



ASO AUTHOR REFLECTIONS

ASO Author Reflections: Intersectionality of Social Determinants of Health in Lung and Colorectal Cancer Diagnosis and Treatment

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PAST

While social determinants of health involving race, insurance status, rurality, and socioeconomic status (measured using Social Deprivation Index, SDI) are well-described barriers to care,^{1–4} little is known about the intersectionality of these factors. Lung and colorectal cancer are two of the most common, costly, and morbid cancers in the United States. For these patients, delays in care can be deadly.

PRESENT

This study explored the multiple and intersecting factors of race, insurance status, rurality, and SDI in relation to stage at the time of diagnosis and receipt of cancer-directed surgery for lung and colorectal cancer patients.⁵ We hypothesized that insurance coverage would have a differential impact on care delivery for non-Hispanic Black (vs. non-Hispanic White), rural (vs. urban), and high (vs. low) SDI communities.

This study found that among 6574 lung cancer patients, uninsured status was associated with increased odds of Stage IV disease (odds ratio [OR] = 1.46, 95% confidence interval [CI] 1.22–1.76) and decreased odds of receiving surgery (OR = 0.48, 95% CI 0.34–0.69) compared with

privately insured status. Among 5355 colorectal cancer patients, uninsured status was similarly associated with higher odds of Stage IV disease (OR = 1.53, 95% CI 1.17–2.00) compared with privately insured status. A significant insurance status and rurality interaction ($p = 0.03$) was found in the colorectal model for receipt of surgery. Within the privately insured group, non-Hispanic Black and rural patients had decreased odds of receiving colorectal surgery (OR = 0.69, 95% CI 0.50–0.94; and OR = 0.68, 95% CI 0.52–0.89; respectively) compared with their non-Hispanic White and urban counterparts.

FUTURE

This study demonstrates the association between social determinants of health, particularly uninsured status, and presenting with late-stage lung and colorectal cancer. Receipt of cancer-directed surgery is complicated by insurance status, especially for uninsured lung cancer patients. Among privately insured colorectal patients, persistent disparities by race and rurality were present for surgical care management. Understanding how social determinants of health, particularly the outsized impact of insurance status, influence cancer diagnosis and subsequent treatment is critical to ensure equitable access to and receipt of cancer care in the United States.

DISCLOSURE The authors report no financial or personal relationships with other people or organizations related to this work and its conclusions.

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.