

Racial disparities seen for locally advanced rectal cancer outcomes

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Treatment outcomes for locally advanced rectal cancer (LARC) are less favorable for Hispanic and non-Hispanic Black patients versus non-Hispanic White patients, according to a study published online Feb. 29 in *JAMA Network Open*.



Rebecca M. Shulman, M.D., from the Fox Chase Cancer Center in Philadelphia, and colleagues assessed whether racial and ethnic disparities in treatment outcomes among patients with LARC could be accounted for by social determinants of health and demographic, clinical, and pathologic factors known to be associated with <u>treatment response</u>. The analysis included 34,500 patients with T3 to T4 or N1 to N2 LARC treated with neoadjuvant therapy and surgery (2004 through 2017).

The researchers found that Hispanic patients achieved <u>tumor</u> downstaging (48.9 versus 51.8 percent) and pN0 status (66.8 versus 68.8 percent) less often than non-Hispanic White patients. Black race, but not Hispanic ethnicity, was associated with less tumor downstaging (odds ratio [OR], 0.86), less frequent pN0 status (OR, 0.91), and less frequent pathologic complete response (pCR; OR, 0.81). A reduced rate of pCR was also associated with rural location (OR, 0.80), lack of or inadequate insurance (OR for Medicaid, 0.86; OR for no insurance, 0.65), and treatment in a low-volume center (OR for first quartile, 0.73; OR for second quartile, 0.79; OR for third quartile, 0.86).

"These findings suggest that racial and <u>ethnic disparities</u> in LARC treatment outcomes may be multifactorial, with an independent association with non-Hispanic Black race, suggesting unidentified biological variables or social determinants of health that warrant exploration," the authors write.

Several authors disclosed ties to relevant organizations.

More information: Cassandra D. L. Fritz et al, Overcoming Racial and Ethnic Disparities in Rectal Cancer Treatment, *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.0018



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