

Georgia Cancer Center participates in NCI-driven initiative to understand racial, ethnic, age disparities in six cancers

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Drs. Roni J. Bollag (from left), Sharad A/ Ghamande and Edward J. Kruse.
Credit: Phil Jones

The Georgia Cancer Center at Augusta University is one of a dozen sites across the nation helping build a molecular profile of six cancers that often strike early and disparately.

Cancers of the breast, prostate, colorectal system, liver and kidney as well as multiple myeloma, a [cancer](#) of the plasma cells that make antibodies to fight viruses and bacteria, strike earlier, deadlier and more often in some racial and ethnic groups, the National Cancer Institute has shown.

Now patients and scientists at cancer centers like Augusta's are helping build a databank of information about the cancers that will ultimately help identify better prevention, diagnosis and treatment to address the disparities, said Dr. Sharad A Ghamande, chief of the Section of Gynecologic Oncology at the Medical College of Georgia and associate director for clinical research at the Georgia Cancer Center.

"This offers great potential to be a part of something that makes a big a difference for our patients and for all patients with cancer," said Ghamande, a principal investigator on the NCI minority Community Oncology Research Program, or NCORP, grant at the Georgia Cancer Center and MCG.

It's the NCORPs, which work to ensure underserved patients have access to cancer treatment, including enrollment in innovative treatment trials, which comprise the national network for this new NCI effort, the Early Onset Malignancies Initiative. The Georgia Cancer Center has been awarded \$132,000 from the NCI for the new effort.

The NCI estimates it will take about two years to collect sufficient data and material on 2,400 patients across the nation with early onset of the six cancers who are black, Hispanic, American Indian, Alaska Native or white.

With the patient's consent, blood and tissue samples along with demographic information and clinical updates at six months and one year, will be provided to the national databank. The material will enable researchers across the nation to do detailed genomic and other studies that can help parse more about how and why these cancers occur differently in various racial and [ethnic groups](#).

Like pervasive hypertension, some cancers, such as prostate and breast, tend to occur earlier and be more aggressive in blacks than whites, said Dr. Edward J. Kruse, chief of surgical oncology at MCG and the Georgia Cancer Center. And, like hypertension, we mostly don't know why, said Kruse.

Answers typically are not evident from usual examinations of biopsy tissues and blood samples, said Dr. Roni J. Bollag, MCG pathologist and director of the Biorepository at the Georgia Cancer Center. "We are trying to get to the molecular part of it." Bollag notes this initiative is a continuation of the NCI's Center for Cancer Genomics, which supports genomic analysis of large cancer samples to better understand underlying disease mechanisms.

"Is it a genetic mutation that will be passed down to the family? Is it something that is just unique to that individual? We really do not know that now," Ghamande said.

But the realities of disparities can be stark and deadly. Prostate cancer, for example, which is commonly diagnosed at age 66, according to the American Cancer Society, tends to be a cancer most men live with rather than die from, Kruse said, unless it occurs early. Before age 55, the cancer tends to be found at a later stage and require more aggressive treatment. Black men overall are more likely to have prostate cancer and nearly 2.5 times more likely to die from it than white males, according to the Prostate Cancer Foundation.

American Indians and Alaska Natives have 1.6 times higher rates of kidney cancer and 1.9 times higher rates of death than whites from this cancer that most often affects the lining of the tubules that filter and clean the blood, according to the NCI. The incidence of liver cancer is nearly twice the incidence in Hispanics age 20 to 59 versus whites in the same age range. And, even though breast cancer rates overall are lower in black women than white women, mortality rates are higher in black women and it tends to be diagnosed at a younger age, according to the Susan G. Komen organization.

Bollag, Distinguished Chair for Oncologic Pathology, is a 2004 graduate of MCG. The decade-old Biorepository at the Georgia Cancer Center also has a wide array of samples from different types of cancer that are used for diagnosis and research purposes. Cancer researchers in Augusta also will have preferential access to the NCI databank being built through the NCI's Early Onset Malignancies Initiative.

The Georgia Cancer Center's partners in the ongoing minority NCORP include Georgia's Morehouse School of Medicine, DeKalb Medical Center, University Cancer and Blood Center LLC, the Georgia Southern University Jiann-Ping Hsu College of Public Health and Phoebe Cancer Center, which all help serve significant minority populations. About 35 percent of the Georgia Cancer Center's patients are minorities, Ghamande said.

Provided by Medical College of Georgia at Augusta University

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