Table I

DESCRIPTION OF THE PATIENTS' CHARACTERISTICS. HOSPITAL UNIVERSITARIO DR. JOSÉ ELEUTERIO GONZÁLEZ, MONTERREY, MEXICO. JULY 2019

Pt	Date (m/y)	Gen/Age (years)	CC	Blood					CSF			SG	O
				WBC (k/mL)	Plat (k/mL)	BUN (mg/dL)	Creat (mg/dL)	Glu (mg/dL)	Lact (mg/dL)	WBC (k/mL)	Prot (g/dL)		
1	8/18	M/21	None	25.8	89.4	26	4.3	5	14.2	ND	118	C	S
2	9/18	M/56	None	12.2	94.5	18	3.3	26	10.1	652	81.6	C	D
3	10/18	F/44	None	54.2	201	22	2.6	62	ND	ND	672	C	S
4	11/18	F/53	Lung cancer	10.2	207	7	0.6	ND	ND	ND	ND	ND	S
5	02/19	F/62	None	ND	ND	ND	ND	31	ND	3575	178	Y	S
6	02/19	F/39	Surgery	11.7	209	4	0.5	ND	ND	ND	ND	W	D
7	02/19	F/64	Lung cancer	ND	ND	ND	ND	ND	ND	ND	ND	W	S
8	02/19	F/74	DM/SAH	42.4	68.7	39	3	8	23.8	30	3500	ND	D
9	03/19	F/4m	None	23	338	11	0.3	1	ND	15040	219	Y	S
10	03/19	F/24	Obesity	24.6	165	39	1	54	9.7	462	44	Y	S

CC: Complications/Commorbidity; Creat: creatinine; CSF: cerebrospinal fluid; D: Died; DM: Diabetes Mellitus; Gen: Gender; Glu: Glucose; Lact: lactate; ND: no data; O: Outcome; Plat: Platelets; Prot: Proteins; Pt: patient; S: Survived; SAH: systemic arterial hypertension; SG: Serogroup; WBC: white blood cells; BUN: blood urea nitrogen.

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Prostate cancer screening and socioeconomic disparities in Mexican older adults

Dear editor: With an estimated 1 600 000 new cases and 366 000 deaths every year, prostate cancer (PCa) is the most commonly diagnosed cancer and cancer-related cause of death in men around the world.[1] In Mexico, PCa was one of the most common types of cancer diagnosed in men between 2000 and 2013, having one of the highest cancer-related mortality rates.[2] It has been pointed out that Mexico lacks a coordinating entity for cancer prevention and control and that the health system is fragmented which has led to inadequate control of patients undergoing PCa testing.[3] The present study aimed to seek socioeconomical factors associated with frequency of PCa testing in Mexico. We conducted a cross-sectional analysis

of 5 339 Mexican males years old from the fourth wave of the Mexican Health and Aging Study (MHAS, 2015).[4] Testing activity regarding PCa in the past two years was obtained from a self-reported question. Independent variables included years of education and financial situation. Adjusted multivariate logistic regression model was performed. Following, odds ratio (OR) with a confidence interval (CI) of 95% were obtained.

A 30.9% of the sample reported that had undergone PCa testing within the last two years. Significant differences were found in the bivariate analysis. Subjects that had attended school (7 or 1-7 years) were more commonly tested than those who did not attend it (41.1 vs 46.9 vs 12.0%; *p*<0.001). Likewise, there was a higher prevalence of subjects with a poor financial situation (70.7 vs 29.3%; *p*<0.001). Such associations were also found to be significant after model adjustment (*Education* OR 1.96; CI 1.57 to 2.45; *p*<0.001; *Financial situation* OR 0.73; CI, 0.626 to 0.85; *p*<0.001 [table I]).

These results suggest that education level may be associated with increased awareness of PCa testing and access to PCa testing programs. Similarly, financial status relevance might highlight a disparity in access to and utilization of PCa testing. These findings are consistent with other studies showing that health care utilization among older Mexicans is associated with socioeconomic inequalities.[5]

Table I

MULTIVARIATE ANALYSIS OF THE MEXICAN HEALTH AND AGING STUDY FOURTH WAVE, 2015

Variable	OR	CI95%	P value
Education level			
1-7 years	1.19	0.98-1.46	0.075
> 7 years	1.96	1.57-2.45	< 0.001
Financial situation			
Poor	0.73	0.63-0.85	< 0.001

Adjusted by age, depression, cognitive status, number of comorbidities and frailty. Reference categories were no education level and good financial situation (excellent, good or fair).
OR: odds ratio; CI: confidence interval.

A revision of current strategies and public policies allowing a more equal access for all the population could be useful in order to improve current PCa testing practices in Mexico.

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