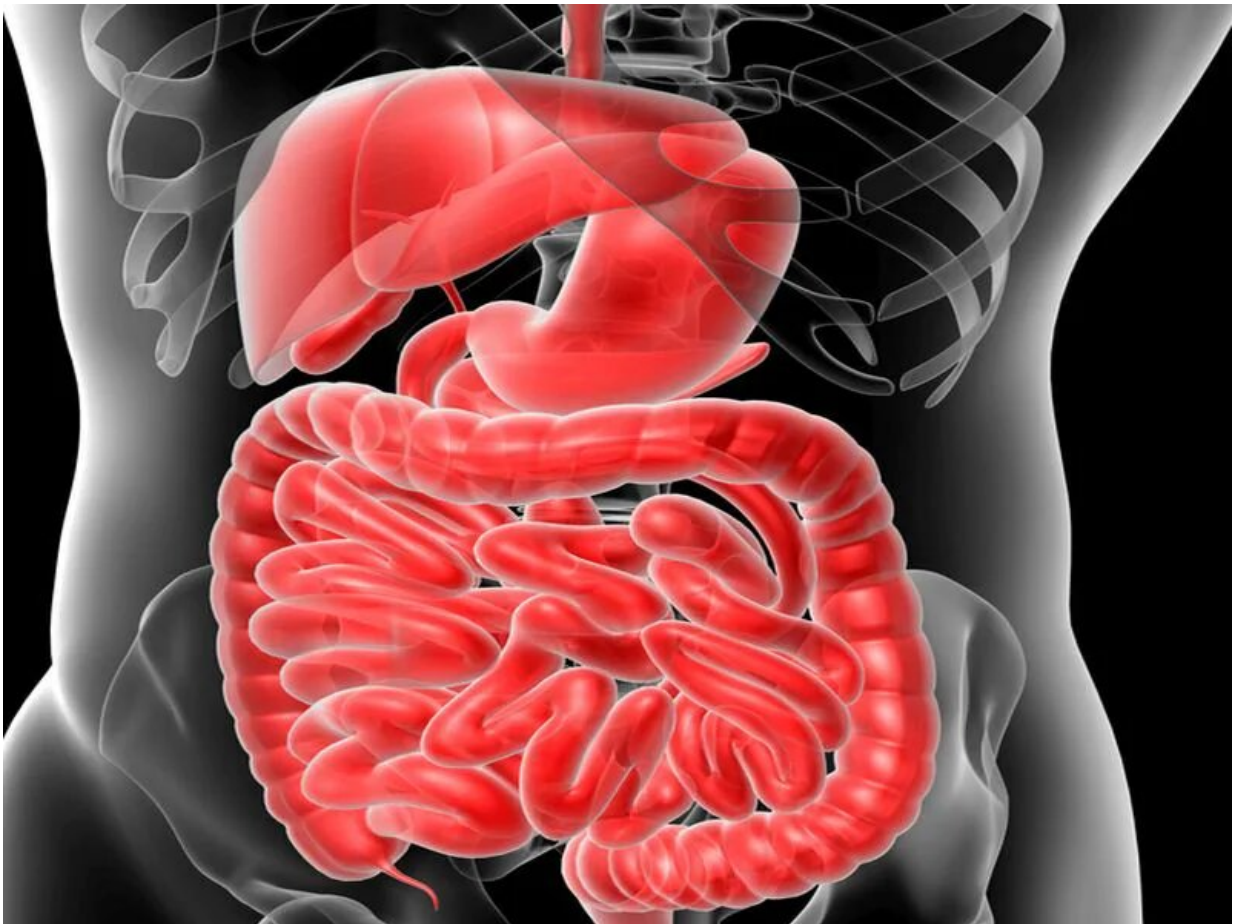


Colorectal cancer mortality disparities vary across U.S. cities

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There is considerable variability in colorectal cancer (CRC) mortality

disparities across urban cities, according to a study presented at the 12th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held from Sept. 20 to 23 in San Francisco.

Abigail Silva, Ph.D., Ph.D., M.P.H., from the Parkinson School of Health Sciences and Public Health at Loyola University Chicago, and colleagues used National Center for Health Statistics mortality data and the U.S. Census Bureau American Community Survey five-year population estimates for 2013 to 2017 to compute average annual CRC mortality rates for the United States and 30 most populous cities.

The researchers found that the estimated annual CRC mortality rate for the United States was 14.3 per 100,000 total population. There was variation noted in city-level rates, from 10.6 in San Jose to 31.1 in Las Vegas. The rate was 43 percent higher in blacks than whites nationally, with a rate difference (RD) of 6.27 per 100,000 population. In 25 of 30 cities, racial disparities were found. Philadelphia had the lowest level among those with a [disparity](#) (rate ratio [RR], 1.21; RD, 3.55), while Washington, D.C., had the highest (RR, 2.60; RD, 13.65). The yearly number of excess black CRC deaths was 2,252 in the United States; in terms of excess deaths, Seattle and Portland fared the best while Chicago fared the worst (three versus 96) across cities with a disparity.

"Each [city](#) can use this information to make real, evidence-based changes in policies, services, and funding," Silva said in a statement.

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