

Insurance linked to black-white survival disparities in colorectal cancer

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Health insurance coverage differences account for nearly one-half of the black-white survival disparity in colorectal cancer patients, according to a new study. The study, published in *Gastroenterology*, reinforces the importance of equitable health insurance coverage to mitigate the black-white survival disparity in colorectal cancer.

Colorectal cancer (CRC) is the third most commonly diagnosed cancer in both men and women in the United States. Overall CRC incidence and [mortality rates](#) are decreasing in the United States as a result of earlier detection and improved treatments. Nonetheless, CRC incidence and mortality rates continue to be higher in blacks than in whites.

For the new study, investigators led by Helmneh Sineshaw, M.D., MPH, at the American Cancer Society with collaborators from Dana-Farber Cancer Institute at Harvard Medical School, focused on the impact of access to care on black-white survival disparity. They looked at 199,098 CRC patients ages 18 to 64 in the National Cancer Database.

They found the absolute 5-year survival difference between black and white CRC patients in the entire cohort was 9.2% (57.3% vs 66.5%). That difference was cut almost in half, to 4.9%, after matching for insurance status. Tumor characteristics also played a large role. The survival difference dropped to 2.3% after tumor characteristics matching.

"These findings reinforce the importance of equitable [health insurance](#)

coverage to mitigate the survival disparity between black versus white CRC patients in this age range, and underscore the need for further studies to elucidate reasons for racial differences in tumor characteristics," write the authors.

In October, an American Cancer Society study found that differences in insurance explained one-third of the black-white difference in women with early-stage breast cancer.

More information: *Gastroenterology* (2017). DOI: [10.1053/j.gastro.2017.11.005](https://doi.org/10.1053/j.gastro.2017.11.005)

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