Title: Early diagnosis of PROstate CANcer for Black men (PROCAN-B): identifying barriers and facilitators

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Background:
Prostate cancer is the most common cancer in men in the UK with incidence rates projected to rise. Black men are at least twice as likely to develop prostate cancer as white men and the mortality rate is twice as high, evidencing substantial cancer inequalities. Although there currently is no national screening programme for prostate cancer, it is vital that black men are aware of prostate cancer and their elevated risk as this can encourage help-seeking behaviour, and in turn early diagnosis. Early diagnosis can save lives, yet black men tend to present at later stages. This study aims to investigate barriers and facilitators to early diagnosis of prostate cancer for black men in order to tackle this cancer inequality.

Method:
Barriers and facilitators were explored through two online focus groups. This qualitative component is part of a larger study to co-design a culturally appropriate intervention tackling barriers to early diagnosis of prostate cancer for black men (45+) in Scotland and the North-East of England. Focus group participants (n=12), recruited through community organisations, form the Public Involvement and Community Engagement (PICE). Purposive and snowball sampling was used. Focus groups were digitally audio recorded and transcribed verbatim. Thematic analysis was used to analyse data, and later mapped onto the Integrated Screening Action Model (I-SAM).

Results:
Preliminary analysis resulted in three themes: motivation, capability, and opportunity. Capability included participants sharing they believed the black community lacks awareness of the risk of prostate cancer. Motivation included low perceived risk and men believing that prostate cancer was relevant to older men only. Opportunity included social, religious and cultural beliefs, such as difficulties discussing intimate and sensitive issues such as prostate cancer, language and cultural identity, lack of trust in the healthcare system, challenging past healthcare experiences, including racial discrimination.

Conclusion
Preliminary data analysis shows barriers to early diagnosis of prostate cancer are complex and multi-factorial. These data will continue to be analysed to inform the next phase of the project and underpin development of a co-designed intervention. The intervention aims to tackle inequalities in prostate cancer outcomes by increasing black men's awareness and understanding of the risks of prostate cancer, and improve attitudes to help-seeking behaviours. Community-centred and culturally tailored interventions have the potential to be effective in addressing barriers to early diagnosis of prostate cancer, and thus ultimately reduce morbidity and mortality rates through earlier diagnosis in black communities.