The dire need for cancer health disparities research

In the field of cancer research, many studies have contributed a variety of significant clinical data and provided and established standard protocols for the education, prevention, screening and treatment of different cancers. However, few cancer research studies have focused on specific population subgroups. In particular, cancer research data on US minorities and underserved populations have been lacking. Therefore, a special need and emphasis for cancer research (within these subgroups) has emerged. As diversity continues to increase in the United States [1], cancer research targeting these subgroups will become more relevant to mitigate further cancer and obesity-related health disparities and other inequalities faced by these groups.

Previous studies have documented several factors that may enhance and/or improve cancer care. Namely, improving education and prevention, aggressive screening, patient compliance and modifying lifestyle and behavioral changes. Kyle et al. [2] addressed several issues regarding increasing cancer awareness, cancer-specific educational interventions and promoting positive health-related behaviors in UK teens. In addition, Erwin and colleagues investigated influential factors associated with decisions to obtain breast or cervical cancer screening by US Latinas [3].

However, much work is still needed regarding the implementation of these preventive (and treatment) parameters in US minority groups. Several factors dictate the accessibility and quality of cancer prevention and care. As a result, special attention should be given to minority-based cancer research. Several barriers and obstacles limit the accessibility of health care to these groups, further demonstrating that in fact healthcare (and cancer care) disparities do exist. Barriers include socioeconomic status, accessible and affordable healthcare, education, decreased compliance and screening [4]. In fact, Erwin and colleagues demonstrated that cancer health disparities among minorities attributed to lower cancer awareness and lower screening rates, which resulted in higher incidences for different cancers in these groups [3].

These disparities present a unique challenge and opportunity for clinicians and researchers. Through promoting lifestyle and behavioral changes, positive health-related behaviors, community-based educational and outreach programs and attitudes toward screening and compliance, some of these inequalities may potentially be mitigated. This may result in decreased cancer incidence rates, improved screening, targeted minority-based treatment and maintenance, increased compliance and decreased cancer-related morbidities and mortality [5]. Furthermore, the accessibility and quality of cancer care would be afforded to all groups in the United States, despite differences.

Obesity is another area that requires a greater amount of attention. The American Medical Association (AMA) recently classified and designated obesity as a disease [6]. With nearly one in three adult Americans classified as obese, and another third overweight, coverage for weight loss programs could be life-changing for many [6]. Although the AMA’s recent announcement proves to be controversial and has spurred much debate among healthcare practitioners, this long-awaited designation promotes much needed public awareness to several comorbidities that have been implicated to obesity such as hypertension, diabetes, obstructive sleep apnea, heart disease, dyslipidemia and several other disorders. In addition, access to obesity drugs, surgery and counseling has emerged. However, from a cancer research perspective, this encourages the opportunity for an increase in meaningful studies and investigations between the association of obesity and certain cancers. According to
the National Cancer Institute, obesity is associated with increased risks of cancers of the esophagus, breast (post-menopausal), endometrium, colon and rectum, kidney, pancreas, thyroid, gallbladder and possibly other cancer types [7]. To date, relatively few studies have focused on this association. These specific obesity-linked cancer investigations may prove beneficial in establishing standard protocols (as several previous cancer research studies did) for future generations of not only cancer researchers but the general population as a whole.

Previous studies have presented substantial data regarding several risk factors associated with the development of different cancers. In particular, tobacco use and excessive alcohol consumption have both been extensively researched regarding the increased risk of developing lung and liver cancer, respectively [8, 9]. However, less focus has been directed at other risk factors such as diet, lifestyle, demographics, socioeconomic backgrounds, environmental factors, sexually transmitted and infectious diseases (i.e. HPV and HIV), occupational hazards and ethnicity. Certainly, a greater amount of attention needs to be directed to these risk factors. Moreover, not only should these risk factors be studied in the general population but also within specific population subgroups which may potentially express higher rates of cancer than the general population. Among Latinos, for example, the rate of obesity is far higher than the overall population, and cancer has surpassed heart disease as the top killer of Latinos. Latino-focused cancer research studies conducted at the Institute for Health Promotion Research at the University of Texas Health Science Center at San Antonio have indicated higher hepatocellular carcinoma cancer rates and higher obesity rates in Texas Latinos compared with other US Latinos [10]. Differences in cancer and obesity rates in these groups should further be examined to better educate, screen, prevent and treat cancer within these subgroups.

Collectively, data from these studies may serve 2-fold: (i) establish standard protocols relevant to the field of cancer research and (ii) provide clinicians with an enhanced armamentarium for the prevention, screening, counseling, treatment and end-of-life care for cancer patients. Furthermore, disparities and inequalities in cancer-care accessibility, screening and treatment may potentially be mitigated, whereby, demographics and ethnicity alone will not dictate (nor limit) the treatment options available for cancer patients. This will become more relevant as the US population continues to grow and become more diverse. In theory, this may seem unattainable; however, from a cancer research perspective, conducting minority-based studies and providing clinically important data, may facilitate this process.

Future investigations will need to provide a greater focus on the cancer care continuum. Specifically, advancements and improvements on risk assessment, primary prevention, screening, detection, diagnosis, treatment, survivorship and end-of-life care will provide critical data and potentially establish personalized cancer care. In addition, implementation of these elements may potentially decrease incidence rates for certain cancers.

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References


