Race, socioeconomics had impact on emergency colorectal cancer diagnosis

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Twenty-nine percent of patients with colorectal cancer in a nationally representative sample were diagnosed after an emergency, such as an obstruction or perforation of the bowel, according to data presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research, held here Oct. 16-19, 2012. In addition, African-Americans and those living in high-poverty areas were more likely to present with an emergency diagnosis.

"Overall, there are high rates of emergency presentation of colorectal cancer in the United States," said Sandi L. Pruitt, Ph.D., M.P.H., assistant professor in the department of clinical sciences at The University of Texas Southwestern Medical Center in Dallas. "Screening for colorectal cancer using tests including colonoscopy is recommended for all healthy, asymptomatic adults starting at age 50. But these high rates of emergencies indicate that there are multiple missed opportunities for screening. As a result, many patients are not diagnosed until they have an emergency, such as an obstruction or perforation of the bowel, which leads to more complications and a higher risk for death from cancer."

Pruitt and colleagues evaluated disparities in emergency colorectal cancer presentation using nationally representative Surveillance Epidemiology and End Results–Medicare data from 1992 to 2005 of U.S. adults aged 66 and older with invasive colorectal cancer.

They identified 88,859 patients with colorectal cancer, and of those, 29

percent presented as emergencies. Of these, 81.3 percent had an emergency admission, 31.6 percent were obstructions and 4.2 percent were perforations. In unadjusted analyses, African-American patients with colorectal cancer were 64 percent more likely to present as emergency cases, and those patients with colorectal cancer living in census tracts with the highest poverty rate (greater than or equal 20 percent versus less than 10 percent poverty) were 31 percent more likely to present as emergencies.

After researchers statistically controlled for multiple factors including cancer stage, patient health status and sociodemographic factors, African-Americans were 29 percent more likely to present with emergency cases, and those living in census tracts with the highest poverty rate were 10 percent more likely to present with emergency colorectal cancer.

"We already know that African-Americans and economically disadvantaged populations face an increased risk for death from colorectal cancer," Pruitt said. "In future research, we will attempt to understand how emergency presentation of colorectal cancer contributes to racial and economic disparities in death from colorectal cancer."

More information: A94 Missed opportunities: Racial and socioeconomic disparities in emergency presentation of colorectal cancer. Sandi L. Pruitt1, Nicholas O. Davidson2, Samir Gupta1, Yan Yan2, Mario Schootman2. 1University of Texas Southwestern Medical Center, Dallas, TX, 2Washington University School of Medicine, St. Louis, MO.

Abstract

Background: Emergency presentation for colorectal cancer (CRC) is common and associated with high morbidity and mortality. African Americans and those with lower socioeconomic status (SES) experience higher CRC morbidity and mortality, and higher rates of emergency

CRC presentation may, in part, account for these disparities. We hypothesized that African Americans and individuals with low SES have higher rates of emergency CRC presentation.

Methods: We examined disparities in emergency CRC presentation using nationally representative 1992-2005 SEER-Medicare data of U.S. adults aged ≥66 years with invasive CRC. Emergency CRC presentation (the primary outcome) was defined as a newly diagnosed CRC associated with: obstruction, perforation, or an inpatient admission requiring immediate medical intervention (e.g. for severe, life threatening conditions) identified using Medicare claims with ICD-9 and admission type codes. We used logistic regression to compare associations of race and census tract poverty rate with emergency CRC presentation, adjusting for sociodemographic (age, sex, Medicaid status, year of diagnosis, urban/rural residence at diagnosis), tumor (SEER historic stage, left/right side tumor location, grade, histology), and clinical (history of the following in the prior year: preventable hospitalizations, comorbidity, endoscopic testing) covariates.

Results: We identified 88,859 patients with CRC during the study period, 29.0% of whom presented emergently (of these, 81.3% had an emergency admission, 31.6% obstruction, and 4.2% perforation). In unadjusted analyses, CRC patients more likely to present emergently included African Americans (vs. whites OR: 1.64 95% CI: 1.57-1.72) and those living in census tracts with the highest poverty rate (≥20% vs.

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