

Black people more likely than others to die from colorectal cancer spreading to the liver

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Cancer—Histopathologic image of colonic carcinoid. Credit: Wikipedia/CC BY-SA 3.0

Colorectal cancer is more prevalent among Black people, a group that has the highest rates of death for an illness that is curable if caught early.

"The unfortunate reality is that minorities, especially Black people, have

a much lower chance of getting lifesaving [cancer](#) treatment. Health care works within a social construct, and to change health disparities, we need social change," said Mustafa Raouf, M.D., surgical oncologist at City of Hope and senior author of a study published in *JAMA Network Open* today.

City of Hope researchers retrospectively looked at the data of 16,382 [adult patients](#) in the California Cancer Registry and found that Black patients were the least likely to receive chemotherapy (59% compared to 65% among white people) and had a 17% higher chance of death compared to [white people](#) even when the scientists controlled for age, sex and comorbidities.

"These troubling statistics are the result of a disparity in access to [health care](#)," Raouf said. "We observed that if Black people with [metastatic colorectal cancer](#) had access to subspecialists with expertise in [liver](#) resection, they would not experience higher numbers of unnecessary deaths due to underutilization of lifesaving therapies."

The City of Hope study lays the foundation for future work focusing on the specific barriers that Black patients face in getting lifesaving therapies such as liver resection. "The decreased health outcomes in Black patients could be attributed to factors such as lower rate of referral to cancer specialists, late detection of colorectal cancer metastases and patient-reported barriers, including fear of cancer and its treatment, costs, and the burdens of transportation and childcare during therapy," said Lucas Thornblade, M.D., a City of Hope surgical oncology fellow and first author of the study.

The study suggests a future benchmark for quality care: All patients with colorectal cancer that has spread to the liver, regardless of race, should be evaluated for surgery by a liver surgeon in the office or tumor board setting, meaning by a group of subspecialists. The finding potentially has

broad reach considering colorectal cancer is the [third leading cause of cancer-related deaths](#) in the United States (excluding some kinds of skin cancer). If detected early, about 90% of individuals survive for five years or more, according to the American Cancer Society.

The rate of liver resection in the U.S. is only about 10%, but that percentage is about 40% at City of Hope, said Yuman Fong, M.D., the Sangiacomo Family Chair in Surgical Oncology at City of Hope and co-author of the study.

"There is a vast under-utilization of [liver resection](#) as a potentially curative treatment for colorectal liver metastases," Fong said. "This missed opportunity is even more common for Black patients than for the general population." In fact, Black people are more likely to be diagnosed with advanced disease. Only 10.5% survive five years or more, [according to National Cancer Institute data](#).

The Centers for Disease Control and Prevention recommends that everyone age 50 or older get screened for colorectal cancer. Yet, due to their higher risk, Black people should start getting screened for colorectal cancer at age 45, Raof said, citing a recommendation made by the [American College of Gastroenterology](#).

Colorectal cancer death rates are almost 40% higher in Black people compared to white individuals, according to a 2020 American Cancer Society report, which attributes the disparity to socioeconomic status and complex risk factors such as smoking, obesity and prolonged time until care following a positive a colorectal screening test.

Tamra Milner, a 39-year-old City of Hope patient with Stage 4 [colorectal cancer](#) that metastasized to her liver, said that she feels race is the reason her first doctor in Las Vegas told her she had only six months to live. That was more than a year ago.

"I don't feel that I got the care I should've received there because I'm Black," Milner said. "He saw me as a number—and plugged me into the usual statistical outcomes. He didn't take into consideration that, other than my cancer diagnosis, I'm an active and healthy 39-year-old."

That's when Milner "fired" her first doctor and eventually found City of Hope. She received liver surgery in late April, when the pandemic had already hit the U.S. hard, and is scheduled for colorectal surgery in September. Cancer doesn't stop because of COVID-19, and City of Hope will continue to give patients like Milner the care they need in a safe environment.

Provided by City of Hope National Medical Center

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