New Research Shows Mortgage Discrimination is Adversely Associated with Receipt of Guideline-Concordant Non-Small Cell Lung Cancer Care

FOR MORE INFORMATION, CONTACT:
American Cancer Society, Anne.Doerr@cancer.org

Findings reported by researchers at the American Cancer Society (ACS) and the Johns Hopkins University show that area-level mortgage discrimination is adversely associated with receipt of guideline-concordant non-small cell lung cancer (NSCLC) care for cancer patients in the United States. The findings will be presented at the annual American Society of Clinical Oncology (ASCO) Quality Care Symposium in Chicago, September 30 - October 1.

According to the study led by Dr. Qinjin Fan, senior scientist, health services research at the American Cancer Society, disparities in receipt of care for NSCLC are well described. Discriminatory mortgage lending, which limits access to home ownership in specific neighborhoods overall and disproportionately for racialized groups, is a marker of systemic racism and lower levels of neighborhood investment. This may, in turn, decrease access to high-quality cancer care. Researchers used the mortgage denial rate as a measure of area-level housing discrimination and investigated its association with guideline-concordant NSCLC care. Rates were estimated at the zip code tabulation areas (ZCTAs) level using the Home Mortgage Disclosure Act (HMDA) database (2014-2019). Mortgage denial rates represent the proportion of denied home loans to the total completed home loans and were categorized into quartiles. Individuals older than 18 years of age diagnosed with NSCLC from 2014-2019 were identified from the National Cancer Database and combined with HMDA data. Multivariable logistic regression models examined associations between mortgage discrimination and receipt of guideline-concordant care, including surgery, chemotherapy, and chemoradiation. A multivariable Cox proportional hazard model examined the association between mortgage discrimination and time to chemotherapy initiation.

The study included 450,614 patients newly diagnosed with NSCLC residing in 33,120 ZCTAs. Individuals residing in ZCTAs with higher mortgage denial rates were more likely to be aged 45-64 years, maleand an income less than $40,000/year. Overall, 69% patients received guideline-concordant care. The likelihood of receiving guideline-concordant care was lower in neighborhoods with higher mortgage denial rates, adjusting for age and sex. This disparity was present in all care subgroups and the time to chemotherapy initiation was longer for patients in neighborhoods with higher mortgage denial rates.

Researchers stress institutional practices leading to barriers in access to resources highlight the critical need to understand the pathways through which area-level mortgage denials adversely effects the receipt of equitable cancer care.

The lead author of the study is Dr. Qasim Hussaini, *Chief Medical Oncology Fellow at Johns Hopkins University.* Senior author of the study is Dr. Leticia Nogueira. Other ACS researchers in the study include: Dr. Robin Yabroff.