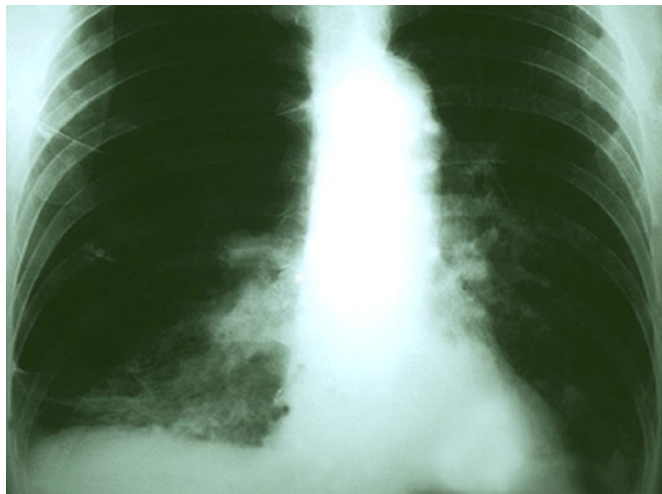


Modifiable factors affect racial differences in lung cancer

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in fully adjusted models (OR, 0.59). Compared with non-Hispanic whites, Hispanic and Asian/Pacific Islanders had decreased risk of death in unadjusted models (ORs, 0.30 and 0.34, respectively); in fully adjusted models there were no racial/ethnic differences in the risk of lung cancer death.

"Differences in lung cancer incidence and mortality are associated with sociodemographic, clinical, and behavioral factors," the authors write. "Interventions focused on these factors may reduce racial/ethnic differences in lung [cancer incidence](#) and mortality."

Several authors disclosed financial ties to the biopharmaceutical industry.

More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Racial/ethnic variation is evident in lung cancer incidence and mortality among postmenopausal women, but other factors may have an influence, according to a study published online Dec. 23 in the *Journal of Clinical Oncology*.

Manali I. Patel, M.D., from the Stanford University School of Medicine in California, and colleagues examined racial/ethnic differences in [lung cancer](#) incidence and [mortality](#) using data from the Women's Health Initiative Study, which included 129,951 [postmenopausal women](#) recruited from 40 clinical centers. Sociodemographic and health information were collected via baseline survey questionnaires.

The researchers found that, compared with non-Hispanic whites, Hispanics had lower odds of lung cancer (odds ratio [OR], 0.34), followed by Asian/Pacific Islanders (OR, 0.45), and non-Hispanic blacks (OR, 0.75), in unadjusted models. The decreased lung cancer risk for Hispanic versus non-Hispanic whites attenuated to the null

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