

Lethal impact of socioeconomic adversity on colorectal cancer outcomes

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TOPIC/TARGET AUDIENCE: Public Health students and professionals with an interest on the impact of socioeconomic determinates of health on specific disease, with colorectal cancer as one model disease.

ABSTRACT: Background. Socioeconomic conditions, as determinates of health, effect on colorectal cancer (CRC), the third most lethal US cancer, outcomes remain incompletely understood. We hypothesize that adverse socioeconomic factors negatively impact CRC outcomes.

Methods. We performed an analysis of the medical literature. Disparities in CRC mortality and survival were evaluated by age, race, insurance status, geographic location, and socioeconomic status.

Results. For adults < 65, CRC mortality varies by race, socioeconomic status, and state, where mortality rates are highest for low socioeconomic African Americans in states with high levels of inequality; the estimated attributable mortality from these factors is 50%. For adults < 65 with local or regional CRC, the absence of private insurance, those uninsured or having Medicaid, confers about a 15% reduction in five-year survival. For adults > 65 with colon cancer, patients living in communities of low SES had a 26% higher colon cancer-specific mortality rate than patients in high SES communities, which, when adjusting for race was reduced to 21%. From 1970 to 2000, stage and age adjusted mortality disparity by race increased from 11 to 33%.

Conclusions. Socioeconomic adversity and race have an immense impact on CRC outcomes, presenting an opportunity for policy engagement.

OBJECTIVE(S): Describe the impact of socioeconomic determinates of health on colorectal cancer mortality and survival.

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