

Disparities in colorectal cancer death rates take a large economic toll

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Disparities in colorectal cancer death rates take a large toll on the national economy, with poorer, less-educated communities bearing the greatest burden, according to data presented at the Eighth American Association for Cancer Research (AACR) Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held Nov. 13-16.

"A substantial number of colorectal cancer deaths are potentially preventable through routine colorectal screening," said Hannah K. Weir, PhD, senior epidemiologist with the Centers for Disease Control and Prevention (CDC) in Atlanta. "We found that many of those preventable deaths are in lower socioeconomic status [communities](#), and cancer puts a huge economic burden on those communities."

Eliminating avoidable colorectal cancer deaths would result in \$4.2 billion in productivity gains in men and \$2.2 billion in women, Weir said. Figures are nationwide, and based on a 3 percent discount rate, a measure of future value. They include wages and salaries, plus expected financial contributions to family care; they do not include the cost of diagnosis, treatment, and care, according to Weir. She said that increasing awareness of colorectal cancer in lower socioeconomic status (SES) areas could help decrease colorectal cancer deaths and the associated economic losses.

The researchers also determined that in lower SES communities, 194,927 years of potential life were lost due to premature colorectal

cancer deaths, compared with 128,812 years of potential life lost in the higher SES communities. "Those are years in which these people would have been contributing to the financial welfare of their family and their community," Weir said.

Weir based her study on U.S. mortality and population data from 2008 to 2012, focusing on the number of colorectal cancer deaths of Americans between 50 and 74 years of age. She and her fellow researchers defined higher SES areas as those areas where at least 85 percent of the population had graduated from high school; all other areas were considered lower SES areas.

Weir applied the colorectal cancer mortality rate from higher SES communities to lower SES communities and found that 16.8 percent of the deaths in lower SES areas were potentially preventable if the mortality rate had been equal to that of the higher SES areas.

In the past few decades, disparities in colorectal cancer deaths have reversed, Weir said. The disease once disproportionately affected white patients, and those with higher [socioeconomic status](#). As screening methods and awareness increased, the gap narrowed, then in recent years, reversed itself.

"Higher SES groups have better access to care, and have fewer barriers including being unable to take time off work," she explained.

Weir said that her findings indicate that eliminating educational disparities in lower SES areas could help decrease colorectal cancer deaths and stem the productivity lost from those deaths.

Weir said one limitation of the study is that some states did not designate Hispanic status of their residents, so data on Hispanic communities may be incomplete.

Provided by American Association for Cancer Research

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