

## POSTER ABSTRACTS

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### Cancer 04

#### **Racial/Ethnic Differences in Tumor Stage at Diagnosis in Managed Care Settings for Cancers Detectable by Screening**

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**Background:** Racial/ethnic differences in stage at diagnosis contribute to disparities in cancer survival rates. Limited data are available examining the association between race/ethnicity and cancer stage at diagnosis in racially diverse populations in settings where health insurance is not a barrier. We examined this association among patients diagnosed with breast, cervix, prostate or colon/rectum cancer.

**Methods:** This population-based study was conducted on patients, enrolled with one of six geographically diverse not-for-profit managed care organizations, who were diagnosed with breast, cervical, prostate or colon/rectum cancers between 01/01/93 and 12/31/98 identified from tumor registries. We obtained multivariable logistic regression estimates of the association between race/ethnicity (defined as White, Black, Hispanic, Asian and others) and advanced stage at diagnosis (defined as a regional or distant for all cancers, and separately for breast cancer as any tumor >3.0 CM or at regional or distant stage) for each of the cancers while adjusting for selected potential confounders.

**Results:** This study is comprised of a total of 24,695 patients with breast, 1,464 with cervical, 23,823 with prostate and 14,262 with colon/rectum cancer. Overall, most patients were diagnosed at local stage. Blacks were more likely to have advanced breast ((adjusted odds ratio [OR] (95% confidence interval [CI]): 1.42 (1.30-1.56)), cervical (OR (95% CI): 1.32 (0.89-1.98), prostate (OR (95% CI): 1.26 (1.15-1.39)) or colon/rectum (OR (95% CI): 1.14 (1.01-1.28)) cancer at diagnosis compared to whites. Hispanics were more likely to have advanced breast, cervical and prostate cancer at diagnosis compared to whites. However, Asian women were significantly less likely to have advanced breast cancer (OR (95% CI): 0.87 (0.78-0.98)), but were more likely to have advanced cervical (OR (95% CI): 1.52 (1.01-2.27)) and prostate (OR (95%): 1.15 (0.97, 1.37)) cancer at diagnosis compared to whites. Similar racial/ethnic differences, particularly among black men compared to white men, were observed when men and women with colon/rectum cancer were separately examined.

**Conclusions:** Our study found pervasive racial/ethnic differences in stage of cancer at diagnosis even in settings where financial barriers to healthcare access may not exist. More research is needed to better understand the causes of these differences.