

Survival period for esophageal cancer is tied to race and income

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African-American patients with esophageal cancer survive fewer months after diagnosis than white patients, but only if they also have low incomes, according to a new study from Duke Health researchers.

The researchers analyzed data from the National Cancer Data Base to assess what effect the combination of race and low socio-economic status has on cancer survival. They focused on [esophageal cancer](#) because it historically has had higher death rates among blacks and has a high overall mortality.

The findings were presented during the January 26 press program at the annual meeting of the Society of Thoracic Surgeons in Phoenix.

"In lower socioeconomic groups, outcomes for esophageal cancer vary by race, but not in higher socio-economic groups," said senior author Matthew G. Hartwig, M.D., assistant professor of surgery at Duke. "This has implications for all sorts of cancers, not just esophageal cancer, and should be further examined to eliminate [health care disparities](#)."

Hartwig and colleagues, including lead author Loretta Erhunmwunsee, M.D., who is now at City of Hope in Duarte, Cal., studied outcomes of 6,147 esophageal cancer patients who underwent surgery. Of those, 293 patients, or 5 percent, were black.

Before adjusting for income, [black patients](#) had worse overall survival than [white patients](#), living a median 33 months after diagnosis compared to 46 months for whites. Once income was factored in, there was no significant difference in overall survival between white and black patients in the two highest income brackets. Median survival in the higher income groups was 52 months for blacks and 61 months for whites.

But significant difference in survival emerged between white and black patients in the two lowest income groups. Median survival for low-income African-Americans was 26 months vs. 40 months for low-income whites.

"One of the findings of the research is that black patients were much less likely than white patients to undergo surgery," Erhunmwunsee said. "Surgery is part of the combination treatment that is considered optimal."

"The finding that African-American patients have higher death rates after esophagectomy isn't new," Erhunmwunsee said. "But our study adds to this finding, showing that black patients are most vulnerable when they are poor and that they may actually be protected when they have higher socio-economic status. This finding suggests that targeting socio-economic differences may help combat racial health disparities."

Hartwig said the research team now plans to study what the disparities are that lead to differences in survival.

"Our study suggests that disparities in survival for esophageal cancer is less likely due to underlying genetic or medical reasons, and more likely due to disparities in health care," Hartwig said. "Based on our findings, we are now able to focus resources on studying lower [socio-economic status](#) among black patients as a way to alleviate health disparities."

In addition to Hartwig and Erhunmwunsee, study authors include Brian C. Gulack, Cristel Rushing, Donna Niedzwiecki and Mark F. Berry.

Provided by Duke University

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