

Widespread disparities exist in treating advanced kidney and bladder cancers

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A study led by researchers at UT Southwestern Medical Center reveals significant disparities across the country in the use of immunotherapy for patients with advanced kidney and bladder cancers. The findings,

[published](#) in *Urologic Oncology: Seminars and Original Investigations*, suggest that factors such as race, socioeconomic status, and the type of health care facility influence whether patients will receive these effective therapies.

"With the rapidly changing pace of innovation in [cancer therapeutics](#), it is important that all patients have access to novel, potentially lifesaving medications," said study leader Solomon Woldu, M.D., Associate Professor of Urology and a member of the Harold C. Simmons Comprehensive Cancer Center at UT Southwestern. "Our study highlights critical gaps in health care equity when it comes to treatments that have been shown effective in prolonging survival."

Using data from the National Cancer Database, researchers investigated the influence of a patient's socioeconomic and demographic factors on the use of immunotherapies approved by the U.S. Food and Drug Administration to treat stage 4 clear cell [renal cell carcinoma](#) (ccRCC) and urothelial carcinoma of the bladder (UC).

Although the use of immunotherapies for these advanced cancers increased throughout the study period, persistent disparities remained. Between 2015 and 2020, for example, 34% of 15,926 patients diagnosed with advanced ccRCC received immunotherapy treatment. Among 10,380 patients diagnosed with advanced UC between 2017 and 2020, about 21% were treated with immunotherapy.

However, Black and Hispanic patients with ccRCC were about 25% less likely to receive approved treatment compared with other groups, researchers found. A similar trend persisted among lower income and education statuses. And while the data showed that those without insurance were less likely to receive [treatment](#) than those with [private insurance](#) or Medicare, the study noted that having [health insurance](#) didn't necessarily offer "affordable coverage for expensive and novel

therapies."

In addition, patients at nonacademic facilities were less likely to receive immunotherapy, underscoring the benefits of being treated at [academic medical centers](#) like UT Southwestern. Dr. Woldu said the study serves as a key step toward ensuring that all patients, regardless of background, have access to the most advanced and effective cancer treatments.

"Our mission at UT Southwestern is to provide cutting-edge care to all of our patients, and I believe we do so," Dr. Woldu noted.

These findings build upon a growing body of research that reveals enduring inequities in medical care across the United States for various types of cancers and set a foundation for potential changes in clinical practice and policy.

"It should encourage doctors counseling patients with kidney and bladder cancers to spend extra time discussing the potential benefits of novel therapies," Dr. Woldu said.

More information: Levi Holland et al, Socioeconomic and Demographic Disparities in Immunotherapy Utilization for Advanced Kidney and Bladder Cancer, *Urologic Oncology: Seminars and Original Investigations* (2024). [DOI: 10.1016/j.urolonc.2024.06.012](https://doi.org/10.1016/j.urolonc.2024.06.012)

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