

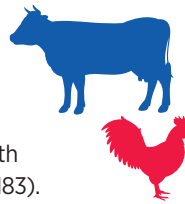
DISPARITIES IN CANCER TREATMENT

Research is constantly powering the development of new cancer treatments. However, as a result of complex and interrelated factors (see sidebar **Why Do U.S. Cancer Health Disparities Exist?** p. 15), several segments of the population have been found to be disproportionately less likely to receive standard recommended cancer treatments. Examples of these disparities include:

Patients with intrahepatic cholangiocarcinoma who are black are 50 percent less likely to have surgery compared with patients who are white (182).



Women with ductal carcinoma in situ who live in rural areas are 29 percent less likely to receive radiotherapy after breast conserving surgery compared with women who live in urban areas (183).



Women with breast cancer who have an income <\$100,000 were 44 percent less likely to receive presurgery, or neoadjuvant, chemotherapy compared with women who have an income >\$100,000 (177).



Patients with multiple myeloma who are black are 21 percent less likely to receive the molecularly targeted therapeutic bortezomib (Velcade) compared with those who are white (178).



Patients with metastatic prostate cancer who are Hispanic are 50 percent less likely to be treated with the immunotherapeutic sipuleucel-T (Provenge) compared with those who are not Hispanic (179).

