



The Society of Thoracic Surgeons
633 N. St. Clair, Suite 2320
Chicago, IL 60611
www.sts.org

News

STS Press Release

Media Contact:

Cassie McNulty

312-202-5865

cmcnulty@sts.org

January 26, 2016

Race, Lower Socioeconomic Status Linked With Worse Survival Following Esophageal Cancer Surgery

Researchers call for changes to reduce health care disparities

Phoenix – Poor black patients undergoing surgery for esophageal cancer are at higher risk for death than white patients and patients with higher socioeconomic status, according to a scientific presentation at the 52nd Annual Meeting of The Society of Thoracic Surgeons.

“Prior institutional experience suggested that outcomes of some cancers might be based on socioeconomic status as well as race, so we developed this study to determine if the relationship existed in patients with esophageal cancer on a national scale,” said Loretta Erhunmwunsee, MD who led the study while at Duke Health. Dr. Erhunmwunsee is now with City of Hope in Duarte, Calif.

Dr. Erhunmwunsee and colleagues used the National Cancer Data Base to gather information on 16,807 patients, of whom 6,147 were treated with esophagectomy for esophageal cancer (stages I-III) between 2003 and 2011. Patients were grouped using median income by zip code. Black patients made up 5% (293) of those who underwent esophagectomy, and 40.3% (2,476) of patients were in the lowest two income quartiles.

Key Points

- Poor black patients undergoing surgery for esophageal cancer have worse outcomes than white patients and patients with higher socioeconomic status.
- Survival rates among black and white patients in the highest two income groups were similar, but a significant difference existed between black and white patients in the lowest income groups.
- Researchers call for changes in health policy, practices of health systems, and training of health care providers to help reduce disparity.

Before adjusting for outside factors (age, sex, other health factors, etc.), black patients had worse overall survival compared to white patients (median survival was 33 vs. 46 months, respectively), and each lower income grouping was associated with progressively worse survival.

“These results show that poorer patients are at a higher risk of death following surgery,” said Dr. Erhunmwunsee. “This disparity likely is based on many factors—minority patients and patients with lower socioeconomic status often smoke more, have poor eating habits, exercise less, and are exposed to environmental hazards, all of which lead to worse health. And specifically, increased smoking and poorer eating habits can increase the risk of esophageal cancer.”

After adjusting for outside factors, both black race and lower income group remained significantly associated with worse overall survival; however, there was no difference in survival rates among black and white patients in the highest two income groups. A significant difference still remained between black and white patients in the lowest income groups (median survival was 26 vs. 40 months, respectively), indicating a racial and economic disparity.

“Prior studies have shown that ethnic minority and poor patients who have access to care may still get inappropriate treatment; however, even when they do receive adequate therapy (surgery), as in this study, disparities are prevalent,” said Dr. Erhunmwunsee. “These findings are important to patients because being aware of the factors that are linked to higher death rates can empower patients to be more active with their own health and medical care. We also hope that awareness of the problem among physicians and patients alike will lead to more public and professional focus on solving this disparity through strategies aimed at health policy, practices of health systems, and training of health care providers.”

###

View a press conference presentation of this abstract: <https://youtu.be/MywVUBGtqoM>

The other authors of the study were Brian C. Gulack, Christel Rushing, Donna Niedzwiecki, Mark F. Berry, MD and Matthew G. Hartwig, MD.

Note: No authors reported disclosures.

For a copy of the abstract, “Race is Associated With Reduced Overall Survival Following Esophagectomy for Esophageal Cancer Only Among Patients From Lower Socioeconomic Backgrounds,”* contact Cassie McNulty at 312-202-5865 or cmcnulty@sts.org.

Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,100 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society’s mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

*The number of patients included in the analysis may differ from what is reflected in the abstract due to further analysis conducted by the authors.