

## **No Racial Disparity in Time to Treatment for Colon Cancer in MHS**

By Annette M. Boyle

CHICAGO—Previous studies have indicated that non-Hispanic black adults with colon cancer wait longer between diagnosis and treatment and are less likely to receive guideline-adherent therapy than non-Hispanic white patients.

Those disparities do not exist in the Military Health System, however, according to a study presented June 1 at the 2019 American Society of Clinical Oncology Annual Meeting in Chicago.<sup>1</sup>

Leading investigators from four major DC-area military health research institutions conducted the study: Yvonne L. Eaglehouse, PhD, MPH, of the Henry M. Jackson Foundation for the Advancement of Military Medicine; Matthew W. Georg, MPH, of the Murtha Cancer Center Research Program; Craig Shriver, MD, of the Walter Reed National Military Medical Center; and Kangmin Zhu, MD, PhD, MPH, of the Uniformed Services University.

The team identified 2,170 adults diagnosed with colon adenocarcinoma between Jan. 1, 1998 and Dec. 31, 2007 in the DoD Central Cancer Registry and Military Health Service Data Repository. Patients had a mean age of 59.6 at diagnosis. Non-Hispanic whites accounted for 78.6% of the patients, while non-Hispanic blacks formed 21.4% of the group.

The investigators used recommended timeframes for specific treatment-related actions to determine the odds ratio of patients receiving timely care. Those included surgery within six weeks of diagnosis for patients with Stage I through III colon cancer, adjuvant chemotherapy within eight weeks of surgery for patients with Stages II or III cancer and treatment within four weeks of diagnosis for Stage IV disease.

They found that black and white patients were equally likely to receive timely surgery across all stages. Both groups also were equally likely to receive adjuvant chemotherapy and to receive it within the recommended eight weeks of surgery. Similarly, black and white patients with Stage IV colon cancer had similar odds of receiving timely treatment. Overall, the likelihood of receiving guideline-adherent treatment across all stages was the same between the two groups.

The results “support the role of equal access to medical care and insurance coverage in reducing racial disparities in colon cancer treatment,” the authors concluded.

1. Eaglehouse YL, Georg MW, Shriver CD, Zhu K. Racial comparisons in receipt of timely guideline-based colon-cancer treatment in an equal-access health system. *J Clin Oncol* 37, 2019 (suppl; abstr 6563).