

Racial disparity in cancer survival

Even with equal medical care, a black-white gap exists for some illnesses.

By Rob Stein
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WASHINGTON — African Americans are less likely than whites to survive breast, prostate and ovarian cancer even when they receive equal treatment, according to a large study that offers provocative evidence that biological factors play a role in at least some racial disparities.

The first-of-its-kind study, involving nearly 20,000 cancer patients nationwide, found that the gap in survival between blacks and whites disappeared for lung, colon and several other cancers when they received identical care as part of federally funded clinical trials. But disparities persisted for prostate, breast and ovarian cancer, suggesting that other factors must be playing a role in the tendency of blacks to fare more poorly.

For decades, studies have shown that poor people and minorities are more likely to live shorter, sicker lives, and are less likely to survive a host of illnesses, including many cancers. Studies have indicated that the disparities were largely the result of poor people and minorities getting inferior care; they are less likely to have health insurance and receive routine preventive care, they frequently get diagnosed later, and they often undergo less aggressive treatment once they are diagnosed.

The new study is another chance to weigh biology against disparities in the quality of care.

“There is good news and puzzling news in our results,” said Kathy Albain of Loyola University, whose findings were published online Tuesday by the Journal of the National Cancer Institute.

“When there’s a level playing field with the same quality of care, African-Americans survive just as well as other races from some of our most common cancers, which is reassuring news and points us nationally toward a need to make sure there is quality of care and equal access to all,” Albain said. “But for prostate, ovarian and breast [cancer], it’s not access to care. There’s something else.”

Some experts cautioned that the study could not rule out the effects of socioeconomic and environmental factors earlier in life, and expressed worry that the findings could reinforce old prejudices.

But a growing body of evidence has suggested that biological factors may be playing a role. Genetic variations, for example, appear to make some therapies more effective or less toxic for some people than others.

That idea, however, has been controversial and has raised concern that it could distract from the major cause of disparities, such as poverty, prejudice and geographic variation in quality of care.