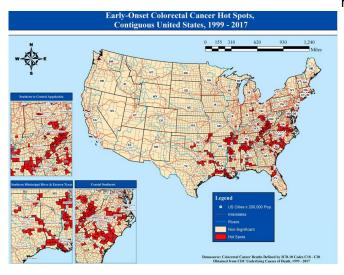


Early-onset colorectal cancer study in young adult men reveals 'hotspots' of death in US

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A map of colorectal cancer hotspots in the United States. Credit: Rogers et al. American Journal of Cancer Research

Over the last three decades, colorectal cancer survival in the United States has improved significantly. But in young people—particularly men diagnosed with colorectal cancer before age 50—incidence and mortality due to colorectal cancer are on the rise. Even among patients with early-stage colorectal cancer, racial disparities have grown more pronounced, with survival after colorectal cancer diagnosis poorer among African Americans compared with whites.

Charles R. Rogers, Ph.D., MPH, MS, Huntsman Cancer Institute (HCI) cancer researcher and assistant professor of public health at the University of Utah (U of U), is working to better understand these factors in young people with colorectal cancer in order to help improve outcomes and reduce related disparities from this preventable disease. A study led by Rogers and

his colleagues, published in the American Journal of Cancer Research, found many of these new diagnoses are occurring in counties in the lower Mississippi Delta, west-central Appalachia, and eastern Virginia/North Carolina. These "hotspot" areas—where colorectal cancer is on the rise and actually killing young men at <a href="https://high.night.n

Rogers and his colleagues developed an analysis of counties with a high rate of early-onset colorectal cancer using data from Centers for Disease Control and Prevention during the years 1999 to 2017. They then linked this to Surveillance, Epidemiology, and End Results (SEER) Program data from the National Cancer Institute for men aged 15 to 49. This revealed 232 hotspot counties for early-onset colorectal cancer in the U.S. The majority of these counties are in the south.

The team then studied a variety of factors of the diagnoses in these hotspot counties. These included age, race, tumor stage and grade, treatment approach, and marital status. In the hotspot counties, they identified that death rates in non-Hispanic Black and Hispanic men with early-onset colorectal cancer outpaced other racial groups studied. In addition, Rogers's team examined many other health and social factors, such as smoking. The team observed that although roughly 14% of all U.S. adults are current smokers, 24% of the adult population residing in hotspot counties reported currently smoking and having smoked at least 100 cigarettes in their lifetime.



"After identifying these geographic disparities, the focus of our study was to better understand the role of individual and county-level characteristics in explaining regional variations in early-onset colorectal cancer survival among these men," Rogers explained.

Rogers said, "If young men are not already doing so, adults younger than 50 should have conversations with health care providers about early detection screening for colorectal cancer. This is especially the case if they have any symptoms of colorectal cancer, a family history of the disease, or if they live in the 'hotspot' counties we have identified for early-onset colorectal cancer."

Rogers plans to identify early-onset colorectal cancer hotspots in Utah, where his lab is located. The lab studies the health and well-being of underrepresented men through <u>community</u> engagement, research, and education.

Rogers' team is also working to develop a community-based intervention to increase awareness while reducing incidence and death due to early-onset colorectal <u>cancer</u> in Utah and areas of the country where rates are on the rise.

More information: Examining Factors Underlying Geographic Disparities in Early-Onset Colorectal Cancer Survival Among Men in the United States, pubmed.ncbi.nlm.nih.gov/32509399/

Provided by Huntsman Cancer Institute

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