

# Equal access to care helps close survival gap for young African-American cancer patients

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A new analysis from St. Jude Children's Research Hospital adds to evidence that equal access to comprehensive treatment and supportive care typically translates into equally good outcomes for most young African-American and white cancer patients.

Researchers found no significant difference in survival rates between African-American and white children treated at St. Jude for virtually all cancers during a 15-year period ending in 2007.

[Racial disparities](#) in cancer survival are widely recognized among African-American patients of any age. These patients are less likely than their white counterparts to become long-term [cancer survivors](#). While this and previous studies have highlighted the success of St. Jude's in closing the gap, investigators reported that the disparities persisted for many U.S. pediatric cancer patients. The work appears in the April 30 online edition of the [Journal of Clinical Oncology](#).

The study spans an era of significant advances in the treatment of several [childhood cancers](#) that by 2007 had helped to push the nation's overall five-year pediatric cancer survival rate past 80 percent. But results reported to the [National Cancer Institute](#) Surveillance, Epidemiology and End Results (SEER) program from throughout the U.S. show that African-American patients did not share equally in those advances. SEER compiles data from 17 states and metropolitan cancer registries. Together those registries cover about 26 percent of the U.S. population.

Ching-Hon Pui, M.D., chair of the St. Jude Department of Oncology and the study's lead author, said the findings underscore the importance of giving patients equal access to comprehensive [cancer treatment](#). While an individual's [cancer risk](#) may vary based on race or ethnicity, Pui said this study demonstrates that comprehensive risk-directed therapy and supportive care help patients enjoy excellent outcomes equally. "This study shows that with outstanding medical care and psychosocial support African-American patients should not necessarily fare worse than white patients," he said.

The study focused on [survival rates](#) for African-American and white children battling one of 19 cancers. Researchers analyzed the outcome for 4,128 St. Jude patients and for 23,885 pediatric patients in the SEER database. The SEER patients were treated at various U.S. medical centers.

The cancers were all diagnosed between either 1992 and 2000 or 2001 and 2007. During that 15-year period, about 19 percent of St. Jude patients self-identified as African-American and about 75 percent as white. About 10 percent of the SEER patients in this study were African-American and almost 58 percent were white.

The analysis of SEER results found African-American patients generally had significantly worse outcomes than white patients with the same cancer. The racial survival gap narrowed during the treatment eras included in this study for patients with acute lymphoblastic leukemia (ALL) and Hodgkin lymphoma, but widened for those battling acute myeloid leukemia (AML) and neuroblastoma, a tumor of the nervous system.

During the same period at St. Jude, African-American and white patients enjoyed similar survival gains, particularly those treated for ALL, AML and the eye tumor retinoblastoma. Overall, African-American and white

St. Jude patients had similar odds of becoming long-term survivors. The possible exception was children with a few rare cancers and advanced disease when treatment began.

"These findings flow directly from Danny Thomas' strong view that to conquer childhood cancer, treatment must be equally available across all racial and ethnic groups, which has been the case at St. Jude since he opened the doors in 1962," said Dr. William E. Evans, St. Jude CEO and a study co-author.

The SEER and St. Jude patients differed in several important ways; including the strength of diagnostic testing for certain brain tumors. St. Jude patients were also more likely than the ones from SEER to be enrolled in clinical trials.

Pui noted that high-risk or advanced cancers were more common among St. Jude patients than among other children with cancer. St. Jude is a referral center with clinical trials that focus on difficult or advanced cancer.

St. Jude treats all qualified patients regardless of a family's ability to pay. The hospital does not routinely collect socioeconomic information about patients but a check of the insurance coverage of patients in this study found African- American children were more likely than white children to be uninsured or covered through government health plans. Researchers noted that insurance coverage can be a marker of socioeconomic status and also influence a patient's access to bone marrow transplants and other expensive therapies.

Provided by St. Jude Children's Research Hospital

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