

Socioeconomic factors—not race or ethnicity—influence survival of younger patients with multiple myeloma

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Advances in the treatment of multiple myeloma, a cancer that forms in a type of white blood cell, have led to improved survival predominantly among young and white patients, with less of an increase in survival observed in patients of other ethnicities. A new study indicates that this gap is mostly due to socioeconomic differences between whites and ethnic minorities, not race itself. The findings are published early online in *CANCER*, a peer-reviewed journal of the American Cancer Society.

When Luciano Costa, MD, PhD, of the University of Alabama at Birmingham, and his colleagues studied data on more than 10,000 US patients less than 65 years of age with [multiple myeloma](#), they found that race/ethnicity was not the most important factor associated with patients' risk of dying early, but that marital status, income, and insurance status contributed more to an affected patients' chances of survival.

Four-year estimated overall survival was 71.1 percent, 63.2 percent, 53.4 percent, and 46.5 percent for patients with 0, 1, 2, or 3 adverse sociodemographic factors, respectively. As an example, a patient who was not married, lived in a low income county, and was beneficiary of Medicaid had a 25 percent lower likelihood of being alive four years after diagnosis than a patient of the same age who was married, lived in a medium to high income county, and had private insurance.

"This finding strongly suggests that there is a huge disparity in outcomes

that could potentially be overcome by improving access and affordability of treatments," said Dr. Costa. "With the recent emphasis on comparative effectiveness in oncology, it also becomes crucial that all variables affecting outcomes—including sociodemographic factors—are accounted for when comparisons between different therapeutic approaches and health care systems are made."

More information: "Impact of marital status, insurance status, income and race/ethnicity on the survival of younger patients diagnosed with multiple myeloma in the US," *CANCER* DOI: [10.1002/cncr.30183](https://doi.org/10.1002/cncr.30183)

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