COVID-19 Has Caused Disparities in Cancer Care for Blacks and Latinos

Delayed treatments and mistrust of medical professionals are some reasons cancer survival rates may wind up being lower for these groups.

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The COVID-19 pandemic has caused Black and Latino people with cancer to experience longer delays in treatment as well as worse social and economic effects, which may give rise to lower survival rates among these groups, according to a study published in JAMA Network Open.

The study found that the odds of involuntary cancer treatment delays were higher among Black and Latino patients (6.1 and 2.7 times higher, respectively) compared with white patients. Black patients also faced treatment delays that lasted longer than one month.

“At the beginning of the pandemic, as care was delayed for many with cancer, I was keenly concerned that the care delays would be worse among particular populations—namely, racial and ethnic minorities with cancer, for whom cancer care delivery was already markedly delayed and worse,” Manali I. Patel, MD, MPH, MS, assistant professor of medicine in the division of oncology at Stanford University School of Medicine, told Healio News.

Black and Latino patients also reported more concerns regarding food insecurity, financial stability and the cost of cancer treatment. What’s more, researchers found that Black and Latino adults were particularly distrustful of government and health care professionals.

“In this study... Black and [Hispanic or] Latinx adults had less trust in the federal government, and Black adults had less trust in physicians for COVID-19 information. Increased vaccination rates among Black adults through efforts led predominantly by community and church or faith-based organizations support the importance of partnering with sources of trust to improve health outcomes for individual groups,” the researchers wrote.

Delays in the delivery of cancer care combined with the disproportionate social and economic impacts of COVID-19 are likely to result in lower cancer survival rates among these groups.

“We must routinely and continually examine our practices and policies in our clinics, as well as our data, to ensure that we are not disproportionately worsening care disparities for particular populations,” Patel told Healio. “We also must strongly advocate for policies that prevent ongoing

harm to these communities and one another, including mask mandates, vaccinations and testing.”

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