

Inequities seen in cancer treatment delay in patients with SARS-CoV-2

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Race and ethnicity and area-level social determinants of health (SDOH)



are associated with delayed or discontinued cancer treatment among patients with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, according to a study published online Jan. 13 in *JAMA Network Open*.

Adana A.M. Llanos, Ph.D., M.P.H., from the Columbia University Irving Medical Center in New York City, and colleagues examined the associations of individual-level and area-level SDOH with delayed or discontinued <u>cancer treatment</u> among 4,768 patients receiving <u>cancer care</u> with positive test results for SARS-CoV-2.

The researchers found that Hispanic and non-Hispanic Black individuals were more likely to experience a delay of at least 14 days or discontinuation of any treatment and drug-based treatment compared with non-Hispanic White individuals; with correction for multiple comparisons, only estimates for non-Hispanic Blacks were statistically significant (risk ratios, 1.35 and 1.37, respectively).

There were associations seen for area-level SDOH (e.g., geography, proportion of residents without <u>health insurance</u> or with only a <u>high school education</u>, lower median household income) with delayed or discontinued treatment. Compared with non-Hispanic White individuals, estimates suggested that Hispanic, non-Hispanic Asian American or Pacific Islander, and non-Hispanic Black individuals experienced longer delays to restarting pharmacotherapy.

"It is our hope that these data contribute to the development and implementation of multilevel interventions targeting microlevel and macrolevel determinants to reduce the likelihood of delayed oncology care among vulnerable patient populations during public health emergencies," the authors write.

One author disclosed financial ties to the biopharmaceutical industry.



More information: Adana A. M. Llanos et al, Evaluation of Inequities in Cancer Treatment Delay or Discontinuation Following SARS-CoV-2 Infection, *JAMA Network Open* (2023). <u>DOI:</u> 10.1001/jamanetworkopen.2022.51165

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