

The SF CAN Prostate Cancer Team aims to combat prostate cancer disparities through targeted early detection and follow-up of aggressive disease, and institutional partnerships that ensure high-quality treatment citywide.



Who we are:

Team Lead:

Nynikka Palmer, DrPH, MPH, Department of Medicine at Zuckerberg San Francisco General Hospital, UCSF

Program Coordinator:

Ashley Nicole Smith, MPH

Brittany Campbell, MPH

Partners:

- African American Churches in San Francisco
- [Alameda County Public Health Department Office of Urban Male Health](#)
- Arthur H. Coleman Community Health Foundation
- Bayview Hunters Point Clinic at the Arthur H. Coleman Medical Center
- California Cancer Plan
- California Urological Association
- Kaiser Permanente San Francisco
- [Rafiki Coalition For Health and Wellness](#)
- San Francisco Department of Public Health
- Tabernacle Community Development Corporation
- UCSF Abundant Life Health Ministries Initiative
- UCSF Health, Primary Care
- [ZERO](#) - The End of Prostate Cancer

Success 1: Developing the Smarter Screening, Smarter Treatment (S3T) Initiative

Our approach:

Smarter Screening, Smarter Treatment (S3T) is an initiative designed to improve early detection of prostate cancer while mitigating the harms of overdiagnosis and overtreatment. The program focuses on risk-stratified screening approaches that aim to identify aggressive prostate cancer earlier, particularly among African American/Black men, who experience higher prostate cancer mortality.

S3T emphasizes age- and prostate-specific antigen (PSA)–stratified screening strategies to better distinguish men who are most likely to benefit from early detection from those with low-risk disease that may not require immediate treatment. The initiative is being implemented within healthcare institutions to reduce disparities and improve prostate cancer outcomes.

Research prompting this approach:

Research has shown that traditional population-wide PSA screening can lead to overdiagnosis and unnecessary treatment, while risk-stratified approaches may improve outcomes for groups at higher risk of aggressive disease. Evidence supporting age- and PSA-stratified screening informed the development of S3T to balance the benefits of early detection with the goal of reducing screening-related harms. For more details, see below.

- Nie J, Palmer NR, Pasick RJ, et al. [Smarter Screening and Treatment \(S3T\): Mitigating Harm via Age- and Prostate-Specific Antigen-Stratified Screening](#). *J Gen Intern Med*. 2025. doi:10.1007/s11606-025-09737-7.

Future Goals:

The Prostate Cancer Team will continue disseminating best practices across multiple healthcare settings through the integration of PSA test alerts within the electronic medical record. Next, the team plans to assess the impact of S3T screening on diagnosis and treatment outcomes across healthcare systems.

News:

UCSF published an article called [‘How a spike in cancer deaths triggered a life-saving partnership’](#)

Success 2: Developing a Peer Navigation Program

Our approach:

The Prostate Cancer Team is launching a peer navigation program within the public and safety-net healthcare system to improve patient understanding, communication, and shared decision-making for prostate cancer care.

Research prompting this approach:

Dr. Palmer’s previous research with African American/Black prostate cancer patients’ experience with prostate cancer care revealed challenges in patient-provider communication and how peer navigators might serve as a mediator and source of support. Collaborative engagement with an advisory board of prostate cancer survivors and completion of a scoping review on navigation programs for prostate cancer care led to the development of a peer navigation training and protocol.

Future Goals:

This year, we will conduct a pilot test of our peer navigation protocol with trained navigators (2025-2026). Our long-term goal is to have a peer navigator focused on prostate cancer that is a permanent member of the [Cancer Navigation Program](#) team at Zuckerberg San Francisco General Hospital. We also plan to coordinate peer navigation efforts with community-based navigation resources across the Bay Area.

We are also advancing development of a communication tool for urologists to use when discussing a new diagnosis and treatment options with prostate cancer patients, that peer navigators to use to reinforce discussions from clinical encounters.

Publications:

1. Nie J, Palmer NR, Pasick RJ, et al. [Smarter Screening and Treatment \(S3T\): Mitigating Harm via Age- and Prostate-Specific Antigen-Stratified Screening](#). *J Gen Intern Med*. 2025. doi:10.1007/s11606-025-09737-7.
 2. Palmer NR, Smith AN, Campbell BA, et al. [Navigation programs relevant for African American men with prostate cancer: A scoping review protocol](#). *Syst Rev*. 2022;11:122. doi:10.1186/s13643-022-01993-6.
 3. Palmer NR, Shim JK, Kaplan CP, et al. [Ethnographic investigation of patient-provider communication among African American men newly diagnosed with prostate cancer: A study protocol](#). *BMJ Open*. 2020;10:e035032. doi:10.1136/bmjopen-2019-035032.
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