

Even with equal health care access, cancer survival rates are worse in American Indians and Alaskan natives

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Five- and 10-year cancer survival rates were lower among American Indians and Alaskan Natives (AIANs) compared with non-Hispanic whites even when they had approximately equal access to health care, according to data presented at the American Association for Cancer Research (AACR) conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held Nov. 9–12.

"Our preliminary analysis suggests that with presumed equal access to [health](#) care, five- and 10-year [cancer](#) survival among mostly urban-dwelling AIANs was lower than among non-Hispanic whites," said Marc Emerson, MPH, a cancer research training award fellow in the Division of Cancer Control and Population Sciences at the National Cancer Institute in Bethesda, Maryland. "Our study focused on AIANs who live largely in urban areas, a population often hidden to researchers.

"The AIAN population experiences some of the greatest disparities in health and health outcomes, yet this remains an understudied area of research," added Emerson. "Future research should focus on factors other than [health care](#) access that may be driving disparity in the cancer outcomes observed."

Emerson and colleagues found that the top four cancer diagnoses among AIANs and non-Hispanic whites were the same: prostate, breast, lung,

and colorectal cancer. The fifth most common cancer type among AIANs was non-Hodgkin lymphoma, while it was melanoma for non-Hispanic whites.

The researchers also found that the five-year [survival rates](#) for AIANs and non-Hispanic whites were 52 percent and 58 percent, respectively, and the 10-year survival rates were 37 percent and 44 percent, respectively.

The most common comorbidities were the same for both races—chronic pulmonary disease, diabetes, and congestive heart disease—but the rates of these comorbidities were higher among AIANs compared with non-Hispanic whites. "In future analyses, we will examine the extent to which prevalence of comorbidities and other factors may account for the survival differences observed," Emerson said.

The researchers collected data from Kaiser Permanente Northern California electronic health records for 1,022 AIANs and 139,725 non-Hispanic whites diagnosed with primary invasive cancer between 1997 and 2012. They used sociodemographic and health data of the study participants, including age at diagnosis, race, cancer site, type of treatment, comorbidities, and treatment follow-up time, for their study.

Provided by American Association for Cancer Research

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