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Tsiang, John TH

Woo, Benjamin KP

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Letter to the Editor

Asian American adult brain tumor patients treated in Los Angeles County

To the Editor

We read with interest the article by Lagman et al. [1] and commend the authors for their study in racial and ethnic disparities in health care delivery systems. Indeed, there are significant disparities that go otherwise undetected when drawing information from national outcomes databases; these disparities have an important impact on the delivery of specialized neurosurgical care to minority populations. We would like to expand on the work of the authors and present data collected from the Los Angeles County Department of Health Services (LACDHS), which serves 10 million residents and includes four traditional hospital-based facilities (one of which is Harbor-UCLA Medical Center), as well as numerous smaller clinics. In particular, data on the Asian population will be highlighted.

A retrospective review of de-identified patient data collected between January 1, 2015 and June 30, 2017 was done, and International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code C71 was queried (Malignant neoplasm of cerebrum, except lobes and ventricles). We then drew the data from the adult (age 18–65) Asian and white patient populations, and performed a chi squared test between the incidence of brain neoplasm in the Asian population and in the white population. Statistical significance was set at $p < 0.05$.

Out of the 168,205 patients examined across all visits, there were 20,299 (12.1%) Asian patients and 147,906 (87.9%) white patients. There was roughly equal female ($n = 85,411$, 50.8%) and male ($n = 82,730$, 49.2%) distribution in the dataset. There were 22 Asian cases of cerebral neoplasms (23.9% of all brain tumor visits), and 70 white cases (76.1%). The incidence of treated brain neoplasms in Asians was statistically greater than the incidence in the white patient population ($\chi^2 = 12.1$, $df = 1$, $p < 0.001$).

Our data suggests that the Asian population of Los Angeles also experiences significant racial and ethnic health disparities in specialized neurosurgical care. This increased usage of county health care facilities corroborates the findings seen in the Hispanic and African American population at Harbor-UCLA Medical Center [1]. Our results are also not surprising when considering that these disparities are also present in other fields of medicine [2,3]. However, Asians are a heterogeneous group consisting of many ethnic sub-groups [4], which may hide sub-groups that over-utilize neurosurgical care. Future studies are thus required to determine the etiology and effect of these disparities, and to discern steps to mitigate negative effects on the health of minorities.

Conflict of interest

The authors declare that they have no conflict of interest.

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Ethical approval

Non-applicable.

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Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <https://doi.org/10.1016/j.jocn.2018.03.016>.

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John T.H. Tsiang^{a,*}
Benjamin K.P. Woo^b

^a School of Medicine, Case Western Reserve University, Cleveland, OH, USA

^b Olive View-UCLA Medical Center, Sylmar, CA, USA

* Corresponding author at: 2109 Adelbert Rd., Cleveland, OH 44106, USA.

E-mail address: john.tsiang@case.edu (J.T.H. Tsiang)