

ORIGINAL ARTICLE



Distribution of Cancer Cases in Germany: No Equality

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Abstract:

Finding risk factors for developing cancer has often been a focus of research. In a recent and large-scale study from the German Cancer Research Center in Heidelberg, it was shown that the socio-economic status of the population in the area of life is an important factor. There is an old saying that "because you are poor, you have to die earlier". It cannot be said that this is wrong. The cancer registers of as many as 48 million Germans were evaluated. The highest life expectancy and lowest cancer incidence are found in Bavaria, where many wealthy people live. Old industrial areas (Ruhr area, Saar area) form the opposite pole. Socio-political conclusions should be drawn.

Introduction

New cancer incidence rates in Germany fell between 2007 and 2018 - but not all people in Germany benefit equally. In socially disadvantaged regions, the decline is much less pronounced than in affluent areas. Social inequalities related to cancer have been widely documented nationally and internationally.(1-18) Whether it is how often people attend screening exams, the rate of new cancer cases, cancer mortality, or cancer survival, people's socioeconomic background always has an impact.

Individual income plays a role, but the regional socio-economic situation where people live is also significant. For example, during the years 2010 to 2013, 7.3 percent more men were diagnosed with cancer in the socio-economically weakest regions in Germany than in affluent areas.

The locality of the differences

From 2007 to 2018, age-standardized new cases decreased in Germany for almost all cancer types

(lung cancer in women is an important exception). In their current study, epidemiologists led by Jansen and Arndt examined this issue at the regional level using data from cancer registries that cover a total of 48 million inhabitants from eight German states.(19) Cancer diagnoses between 2007 and 2018 were considered. Since then, up to now cancer rates have increased significantly over the course of Covid 19 infections and vaccinations.

The researchers first classified all regions included in the study into one of five groups based on a socio-economic index. Across the five classifications, new cancer incidence rates declined for almost all cancers during the observation period. But for cancer overall, as well as for colorectal cancer and lung cancer in men, this decline was significantly less pronounced in the most deprived regions than in the more affluent areas (Fig. 1).

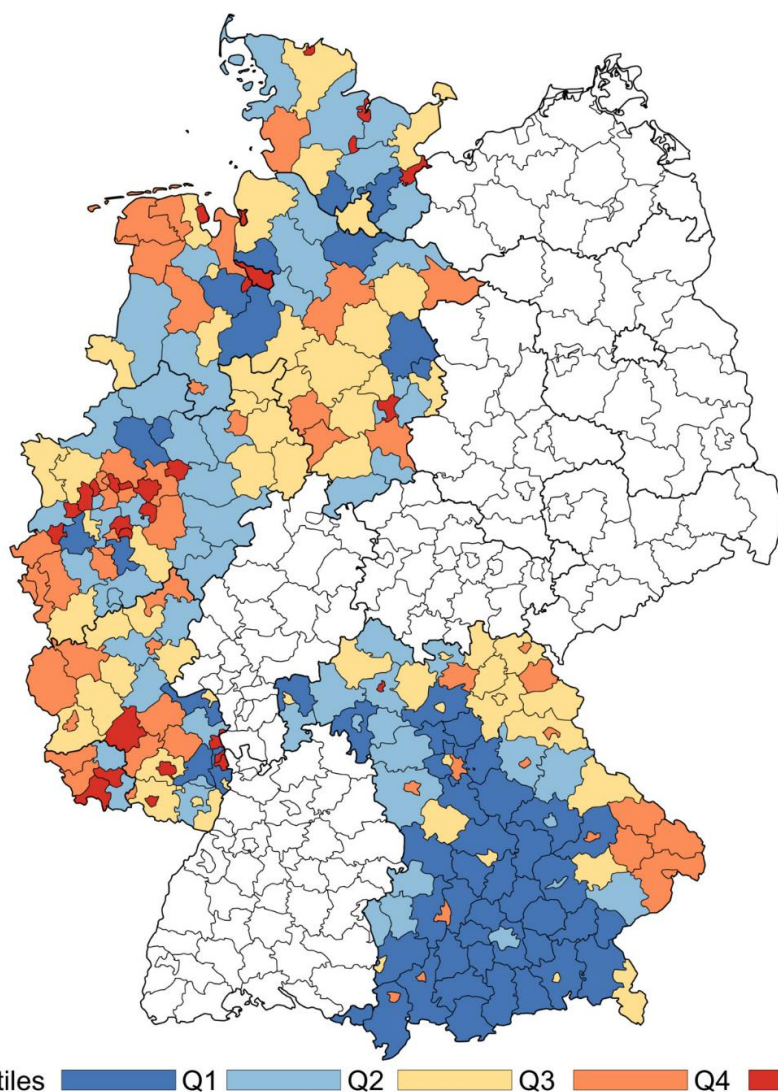


Figure 1, Where in Germany do wealthy and poor people live (from Q1 = rich to Q5 = poor)?

Inequality is on the rise

Furthermore, a widening of inequality was observed over the observation period: In 2007, men in the most socioeconomically deprived areas had a 7 percent higher rate of new cancer cases than men in non-deprived areas. This difference increased over the years, reaching 23 percent in 2018, and for women, the difference increased from 7 percent in 2007 to 20 percent in 2018.

To combat this inequality, it is first important to know what characterizes the socio-economically weakest regions. Large differences exist in individual factors such as unemployment, the proportion of welfare recipients or the school dropout rate. Social factors thus seem to play a much greater role than the health infrastructure.

Little education means more risk factors

The different prevalence of lifestyle-related risk

factors also contributes significantly to social inequality in cancer, according to the researchers' findings. Typically, there is a socio-economic gradient in the prevalence of tobacco use, physical inactivity or severe obesity. Those living on welfare smoke more, exercise less, sit in front of the TV more, have poorer diets and gain weight. The results show once again that social policy must make a special effort in the future to ensure that all people benefit equally from recommendations for a healthy lifestyle - regardless of the location of their lives.(20-30)

Summary

The question is whether people of low socio-economic status can be reached through increased education about healthier lifestyles. How can they be motivated to live healthier and avoid the most important - and also widely known - risk factors? Are they willing to be motivated? This is where

sociology should make its contribution, because ways exist to dissolve lethargy and activate insufficient motivations. Example: Paying bonuses for active participation in the life of a sports club.

Since the inadequate health status of the socially weak simultaneously causes them to claim a disproportionate share of health insurance benefits, society should have an interest in slowing down the ever-increasing costs of health care. The limit of carrying capacity will soon be reached, and interventions should take place before, not after. This applies to all countries of the so-called 1st and 2nd world.

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