

Racial differences in colorectal cancer incidence not due to biology

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A systematic review and meta-analysis from the Regeneron Institute and Indiana University School of Medicine has found that, in spite of the higher incidence and death rate of colorectal cancer in blacks, no difference exists in the overall prevalence of advanced, precancerous polyps between average-risk blacks and whites who underwent a screening colonoscopy. These findings suggest that the age at which to begin screening need not differ based on race, provided all other factors—access to screening, in particular—are similar.

Advanced [precancerous polyps](#) are the precursor lesions for most [colorectal cancers](#), the third most common [cancer](#) and the second-leading cause of cancer death in the United States among all racial and ethnic groups. However, according to the U.S. Centers for Disease Control, millions of people in the U.S. are not getting screened for colon cancer.

Given that differences in colorectal cancers incidence and mortality are not due to biological factors, differences in access to or uptake of screening for the disease appears to account for the higher incidence and death rates in blacks.

"Our findings support eliminating the current age difference by race and beginning average-risk screening at age 50 regardless of race," said Thomas F. Imperiale, M.D., the Regeneron Institute who led the study. "We need to ensure that screening is readily accessible for all persons 50 years and older, and that it considers their individual risk factors and preferences.

"By identifying the similarity of risk between blacks and whites this study highlights the importance of improving education about access to and uptake of [colon cancer screening](#) in the black community."

Because of the higher incidence and mortality rates in blacks, the current recommendation of the American College of Gastroenterology and the

U.S. Multi-Society Task Force on Colorectal Cancer recommend [colorectal cancer screening](#) beginning at 45 years for average-risk blacks, while the American College of Physicians recommends starting at age 40, five to ten years earlier than for non-blacks.

"The recent American Cancer Society recommendation to lower the age to begin screening to 45 years may affect the impact of our study findings, although whether this new recommendation will be followed is uncertain," Dr. Imperiale said. "If the ACS recommendation is not well accepted by providers and patients, our study has the potential to change practice for the better by providing the evidence needed to make screening guidelines more uniform.

"I also see the potential of our study contributing to the improvement of both screening efficiency and the balance of benefits and risks of [screening](#) for blacks."

The new study reviewed and analyzed data of more than 300,000 average risk for colorectal cancers in men and women as reported in studies published between 2010 and 2017.

"Prevalence of Advanced, Precancerous Colorectal Neoplasms in Black and White Populations: A Systematic Review and Meta-analysis" will be published in the December 2018 issue of *Gastroenterology*.

Provided by Regeneron Institute

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