Disparities in Head and Neck Cancer Patients

Atlanta 2008/10/05 -A new analysis finds considerable disparities in survival related to race and socio-economic status among patients with head and neck cancer. Published in the November 15, 2008 issue of CANCER, a peer-reviewed journal of the American Cancer Society, the study indicates that earlier diagnosis and greater access to treatment could improve outcomes for these cancers among African Americans and the poor.

A number of studies have examined disparities in cancer survival among different groups to help identify interventions to improve patient outcomes. To investigate factors that impact survival from head and neck cancer, Dr. Leonidas Koniaris and colleagues at the University of Miami School of Medicine reviewed all head and neck cancer cases in Florida between 1998 and 2002. By mining information from the Florida Cancer Data System and the Florida Agency for Health Care Administration dataset, they were able to accumulate data on diagnoses, comorbid conditions, and procedures performed during every hospitalization or outpatient visit among 20,915 head and neck cancer patients during that time.

The review found poorer outcomes were associated with race, poverty, age, gender, tumor site and stage, treatment type, and a history of smoking and alcohol consumption.

Regarding race, the average survival time among Hispanics was 47 months, compared with 40 months among Caucasians and 21 months among African Americans. African American patients were diagnosed at a younger age and presented with more advanced disease compared with Caucasians. For all tumor stages, African American patients had a significantly shorter average survival time than Caucasians, regardless of poverty level. Treatments also differed between these two races: Caucasians were more likely than African Americans to have undergone surgery (45 percent vs. 32 percent), while African Americans were more likely than Caucasians to receive chemotherapy (26 percent vs. 19 percent) and radiation (66 percent vs. 56 percent). However, even among patients who received surgery, African Americans had a shorter survival time than Caucasians.

When assessing socioeconomic status, the investigators found that patients living in communities with poverty levels exceeding 15 percent were diagnosed with head and neck cancer at a significantly younger age, more frequently diagnosed with advanced disease, and had lower average survival was lower across all age groups. Average survival time was significantly shorter in patients from the areas with the highest poverty rates irrespective of what type of therapy was received.

The authors conclude that racial disparities continue to exist in head and neck cancer survival. Socio-economic inequities are also evident in head and neck cancer survival, even when the poor receive treatment for their disease.

"Earlier diagnosis, particularly in those from low socio-economic status groups and amongst African American patients, is needed to improve outcomes," the authors wrote.

Article: "African American and poor patients have a dramatically worse prognosis for head and neck cancer: an examination of 20,915 patients." Manuel A. Molina, Michael C. Cheung, Eduardo A. Perez, Margaret M. Byrne, Dido Franceschi, Frederick L. Moffat, Alan S. Livingstone, W. Jarrard Goodwin, Juan C. Gutierrez, and Leonidas G. Koniaris. CANCER; Published Online: October 06, 2008 (DOI: 10.1002/cncr.23889); Print Issue Date: November 15, 2008.

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