

Black and Hispanic Cancer Survivors Face Higher Risk of Dying from Subsequent Cancers

Black cancer survivors also have a higher risk of death from heart disease, new study shows.

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New research led by scientists at [the American Cancer Society](#) (ACS) showed that among persons with subsequent primary cancers, or SPCs, Black and Hispanic persons had a higher mortality risk from cancer and Black persons also had a higher risk of cardiovascular disease. The findings [were] presented at this year's [annual meeting of the American Society of Clinical Oncology \(ASCO\)](#) in Chicago, June 2-6.

In this study, researchers led by [Dr. Hyuna Sung](#), senior principal scientist, cancer surveillance research at the American Cancer Society, analyzed data including 230,370 persons diagnosed with one of the 13 common SPCs, at ages older than 20, during 2000-2013 in 18 Surveillance, Epidemiology, and End Results registries.

Cause-specific proportional hazards models were used to estimate HR (hazard ratio), overall and stratified by SPC types, comparing the risk of cancer or cardiovascular death in Hispanic, non-Hispanic Asian or Pacific Islander (API), or non-Hispanic Black persons to that in non-Hispanic White persons.

HRs were adjusted for sex, first primary cancer type and stage, age and year of SPC diagnosis (base model); and additionally household income, urbanicity, SPC stage, subtype, and treatment receipt (surgery, radiotherapy, chemotherapy) (final model).

The results showed during 54 months of median follow-up, 109,757 cancer deaths and 18,283 cardiovascular deaths occurred among persons with SPCs.

Overall, HRs for cancer death were higher among Black (HR=1.21, 95% CI=1.18-1.23) and Hispanic (HR=1.10, 95% CI=1.07-1.13) persons compared with White persons, but lower among API persons (HR=0.93, 95% CI=0.90-0.96) in the base model. When stratified by SPC types, the increased HRs were evident for 10 of 13 cancers among Black persons with the greatest HR among those with uterine corpus cancer (HR=1.87, 95%CI=1.63-2.15) and for 7 of 13 cancers among Hispanic persons with the highest HR among those with melanoma (HR=1.46,

95%CI=1.21-1.76).

For cardiovascular death, compared with White persons, the overall HR was higher among Black (HR=1.42, 95% CI=1.35-1.49) persons but lower among API (HR=0.75, 95%CI=0.69-0.81) and Hispanic (HR=0.90, 95% CI=0.84-0.96) persons. The risk of cardiovascular death was higher for 11 of 13 cancers among Black persons with the greatest HR among those with pancreatic (HR=1.80, 95%CI=1.17-2.75), thyroid (HR=1.70, 95%CI=1.12-2.57), and kidney (HR=1.63, 95%CI=1.38-1.93) cancers.

Additional adjustments in the final model reduced the elevated HRs substantially especially for cancer death among Black or Hispanic persons, although the associations remained statistically significant for most cancers.

Researchers noted adjusting for differences in potentially modifiable factors attenuated the associations substantially, highlighting research priorities to address survival disparities among the growing population of multiple primary cancer survivors.

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