

Disparities seen in outcomes for young adults with CRC

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(HealthDay)—Worse outcomes are seen for young adult (YA) patients

with colorectal cancer (CRC) living in the lowest income and education areas, according to a study presented at the American Society of Clinical Oncology annual Gastrointestinal Cancers Symposium, held from Jan. 23 to 25 in San Francisco.

Ashley Matusz-Fisher, M.D., from Carolinas Medical Center in Charlotte, North Carolina, and colleagues obtained data from 26,768 YA patients (≤ 40 years) diagnosed with CRC to examine the impact of sociodemographic status and clinicopathological features on outcomes of CRC.

The researchers found that patients in the lowest versus the highest income and education areas were more likely to have T3/T4 stage, have positive nodes, be rehospitalized within 30 days, and have a Charlson-Deyo score ≥ 1 (odds ratios, 1.4, 1.2, 1.3, and 1.6, respectively); they were less likely to have surgery (odds ratio, 0.63). Patients from the lowest versus the highest income and education areas and those in urban versus metropolitan areas had an [increased risk](#) for death after adjustment for multiple confounding variables (adjusted hazard ratios, 1.24 and 1.10, respectively). For patients with stage IV disease, worse median overall survival was seen for those in the lowest income and education populations (1.72 versus 2.17 years).

"More effort to increase awareness regarding [health care disparities](#) is warranted to provide access and remove barriers to care so that we can eliminate disparities and achieve health equity," a coauthor said in a statement.

Several authors disclosed financial ties to the pharmaceutical industry.

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