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**Racial/Ethnic Disparities in Tumor Characteristics and Survival for Colorectal Cancer
in an Insured Population**

Chyke A. Doubeni, MD¹, Terry S. Field, D.Sc¹, Diana S. M. Buist, Ph.D²,
Shelley Enger, Ph.D³, Eli J. Korner, Pharm D., MPH⁴, Lois Lamerato, Ph.D⁵,
Lisa Herrinton, Ph.D⁶, Mark C. Hornbrook, Ph.D⁷

¹Meyers Primary Care Institute; ²Center for Health Studies, Group Health Cooperative;
³Center for Research and Evaluation, Kaiser Permanente Southern California;
⁴Clinical Research Unit, Kaiser Permanente Colorado; ⁵Center for Health Services Research,
Henry Ford Health System; ⁶Division of Research, Kaiser Permanente Northern California;
⁷Center for Health Research, Northwest/Hawai'i, Kaiser Permanente Northwest.

Background: Cancers of the colon/rectum (CRC) are the third most common cancers among men and women in the United States. We examined the extent of racial/ethnic disparities in tumor characteristics and survival for CRC in settings where health insurance is not a barrier.

Methods: This population-based study was conducted on patients diagnosed with incident invasive CRC 1993-1998, identified from tumor registries associated with six integrated health systems affiliated with the Cancer Research Network. We restricted our sample to patients identified as non-Hispanic white ("white"), non-Hispanic black ("black"), Hispanic, or Asian/Pacific Islander.

Outcome Measures: Tumor stage categorized according to SEER summary stage, and deaths due to CRC.

Results: Of the 13,958 included in the study, over a third (37-40%) of them were diagnosed at local stage. Black patients were more likely to be diagnosed with proximal tumors compared to whites. In multivariable polytomous logistic regression analyses, blacks were significantly more likely to have distant disease or unstaged tumors at diagnosis, while Hispanics were more likely to have regional or unstaged tumors as compared to whites. In multivariable Cox proportional regression models that adjusted for age, gender, year of diagnosis and study site, blacks had a significantly increased risk (hazard ratio (HR): 1.17, 95% confidence interval (CI): 1.06-1.30) of death from CRC. Hispanics had a slightly higher risk (HR (95% CI): 1.05 (0.92-1.18)), but Asian/Pacific Islanders had a decreased risk (HR (95% CI): 0.89 (0.78-1.02)) of death from CRC compared to whites. After further controlling for tumor stage and receipt of surgical therapy in the model, the HR decreased to 1.06 for blacks (95% CI: 0.96-1.18) but was essentially unchanged for both Hispanics and Asians/Pacific Islanders.

Conclusions: Despite the availability of health care insurance and systems to improve the receipt of cancer-related services, there are racial/ethnic disparities in outcomes for CRC diagnosed and treated in integrated health systems. However, the differences found in our study were small compared to those observed in the general population. Interventions targeted at minority populations beyond health insurance may be needed to eliminate disparities in CRC.