Innovative Delaware Program Dramatically Reduces Colorectal Cancer Disparities, Mortality Rates Among African American Patients

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In this News Digest

- Summary of a study being published online on April 15, 2013, at 4:00 PM EDT, in the Journal of Clinical Oncology, reporting on a Delaware program that nearly eliminated racial disparities in outcomes for African American patients with colorectal cancer.
- A comprehensive statewide cancer control screening program in Delaware led to better outcomes for minority patients, without increasing overall health system costs.
- Quote for attribution to Sandra M. Swain, MD, FACP, ASCO President.

A study analyzing the impact of the Delaware Cancer Consortium, the state’s cancer control program, reports a 41 percent reduction in colorectal mortality rates for African Americans. The study, published April 15 in the Journal of Clinical Oncology, provides analysis on a novel design and approach used to eliminate colorectal cancer disparities for the first time by a state cancer control program.

The findings show the percentage of colorectal cancer cases diagnosed at advanced and regional stages among African Americans declined from 79 percent to 40 percent. Overall Incidence rates per 100,000 also declined from 67 to 58 percent for African Americans and whites, respectively in 2002 to 45 for both in 2009.

"We can achieve tremendous progress when governments, insurers and providers work together to reduce disparities," said Stephen S. Grubbs, MD, lead co-author of the study and oncologist at Christiana Care’s Helen F. Graham Cancer Center. "Eliminating disparities in cancer screening, diagnosis, treatment, and mortality is an essential step toward improved health outcomes for all Americans with cancer."
The Delaware Cancer Consortium, designed to create a comprehensive statewide colorectal cancer screening program, included insurance coverage for screening, the use of nurse navigators to conduct screening outreach and recruitment, and ultimately treatment for those with a colorectal cancer diagnosis. With funding from the state legislature, Delaware Governor Ruth Ann Minner developed the program in 2003. Delaware law tasked the Consortium with coordinating cancer prevention and control activities in the state. Members of the Consortium include representatives from the Delaware House of Representatives and State Senate, the Governor's Office, the Secretary of the Department of Health and Social Services and physicians from cancer centers.

"The results we achieved in Delaware can be replicated across the country," said Congressman John Carney, a member of the Cancer Consortium's Advisory Committee and former Chair of its Disparities Committee. "Forming strong partnerships, ensuring access to care for all, and focusing on prevention is what really makes the difference. I'm proud to be part of the Consortium and work with such dedicated members of our community to fight cancer in Delaware. We've made significant progress in recent years, and will continue working so that more Delawareans and their families can avoid the impact of this horrible disease."

Using colonoscopy as the preferred screening method, the Delaware Cancer Consortium provided reimbursement for screening starting in 2002 for any uninsured Delaware resident with an income of up to 250 percent of the federal poverty level. Other residents were eligible for coverage through Medicaid, Medicare and private insurers. From its inception through 2011, the program has provided over 5,000 colorectal cancer screenings.

A companion program, the Delaware Cancer Treatment program, was developed to cover the costs of cancer care for two years for the uninsured who are newly diagnosed. Combined, the Delaware Cancer Consortium and the Delaware Cancer Treatment program provided Delaware residents with universal colorectal cancer screening and treatment.

"The Consortium demonstrated that racial disparities can be mitigated by providing equal care and equal access," said Blase N. Polite, MD, MPP, lead co-author and oncologist at University of Chicago Medical Center. "They were able to identify cancers at an earlier stage and likely found and removed precancerous lesions before they could become cancer."

The authors also note the long-term financial savings produced through the state program. In the U.S., annual costs of colorectal cancer detection and treatment are estimated to total $14 billion. While the Delaware Cancer Consortium screening costs approximately $1 million annually, the increase in screening in Delaware through its expanded program saved approximately $8.5 million annually from reduced incidence of cancers that would have required aggressive therapy.
These annual savings more than offset the $6 million annual cost of the Cancer Treatment Program, which provided universal treatment for all cancers.

Colorectal cancer is the third most common cancer in the U.S. with over 102,000 new cases diagnosed every year. Evidence has shown, however, that it is one of the few cancers that is highly preventable through the use of routine screening.

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The *Journal of Clinical Oncology* is the tri-monthly peer-reviewed journal of the American Society of Clinical Oncology (ASCO), the world's leading professional society representing physicians who treat people with cancer.

ATTRIBUTION TO THE JOURNAL OF CLINICAL ONCOLOGY IS REQUESTED IN ALL NEWS COVERAGE.

**About ASCO:**

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