

# Racial disparities persist in cancer care

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A new study finds that, despite efforts in the last decade to mitigate cancer treatment disparities, black patients are significantly less likely than white patients to receive therapy for various types of cancer. The authors of the study conclude that efforts to close treatment gaps initiated in the 1990s appear to have had little impact. The report appears in the February 15, 2008 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society.

Research that revealed racial disparities in cancer care began to appear in the early and 1990s, leading to greater attention and investment in ensuring access to care to all individuals. However, little is known about whether those efforts have led to any reduction in cancer treatment disparities.

To find out, Cary P. Gross, M.D. of the Yale University School of Medicine in New Haven, Conn. and colleagues mined the Surveillance, Epidemiology, and End Results (SEER)-Medicare database to evaluate cancer care received by Medicare beneficiaries diagnosed with breast, colorectal, lung or prostate cancer from 1992 through 2002.

After identifying therapies for which racial disparities had been previously reported, the investigators determined whether there had been any changes in care for the over-all Medicare population or for white and black patients considered separately. A total of 7,775 colon, 1,745 rectal, 11,207 lung, 40,457 breast, and 82,238 prostate cancer cases were evaluated.

In their analysis, the researchers found that for both black and white patients, there was little or no improvement in the proportion of patients receiving therapy for most cancers. In addition, there was no decrease in the magnitude of racial disparities between 1992 and 2002. Black patients were significantly less likely than white patients to receive therapy for cancers of the lung, breast, colon, and prostate. Racial disparities persisted even after limiting the analysis to patients who had access to a physician prior to their cancer diagnosis.

The findings suggest that there has been little improvement in the overall proportion of Medicare beneficiaries receiving cancer care. They also reveal that racial disparities have not lessened. “Efforts in the last decade to mitigate cancer therapy disparities appear to have been unsuccessful,” the authors conclude.

In moving forward, “future efforts to reduce disparities should be incorporated into a larger quality improvement framework,” the authors note.

Source: Wiley-Blackwell

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