

Racial, socioeconomic disparities in extensive-stage small cell lung cancer treatment

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A new study shows that Black individuals with extensive-stage small cell lung cancer are less likely to receive chemotherapy for their disease compared to white and other racial groups. Led by researchers at Boston

Medical Center, the results indicate that individuals who are Black, elderly, uninsured, or have non-private health insurance and lower education levels, were less likely to be treated with chemotherapy for this type of lung cancer. Published in *JTO Clinical and Research Reports*, the official journal of the International Association for the Study of Lung Cancer, this study is one of the largest to investigate the racial and health disparities in treating patients with extensive-stage small cell lung cancer, and highlights the impact that race and insurance status have on cancer care in the U.S.

Given the tendency of this type of [lung cancer](#) to rapidly progress, current recommendations and practices favor starting treatment as soon as possible after a patient is diagnosed with extensive-stage small cell lung cancer (ES-SCLC). Analyzing the National Cancer Database (NCDB) between the years 2004 and 2016, researchers discovered that Black patients had lower odds of receiving chemotherapy compared to white patients, but had improved survival, with the median survival of 8.3 months compared to eight months. This is an unexpected finding given that the disease is highly sensitive to chemotherapy, and this treatment is the most important predictor of survival.

"Our study highlights the disparities that can exist in healthcare, and the impact that race and [socioeconomic status](#) can have on a patient's experience throughout their treatment," says Umit Tapan, MD, a thoracic oncologist at Boston Medical Center and the study's corresponding author.

In this large-scale analysis, racial and socioeconomic factors impacting systemic therapy delivery and survival in ES-SCLC were identified through a total of 82,592 ES-SCLC patients between 2004 and 2016, as identified through the NCDB. The analysis showed that chemotherapy was administered to 92.1 percent of patients. Insurance and income status played a large role in treatment and survival of patients. Black

patients were more likely to be uninsured or have public health insurance compared to white and other race groups, and patients with non-[private insurance](#) or without insurance were less likely to receive chemotherapy treatment. Private insurance was associated with the highest survival of 9.2 months, followed by patients with Medicaid at 8.3 months. Lower income is associated with worse survival, which has been found for all lung cancer diagnoses.

"While our study looked specifically at patients with extensive-stage small cell lung cancer, our results further demonstrate the impact that socioeconomic status can have on the health of patients, whether it be access to treatment or their outcomes," said Tapan, also an assistant professor of medicine at Boston University School of Medicine. Another important point highlighted in the study shows that Black patients had higher odds of receiving chemotherapy between 2010 and 2016 compared to 2004-2009, which the authors suggest is a positive impact of the Patient Protection and Affordable Care Act (ACA) in 2010.

Further studies are needed to address the underlying reasons for lack of chemotherapy receipt in Black patients with ES-SCLC, and to guide the appropriate interventions to mitigate these disparities.

More information: Umit Tapan et al, Racial and Other Healthcare Disparities in Patients with Extensive-Stage Small Cell Lung Cancer, *JTO Clinical and Research Reports* (2020). [DOI: 10.1016/j.jtocrr.2020.100109](#)

Provided by Boston Medical Center

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