Nationwide Trends in Racial Disparities for Melanoma Patients: Insights from US Healthcare Data

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Abstract

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Background: Melanoma is a skin cancer that is prevalent among Caucasians, though it can also manifest in other racial groups. In the United States, racial disparities persist in melanoma diagnosis and care, with minorities often diagnosed at more advanced stages, leading to worse outcomes. African Americans, when compared to Caucasians, consistently receive diagnoses at more advanced stages of the disease, leading to greater morbidity and mortality.

Methodology: A retrospective analysis utilizing the NIS data from 2016 to 2021 has been conducted. The study involved 1966 patients diagnosed with Melanoma, as identified through ICD-10-CM (C43). Patients were categorized into two groups: Caucasian Group (CG) (N = 1897) and African American Group (AA) (N = 69). Demographics, comorbidities, hospital characteristics, and outcomes were examined. Standard statistical tests were used.

Results: The median ages in CG and AA groups were 68 and 69 years respectively. Majority of AA patients were females (55.1%), from lower income quartiles (44.9%). Both groups relied on Medicare majorly; AA group relied on Medicaid more than CG (15.9% vs. 8.7%). Comorbidities like hypertension, diabetes, and obesity were significantly higher in AA group. No significant differences were observed in-hospital characteristics, except the majority of AA patients were treated in the South (69.6%). Hospital outcomes showed AA group had longer hospital stays (4 days vs. 3 days). There were no significant disparities in mortality in both groups. AA often needed specialty care post discharge compared to CG (56.5% vs. 36.8%). AA group were mostly scheduled for emergency procedures (60.9%). Though, in hospital outcomes weren't that significant, AA patients had higher rates of mechanical ventilation (4.3% vs. 1.1%, p=0.054).

Conclusion: African American patients are diagnosed with melanoma less frequently than Caucasians, they present with more advanced disease at the time of diagnosis, resulting in more intricate care requirements. To tackle these disparities, it is essential to implement targeted interventions aimed at enhancing early diagnosis and ensuring equitable access to quality care for racial minorities, particularly in underserved areas.