

A call to arms in cancer research

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Hispanics are the fastest-growing demographic group in the United States, and they suffer from major health disparities, including higher rates of cancers of the cervix, stomach and liver.

However, their enrollment levels in [cancer clinical trials](#) seeking to cure these problems is abysmally low: 3.9 percent.

In a paper published today in the *Journal of Clinical Oncology*, three physicians from The University of Texas Health Science Center at San Antonio analyzed Hispanic accrual rates to [randomized clinical trials](#), and in response to the results, are issuing a call to arms to other [cancer](#) researchers to improve their recruitment of Hispanic patients.

"Fundamentally, in the most recent published cancer [clinical trials](#), either the number and proportion of Hispanics are not reported or are far below their actual representation in the national population," said Ian M. Thompson Jr., M.D., director of the Health Science Center's Cancer Therapy & Research Center.

"We have a major responsibility to ensure adequate representation," Dr. Thompson said. "How else will we know how best to treat our patients, and how else are we going to reduce the health disparities in this population?"

Dr. Thompson, Anand Karnad, M.D., CTTC chief of the division of hematology/oncology at the CTTC, and Alberto Parra, M.D., internal medicine resident at the UT Health Science Center, examined clinical

trial participation.

Fifty-eight percent of San Antonio residents are Hispanic, with 68 percent in the South Texas region as a whole. As the National Cancer Institute-designated cancer center serving South Texas, the CTRC has a strategic focus on improving health care in the region by working to increase Hispanic participation in cancer clinical trials.

In 2012, 45 percent of the 822 patients enrolled onto the clinical trials offered at CTRC were Hispanic. The CTRC achieved this by studying ways to reduce barriers that might be unique to Hispanic patients, developing a minority recruitment toolbox with bilingual forms, and creating a coordinator of minority programs who is bilingual.

"For institutions like ours that serve a 'minority-majority' population, it's a major responsibility for us to ensure adequate representation so that we can tell our patients how they can best be treated and how we can reduce the disparities of this rapidly-growing population," Dr. Thompson said.

Provided by University of Texas Health Science Center at San Antonio

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