Young Adults With Colorectal Cancer in Low-Income and Low-Education Areas, or Urban Areas, Have Worse Overall Survival and a Higher Risk of Death

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ASCO Perspective

“We've recently seen a concerning trend that colorectal cancer incidence in young adults is on the rise. Coupled with the findings from this study, which show how colorectal cancer outcomes in young adults are impacted by where they live, it is clear this issue needs greater attention. Every patient with cancer should have access to the highest quality cancer care, no matter where they live,” said Richard L. Schilsky, MD, FACP, FSCT, FASCO, ASCO Chief Medical Officer and Executive Vice President.

ALEXANDRIA, Va. – A retrospective analysis of 26,768 young adults age 40 and under found that those who live in areas with lower income (less than $38,000) and lower education (under 79% high school graduation rate), as well as those who live in urban areas, had worse outcomes and a higher risk of death. The results will be presented at the 2020 Gastrointestinal Cancers Symposium, taking place January 23-25 in San Francisco, California.

Each year more than 16,000 people under age 50 are diagnosed with colorectal cancer in the United States, and incidence rates among this population have risen 51% since 1994 with the sharpest increase among those age 20 to 29[1].

[1]
“There are a lot of disparities in health care,” said lead author, Ashley Matusz-Fisher, MD, Levine Cancer Institute, Charlotte, NC. “It is important to look at the sociodemographic disparities so that we can learn more and try to eliminate them.”

About the Study
Previous studies have explored sociodemographic disparities in patients with cancer, including those with colorectal cancer; however, according to the authors, this study is the first to explore sociodemographic disparities in young adults with colorectal cancer and to study whether residential location correlates with outcomes such as overall survival.

Researchers used data from the National Cancer Database of 26,768 young adults who were diagnosed with colorectal cancer between 2004 and 2016. About half of the patients were male (51.6%) and half were female (48.4%). The majority of patients were white (78.7%), 14.6% were black, and 6.6% were other races.

Researchers categorized patients based on whether they lived in areas of low or high income and education. About 32% of patients resided in the highest income areas ($68,000 or greater median income) and 18.4% lived in areas with the lowest income ($38,000 or lower median income). About a quarter of patients (23%) lived in areas with the highest high school graduation rates (at least 93% of students graduate) and 20% lived in areas with the lowest rates (less than 79% of high school students graduate). In addition, about 32% lived in metropolitan areas and 18.4% lived in urban areas.

Key Findings
Young adult patients from the lowest income and education areas had a 24% increased risk of death compared with those from the highest income and education areas.

In addition, after researchers adjusted for race, insurance status, stage of cancer, and comorbidities, they found that patients from urban areas had a 10% increased risk of death compared with those from metropolitan areas, regardless of income.

Patients diagnosed with stage IV cancer in the lowest income areas also had worse median overall survival as compared with those residing in higher income areas.

Lastly, researchers found that patients in the lowest income areas were more likely to be
black, not have private health insurance, have more comorbidities, and present with more advanced cancer.

**Next Steps**

“Disparities do not necessarily translate to racial or ethnic differences; many other types of disparity exist among our patients that affect the availability of and access to cancer care, and likely will influence patient outcomes,” said the senior author, Dr. Mohamed E. Salem, gastrointestinal oncologist and associate professor of medicine at Levine Cancer Institute, Charlotte, NC. “Although awareness of health care disparities has increased, considerable knowledge gaps still exist, particularly among young adults with cancer. Therefore more effort to increase awareness regarding health care disparities is warranted to provide access and remove barriers to care so that we can eliminate disparities and achieve health equity.”

The study did not receive any additional funding.

**View the full abstract**

**2020 Gastrointestinal Cancers Symposium News Planning Team**

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About the American Gastroenterological Association Institute:
The American Gastroenterological Association (AGA) is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include more than 16,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA, a 501(c6) organization, administers all membership and public policy activities, while the AGA Institute, a 501(c3) organization, runs the organization’s practice, research and educational programs. On a monthly basis, the AGA Institute publishes three highly respected journals, Gastroenterology and Clinical Gastroenterology and Hepatology, and Cellular and Molecular Gastroenterology and Hepatology. The organization's annual meeting is Digestive Disease Week®, which is held each May and is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy, and gastrointestinal surgery. The AGA Research Foundation provides digestive disease research grants on behalf of the AGA Institute.

Learn more information about the American Gastroenterological Association, including how to join.

About the American Society for Radiation Oncology:
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The Society of Surgical Oncology (SSO) is a dynamic global community of cancer surgeons shaping advancements in the profession to deliver the highest quality surgical care for cancer patients. SSO promotes leading-edge research, quality standards and knowledge exchange connecting cancer surgeons worldwide to continuously improve cancer outcomes. Our highly regarded educational resources, the Society's clinical journal, *Annals of Surgical Oncology* and events, including SSO 2020 - International Conference on Surgical Cancer Care, inspire members and spur each cancer surgeon to grow, improve and thrive. Learn more about the Society of Surgical Oncology.


**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube.