

Minority colorectal cancer patients report higher burden of poor quality-of-life

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A study of racial disparities in health-related quality of life of colorectal cancer patients revealed among several findings, that Hispanics and blacks had a higher burden of poor health-related quality-of-life (HR-QoL) than white patients and that poor HR-QoL resulted in shorter median survival. Yet Hispanics had an average survival time of 85.4 months as compared to blacks at 47.8 months and whites at 43.2 months.

The study, led by Michelle Hildebrandt, Ph.D., assistant professor of Epidemiology at The University of Texas MD Anderson Cancer Center, followed up on a prior MD Anderson survey that observed lower HR-QoL scores among minorities compared to white colorectal [patients](#). The research looked more closely at predictors of HR-QoL by racial group and how these differences were linked to colorectal [cancer](#) survival. Results from the study will be presented April 2, 2017 at the annual meeting of the American Association for Cancer Research. The study surveyed 450 white, 366 Hispanic and 316 black patients.

"In this study, we focused on identification of patterns of [racial disparities](#) in health-related quality of life scores and relationship to differences in prognosis," said Hildebrandt. "White, Hispanic and black colorectal cancer patients within one year of diagnosis at MD Anderson completed a quality of life questionnaire to determine mental and physical aspects of quality of life."

Hildebrandt employed the Short-Form-12 survey (SF-12), a commonly used tool to measure patient outcomes, with twelve questions designed to

assess functional health or Physical Composite Summary (PCS) and mental well-being or Mental Composite Summary (MCS). Patients also completed a questionnaire to collect epidemiology and socio-demographic variables. Vital status and histology information was obtained from MD Anderson's tumor registry. In the SF-12, the "norm" is set at 50 so anything below 50 is considered a poor quality of life compared to the general population.

"Racial disparities were reported in HR-QoL with both black and Hispanic patients reporting lower mean PCS and MCS scores compared to whites, suggesting poorer HR-QoL in these populations," said Hildebrandt. "However, among colorectal patients reporting a poor PCS, we observed the highest median survival among Hispanics followed by blacks and whites. A similar relationship was seen for poor MCS scores stratified by race with mean survival times of 81.9 months for Hispanics, 54.1 months for blacks and 40.8 months for whites."

Among other study findings were the following:

- Hispanics who had never married were at a three times as likely to have a poor physical HR-QoL when compared to married patients, which was not observed in white and black colorectal patients.
- Hispanic colorectal patients with some college education were associated with a decreased risk of poor MCS, a finding that did not apply equally to the other racial categories.
- White and black females have a two-fold risk of poor PCS compared to men, which was not observed among Hispanic females.

"The patterns of racial disparity observed in this study can be an important tool for assessing the underlying mediators of HR-QoL in colorectal cancer patients and in further identifying patients who are

particularly at risk for poor prognosis," said Hildebrandt.

Provided by University of Texas M. D. Anderson Cancer Center

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