

Health Equity Coverage Recommendation Form

Title:	Health Equity in Cancer
Date of Last Review:	8/1/24

Research Section

Background

According to the [Centers for Disease Control and Prevention \(CDC\)](#) cancer is a term used for diseases in which abnormal cells divide without control and can take over other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases. A person can lower their risk of getting many common kinds of cancer by making healthy choices, keeping a healthy weight, avoiding tobacco, limiting alcohol intake, and protecting their skin. Screening tests can find some cancers early when treatment works best. Vaccines (shots) can help prevent or reduce your cancer risk (example: HPV, hepatitis).¹

Inequities discussed on the [Office of Minority Health Website](#)²

[Cancer and Black/African Americans](#):³

Black/African Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers. Death rates for all major causes of death are higher for Black/African Americans than for non-Hispanic whites, contributing in part to a lower life expectancy for both Black/African American men and women.

- From 2015-2019, African American men were 1.2 times and 1.7 times, respectively, more likely to have new cases of colon and prostate cancer, as compared to non-Hispanic white men.
- Black/African American men are 1.8 times as likely to have stomach cancer, as compared to non-Hispanic white men and 2.5 times more likely to die from stomach cancer.
- Black/African American men have lower 5-year cancer survival rates for most cancers, as compared to non-Hispanic white men.
- Black/African American men are twice as likely to die from prostate cancer, as compared to non-Hispanic white men.
- From 2015-2019, Black/African American women were just as likely to have been diagnosed with breast cancer; however, they were almost 40 percent more likely to die from breast cancer, as compared to non-Hispanic white women.

- Black/African American women are twice as likely to be diagnosed with stomach cancer, and they are 2.3 times more likely to die from stomach cancer, as compared to non-Hispanic white women.

[Cancer and Hispanic Americans:](#)⁴

Hispanic American men and women generally have lower cancer rates than the non-Hispanic white population. However, disparities still exist in certain types of cancer.

- Both Hispanic men and women are almost twice as likely to have, and to die from, liver cancer than non-Hispanic whites.
- Hispanic men and women are twice as likely to be diagnosed with stomach cancer, and twice as likely to die from stomach cancer, as compared to non-Hispanic white men and women.
- Hispanic women are 40 percent more likely to be diagnosed with cervical cancer, and 30 percent more likely to die from cervical cancer, as compared to non-Hispanic white women.

[Cancer and Asian Americans:](#)⁵

Asian Americans generally have lower cancer rates than the non-Hispanic white population. However, disparities still exist in certain types of cancer.

- From 2014-2018, Asian/Pacific Islander men were 70 percent more likely to have stomach cancer as compared to non-Hispanic white men
- Both Asian/Pacific Islander men and women have almost twice the incidence of liver & intrahepatic bile duct cancer, as compared to the non-Hispanic white population.
- Asian/Pacific Islander men are twice as likely to die from stomach cancer as compared to non-Hispanic white men, and Asian/Pacific Islander women are 2.5 times as likely to die from the same disease, as compared to non-Hispanic white women.

Review of current, peer-reviewed evidence from established sources

[National Cancer Institute:](#)⁶

The NCI writes that Cancer disparities in the U.S. are influenced by a mix of social, behavioral, biological, and genetic factors, affecting risk and treatment outcomes. Disadvantaged groups, such as those with low incomes or limited healthcare access, often face delays in cancer screening and treatment. Environmental factors and unhealthy neighborhood conditions can further elevate cancer risks. Racial and institutional biases, along with differences in tumor biology among ethnic groups, contribute to these disparities. Addressing the issue requires diverse clinical research and comprehensive policy changes aimed at eradicating social, racial, and institutional inequalities to achieve health equity as defined by the CDC.

Review of clinical practices guidelines from professional associations and societies in regard to these findings

[National Comprehensive Cancer Network \(NCCN\):](#)⁷

NCCN guidelines often include specific recommendations to address the unique needs of minority populations. For example, the guidelines might recommend more aggressive screening for certain cancers in populations that are known to have higher incidence rates or worse outcomes.

[American Society of Clinical Oncology \(ASCO\):](#)⁸

ASCO has published guidelines and statements emphasizing the need for culturally competent care, advocating for policies that improve access to care for underserved populations, and encouraging the inclusion of diverse patient populations in clinical trials.

[Centers for Disease Control and Prevention \(CDC\) Initiatives:](#)⁹

The CDC often implements programs aimed at reducing cancer disparities, such as the [Racial and Ethnic Approaches to Community Health \(REACH\)](#),¹⁰ which focuses on racial and ethnic communities at risk.

Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary

Cancer disparities in the United States are influenced by a complex interplay of social determinants, behaviors, biology, and genetics, all of which affect cancer risk and treatment outcomes. Groups facing health inequities, such as those with low incomes, inadequate health literacy, significant travel distances to medical facilities, or no health insurance, often have decreased access to cancer screenings and guideline-based treatments. This can lead to later-stage cancer diagnoses, which are harder to treat effectively. Environmental factors also contribute to disparities. For instance, communities without clean water or air may face higher exposure to carcinogens. Moreover, neighborhoods lacking in resources for healthy living, such as affordable nutritious food and safe exercise spaces, may influence lifestyle choices that increase cancer risks. Health disparities also exist among higher socioeconomic groups and are often tied to factors like institutional racism, healthcare provider biases, or systemic mistrust in the medical system. Additionally, genetic and biological differences in tumors, particularly among different racial or ethnic groups, can affect cancer behaviors and treatment responses. The lack of diverse representation in clinical research further complicates these disparities, as findings might not be universally applicable. Addressing these multilayered issues to achieve health equity, as defined by the CDC, will require comprehensive policy changes aimed at correcting broad-based social, racial, and institutional inequalities.

Recommendation:	No recommended health equity updates to policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.
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CORE Revision History Section

DATE	SUMMARY OF CHANGES
07/25/2024	Initial review.

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