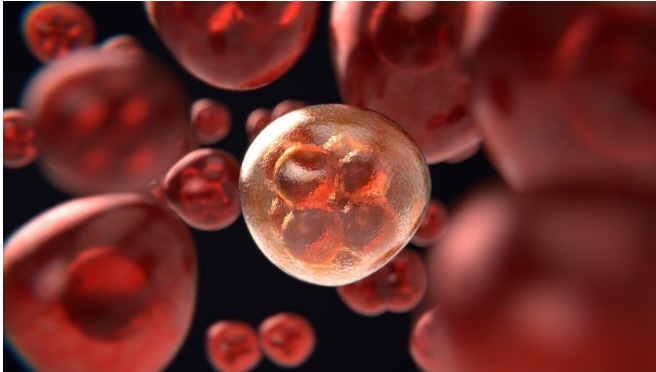


Racial disparities in treatment for common lung cancer persist despite gains

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Lung cancer continues to be the most deadly solid cancer in the world, despite the fact that survival rates have been improving over the past decade. However, African American patients have worse outcomes and shorter lifespans after being diagnosed with lung cancer. A new study examines more recent data, and shows that although Black patients are now more likely to receive the most effective treatment than a decade ago, the disparity persists.

"We wanted to take a closer look at surgery—the most [effective therapy](#)—and how the two other second-line treatment options might affect the disparities in long-term outcomes across populations," says senior author Olugbenga Okusanya, MD, an Assistant Professor of Surgery at Thomas Jefferson University and researcher at the Sidney Kimmel Cancer Center-Jefferson Health. "There has been concern that these second-line treatments have been contributing to the [disparity](#) in outcomes."

The results were published in the *Journal of Surgical Oncology*.

The most [effective treatment](#) for early stage non-small cell [lung cancer](#) is surgery to remove a portion of lung. However two types of radiation therapy are also used as a second-line therapy, with stereotactic ablative radiotherapy (SABR) shown to be more effective than external beam radiation therapy (EBRT) for early stage disease.

The researchers examined data from 192,415 patients in the National Cancer Data Base who were diagnosed with early-stage (stage 1) non-[small cell lung cancer](#) between 2004 and 2015. Of these patients, 91% were white and 9% were Black. "Few reports have included this many patients and looked at both surgery and radiation therapy," says Dr. Okusanya.

The biggest disparity was in the use of surgery, which is the most effective form of therapy for early-stage lung [cancer](#), a difference that persisted in every year of the 11-year study period. Of note, although the utilization of surgery increased over time for both white and Black patients, the rate of increase in Black patients was faster than in white patients. "This indicates that some work is being done to close the disparity in the utilization of surgery in Black patients," says Dr. Okusanya.

Dr. Okusanya and colleagues showed that the use of SABR increased from 2004 to 2015, and the rate of EBRT decreased, as expected, based on reports that EBRT was less effective for these patients. There was no disparity across racial groups in these two second-line therapies.

"Lung cancer incidence and mortality in the Greater Philadelphia region is profound—far outstripping national averages. Studies such as these are critical for understanding factors that contribute to cancer disparities, and are part of the Sidney Kimmel Cancer Center's overarching mission to improve the lives of all cancer patients and their families," said Dr. Karen E. Knudsen, executive vice president of oncology services for Jefferson

Health and enterprise director of the Sidney Kimmel Cancer Center—Jefferson Health. "Variances in care across demographics are simply unacceptable. Raising awareness to this issue through Dr. Okusanya's work is the first step toward meaningful change."

In addition, other studies have suggested that comorbidities in Black patients were one of the drivers for worse outcomes, rather than the utilization of surgery. "In contrast, we found that when Black patients get [surgery](#) there is actually a trend for them to have better survival than their white counterparts," says Dr. Okusanya.

"We need to continue to reduce barriers to successful treatments for Black cancer patients," says Dr. Okusanya. "We know these disparities exist across cancer types and treatments and understanding some of the drivers of these inequities is key to fixing them."

More information: Waseem Lutfi et al, Racial disparities in local therapy for early stage non-small cell lung cancer, *Journal of Surgical Oncology* (2020). DOI: [10.1002/jso.26206](https://doi.org/10.1002/jso.26206)

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