Racial Disparities Diminish In Specialized Cancer Centers

A new study has found that when African American and white cancer patients are treated at similar, specialized cancer care institutions, mortality rates are roughly equal. Published early online in CANCER, a peer-reviewed journal of the American Cancer Society, the findings suggest that where patients receive care may partly explain observed racial disparities in cancer mortality.

In the new study, researchers led by Tracy Onega, PhD, MA, of the Dartmouth Medical School looked at records for more than 200,000 Medicare recipients treated for cancer between 1998 and 2003. The analysis focused on one- and three-year mortality for patients with lung, breast, colorectal, and prostate cancer. National Cancer Institute (NCI) comprehensive or clinical cancer centers were used to evaluate the influence of place of service, based on their standing as highly specialized cancer care settings. Of the sample population, 9 percent were African American. A higher proportion of African Americans attended an NCI cancer center than Caucasians (11.1% vs. 6.9%).

The researchers found that across all cancer care settings within the study population, the likelihood of dying from cancer or other causes at one year was 13 percent higher for African Americans. At three years, their risk was 23 percent higher than their Caucasian counterparts.

However, when the investigators looked only at patients who received care at NCI Cancer Centers, there were no significant racial differences in the likelihood of dying at one and three years after a cancer diagnosis. The same was true when comparing death rates among the African American study population; those receiving care at an NCI cancer center had lower death rates at one and three years than those treated elsewhere.

“We have known for some time that African Americans die in greater numbers from cancer than Caucasians. The question is, why? This research shows that where patients are treated can influence those outcomes significantly,” Onega said. “The next step is to understand the components of treatment location that most dramatically affect differences in care, and ultimately outcomes, for all cancer patients.”

Article: “Race versus place of service in mortality among Medicare beneficiaries with cancer.” Tracy Onega, Eric J. Duell, Xun Shi, Eugene Demidenko, and David C. Goodman. CANCER; Published Online: March 22, 2010 (DOI: 10.1002/cncr.25097)