

Minorities and Cancer

Statistics show us that most people will have a cancer experience in their lifetime, either as a person with cancer or as a caregiver of a loved one with cancer.

Minorities and low income families shoulder a disproportionate burden when it comes to the timeliness of cancer diagnosis, frequency (incidence) and mortality – this is known as cancer-related disparities.



Black people have the highest death rate and shortest survival rate of any racial or ethnic group for most cancers.¹

Sexual and Gender Minorities (SGM) represent a growing and medically underserved population in the U.S., meaning that many of them face challenges accessing care.

Causes of cancer-related disparities can include:



Behavioral

Higher rates of alcohol use, smoking and less physical activity



Environmental

Exposure to secondhand smoke



Genetic risk factors

Family history



Socioeconomic reasons

Lower income, lower education and food insecurity



Unequal access to care

Access to transportation, living in rural areas and lack of referral to quality clinical care



Cultural beliefs

Mistrust of health care systems and fatalistic attitudes about cancer



Biological factors

Age, weight, sex at birth or race



Lower perceived risks

Belief that you are not at risk or lack of awareness of risk factors

Documented cancer health disparities include:¹

- ⦿ **Higher incidence of triple negative breast cancer** among **black women**. A molecular subtype of breast cancer² that grows and spreads quickly, and is more likely to return than other types of breast cancer³
- ⦿ **Higher rates of prostate cancer** incidence and death among **Black men**
- ⦿ **Higher rates of liver cancer** among **Asian** and **Pacific Islanders**
- ⦿ **Higher rates of kidney cancer** among **American Indian** and **Alaska Natives**
- ⦿ **Higher rates of cervical cancer** incidence and death among **Hispanic** and **Black women**

Clinical Trials

Minorities are also significantly underrepresented in cancer clinical trials.⁴ **For treatment to be equitable, effective and improve rates of survival, people of all racial and ethnic backgrounds need to be represented in research.**

Better representation and participation in clinical trials helps researchers understand the risk factors and treatment options for cancer care for minorities, potentially producing more tailored approaches to prevention, diagnosis and treatment.



Barriers to accessing clinical trials include:⁵

System-Level Barriers

1. Limited number of trials available
2. Hospital lack of infrastructure and resources
3. Financial costs to hospitals and patients
4. Restrictive study design and eligibility
5. Lack of community engagement
6. Minorities more likely to receive care at under-resourced hospitals

Institutional-Level Barriers

1. Lack of trust in the health care system
2. Poor patient-clinician shared decision making
3. Lack of trust between patients and clinicians with different backgrounds

Individual-Level Barriers

1. **Health Care Professionals:**
 - Lack of awareness of available trials
 - Lack of understanding about trials
 - Implicit bias
2. **Patient/Family:**
 - Lack of knowledge or awareness of clinical trials
 - Lack of awareness of eligibility for a trial
 - Extra costs related to trial participation
 - Attitudes and beliefs (i.e. suspicion of medical care)
 - Transportation access



Research shows that overall, minorities are as likely as white individuals to consent if they are offered access to a clinical trial.

For more information on available clinical trials and how to participate, visit: <https://clinicaltrials.gov>

Sources:

1 <https://www.cancer.gov/research/areas/disparities>

2 <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21718>

3 <https://www.cancer.org/cancer/types/breast-cancer/about/types-of-breast-cancer/triple-negative.html>

4 <https://www.nimhd.nih.gov/resources/understanding-health-disparities/diversity-and-inclusion-in-clinical-trials.html>

5 www.ncbi.nlm.nih.gov/pmc/articles/PMC5131730/