

# Why are blacks more likely to die from cancer diagnosis?

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Black people with cancer are up to twice as likely as other races to die from their disease. While disparities exist for nearly every common cancer type, the largest differences occur among cancers that benefit most from treatment -- suggesting that black patients are not getting needed lifesaving treatments, according to a review from researchers at the University of Michigan Comprehensive Cancer Center.

Five-year [survival rates](#) varied by 10 percent between blacks and whites with colorectal cancer and by 25 percent among uterine cancer patients. These cancers can be cured with appropriate surgery and medical treatments and tend to be fatal without these treatments.

In the review, published in the July issue of the [Journal of the American College of Surgeons](#), researchers attributed these disparities to three factors:

- Patients: Blacks are often diagnosed with more advanced cancer and are more likely to have other underlying health problems
- Underuse of care: Black patients are less likely to be advised about cancer screenings and less likely to receive surgery or chemotherapy
- Hospital systems: Hospitals that treat primarily black patients tend to have fewer resources and offer lower quality care

"Black cancer patients don't fare as well as whites. Their cancers are diagnosed at a later stage, the care they receive is often not as good - or they get no care at all. Black patients may trust their doctor less, they may be unable to pay and the hospitals that serve more [black patients](#) tend to have fewer resources," says study author Arden Morris, M.D., M.P.H., associate professor of surgery at the U-M Medical School and chief of general surgery at the VA Ann Arbor [Healthcare System](#).

"This is a complex problem and it won't be easy to solve," she adds.

Researchers recommend several policy changes, including expanding public insurance systems to make [cancer](#) care more affordable, particularly to people of lower [socioeconomic status](#), which often disproportionately includes minorities.

Patients also face barriers in navigating the health care system, the researchers point out. They suggest developing more tools to help patients overcome these obstacles and get to the care they need. In addition, researchers challenge so-called "pay-for-performance" programs in which hospitals that meet certain benchmark performance measures get financial bonuses, while low-performing hospitals often have funds withheld.

"Programs that reward better quality with more money need to take into account what that does to hospitals that already have far fewer resources. Perhaps pay-for-performance could take into account where a hospital is starting from and could be considered as 'pay-for-improvement,'" Morris says.

**More information:** Reference: Journal of the American College of Surgeons, Vol. 210, No. 7, July 2010

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