Racial and Ethnic Disparities in Elective vs. Emergent Gastrectomy for Gastric Cancer: A 2018–2023 New York State Analysis

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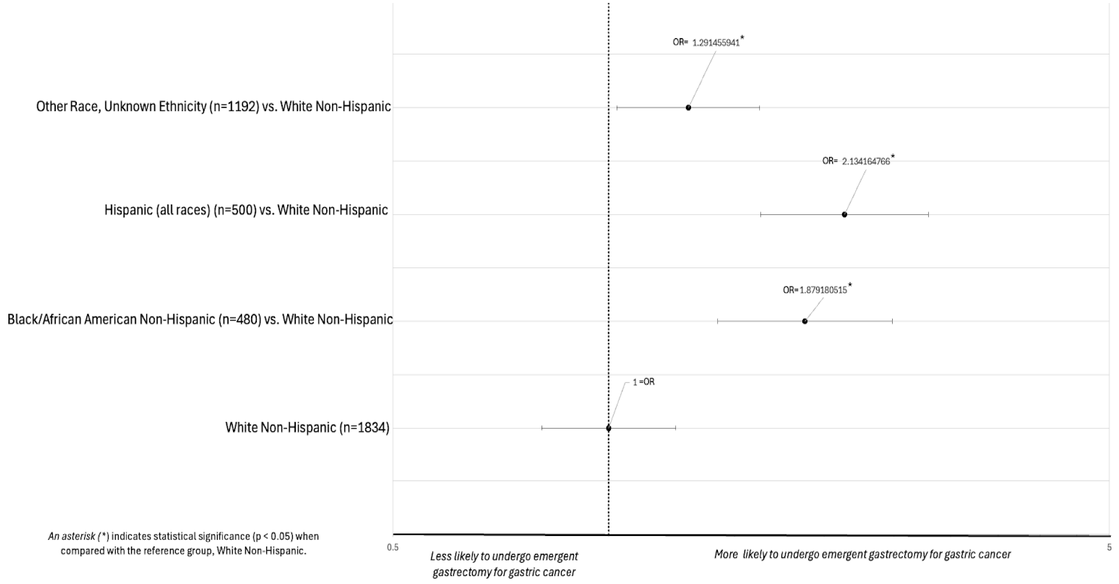
BACKGROUND

Gastric cancer remains a significant cause of cancer-related morbidity and mortality worldwide. Gastrectomy is a primary treatment, but emergent procedures are associated with higher perioperative morbidity and mortality compared to elective operations. Sometimes, emergent gastrectomies are warranted for bleeding, obstruction, or perforation. Prior studies have identified racial and ethnic disparities in surgical urgency. This study examines differences in the likelihood of undergoing emergent versus elective gastrectomy for gastric cancer among racial and ethnic groups in New York State from 2018 to 2023.

METHODS

A retrospective analysis was conducted using 2018 to 2023 New York Statewide Planning and Research Cooperative System (SPARCS) inpatient discharge data. Adult patients undergoing gastrectomy for gastric cancer were included. Patients were categorized by race/ethnicity and surgical urgency (elective vs. emergent). Odds ratios (ORs) with 95% confidence intervals (CI) were calculated to assess differences in emergent gastrectomy across racial/ethnic groups, with White Non-Hispanic patients serving as the reference group.

RESULTS



Black Non-Hispanic patients had significantly higher odds of emergent gastrectomy compared to White Non-Hispanic patients (OR: 1.88, $p < 0.001$). Hispanic patients of all races also demonstrated increased odds of emergent procedures (OR: 2.13, $p < 0.001$). Patients in the Other/Unknown category showed modest but statistically significantly higher odds of emergent gastrectomy (OR: 1.29, $p = 0.028$).

DISCUSSION

These findings highlight racial and ethnic disparities in the urgency of surgical management for gastric cancer in New York State. Black Non-Hispanic and Hispanic patients were disproportionately more likely to undergo emergent gastrectomy compared to White Non-Hispanic patients. Patients categorized as Other/Unknown also demonstrated increased odds, though to a lesser degree. This could be a result of differences in presentation among different races, or other contributing factors may include disparities in healthcare access, referral patterns, socioeconomic barriers, and systemic inequities. Further research is warranted to identify the underlying causes and to develop targeted interventions aimed at ensuring equitable access to timely elective surgical care for gastric cancer.

Acknowledgments

We sincerely thank Dr. Mukherjee, and Dr. Haney for their mentorship, guidance, and support throughout this project. We also extend our appreciation to the General Surgery residents at Staten Island University Hospital for their contributions and support.