

Significant county-level variability seen with gastrointestinal cancers

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Patient and structural factors contribute to significant geographic

differences in mortality from gastrointestinal (GI) cancers, according to a study published in the August issue of *Gastroenterology*.

Christopher Ma, M.D., M.P.H., from the University of Calgary in Alberta, Canada, and colleagues used data from the U.S. Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research platform (2010 to 2019) to calculate county-level mortality from esophageal, gastric, pancreatic, and [colorectal cancers](#).

The researchers observed significant geographic disparities in GI cancer-related county-level mortality across the United States. The ratio of mortality between the 90th and 10th percentile counties ranged from 1.5 for pancreatic to 2.1 for [gastric cancer](#). Counties in the Southeastern United States primarily accounted for the highest 5 percent of mortality rates for gastric, pancreatic, and colorectal cancer. Intercounty variability in mortality rates for esophageal, gastric, pancreatic, and colorectal cancer was partially explained by multivariable models (43, 61, 14, and 39 percent, respectively). GI cancer-related mortality was most strongly associated with cigarette smoking and rural residence (independent of specialist density).

"Our findings support continued public health efforts to reduce smoking use and improve care for rural patients, which may contribute to a reduction in disparities in GI cancer-related death," the authors write.

More information: [Abstract/Full Text](#)

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