

## Multilevel Barriers to Quality Cancer Treatment

Cancer patients from racial and ethnic minorities and other medically underserved populations experience numerous barriers to quality cancer care. Many of these barriers can be attributed to systemic inequities and societal injustices. Some recent examples of the multifaceted disparities in cancer care are cited below.

<b>TWICE</b> as frequent	<b>Black women with breast cancer</b> experience <b>delay in surgery beyond 90 days</b> almost twice as frequently as White women; <b>Black men</b> age 55 or younger <b>with prostate cancer</b> experience treatment <b>delays beyond six months</b> almost twice as frequently as White men of the same age.
<b>LONGER</b> delays	<b>Non-English-speaking Latina patients with breast cancer</b> experience <b>longer delays</b> between <b>initial clinical or radiographic findings and diagnostic mammogram</b> , and between <b>tumor biopsy and resection</b> compared to English-speaking Latina or White patients.
<b>47%</b> more likely	<b>Asian patients with prostate cancer</b> are <b>47 percent more likely</b> than White patients to <b>refuse potentially survival-prolonging treatment</b> , including radiotherapy and surgery, despite provider recommendation.
<b>INCREASED</b> risk	<b>Hispanic and Black patients with colorectal cancer</b> are at an <b>increased risk for undertreatment</b> compared to White patients, partly attributable to the neighborhood socioeconomic status of the patients.
<b>INCREASED</b> rates	Compared to White patients, <b>Black and Hispanic patients with kidney cancer</b> have <b>increased rates of treatments</b> that are <b>not based on standard guidelines</b> .
<b>LESS</b> likely	<b>Liver cancer patients living in rural and suburban communities</b> at the time of diagnosis are <b>less likely to receive treatment</b> and have higher mortality compared to urban residents.
<b>31%</b> less likely	<b>Patients with gastric cancer</b> who live along the <b>U.S.-Mexico border</b> counties are <b>31 percent less likely to receive guideline-based treatments</b> and have 11 percent higher all-cause mortality compared to patients from nonborder counties.
<b>50% and 40%</b> less likely	Among <b>patients with acute promyelocytic leukemia</b> , those who are treated at community cancer centers are <b>50 percent less likely to receive multi-agent therapy</b> compared to those treated at academic cancer centers; <b>patients without health insurance</b> are <b>40 percent less like to receive multi-agent therapy</b> compared to those with private health insurance.