate in screening following an intervention are those who experience substantive changes in these variables. For reasons addressed by social identity theory, it is also proposed here that a CT intervention will lead to greater changes in these mediating variables and therefore have a greater impact on screening participation. The identification of culturally relevant factors that may be addressed in a PCa screening intervention is essential. Additionally the study will examine three important culturally relevant factors to include in a PCa screening intervention, medical mistrust, and collectivism.

HYPOTHESES : The objectives of the proposed research are to: 1) develop and evaluate the impact of a culturally targeted (CT) print intervention on prostate cancer (PCa) screening participation in a sample of 410 AA men through a randomized controlled trial, and 2) to investigate the mediational pathways (i.e., mechanisms) through which the culturally targeted print intervention impacts screening participation. Hypothesis 1: Participants in the CT condition will report greater PCa screening participation following that intervention compared to men in the generic intervention condition. Hypothesis 2: Men in the CT intervention will report greater changes in screening intention,

attitudes, group norms, behavioral control, PCa knowledge and perceived PCa risk, and these variables will mediate the impact of the CT intervention on screening participation. Exploratory Hypothesis 1: Culturally relevant variables will moderate the impact of the CT intervention such that men with stronger ethnic identity, medical mistrust, spiritual faith, and collectivist attitudes will benefit more from the culturally targeted intervention.

BODY

Since February 2006, we have addressed the following tasks outlined in the SOW: 1) recruit participants, conduct baseline assessments for randomized controlled trial evaluating a culturally targeted print intervention with a generic print intervention; 2) conduct follow-up assessments; 3) conduct six-month follow-up interviews. In November 2006, the amendment to our protocol allowing us to change our recruitment strategy was approved. Since that time, 62 participants were consented to the study. Six-month follow-up data was collected from 9 of these men. We also received a one-year no-cost extension in February 2007. Please note that since that extension and approval of protocol renewal by the Mount Sinai IRB, we have consented an additional 14 men. Furthermore, we have screened an additional 40 men who are eligible and will be scheduled to attend a data collection session within the next 1-2 months and we have over 132 men interested in the study and waiting to be screened. If we include men who were part of pilot work to test the new recruitment strategy, we have baseline data for 127 men and 6-month data for 42 men.

The SOW also included interim data analyses, report and presentations. Due to changes in our recruitment strategy and insufficient data, this part of the SOW was not completed. However, final data analyses, report and presentations will be completed in this no-cost extension year as indicated in the SOW.

KEY RESEARCH ACCOMPLISHMENTS

1. Successful and ongoing recruitment of men to participate in RCT.
2. Administration of 127 baseline and follow-up assessments
3. Administration of 42 six month follow-up assessments

REPORTABLE OUTCOMES

To date, we have no reportable outcomes. As stated above, final data analyses, report, and presentations will be completed in this no-cost extension year as indicated in the SOW.

CONCLUSIONS

Our amended recruitment strategy has proved extremely successful and we will continue recruitment, baseline and follow-up assessment, and 6-month assessment. We now have sufficient data to begin data analysis and we will more actively pursue publication and presentation opportunities.

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APPENDICES:

There were no relevant appendices for the past year.

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