Re: Residual Treatment Disparities After Oncology Referral for Rectal Cancer

The recent article by Morris et al. (1) is of interest. Their analysis of Surveillance, Epidemiology, and End Results (SEER) data produced an unexpected finding that disparities between black and white patients in the use of adjuvant treatment for rectal cancer were seen particularly in younger and fitter patients. Although a strength of this study was the inclusion of data regarding consultation rates, the limitations of the data analyzed create uncertainty about the conclusions that were reached.

One concern is that the authors excluded 1931 (41.5%) of the original 4647 patients examined, with clear imbalances in the proportions of black and white patients who were excluded. Ultimately, the authors included data for only 134 black patients, of whom a disproportionately high number were female, which limited the power of the study and possibly introduced substantial bias. The imbalances in exclusions may be one reason that the results are inconsistent with those of other independent series, including a prior SEER analysis which found that racial differences in adjuvant chemotherapy use for colon cancer were less common in younger patients (2).

The use of data from 1992 to 1999 instead of more recent data may also limit the relevance of the findings. Since the 1990s, there has been a fundamental change in practice such that preoperative chemoradiation is now standard practice. Of interest, a US study of more than 85,000 patients treated between 1990 and 2002 concluded that in 2001 and 2002, compared with prior years, there were no longer statistically significant racial differences in the receipt of adjuvant chemotherapy for stage III colon cancer (3).

To explore the impact of age, tumor site, and the timing of therapy on patient acceptance of treatment, we examined our comprehensive colorectal cancer data (4), which were prospectively collected at four hospitals between January 2003 and February 2008. From a total sample of 530 patients offered adjuvant treatment, 40 (12.8%) of 313 patients with primary colon cancer declined the recommended chemotherapy (Table 1). With advancing patient age, physicians were less likely to offer treatment and patients were more likely to refuse treatment. For rectal cancer, only nine (4.1%) of 217 patients declined adjuvant treatment, including only two (1.5%) of 133 patients who were offered treatment in the preoperative setting.

Our data indicate that it is not uncommon for patients to decline adjuvant therapy, which can have a substantial impact on the number of patients who receive treatment. However, our findings do not correspond with the differences reported by Morris et al., because our data suggest the rate of refusal increases with increasing patient age. The timing of therapy for rectal cancer has further implications regarding patient acceptance. Presumably, patients who are offered therapy while their cancer is still in situ and its resectability is uncertain may be more inclined to pursue treatment than those who have already undergone successful surgical intervention. Thus, an analysis of data from an era when postoperative treatment was standard, as performed by Morris et al., may have limited relevance to modern practice.

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Table 1. Physician recommendation and patient acceptance of adjuvant therapy for stages II and III colorectal cancer according to tumor site, patient age, and timing of therapy*

<table>
<thead>
<tr>
<th>Tumor site</th>
<th>Any therapy†</th>
<th>Preoperative therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Recommended,</td>
<td>Declined,</td>
</tr>
<tr>
<td></td>
<td>No. (% of total)</td>
<td>no. (% of recommended)</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>645</td>
<td>313 (48.5)</td>
</tr>
<tr>
<td>&lt;60 y</td>
<td>148</td>
<td>103 (69.6)</td>
</tr>
<tr>
<td>60–75 y</td>
<td>305</td>
<td>165 (54.1)</td>
</tr>
<tr>
<td>&gt;75 y</td>
<td>192</td>
<td>45 (23.4)</td>
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<tr>
<td>Rectal cancer</td>
<td>292</td>
<td>217 (74.3)</td>
</tr>
</tbody>
</table>

* n/a = not applicable.
† Any therapy = pre- or postoperative chemotherapy with or without radiotherapy.