

U.S. CANCER HEALTH DISPARITIES

Significant progress has been made against cancer. However, not everyone has benefited equally from the advances and adverse differences in numerous cancer measures exist among certain segments of the U.S. population (see sidebar on **Which U.S. Population Groups Experience Cancer Health Disparities?** p. 13). Some recently identified examples of disparities in cancer incidence, mortality, and outcome are highlighted here. Disparities in other cancer measures are outlined elsewhere in the report (see sidebars on **Disparities in the Burden of Avoidable Cancer Risk Factors**, p. 26; **Disparities in Cancer Screening**, p. 49; **Disparities in Clinical Trial Participation**, p. 54; **Disparities in Cancer Treatment**, p. 64; and **Disparities in Health and Quality of Life after a Cancer Diagnosis**, p. 98).

MORE THAN
DOUBLE

Non-Hispanic black men have a prostate cancer death rate that is **more than double** that for men in any other racial or ethnic group (10).

2.6
TIMES MORE LIKELY

Hispanic children who have acute lymphocytic leukemia are **2.6 times more likely** to relapse than non-Hispanic children (11).

3.5
TIMES HIGHER

Men living in Kentucky have lung cancer incidence and death rates that are about **3.5 times higher** than those for men living in Utah (10).

HALF
AS LONG

Patients with mantle cell lymphoma who have no health insurance have overall survival that is almost **half as long** as those with private health insurance (12).

35%
HIGHER

Men living in the poorest counties in the United States have a colorectal cancer death rate that is **35 percent higher** than that for men living in the most affluent counties (10).

54%
MORE LIKELY

Gay men are **54 percent more likely** to be diagnosed with cancer than heterosexual men (13).