New Research Suggests Access, Genetic Differences Play Role in High Minority Cancer Death Rate

The reason for higher African American cancer death rates may be doctors' failure to recommend appropriate chemotherapy and minorities' ability to access expensive treatment. Or it could be a matter of genetics that predispose some people to hard-to-treat tumors.

African Americans have a higher chance of developing cancer and dying than that of any other racial or ethnic group in the United States. But new research, presented at the American Association for Cancer Research meeting in April, suggests that both access to health care and a propensity to develop hard-to-treat tumors play a role in the diagnosis and mortality disparities.

Cary Gross

The problem isn't limited to one factor, said Cary Gross, M.D., of the Yale University School of Medicine. "It's important to recognize that discrimination exists at multiple levels of our health care system and to recognize that because of a lack of trust that results from this discrimination, it's harder for minority groups to receive appropriate care."

In fact, it might be about poverty. Keith A. Dookeran, M.D., of Stroger Hospital in Chicago, and colleagues examined more than 400 breast cancer patients, most of whom were African American, and said that socioeconomic status, not race, was a predictor of both high-grade breast cancer and estrogen receptor (ER)–negative tumors, characteristics linked to higher mortality rates. The authors observed no differences between races and tumor grade. "African American women are more commonly underserved and have low socioeconomic status," Dookeran said.

Another study by Gross and colleagues published in *Cancer* in 2005 said that low socioeconomic status led to lower enrollment in clinical trials, which could limit researchers' ability to target certain tumor types common to minorities. His research into breast cancer trials also showed that race did not factor into willingness to enroll in trials.

"If we want to effectively recruit minorities into trials, we must earn the trust of the communities in which we're working," he said, citing the Tuskegee experiments as an example of why minorities lost trust in medical research. "We must form true partnerships to identify research questions that are important to communities from which we hope to enroll participants."

Fixing problems with minority enrollment and health coverage gets scientists only part of the way to treatment goals. A new study explained that doctors may waylay a patient's access to treatment by neglecting to mention treatment options. Hanaa S. Elhefni, M.D., then at the University of Alabama in Birmingham and now at Wright State University in Dayton, Ohio, and colleagues said that Alabama doctors recommend chemotherapy for colorectal cancer patients more often if they're white than black. In a study of 17,000 colorectal cancer patients, Elhefni and colleagues found that blacks were recommended chemotherapy 20% less often than whites were. "Obviously, the disparity in colorectal cancer outcomes could be greatly reduced by changes in medical practice," Elhefni said.

Keith A. Dookeran

Other studies suggest that health disparities will not be resolved until doctors take biology into account. A new study shows that minority groups develop more hard-to-treat tumors. Mary Jo Lund, Ph.D., of Emory University in Atlanta, and colleagues examined 117 African American and 362 white breast cancer patients aged 20–54 years for a particularly difficult-to-treat tumor called a triple-negative tumor, which doesn't have estrogen, progesterone, or HER2 that doctors often target in treatment. For African American women, 47% of tumors were triple negative compared with 22% of tumors in white women.

Presenters at the conference say the new trials suggest that disparities stem from socioeconomic status, provider care, and tumor genetics, rather than racial bias. "We want to dispel the myth that this is about racism," said Lucille L. Adams-Campbell, Ph.D., of Howard University Cancer Center in Washington, D.C.

Gross said that the focus should begin with equal access to health care. "We need to provide information about important therapies so patients can make informed decisions," he said. "And at the health system level we need to recognize that as the cost of cancer treatments is creeping upwards—around $100,000 for some cancer types—we must acknowledge that equal access to care is a necessary step in decreasing disparities."

—Ariel Whitworth

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