

Analysis shows Black patients are more likely to undergo risky emergency colorectal cancer surgery

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In an analysis of data from hospitals across the state of Michigan, University of Michigan researchers found that Black, non-Hispanic

patients were more likely to undergo emergency surgery for colorectal cancer than other races and ethnicities.

Undergoing [emergency surgery](#) was associated with a higher rate of complications, including death. Out of close to 5,000 [patients](#) who underwent any type of surgery for [colorectal cancer](#), 23% had emergency surgery—but those patients made up 63% of the deaths.

Patients who underwent emergency surgery also received less complete evaluations and testing as part of their workup by surgeons and their medical teams.

"Overall, these results suggest that racial and [ethnic differences](#) persist in presentation and management of colorectal cancer and that these differences likely contribute to disparities in postoperative outcomes among these groups," said Ryan Howard, M.D., M.S., a general surgery resident at University of Michigan Health and the first author of the study.

Howard and his research team used data from the Michigan Surgical Quality Collaborative, a statewide initiative that aims to improve the quality and cost of surgical care across the state. Their goal was to identify opportunities to improve [patient care](#) earlier in the process of cancer diagnosis and treatment.

"We can spend all day working on, say, reducing complications right after surgery," Howard said. "But if we're still not getting the right treatment to the right patient at the right time, then we're not doing a good enough job."

"Colorectal cancer is universally screened for and develops fairly slowly. So if someone is plugged into the health care system, the chances are very high that we will detect it and they will get the appropriate

evaluation and workup," he added. "The fact that we found patients who are not getting that suggests that there is an opportunity to improve the care we deliver to patients, even before they get to the surgical episode."

Howard points to patient navigators and targeted [community outreach](#) as proven strategies to help reduce disparities in [cancer care](#) and believes the state of Michigan, with its network of collaborative quality initiatives, is well positioned to incorporate these solutions into future projects.

The findings are published in the journal *Annals of Surgery*.

More information: Ryan Howard et al, Racial and Ethnic Differences in Elective vs. Emergency Surgery for Colorectal Cancer, *Annals of Surgery* (2022). [DOI: 10.1097/SLA.0000000000005667](https://doi.org/10.1097/SLA.0000000000005667)

Provided by University of Michigan

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