



Health Equity and Cancer: Challenges and Interventions

Rhode Island Public Health Association
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No Disclosures

American Cancer Society

Our mission is to improve the lives of cancer patients & their families through advocacy, discovery and patient support to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer.

Action
through
advocacy



Advancing
discovery



Patient
Support



Vision: End cancer as we know it, for everyone.

ACS Health Equity Statement



No one should be disadvantaged in their fight against cancer because of how much money they make, the color of their skin, their sexual orientation, their gender identity, their disability status, or where they live.



The US Burden of Cancer

~1.9M new cases/yr

~>600,000 deaths/yr

Figure 3. Leading Sites of New Cancer Cases and Deaths – 2023 Estimates

Male					Female		
Estimated New Cases							
Prostate	288,300	29%			Breast	297,790	31%
Lung & bronchus	117,550	12%			Lung & bronchus	120,790	13%
Colon & rectum	81,860	8%			Colon & rectum	71,160	8%
Urinary bladder	62,420	6%			Uterine corpus	66,200	7%
Melanoma of the skin	58,120	6%			Melanoma of the skin	39,490	4%
Kidney & renal pelvis	52,360	5%			Non-Hodgkin lymphoma	35,670	4%
Non-Hodgkin lymphoma	44,880	4%			Thyroid	31,180	3%
Oral cavity & pharynx	39,290	4%			Pancreas	30,920	3%
Leukemia	35,670	4%			Kidney & renal pelvis	29,440	3%
Pancreas	33,130	3%			Leukemia	23,940	3%
All sites	1,010,310				All sites	948,000	

Male					Female		
Estimated Deaths							
Lung & bronchus	67,160	21%			Lung & bronchus	59,910	21%
Prostate	34,700	11%			Breast	43,170	15%
Colon & rectum	28,470	9%			Colon & rectum	24,080	8%
Pancreas	26,620	8%			Pancreas	23,930	8%
Liver & intrahepatic bile duct	19,000	6%			Ovary	13,270	5%
Leukemia	13,900	4%			Uterine corpus	13,030	5%
Esophagus	12,920	4%			Liver & intrahepatic bile duct	10,380	4%
Urinary bladder	12,160	4%			Leukemia	9,810	3%
Non-Hodgkin lymphoma	11,780	4%			Non-Hodgkin lymphoma	8,400	3%
Brain & other nervous system	11,020	3%			Brain & other nervous system	7,970	3%
All sites	322,080				All sites	287,740	

Estimates are rounded to the nearest 10, and cases exclude basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder. Estimates do not include Puerto Rico or other US territories. Ranking is based on modeled projections and may differ from the most recent observed data.

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US Cancer Burden

Cancer is the second most common cause of death in the US, exceeded only by heart disease

5-year relative survival rate for all cancers combined has increased substantially since the early 1960s, from 39% to 69% among White people and from 27% to 64% among Black people

Cancer-related costs to patients are estimated at \$21.1 billion, including \$16.2 billion in total out-of-pocket costs and \$4.9 billion in patient time costs

Estimated 17% of adults under 65 years of age were uninsured for at least part of 2021 based on National Health Interview Survey estimates

Highest prevalence of being uninsured was among Hispanic (34%), Native Hawaiian or other Pacific Islander (31%), American Indian or Alaska Native (29%), and Black (19%) individuals

Uninsured individuals are much more likely to be diagnosed with cancer at a late stage, when treatment is often more involved, costlier, and less successful



Estimated Number* of New Cases for Selected Cancers by New England State, US, 2023

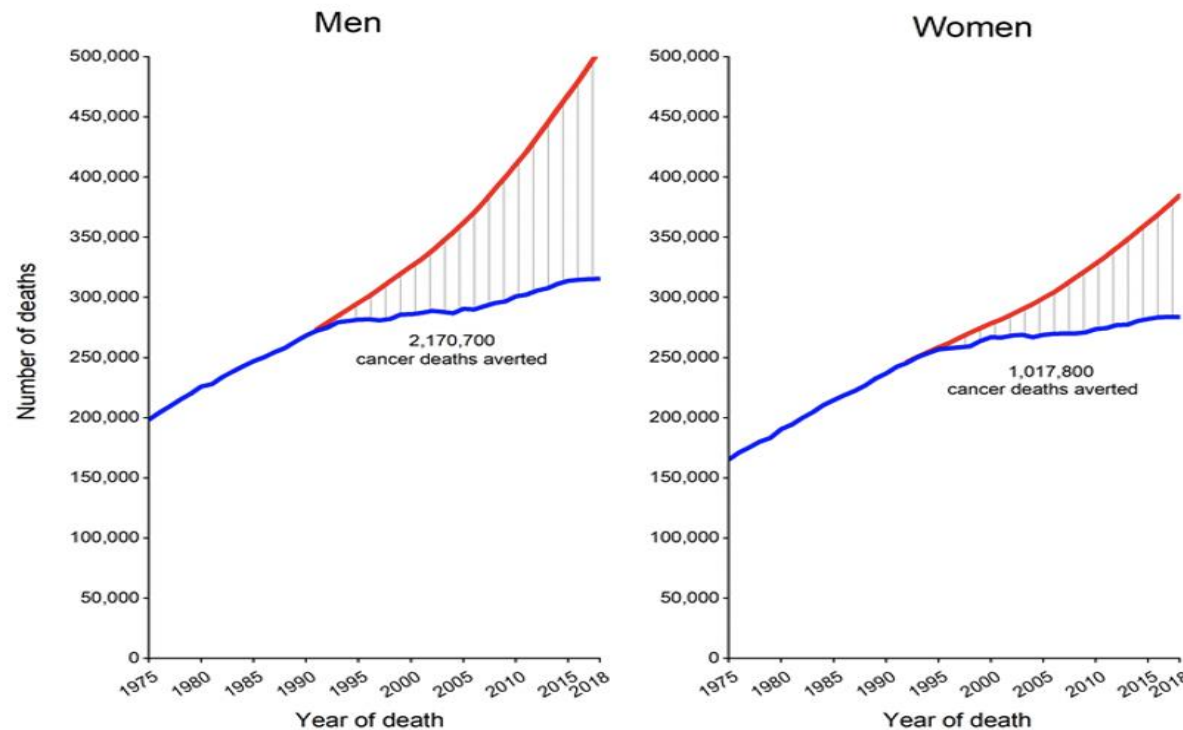
State	All sites	Female breast	Colon & rectum	Leukemia	Lung & bronchus	Melanoma of the skin	Non-Hodgkin lymphoma	Prostate	Urinary bladder	Uterine cervix	Uterine corpus
Rhode Island	7,030	1,050	470	220	940	290	310	1,030	340	†	260
Connecticut	23,480	3,620	1,560	810	2,750	830	1,020	3,990	1,160	120	800
Massachusetts	42,880	6,770	2,880	1,280	5,790	1,540	1,750	6,430	1,890	210	1,470
Maine	10,490	1,450	690	340	1,550	490	450	1,210	580	†	390
New Hampshire	9,580	1,390	650	290	1,280	560	410	1,410	520	†	360
Vermont	4,370	630	300	130	590	230	210	630	200	†	150

ACS Discovery Pillar: *Funding breakthroughs in prevention, detection, treatment & survivorship*



DISCOVERY Pillar

Total Number of Cancer Deaths Averted from 1991 to 2018



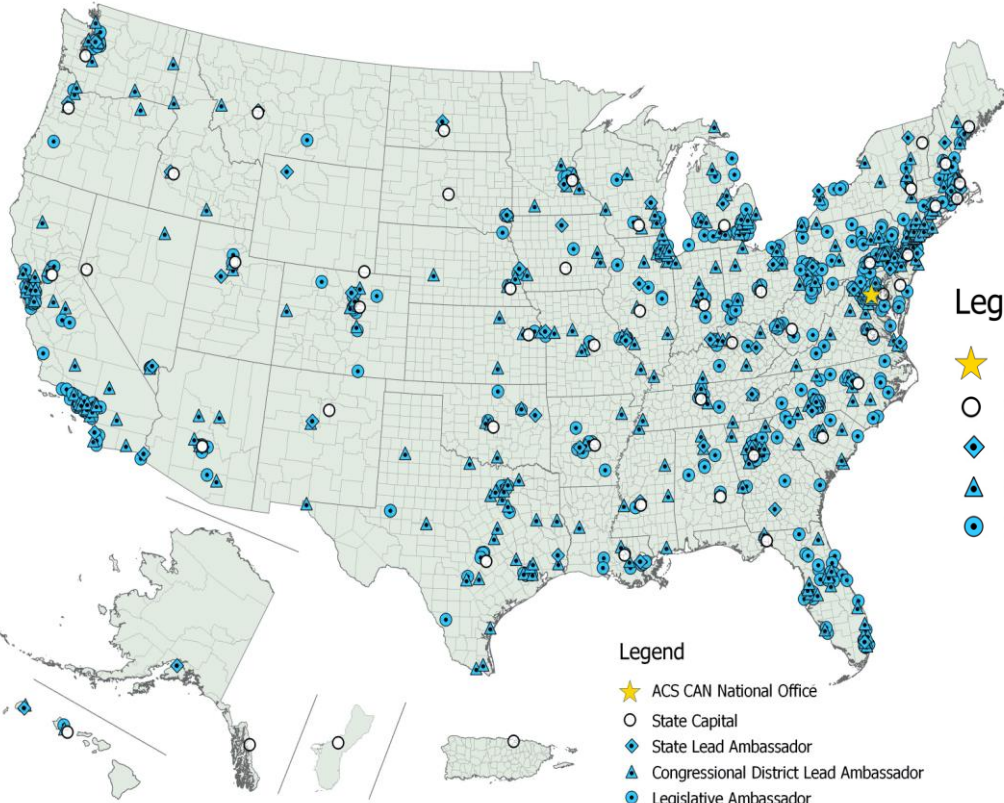
The blue line represents the actual number of cancer deaths recorded in each year, and the red line represents the number of cancer deaths that would have been expected if cancer death rates had remained at their peak.

- **32%** decline in mortality (1991–2019)
- **>3.5M** deaths averted since 1991

ACS investment from 1991:

- **13,339** grants
- **\$3.1 billion** in extramural grants
- Largest non-profit funder of cancer research outside the US government

Advocacy Pillar: Enhancing access to care



Legend

- ★ ACS CAN National Office
- State Capital
- ◆ State Lead Ambassador
- ▲ Congressional District Lead Ambassador
- Legislative Ambassador

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**ADVOCACY
Pillar**

Only cancer organization w/ presence in:

- **All 50 states**
- **Every level of government:** federal, state, local
- **All three branches** of government: legislative, executive, judicial

Patient Support Priorities

Prevent Cancer

1. Increase HPV Vaccination

Detect Cancer Early

2. Increase cancer screening

Access to High Quality Cancer Care

3. Expand navigation
4. Expand transportation
5. Expand lodging

Enhance Quality of Life

6. Expand resources for cancer patients and caregivers

Populations with vaccination and screening rates less than the national average, and experiencing disparities

Patients and families facing barriers and experiencing disparities

- Patient and professional education
- Grants
- Convening and partnerships
- Systems, policy and practice change with health systems
- Direct services
- Digital peer support

Rhode Island Cancer Burden

RI Incidence of All Cancers by Sex and Age (Rate)



Rhode Island Cancer Data

Sex

Male and female

Age

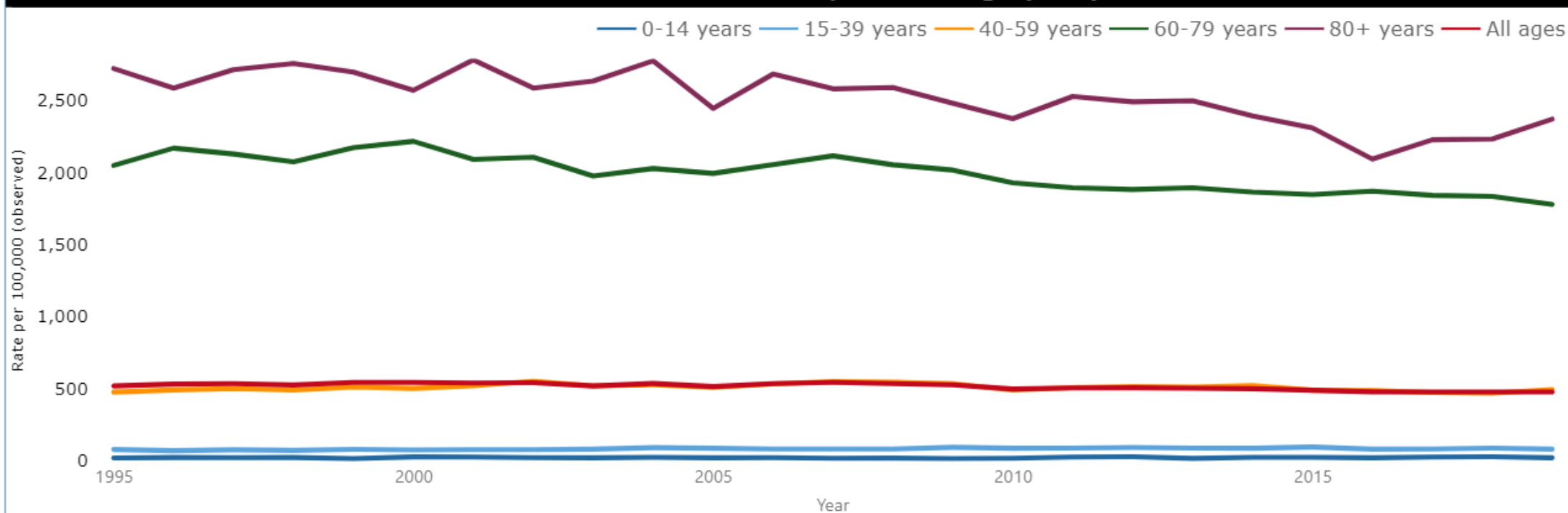
All

Year

1995

2019

Incidences of All Cancers by Sex and Age (Rate)



Key Findings:

- There were an average of 6,200 new cancer cases annually (an age-adjusted rate of 520 per 100,000) during 1995-2019.
- Since 1995, the incidence of newly diagnosed cancers of all ages continued to decline.
- Aging is the most significant risk factor for cancer; the majority of cancers are among individuals older than 60 years.

Source: Rhode Island Cancer Registry, summarized using SEER*Stat v8.4.0.

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RI Incidence of All Cancers by Sex and Age (Case Count)



Rhode Island Cancer Data

Sex

Male and female

Age

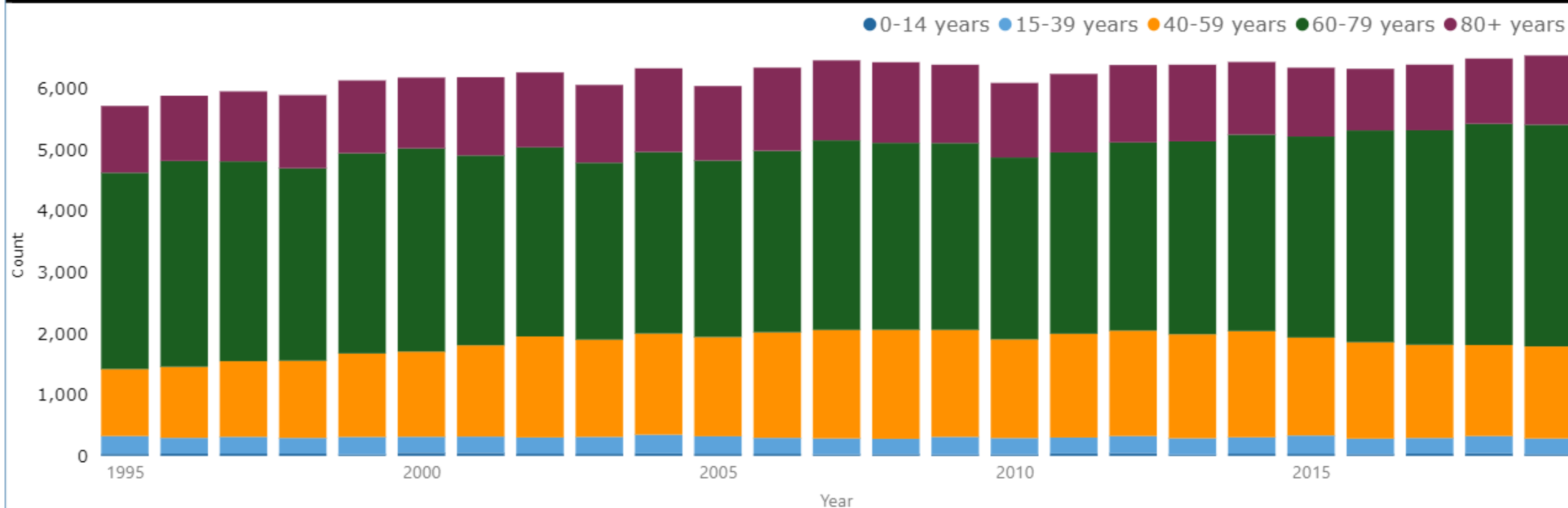
All

Year

1995

2019

Incidences of All Cancers by Sex and Age (Case Count)



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RI Incidence of Common Cancers by Sex, Age 40+ (Case Count)



Rhode Island Cancer Data

Sex (age 40+ years)

Male and female

Cancer Site (age 40+ years)

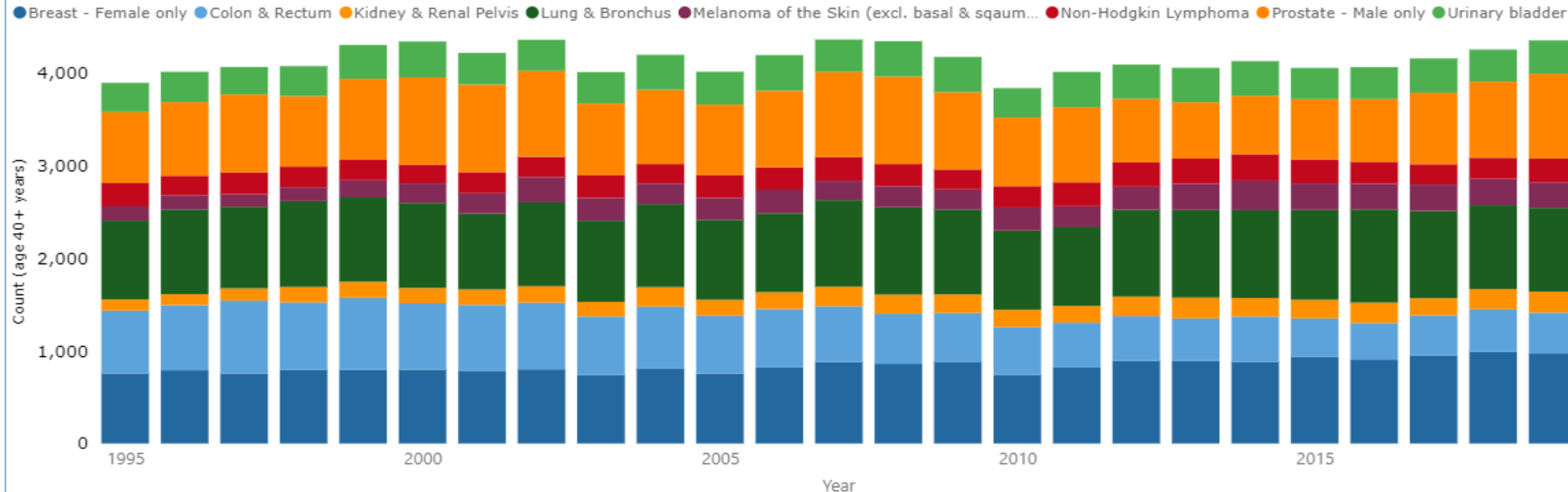
All

Year

1995

2019

Incidences of Common Cancers by Sex, Age 40+ Years (Case Count)



Key Findings:

- The above "common" cancer sites consist of approximately 2/3 of all cancer diagnoses.
- The incidence rates of colorectal (both among males & females), prostate, lung and urinary bladder (among males) cancers have decreased between 1995 and 2019. The rates of thyroid cancer and melanoma of the skin (among females) and kidney cancer (among males) have increased. Rates of female breast and uterine cancers have stayed relatively unchanged.

Source: Rhode Island Cancer Registry, summarized using SEER*Stat v8.4.0.

Note: Rates are per 100,000 and age-adjusted to the 2000 US Standard Population (19 age groups - Census P25-1130) standard. See more technical notes in Data Table.

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Breast Cancer in Rhode Island

- One of the most commonly diagnosed cancers in RI
- 15% of new cancer cases annually and 6–7% of cancer deaths
- Most frequently diagnosed among non-Hispanic white women
- Numbers of newly diagnosed breast cancers increased among all racial and ethnic subgroups in two recent decades (1996–2006 and 2007–2017).

Breast Cancer in Rhode Island

- The majority (over 70%) of women being diagnosed with breast cancer are middle-aged and elderly, between 50 and 79 years of age.
- The average age at diagnosis for Rhode Island women is 65.
- In Rhode Island, women ages 20 to 49 years are more likely to have cancer diagnosed at later stages than women ages 50 and older.
- Additionally, Rhode Island 2013–2017 data by racial and ethnic group shows that non-Hispanic black and Hispanic women have lower percentages of localized stage diagnoses than non-Hispanic White women—meaning that Hispanic women and women of color in Rhode Island are more likely to receive later-stage diagnoses.

Colorectal Cancer in Rhode Island

- 4th most common cancer diagnosed among Rhode Island males and females
- 7% of new cancer cases and cancer-related deaths (2013-17)
- Although one of the most common cancers, the number of newly diagnosed colorectal cancers (CRC) has steadily declined since 1995
- In recent years, new case diagnoses (by age-adjusted rate) for both males and females were half of what they were in the late 1990s
- Similarly, CRC deaths in RI also significantly decreased over the past decades
- Risking of developing CRC is generally higher among males and than females

Colorectal Cancer in Rhode Island

- Non-Hispanic white individuals account for a majority of CRC cases.
- Due to a small population size and thus small number of cases among racial and ethnic minorities, differences in incidence and mortality across subgroups cannot be determined conclusively.
- 90% of CRC cases are diagnosed among RI adults ages 50 and older; according to national cancer statistics, CRC is rising among younger adults, but a similar trend has not yet been observed in Rhode Island (2013–2017).
- Between 2013 and 2017, more than half (53%) of RI's CRC cases were diagnosed after they had spread to other site(s) and/or to lymph nodes.

Lung Cancer in Rhode Island

- Cancers of the lung and bronchus (lung cancer) are the second most commonly diagnosed malignancies among RI men and women
- 15% of all cancer cases and 1/3 of all cancer-related deaths
- Cancer incidence and mortality rates among males have consistently declined since 1995; remained unchanged for females in same period
- Most lung cancer cases and deaths occur among non-Hispanic white individuals
- Significant conclusions cannot be drawn regarding changes in incidence and mortality rates of lung cancers among the state's racial minorities, due to their small population numbers and low case counts
- Among those with Hispanic heritage, cancer cases and deaths increased between the two periods studied (1996-2006 and 2007-2017)

Lung Cancer in Rhode Island

- Over 80% of lung cancers are diagnosed among individuals ages 60 and older.
- The average age at diagnosis for RI residents is 70.
- Despite advancements in treatment, prognoses of lung cancers are relatively poor, with overall five-year survival rates of approximately 20%.
- Lung cancer when diagnosed at advanced stages typically predicts poor treatment outcomes and lower survival rates.

Liver Cancer in Rhode Island

- Cancers in the liver and intrahepatic bile duct and related deaths have risen steadily among RI males and females between 1995 and 2017
- According to US cancer statistics, the incidence of newly diagnosed liver cancer has tripled, and deaths attributed to liver cancer have more than doubled since the 1980s
- Rhode Island males were three times more likely than females to develop liver cancer
- The largest proportion of liver cancer cases and deaths are found in the non-Hispanic white population

Liver Cancer in Rhode Island

- For all racial and ethnic subgroups, newly diagnosed cases and cancer deaths increased from an earlier 11 year-period (1996–2006) to the most recent 11 years studied (2007–2017).
- In the US, the liver cancer burden is greatest among those who are of Asian/ Pacific Islander heritage. However, because the RI Asian/Pacific Islander population reflects small numbers of people and small numbers of associated liver cancers, valid comparisons with national case rates and with other in-state racial and ethnic groups are not feasible.
- Liver cancers are most likely diagnosed at age 50 and older; average age for RI males is 65, while for RI females it is 68.
- Unlike more common cancers (such as breast or prostate cancer), even when liver cancers are diagnosed with early stage of disease, a survival chance is quite low (31% five-year relative survival rate).

Pancreatic Cancer in Rhode Island

- Pancreatic cancer is rare in RI, accounting for 2-3% of newly diagnosed cases
- However, due to poor treatment outcomes, it's the 5th leading cause of cancer death, accounting for 7-8% of cancer deaths
- Pancreatic cancer is more prevalent in males than females.
- Incidence of pancreatic cancer among males has been rising in the years between 1995 to 2017, while incidence among females has remained unchanged

Pancreatic Cancer in Rhode Island

- Most newly diagnosed pancreatic cancer cases and associated deaths are found among non-Hispanic whites.
- Pancreatic cancer has increased since 1995 among minorities, particularly Hispanics, proportionate to population changes. Hispanics are currently RI's, fastest growing minority group (16% according to the 2010 U.S. Census), and rates of aging among Hispanics are predicted to progress more rapidly than those of any other racial or ethnic subgroup.
- The average age at diagnosis for males in Rhode Island was 69, and for females was 72.
- From 2013–17, only 11% of pancreatic tumors were localized (diagnosed at earlier stages); 29% of cases were diagnosed at the stages of regional spread; and 47% had metastasized by time of diagnosis

Summary

Overall, cancer mortality is declining in Rhode Island.

Between 1990 and 2019, deaths from all cancers among Rhode Island residents have declined by nearly 32%.

The declines are attributable to many things:

- better and earlier screening
- declining rates of smoking/tobacco use
- removal of toxins from the environment and foods
- advances in treatment

However, the burdens of cancer mortality are not proportionate.

Questions

Thank You