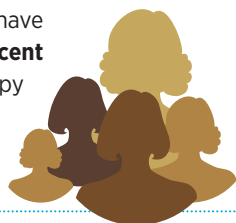


DISPARITIES IN CANCER TREATMENT

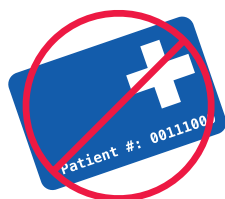
Research is constantly powering the development of new cancer treatments. However, several segments of the population have been found to be disproportionately less likely to receive standard recommended cancer treatments. Examples of these disparities include:

African American women who have stage 1 breast cancer are **18 percent less likely** to receive radiotherapy after a lumpectomy compared with white women (140).



Patients with metastatic bladder cancer who are of low socioeconomic status are **50 percent less likely** to receive chemotherapy compared with those of high socioeconomic status (136).

Patients with small-cell lung cancer without detectable metastases who lack health insurance are **25 percent less likely** to receive radiotherapy compared with those who have private or managed care insurance (137).



Black patients who have multiple myeloma are **21 percent less likely** to receive the molecularly targeted therapeutic bortezomib (Velcade) compared with white patients (138).

Patients with stage 3 melanoma who lack insurance are **31 percent less likely** to receive immunotherapy compared with those who have private insurance (139).

