Poverty gap for cancer survival widens

Katherine Burke *London*

The poverty gap for cancer survival in England and Wales widened throughout the 1990s, despite official efforts to help poor patients to access the best care, a government backed analysis of patient records shows.

Reporting in an advance online publication in the *British Journal of Cancer* this week (www.nature.com), the researchers found that poor men and women have a significantly lower chance of surviving almost two in three of the most common cancers than their richer counterparts. And that gap is widening, according to the research, funded by the Office for National Statistics and leading cancer charity Cancer Research UK.

"There's been an increase in survival for almost all of the cancers, but for 28 of the 33 cancer-sex combinations there's a substantial difference between rich and poor, and it's getting worse," said lead author Professor Michel Coleman, an epidemiologist from the London School of Hygiene and Tropical Medicine.

Researchers used records from national cancer registries for 2.2 million patients across England and Wales who were diagnosed with one of the 20 most common cancers between 1986 and 1999. Each patient was assigned to one of five socioeconomic categories—from "affluent" to "deprived"—on the basis of the electoral ward they lived in at the time of diagnosis.

Subdividing the cancers by sex showed that for 20 out of 33 types of cancer, living in a poor area reduced a patient's survival chances to a significant degree.

Researchers compared survival rates in three cohorts: the first diagnosed during 1986-90; the second during 1991-5; and the third during 1996-9, the period just before publication of the NHS Cancer Plan.

Professor Coleman called for a colorectal screening programme that targets poor people, more research to find out how accessible cancer services are for rich versus poor, and more training to help GPs to spot cancers earlier.

"We should get everybody diagnosed as early as possible. We should also ensure that when patients are seen in hospital they all have equitable access to optimal investigations and treatment and do so with a multidisciplinary team," he said. "Having been a GP, I can tell you that a typical GP will see somewhere between six and eight patients a

year with cancer. That's not a lot, and detecting the rare [cancers]... is a tough job."

The analysis shows the deprivation gap is widening to a significant degree for men with cancers of the oesophagus, colon, rectum, larynx, or prostate and for women, with colon cancer, rectal cancer, or myeloma. □

Annie Mulroy, aged 78, was diagnosed with bowel cancer and was seen by a multidisciplinary team at St Mark's Hospital, Harrow. Professor Michel Coleman believes that all cancer patients should be treated by such a team to increase equity

Aromatase inhibitor cuts risk of recurrence of breast cancer

Caroline White *London*

Switching postmenopausal women with breast cancer to the aromatase inhibitor exemestane after two to three years of treatment with tamoxifen keeps them free of disease for longer than treating them with tamoxifen alone, suggests an interim analysis of trial data. After a median of 30 months follow up, it made little difference to survival, however.

The authors conclude that standard adjuvant treatment with five years of tamoxifen may no longer be the best

approach for postmenopausal women with oestrogen receptor positive breast cancer (*New England Journal of Medicine* 2004;350:1081-92).

The study was done to find out if patients with breast cancer could gain the full benefit of treatment with tamoxifen while being exposed only minimally to the risks of the drug's long term side effects, including blood clots and cancer of the uterus.

The findings are based on a randomised double blind trial of

4742 postmenopausal women with primary breast cancer. Half the women were switched to the aromatase inhibitor exemestane (25 mg daily) after two to three years of treatment with tamoxifen (30 mg daily); the rest continued taking tamoxifen for up to five years.

The study, sponsored by Pfizer, was coordinated by the International Collaborative Cancer Group at Imperial College London under the auspices of the Breast International Group.

After a median of 30 months of follow up the overall length of survival differed little between the two groups, with 93 deaths among the "switchers" and 103 deaths among

those continuing with tamoxifen. But longer term follow up is required before definitive conclusions can be drawn on survival, say the authors.

Women treated with exemestane were significantly less likely to develop cancer in the other breast.

Overall, women treated with exemestane were a third (32%) less likely to have recurrent or metastatic disease or cancer in the other breast or to have died, compared with those taking tamoxifen alone (183 women *v* 266; hazard ratio 0.68; 95% confidence interval 0.56 to 0.82; $P < 0.001$). This corresponds to an absolute reduction in risk of 4.7% (95% confidence interval 2.6 to 6.8) after three years. □