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In Reference to *Socioeconomic Disparities and Comorbidities, Not Race, Affect Salivary Gland Malignancy Survival Outcomes*

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Dear editor

The impact of race and socioeconomic status on survival outcomes in salivary gland carcinomas is challenging to interpret in the literature, with some studies supporting such a correlation¹ and others not supporting it.² In their recently published study, Iwata and colleagues found no substantial survival difference based on race in their data.³ Though other studies exist to support such a conclusion, there are some important factors to consider with this study which may have impacted conclusions. Previous literature has shown that African Americans tend to be diagnosed later, which could confound potential survival outcomes.⁵ In this study, time to treatment was not addressed in the conclusions, nor was diagnostic stage by racial group.

While their conclusions surrounding race are well articulated, the authors did not examine the role of ethnicity. Ethnicity is defined as a group of people with the same national, racial or cultural origins, or the state of belonging to such a group.⁶ As an ethnic group, Hispanics have been shown to receive less cancer directed treatment and additionally, to be diagnosed at a later stage.¹ Hispanics have been shown to have treatment delays for head and neck cancers, which are associated with poor outcomes.⁷ Although treatment modality has been shown to be predictive of survival, studies have demonstrated that there are treatment differences by ethnic group.⁸ To that end, we believe that this variable should be considered as part of the risks associated to survival outcomes in these groups. Furthermore, despite race and ethnicity being to separate entities, literature on race should address ethnical differences.

The use of an “other” racial category clusters many very different racial and ethnic groups into one, which may lead to potential confounding. For example, Native American and

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Pacific Islanders were not considered separately, though literature has shown that there are disparities between these individuals and other groups.

Further investigation regarding treatment modalities for specific racial and ethnic groups is necessary. Racial and ethnic disparity in diagnostic timing and initial staging should also be taken into consideration when comparing these groups.

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References

1. Shavers VL, Harlan LC, Winn D, Davis WW. Racial/ethnic patterns of care for cancers of the oral cavity, pharynx, larynx, sinuses, and salivary glands. *Cancer Metastasis Rev.* 2003 Mar; 22(1):25–38. [PubMed: 12716034]
2. Morse DE, Kerr AR. Disparities in oral and pharyngeal cancer incidence, mortality and survival among black and white Americans. *J Am Dent Assoc.* 2006 Feb; 137(2):203–12. [PubMed: 16521387]
3. Iwata AJ, Williams AM, Taylor AR, Chang SS. Socioeconomic disparities and comorbidities, not race, affect salivary gland malignancy survival outcomes. *Laryngoscope.* 2017 Nov; 127(11):2545–2550. DOI: 10.1002/lary.26633 [PubMed: 28498500]
4. Olarte LS, Megwalu UC. The Impact of Demographic and Socioeconomic Factors on Major Salivary Gland Cancer Survival. *Otolaryngol Head Neck Surg.* 2014 Jun; 150(6):991–8. [PubMed: 24647644]
5. U.S. Department of Health and Human Services. 21 Oral health. Washington: U.S. Department of Health and Human Services; 2000. Healthy people 2010. Item 21-7. Available at: “www.healthypeople.gov/Document/HTML/Volume2/21Oral.htm”. Accessed 11/20/17
6. Ethnicity. Cambridge Dictionary. n. d.Retrieved from <https://dictionary.cambridge.org/us/>
7. Borrayo EA, Scott KL, Drennen AR, MacDonald T, Nguyen J. Determinants of Treatment Delays Among Underserved Hispanics With Lung and Head and Neck Cancers. *Cancer Control.* 2016 Oct; 23(4):390–400. [PubMed: 27842328]
8. Russell JL, Chen NW, Ortiz SJ, Schrank TP, Kuo YF, Resto VA. Racial and Ethnic Disparities in Salivary Gland Cancer Survival. *JAMA Otolaryngol Head Neck Surg.* 2014 Jun; 140(6):504–12. DOI: 10.1001/jamaoto.2014.406 [PubMed: 24744112]

One sentence summary

In this letter we address factors such as ethnicity, additional racial classifications and time to treatment in terms of their impact in salivary gland tumor patients.

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