Introduction

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States with 143,000 new cases and 51,000 estimated deaths in 2012 [1]. The benefits of early detection are reflected in a 90% 5-year survival rate for early stage cancers [1]. CRC screening offers the best chance to reduce mortality, although this cancer can still be diagnosed after the onset of symptoms. Early diagnosis based on symptoms may be difficult as delays can occur at various points in the process.

Understanding why diagnostic delay (DD) occurs is the first step to reducing it. Among the factors that have been associated with DD in CRC patients are presence of non-specific symptoms, rural residence, patient education and non-recognition or denial of symptoms [2]. Ethnicity and socioeconomic status are additional factors that are proven to play a major role in health care disparities [3].

Technique

It is imperative to understand what factors contribute to disparities in CRC detection. The goal of our project is to study DD in CRC patients treated at a tertiary care academic safety-net hospital, and to investigate the possible factors that may contribute to DD in this patient population.

 Scope - There is an urgent to treat colorectal cancer (CRC) patients who associate themselves with diagnostic delays (DD). Correlating factors are: presence of non-specific symptoms, rural residence, patient education and non-recognition or denial of symptoms. DD in CRC has been significantly and negatively associated with outcomes and certain cancer disparities.

 Purpose - The benefits of early detection are reflected in a 90% 5-year survival rate for early stage cancers. Therefore, it is imperative to understand what factors are contributing to delays and disparities in CRC detection.

Methods

Assess barriers

- Social status
- Economic status
- Transportation

Patient assessment

- Pre-Navigator Pathway

Diagnostics

Treatment

Patient assessment

- Post-Navigator Pathway

Table 1. Routes To Diagnosis

Pre-Pathway CRC Patients

<table>
<thead>
<tr>
<th>CRC</th>
<th>Colon Cancer</th>
<th>Anus Cancer</th>
<th>Appendix</th>
<th>Abdomen</th>
<th>Pelvis</th>
<th>Rectum</th>
<th>Sign</th>
<th>Year</th>
<th>FollowUp</th>
<th>Test</th>
<th>Diagnosis</th>
</tr>
</thead>
</table>

Table 2. CRC patient assessment pre-Navigator Pathway

Colorectal/Anal Pathway

<table>
<thead>
<tr>
<th>CRC</th>
<th>Colon Cancer</th>
<th>Anus Cancer</th>
<th>Appendix</th>
<th>Abdomen</th>
<th>Pelvis</th>
<th>Rectum</th>
<th>Sign</th>
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Table 3. CRC patient assessment post-Navigator Pathway

Results

The project based on Cancer Care and “Delayed Diagnosis” is currently a work-in-progress. The Cancer Care Pathway designed by the LSU Health Sciences Center’s Department of Urologic Oncology shows promise as a highly effective strategy to improve diagnostic resolution follow-up among the ethnic minority population with abnormal CRC screenings.

Conclusions

Diagnostic delay (DD) is an important factor to consider regarding cancer disparities. In general, substantial barriers to early detection and diagnosis include lower rates of screening by minorities [4] and access issues due to lack of health insurance [5,6]. Cultural differences and level of education are contributing factors to diagnostic delay and cancer disparity, specifically in the African American population [7,8]. Moreover CRC in African Americans may have different phenotype, age distribution and exposure to risk factors compared to whites [9,10].

References


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