

# Hispanic lung cancer patients have higher survival than non-Hispanic white patients

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Analysis of non-small cell lung cancer (NSCLC) patient records in the California Cancer Registry (CCR) database during the 20-year period of 1988-2008 indicates that Hispanics/Latinos with NSCLC have a higher overall survival compared to non-Hispanic white patients, according to research presented at the 2012 Chicago Multidisciplinary Symposium in Thoracic Oncology. This symposium is sponsored by the American Society of Clinical Oncology (ASCO), the American Society for Radiation Oncology (ASTRO), the International Association for the Study of Lung Cancer (IASLC), and The University of Chicago.

This study evaluated the records of 14,829 Hispanic patients from the CCR from 1988-2008. Foreign-born Hispanics had a 14 percent decreased risk for death compared to U.S.-born [Hispanic patients](#), including individual patient factors and clinical factors. Adjustments for neighborhood factors, specifically socioeconomic status and ethnicity, slightly moderated the significant decrease in death risk among foreign-born Hispanics. The data also indicates that foreign-born Hispanics who lived in the least U.S.-assimilated neighborhoods had the better overall survival.

"The results of this study confirm the 'Hispanic paradox' of improved survival rates for Hispanic/Latino NSCLC patients compared to non-Hispanic white patients, despite lower socio-economic status," said lead author Manali Patel, MD, a post-doctoral fellow in the hematology/oncology department at Stanford University in Stanford, Calif. "Social and neighborhood factors, in addition to being foreign-

born, appear to be positive contributing factors to incidence and survival that need further study."

**More information:** The abstract, "How Do Social Factors Explain Outcomes in Non-Small Cell Lung Cancer Among Hispanic/Latinos in California?" will be presented during the Poster Discussion at 5:30 p.m., Central time on September 6, 2012.

Provided by American Society for Radiation Oncology

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