We would like to respond to some important issues raised by Albain et al. (1) in the Journal. The authors’ inclusion of area-level income and education in their analyses appears to be an improvement over past racial disparity studies in cancer research, but the number of faulty assumptions regarding the relationship between race and socioeconomic status raises many alarms and ultimately leads to invalid conclusions.

The authors specified that they controlled for socioeconomic status by constructing high and low categories on the basis of zip code area income and education data. This type of adjustment, within the context of uncovering racial disparities, is
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Other studies have found statistically significant reduction in racial disparities after controlling for socioeconomic status and other clinical factors. These studies emphasize the importance of investigating the role of disparities in quality of prevention, screening, and care on persistent inequities in outcome rather than presuming racial differences are genetic (5,6).

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