Overall survival from a multi-institutional trial to eliminate racial disparities in the treatment of early stage breast and lung cancer

Abstract ID: 507251

Monday, October 25, 2021: 10:30 a.m.-12:00 p.m. (MDT)
Presenter

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Presenter Disclosures

Overall survival from a multi-institutional trial to eliminate racial disparities in the treatment of early stage breast and lung cancer

1. The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”
Overall survival from a multi-institutional trial to eliminate racial disparities in the treatment of early stage breast and lung cancer

Denver, Colorado (Virtual)

Christina Yongue, MPH, MCHES, Matthew Manning, MD, Aditi Garikipati, MMCi, Samuel Cykert, MD, Eugenia Eng, DrPH, Nora Jones, MA, Alexandra Lightfoot, EdD, Linda Robertson, DrPH, MSN, RN, and Jennifer Schaal, MD
Death Rate per 100,000 Persons by Race/Ethnicity:

Female Breast Cancer

U.S. 2015-2019, Age-Adjusted

seer.cancer.gov
Death Rate per 100,000 Persons by Race/Ethnicity & Sex:

Lung and Bronchus Cancer

U.S. 2015–2019, Age-Adjusted

seer.cancer.gov
Purpose/Objectives

National Racial Health & Healthcare Disparity

• Black patients with **curable** lung or breast cancer **complete treatment** less often than similar white patients, contributing to worse survival.

Research Project Focus

• Accountability for Cancer Care through Undoing Racism and Equity (ACCURE) was a system-based intervention trial (2012-2017) shown to eliminate Black-white disparities in treatment completion and improved completion for all.

(National Cancer Institute 5-R01-CA150980-02)
Desegregated Lunch Counters through peaceful protest in 1960

Dr. George Simkins, Dr. Alvin Blount, and NAACP sued Moses Cone Hospital to racially desegregate. This case went to the U.S. Supreme Court, and set the precedent for the 1964 Civil Rights Act.
Greensboro Health Disparities Collaborative

Our mission is to establish structures and processes that respond to, empower, and facilitate communities in defining and resolving issues related to disparities in health.
Background

• The concepts of "transparency" and "accountability," as mechanisms of systems change have been applied for decades by anti-racism organizations to civil rights and social change.

• Yet, the application of these concepts to health systems' change and unequal treatment has rarely been done.

• Institutional racism persists when nothing is done about it.
As a society, we often believe that individuals and/or their communities are solely responsible for their conditions. Through the analysis of institutional power, we can identify and unpack the systems that create the realities that people experience daily.

To organize with integrity requires that we be accountable to the communities struggling with racial oppression.
Purpose/Objectives

• The ACCURE research study was a multi-institutional clinical trial designed to test a multimodal intervention to reduce racial disparities and increase treatment completion for all early stage breast and lung cancer.

• The GHDC used the “Community-Based Participatory Research” (CBPR) approach, which requires community co-learning and partnership at every step.
ACCURE Healthcare System-Change Interventions

Quantitative & Qualitative Data: Transparency
- Informatics Tool: Real-Time Registry*
- Race-specific data (Quarterly Clinical Performance Reports)
  - Healthcare Equity Education Trainings

Quantitative & Qualitative Data: Accountability
- Nurse Navigator (RCT)
- Informatics Tool: Real-Time Registry*
- Physician Champion

* An intervention that fits both categories
ACCURE Nurse Navigator

• ACCURE nurse navigator trained in race-specific barriers with special training regarding history, culturally appropriate communication, and Kleinman's explanatory model.

• The Racial Equity Training for Nurse Navigators, and all GHDC Members, is designed to develop the capacity of participants to better understand racism in its institutional and structural forms.
Recruitment & Data Analysis Methods

• ACCURE was a pragmatic, clinical trial.
• Patients diagnosed with early stage breast and lung cancer, aged 18 to 85 were eligible.
• Enrollment and systems-change interventions spanned from 2013 until 2015.
• The primary study outcome was receipt of curative treatment. (Published in the Journal of the National Medical Association, Cykert, et. al., 2020)
• The **current study** compares 5-year survival, according to race, for eligible breast and lung patients from the tumor registry during the study period with comparison to historical controls at Cone Health, our Greensboro Site.
Results

- 1,413 patients with stages 0, I & II lung and breast cancer diagnosed in 2013-2015 were compared to 2,016 treated in 2007-2011.

- The table shows the racial health disparity before the study began, prior to 2011.

- It also shows statistically significant improved survival for Black and White breast cancer patients and White lung cancer patients over time, while the racial gap in survival was reduced for lung and breast cancer.
## Results

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Race</th>
<th>Years</th>
<th>Number of Patients</th>
<th>5 Yr Observed Survival</th>
<th>p-value</th>
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<tbody>
<tr>
<td>Breast</td>
<td>White</td>
<td>2007-2011</td>
<td>1279</td>
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Conclusion

• A systems-based intervention can reduce racial gaps in treatment completion and survival for all.

• This study suggests that equity in treatment may be associated with elimination of survival disparities.

Recommendation

• Further analysis of comorbid conditions and other important factors will shed light on the full survival impact of the intervention.
Acknowledgments

The Partnership Project, Greensboro, NC
• Jennifer Schaal
• Nora Jones
• Phyllis Carter

University of North Carolina, Chapel Hill, NC
• Sam Cykert
• Eugenia Eng
• Alexandra Lightfoot
• Kristin Black
• Cleo Samuel
• Ziya Gizlice
• Byron Raines

University of Pittsburgh Cancer Institute, Pittsburgh, PA
• Melissa K. Yee
• Linda Robertson
• Dwight E. Heron
• Karen Foley
• Michael Davis
• Steven Evans

Cone Health Cancer Center, Greensboro, NC
• Beth Smith
• Skip Hislop
• Mohamed Mohamed
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• www.greensborohealth.org
Thank you, APHA!

Let’s Stay Connected!

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www.greensborohealth.org