Introduction
“Poverty is a carcinogen.” Dr. Samuel Broder

Racial disparities in cancer mortality have grown stronger over the past two decades. Unfortunately minority females from underserved areas and with lower socioeconomic status are the most vulnerable subjects who suffer the most. This research focuses on a comparison of digestive system cancer survival rates among young (<50 yrs old) African-American and white females and offers several public health strategies to reduce the racial gap among GI cancer patients.

Hypothesis
Digestive system cancer survival rates (5 yr) are significantly lower among young (<50 yrs old) African-American females compared to their white counterparts.

Materials and Methods
The data on cancer incidence, stage at diagnosis, and survival for this research is provided by the Surveillance, Epidemiology, and End Results (SEER) Program, conducted by the National Cancer Institute (NCI). This database contains cancer statistics from 1975 to 2011, including race, gender, age at diagnosis, socioeconomic status, staging and survival. The cohorts for this study are African American and white females younger than 50 years of age, who are diagnosed with cancers of the digestive system. The survival rates for these two cohorts are reported from 2975 to 2006. Statistical analysis is performed on the data to show the significant difference in cancer survival, 5 years after diagnosis, for the two races.

Results

Equal Access Care
Based on Social, Economic and Cultural Backgrounds

Prevention
Modifiable cancer risk factors that vary by race and socioeconomic status include cigarette smoking, physical inactivity, and obesity. Encouraging healthy lifestyle habits at community centers such as clinics and churches in underserved neighborhoods is a good starting point.

Racial Disparity in GI Cancer Survival in Young Females, the Problem and Its Solutions.

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Survival and Mortality
Eliminating cancer disparities will require sustained efforts on the part of governmental, private, and nonprofit organizations, as well as individuals engaged in cancer research, cancer prevention, and cancer care.

Early Diagnosis
Disparities in early detection of cancer are reflected in the usage of recommended screening tests, and the higher stage at diagnosis. Distribution of multi-lingual educational pamphlets for age-appropriate cancer screening tests in lower income neighborhoods is instrumental in raising awareness about cancer risk, signs and symptoms. Early detections is directly correlated with a better outcome.

Post-Treatment Quality of Life
Palliative care is defined as the “active total care of patients whose disease is not responsive to curative treatment.” Much of the data on disparities in palliative care concerns the adequacy of pain management and usage of hospice care.

Minorities are three times more likely to have inadequate pain management and lower use of hospice care (4). Understanding cultural differences in attitudes toward illness or death between health care providers, patients, and families is essential.

Treatment
Before the Affordable Care Act, access to high-quality cancer care varied substantially by socioeconomic status and race:

- African Americans with Stage I or II non-small cell lung cancer are less likely to receive the recommended treatment of surgery than Whites, even if they have insurance and are at the same income level (7).
- African Americans with cervical cancer are more likely than Whites to go unstaged and receive no treatment (5).
- Whites are more likely than persons of other racial/ethnic groups to receive aggressive treatment for colorectal cancer (8).

References

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