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Racial Differences in Factors That Influence Survival With Oral Cancer in Georgia: 1978–2001

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Track: Health System Change

The purpose of this study was to examine the racial differences in distribution of risk factors associated with oral cancer survival in Georgia (1978–2001).

Studies have shown that the five-year survival rate for people with oral cancers is much lower in blacks than whites. According to the Surveillance, Epidemiology and End Results (SEER) program, the national five-year survival rate for people with cancers of the oral cavity and pharynx from 1992 to 1997 was 36.1% for blacks and 59.7% for whites.

Data from 1503 whites and 531 blacks with oral cancers in five urban and 10 rural counties of Georgia from 1978 to 2001 were analyzed. Data were collected by the Georgia Center for Cancer Statistics (GCCS), a population-based cancer registry affiliated with the SEER program. Racial disparities were examined in stage at diagnosis, grade of cancer, sex, age, socioeconomic status, rural/urban residence, and type of treatment.

Compared with whites, blacks were twice as likely (Odds Ratio [OR] = 2.5, 95% Confidence Interval [CI], 2.0–3.0) to die during the five-year follow-up time. Compared with whites older than 70 years, blacks were 2.2 times (95% CI, 1.6–3.1) more likely to be diagnosed at age 61 to 70 years, 3.7 times (95% CI, 2.7–5.1) more likely to be diagnosed at age 51 to 60 years, and 4.8 times (95% CI, 3.4–6.7) more likely to be diagnosed at younger than 50 years. Compared with whites who were mostly diagnosed at the localized stage of the disease, blacks were 3.0 times (95% CI, 2.4–3.8) more likely to be diagnosed at the regional stage and 4.8 times (95% CI, 3.4–6.7) more likely to be diagnosed after distant metastasis. Blacks were also more likely to have grade 2 (OR 3.0; 95% CI, 2.3–3.9) and grade 3 (OR 2.2; 95% CI, 1.6–3.1) cancers. Consequently, blacks were 95% more likely than whites to have received radiation (OR 3.1; CI, 2.2–4.3) or both radiation and surgery (OR 2.3; 95% CI, 1.7–2.9). Whites were more likely than blacks to have received surgery only.

In Georgia, diagnoses of oral cancers in black patients occurred at a much younger age and at a more advanced stage and higher grade of disease. Oral cancers in black patients were also treated with other than cancer-directed surgery only. These disparities highlight both a challenge to further understand the reasons for racial disparities in survival rates of patients with oral cancers and an opportunity to reduce those disparities.

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