



The Impact of a Precision Medicine Navigator on Inequities Associated with Utilization of Genomic Tests in Black Men with Prostate Cancer



Presented by:

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Disclosure & Study Team



- I have no conflicts of interest to disclose
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Background



Black men with prostate cancer in the United States experience disproportionately worse clinical outcomes compared to other racial groups

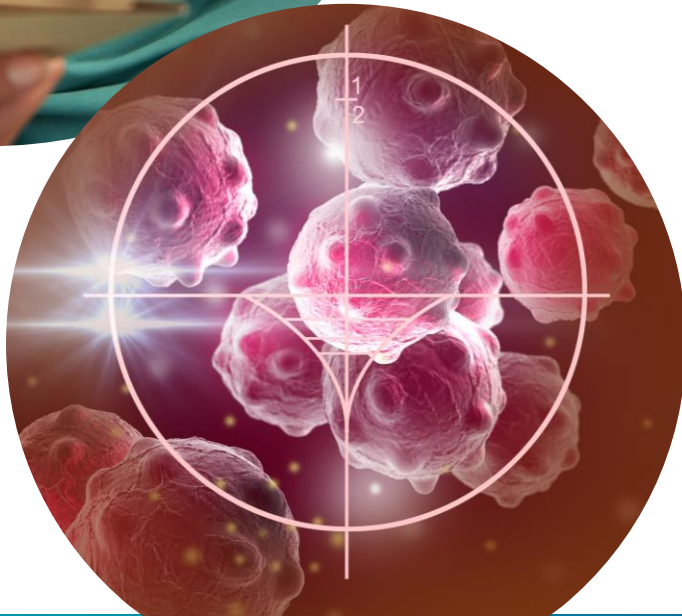


Prognostic genomic tests hold promise to address these inequities, but concern remains that systemic barriers will lead to lower utilization, **and amplify further inequities**



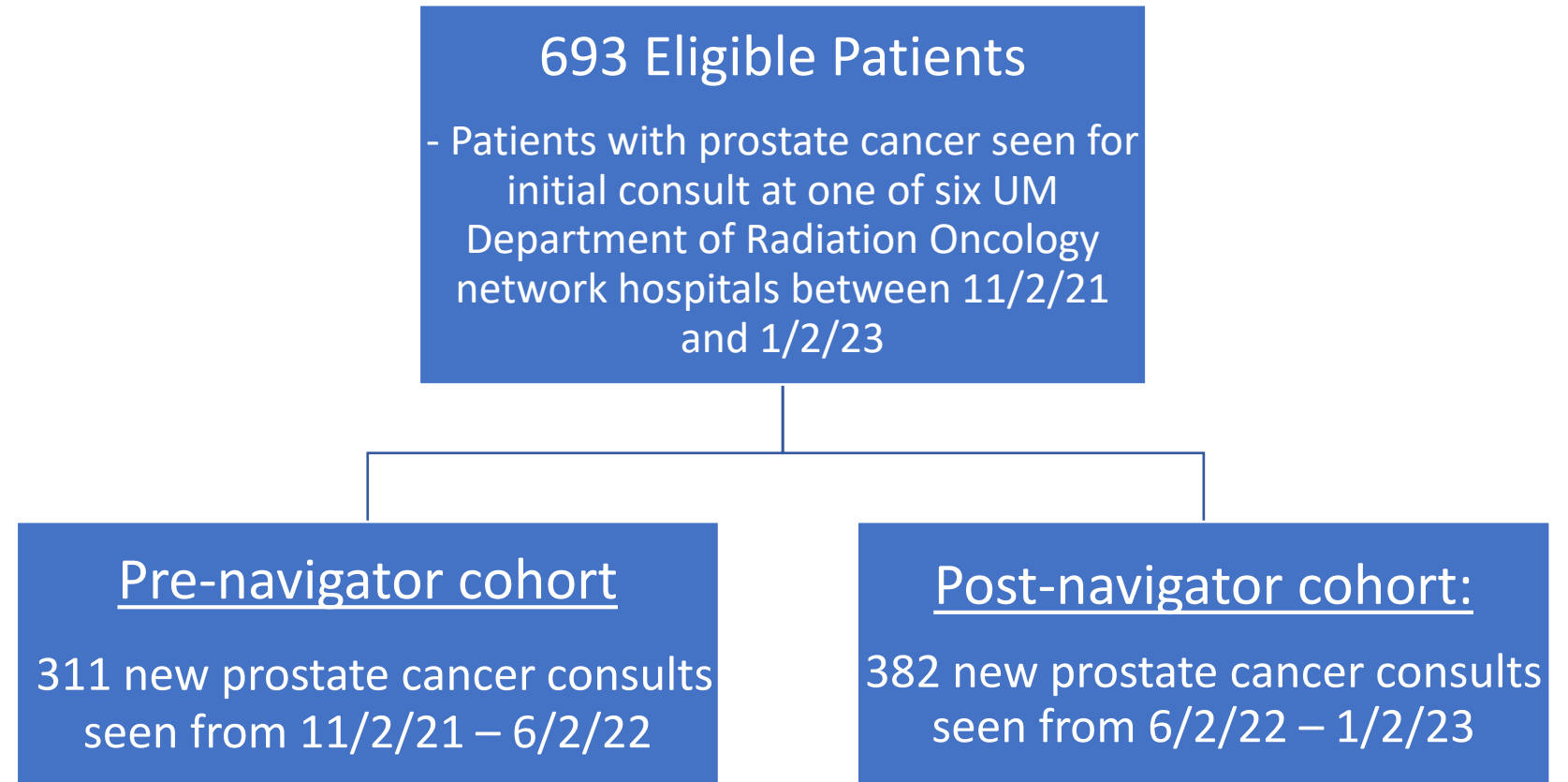
Objective

- Hypothesis: the presence of a precision medicine navigator (PMN) can mitigate inequities with standard of care genomic test utilization among Black men with prostate cancer



Method

- Study Design:
Retrospective review
- Primary Endpoint:
Whether or not
genomic testing was
ordered

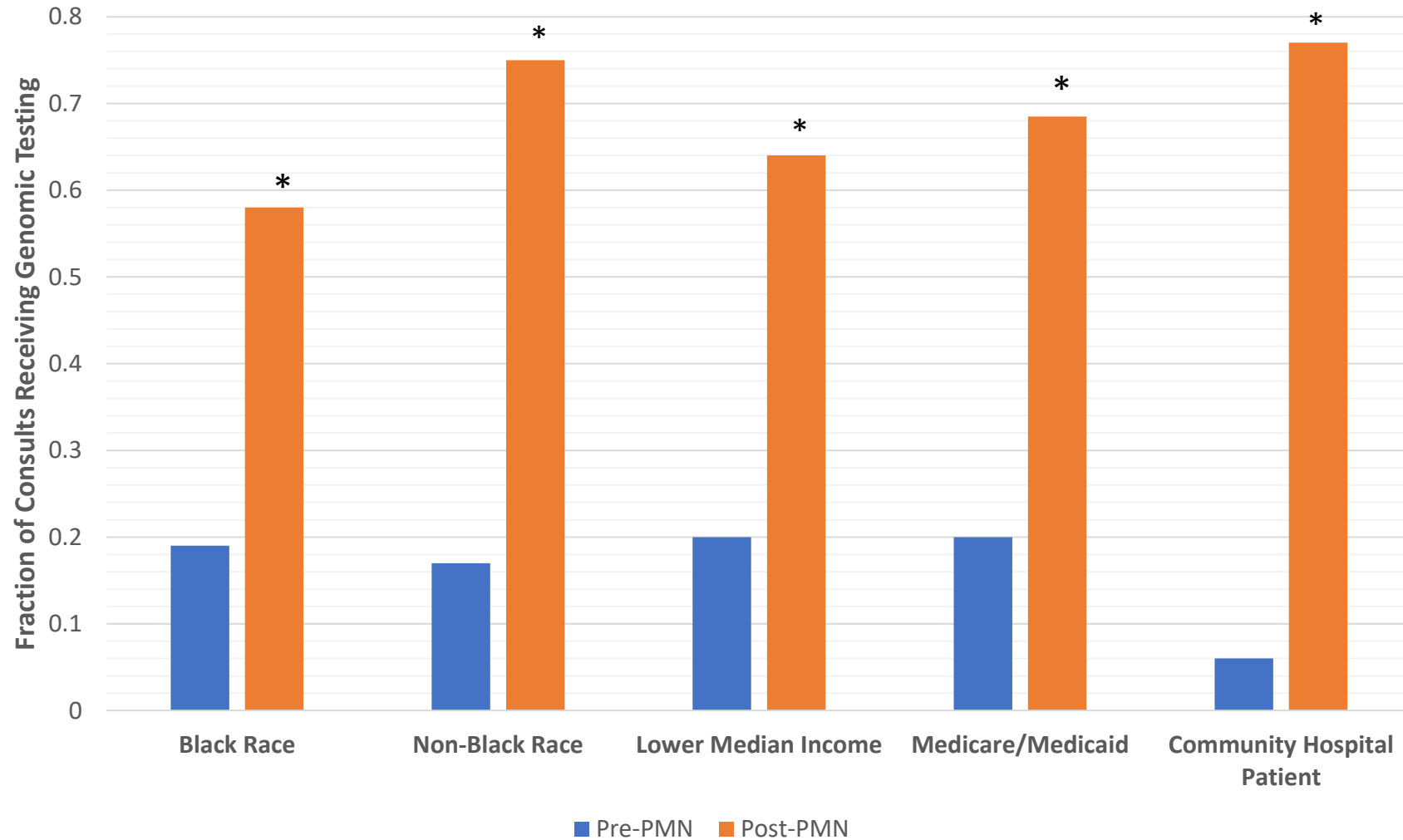


Sample

	Pre-PMN	Post-PMN
Racial and Ethnic Distribution		
White	60.1%	60.2%
Black	35.1%	34%
Asian/Pacific Islander	3.2%	3.7%
Latino	1.3%	2.1%
NCCN Risk Stratification		
Low	15.2%	10.4%
Intermediate	46.8%	49.9%
High-Risk	38.1%	39.7%
Localized Disease	77.2%	76.9%
Income Below Sample Median	47%	51%
Medicare/Medicaid Insurance	51%	52%
Seen at Community Hospital	47%	48%

Results

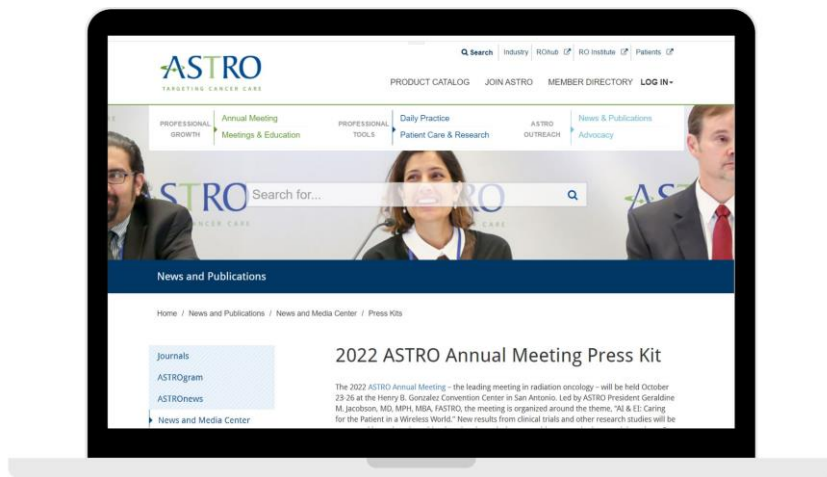
Post-PMN Changes in Genomic Testing Frequency by Subgroup



Conclusions

- The presence of a PMN may improve rates of Black men with prostate cancer receiving standard of care genomic testing
- A PMN may also improve testing rates among other demographics
- Future Directions:
 - Clinical trial enrollment
 - Adjusting for other social determinants of health

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