

U.S. cancer death rate declines, but work is needed to address local disparities

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While a new study has shown a marked decline in the cancer mortality rates across the United States, University of North Carolina Lineberger Comprehensive Cancer Center researchers have called for tailored, local-level cancer prevention, screening and treatment efforts to address regional disparities in cancer mortality rates.

Ethan Basch, MD, MSc, director of the UNC Lineberger Cancer Outcomes Research Program and a professor in the UNC School of Medicine, and Stephane Wheeler, PhD, MPH, a UNC Lineberger member and associate professor in the UNC Gillings School of Global Public Health, highlighted the need for local actions in an editorial in Tuesday's *Journal of the American Medical Association*.

"We're very uneven in how well we screen, prevent and treat cancer in different locations around the country, and people pay the price for that with their lives," said Basch.

The editorial accompanied a study that estimated [cancer mortality rates](#) across the United States fell by an estimated 20.1 percent between 1980 and 2014, from 240.2 to 192 deaths per 100,000 people.

The study, led by Ali Mokdad, PhD, at the University of Washington's Institute for Health Metrics and Evaluation, also examined rates at the county level, finding some large variation. For example, the study found that death rates ranged from 70.7 percent in one county in Colorado to 503.1 per 100,000 people in a county in Florida.

In the editorial, Basch and Wheeler applauded the decline in [cancer mortality](#) rates nationally, which they attribute to the hard work of scientists, clinicians, public health administrators and others. They noted, however, that the strides made against cancer were not seen in every community or with every cancer. For example, progress against pancreatic cancer has been largely static since 1980.

They called for interventions, programs and policies that are not "one-size-fits all." "There is a responsibility for policy makers and hospital systems to provide access to these services to these populations in ways that are targeted to their local context," Basch said.

UNC Lineberger researchers are already implementing this localized approach. Using data generated by the Integrated Cancer Information and Surveillance System, which tracks and links information on cancer incidence, mortality, and burden in North Carolina and data sources at an individual and aggregate level that describe health care, economic, social, behavioral, and environmental patterns, they identified communities in northeastern North Carolina and near Charlotte that have poor colorectal cancer outcomes. They are now launching a colorectal cancer screening program in those communities as one measure to counter those disparities.

"There are ways that we are acting on the knowledge we have on disparities in [cancer](#) outcomes using surveillance to improve outcomes for people," Basch said. "You identify a problem, you figure out the best way to solve the problem, and then you launch an intervention to fix it."

More information: Stephanie B. Wheeler et al. Translating Cancer Surveillance Data Into Effective Public Health Interventions, *JAMA* (2017). [DOI: 10.1001/jama.2016.20326](https://doi.org/10.1001/jama.2016.20326)

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