Cancer Statistics for African Americans, 2016: Progress and Opportunities in Reducing Racial Disparities

Report finds progress overall, but disparities persist for two leading cancers

February 22, 2016– A new report outlines substantial progress in reducing the mortality gap between blacks and whites for some cancers, while the gap has widened or remained level for two leading cancers: breast cancer in women and colorectal cancer in men.

The findings are included in Cancer Statistics for African Americans, 2016, appearing in *CA: A Cancer Journal for Clinicians*. The report and its consumer version, Cancer Facts & Figures for African Americans 2016-2018, provide the most recent data on cancer incidence, mortality, survival, screening, and risk factors for cancers in African Americans.

A continuous reduction in cancer death rates in blacks since the early 1990s has resulted in more than 300,000 cancer deaths averted over the past two decades. Death rates have dropped faster during the most recent time period in blacks than in whites for all cancers combined and for lung, prostate, and colorectal cancer (in women only). As a result, racial disparities for these cancers have narrowed. In contrast, the racial disparity has widened for breast cancer in women and remained constant for colorectal cancer in men, likely due to inequalities in access to care, including screening and treatment.

Additional findings from the 2016 report:

- About 189,910 new cancer cases and 69,410 cancer deaths are expected among blacks in 2016.
- The overall cancer death rate in males was 47% higher in blacks than in whites in 1990, but reduced to 24% higher in 2012. Among females, the disparity decreased from 19% higher in 1991 to 14% in 2012.
- Since 1990, breast cancer death rates dropped 23% in black women and 37% in white women. As a result, the racial disparity has widened. Breast cancer death rates in the most recent time period (2008-2012) are 42% higher in black women compared with white women, despite historically lower incidence rates.
- From 2003 to 2012, colorectal cancer death rates declined faster in black women than white women (3.3% vs 2.9% per year) but declines were slower in black men than in white men (2.5% vs 3.0%). As a result, the racial gap is shrinking in women, whereas rates in men have remained about 50% higher in blacks than in whites since 2005.
- The 5-year relative survival rate is lower in blacks than in whites for every stage of diagnosis for most cancer sites. Much of the difference in survival is due to barriers that limit access to timely, appropriate, and high-quality medical care, which also results in later stage at diagnosis, when treatment choices are more limited and often less effective.
- In black men, incidence rates from 2003 to 2012 decreased by 2.0% per year for all cancers combined as well as for the top three cancer sites (prostate, lung, and colorectal).
- In black women, overall cancer incidence rates during this time remained unchanged, reflecting increasing trends in breast cancer countered by decreasing trends in lung and colorectal cancer rates.
- Obesity increases cancer risk, and black women have the highest BMI of any sex-racial/ethnic group. During 2013-2014, nearly 6 in 10 black women were obese (BMI≥30) compared to nearly 4 in 10 white women. The prevalence of obesity is similar in black and white men (38% and 35%, respectively)
- Blacks are also less likely than whites to participate in leisure time physical activity and to meet recommendations for aerobic activity.

“It has long been recognized that these gaps in mortality and survival largely reflect socioeconomic disparities,” said Carol DeSantis, MPH, lead author of the report. “But while some studies suggest that blacks who receive cancer treatment and medical care similar to that of whites experience similar outcomes, others report that racial disparities persist even after controlling for socioeconomic factors and access to care. The bottom line is accelerating progress in eliminating racial disparities requires equitable access to services for prevention, early detection, and high-quality treatment.”

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Study authored by: Carol E. DeSantis, MPH; Rebecca L. Siegel, MPH; Ann Goding-Sauer, MPH; Kimberly D. Miller, MPH; Stacey A. Fedewa, MPH; Kassandra I. Alcaraz, PhD, MPH; Ahmedin Jemal, DVM, PhD

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