INTRODUCTION
Prostate Cancer (PCa) is the most common cancer in males in the UK. In 2016, 47,700 men were diagnosed with PCa and around 11,000 men died as a result of PCa in the UK.

There appears to be a pronounced degree of racial variation within prostate cancer. Previous research on ethnic variation within PCa incidences has been limited in accuracy due to medical disparities and incomplete cancer registries, but available UK cancer statistics also show a higher risk of prostate cancer in men from an African/Caribbean background compared to their Caucasian counterparts. Furthermore, PCa appears less common in men of South Asian background (Indian/Pakistani/Bangladeshi/Sri Lankan) living in the UK although the reason for this has not been studied in any detail.

East Lancashire has a sizeable South Asian population and, since 2009, 113 men have been diagnosed with prostate cancer at East Lancashire Hospital NHS Trust (ELHT). This unique group has not been studied and little is known about the patterns and challenges of prostate cancer diagnosis and management in South Asian men.

The aim of this project was to scrutinise PCa characteristics in this unique group of South Asian patients and where possible compare these parameters with Caucasian patients with PCa at East Lancashire Hospital.

METHOD
We undertook a retrospective patient record analysis of the notes of 113 South Asian men with PCa diagnosed at East Lancashire Hospital NHS Trust (ELHT) between 2009—2019 (South Asian group). Data was obtained from paper-based notes, electronic records and multidisciplinary team (MDT) discussion data from the Somerset Cancer Register.

Key demographic and clinical parameters were recorded including: age at presentation, biochemical markers, nature of symptoms, role of screening, communication issues, grade and stage of disease, trends in treatment choices, the presence of other cancer and non-cancer co-morbidities.

The South Asian group comprised 2872 patients diagnosed with PCa at ELHT during the same 10 year period. Collated data for this group was obtained directly from the Somerset Cancer Register.

RESULTS
• The rate of PCa diagnosis has been steadily increasing in both groups.
• Age at diagnosis for both groups was very similar.
• PSA levels at presentation were generally lower for South Asians compared to Caucasian patients.
• Histological Gleason scores at diagnosis were generally lower for South Asians patients with a score of 3-3 category being the most predominant score.
• In almost a third of patients, the referring physician had not suspected a possible diagnosis of PCa.
• Communication issues were frequently encountered with South Asian patients with a large proportion being reliant on family members or interpreters to help with the consultation, potentially making detailed discussions inefficient.
• With regards to treatment choices, South Asian patients were more likely to not require active intervention/treatment; more likely to undergo radical radiotherapy rather than surgery; and less likely to go on hormonal manipulation compared to their Caucasian counterparts.
• 81% of the South Asian patients had demonstrated no evidence of disease progression and only 8% (7%) patients had died as a result of PCa.

DISCUSSION
This preliminary study provides interesting insights into the issues facing PCa diagnosis and management in South Asian men in East Lancashire. There is evidence of differences between this sub-group and Caucasian patients with PCa, though this study cannot yet provide explanations for these patterns.

The role of ethnicity in PCa development is complex and poorly understood. It is clear that more prospective, multi-modality research is needed to scope the entire PCa pathway for South Asian men from referral in primary care to diagnosis and management in secondary care, to focus on areas including:
• The impact of public and medical PCa campaigns on the South Asian population in the UK.
• Potential barriers to accessing healthcare providers for South Asian men.
• Awareness of prostate related issues in the South Asian community.
• Techniques to bridge the frequent communication gap, reducing reliance on family members and improving the quality of written information for these patients.
• Factors which influence patient decision making when choosing treatment options for PCa.
• Molecular and genetic research to identify differences in PCa characteristics between the two groups.