Lung cancer hits blacks hardest

Study: Gender, socioeconomic status factors in fatality rate

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Staff Writer

LAFAYETTE — A high-profile study on survival rates of lung cancer patients has brought national attention to a problem with which Louisiana has much experience.

Louisiana is below national averages for some types of cancer, but it consistently outranks national averages when it comes to lung cancer, according to health authorities.

“We have a problem not just in Lafayette, not just in New Orleans, but throughout the whole state,” said Dr. Vivien Chen, director of the Louisiana Tumor Registry and chief and professor of epidemiology with the LSU Medical Center.

And the problem disproportionately affects minorities, particularly when it comes to fatality rates.

A study published two weeks ago in the New England Journal of Medicine showed that among lung cancer patients 65 years old and older, the rate of surgery for black patients was 12.7 percentage points than white patients. The survival rate among black patients was correspondingly lower as well.

The study accounted for factors such as gender, co-existing illness, socioeconomic status, insurance coverage and availability of care.

Those numbers come as no surprise to Rudy Macklin, the head of the Bureau of Health Access, a recently formed division under the Department of Health and Hospitals.

“The disparities still jump out at you. There’s still nothing that’s really changed much at all,” said Macklin of state health figures he’s been tracking for the past six years.

While state figures cannot take into account mitigating factors as the study in the New England Journal of Medicine did, the gaps between white and black mortality rates are still significant.

The fatality rates of black patients in Acadiana over the age of 65 with lung cancer were 27 percent higher than their white counterparts, according to numbers from state vital state health figures. Please see CANCER on Page 15A.
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Cancer

statistics analyzed by The Daily Advertiser.

That number represents mortality rates for the parishes of Acadia, Evangeline, Iberia, Jefferson Davis, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion.

But compared to other illnesses, the racial disparity for lung cancer is relatively small. For all of Louisiana, black people die of heart disease at a rate that is 51 percent higher than white people, of cerebrovascular disease at a rate that is 64 percent higher, and of diabetes at a rate that is 114 percent higher, according to figures from the Bureau of Health Access.

The reason for that, Chen said, is that cancer rates for all people in Louisiana are significantly higher than the national average. They're about 35 percent higher than the national average for lung cancer incidence rates. It makes the gap between black and white a lot narrower," she said.

The Bureau of Health Access that Macklin directs is devoted to addressing disparities in mortality rates for all illnesses. One of its first projects will be a test program in Claiborne Parish, which has high disparities for a variety of health indicators.

The bureau will work on improving preventative health care, education and neonatal care, and then monitor the results.

"They always seem to do a lot of studies and research. But they never seem to come up with solutions," Macklin said. "That's what we're looking to do."

Macklin said the state Legislature has also resurrected a committee, now called the Minority Health Affairs Commission, to look at issues of disparity. The commission will have its second monthly meeting next week.

"The statistics have always been there, but there's never been a commission to deal with these problems until now," he said.

Dr. Jimmy Guidry, state health officer and the assistant secretary for the Office of Public Health, said that the state is also focusing on poverty to address health-care disparity, because the poor typically receive the least health care.

"They're so caught up with trying to make ends meet and live frugally, that it's a little harder for them to make health a priority," he said.

"When they do seek health care, it's usually when the disease is more advanced."

The study from the New England Journal of Medicine suggests, however, that when all things are equal, blacks still don't receive the same access to health care as whites, and that the reason might lie in doctor-patient interaction.

"You should look at every angle, and everything makes a difference," Guidry said.

For his part, Dr. James Cole, a cancer specialist in private practice in Lafayette, said the study got his attention and the attention of other doctors.

"I think it makes us look at what we do even closer to make sure that everyone is getting the same access to health care," said Cole.

Cole said that doctors in Lafayette and Opelousas meet regularly for cancer conferences. At the conferences, doctors discuss their patients using only their initials to designate them. The doctors then advise each other on the best course of treatment.

"In larger communities, where there's more peer oversight, you're going to have people getting the same kind of therapy," said Cole. "But compared to other illnesses, the racial disparity for lung cancer is relatively small."

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Rural patients, on the other hand, can be at a disadvantage when it comes to both the quality of health care and access to health care.

Cole said the best way for anyone to reduce the risk of cancer is to quit smoking. About 90 percent of all lung cancer cases are smoking related.

Acadiana lung cancer rates

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SOURCE: Office of Public Health