

# Receipt of guideline-concordant care lower for black colorectal cancer patients

November 14 2023, by Elana Gotkine

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Individuals racialized as Black and newly diagnosed with colorectal cancer (CRC) receive worse and less-timely guideline-concordant care,

according to a study published online Nov. 8 in the *Journal of Clinical Oncology*.

Leticia M. Nogueira, Ph.D., M.P.H., from the American Cancer Society in Atlanta, and colleagues selected individuals aged 18 to 49 years racialized as non-Hispanic Black and White (self-identified) and newly diagnosed with CRC from 2004 to 2019. Individuals who received recommended care, which included staging, surgery, lymph node evaluation, chemotherapy, and radiotherapy, were considered to have received guideline-concordant care.

Overall, 20.8 and 14.5 percent of the 84,882 patients with [colon cancer](#) and 62,573 with rectal cancer, respectively, were racialized as Black. The researchers found that the likelihood of not receiving guideline-concordant care for colon and rectal cancers was increased for individuals racialized as Black (adjusted hazard ratios, 1.18 and 1.27, respectively).

Among patients with colon and rectal cancer, 28.2 and 21.6 percent of the disparity, respectively, was explained by health insurance. Compared with individuals racialized as White, those racialized as Black had increased time to adjuvant chemotherapy for colon cancer and neoadjuvant chemoradiation for [rectal cancer](#).

"With health insurance being the largest modifiable factor contributing to racial disparities in this study, it's critical to eliminate this barrier," Nogueira said in a statement. "Expanding access to [health insurance](#) coverage could help improve colorectal care and outcomes from individuals of all racialized groups."

Two authors disclosed ties to industry.

**More information:** Leticia M. Nogueira et al, Racial Disparities in

Receipt of Guideline-Concordant Care for Early-Onset Colorectal Cancer in the United States, *Journal of Clinical Oncology* (2023). DOI: [10.1200/JCO.23.00539](https://doi.org/10.1200/JCO.23.00539)

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