

Study finds non-English speaking head and neck cancer patients have significantly worse outcomes

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Researchers from Boston Medical Center (BMC) and Boston University School of Medicine (BUSM) have found that among advanced head and neck cancer (HNC) patients receiving radiation-based treatment (RT), being non-English speaking (NES) was a more significant predictor of treatment outcome than being of non-white race. The findings, to be presented at the 53rd annual American Society for Radiation Oncology (ASTRO) annual meeting in Miami, Florida, suggest that language barriers may play a role in health-care disparities and that further interpreter/translation services are warranted in the care of such diverse patients.

The United States has tremendous ethnic and [linguistic diversity](#). According to the 2005-2007 American Community Survey, minorities comprise 26 percent of the population, and nearly 20 percent of Americans speak a language other than English at home. By 2050, it is projected that minorities will comprise about half of the US population, with a similar increase in individuals speaking a language other than English at home.

According to the researchers cultural disparities have been identified within [cancer care](#) in the United States. The purpose of this study was to evaluate how race and language affect treatment outcomes in patients treated with curative intent radiotherapy in [head and neck cancer](#).

To do this, the researchers performed a retrospective study of 132 individuals (68.2 percent male, 31.8 percent female) with non-metastatic and non-recurrent HNC, with no prior history cancer who underwent curative intent RT. Analyses were conducted to assess differences between patient, treatment and [tumor characteristics](#) by race and language spoken.

"Interestingly, we showed that while race does impact cancer outcomes, non-English speaking patients had significantly worse outcomes," explained co-author Minh Tam Truong, MD, Clinical Director of Radiation Oncology at BMC and assistant professor of [radiation oncology](#) at BUSM. "It is important for health-care providers to be aware of these differences and take steps to ensure open communication in directing cancer treatment," she added.

Provided by Boston University Medical Center

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