

Abstract Form

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Title of abstract: Colorectal cancer diagnosis and treatment: Impact of a patient's culturally and linguistically diverse (CALD) status

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Background:

CALD communities may experience higher incidence for some cancers, and awareness of cancer causes and treatments may vary between population groups. These factors may impact on patient management. Our aims were to identify patients diagnosed or treated for colorectal cancers in SWSLHD to investigate disparity in relation to CALD status.

Method:

A retrospective cohort of colon and rectum cancer cases, diagnosed in 2006-2012, and residing in SWSLHD were identified from the SWSLHD Clinical Cancer Registry. CALD status was determined from Country of Birth and Preferred Language, and grouped: Non-CALD, CALD – English Speaking, and CALD – Non-English Speaking. Colon and rectum cohorts were analysed separately. Univariate testing and multiple multivariate models were used to identify associations with metastases at diagnosis, and treatment utilisation outcomes.

Results:

1596 colon cases and 648 rectal cancers were identified. Colon median age was 70, and 41% of patients were from CALD backgrounds with 60% preferring a non-English language. Rectum median age was 65, and 46% were from CALD backgrounds with 54% of these preferring a language other than English. Breakdown of analysis groups (Colon, Rectum) were CALD-English (16%, 21%), CALD-Non-English (25%, 25%) and Non-CALD (59%, 54%). 26% of colon and 20% of rectal patients had distant metastases. Treatment utilisation rates were: Surgery - 82% (both); Radiotherapy 45% (Rectum) and Systemic Therapy - 40% for Colon and 59% for Rectum.

For Colon, the odds of no metastases at diagnosis were significantly increased for the CALD-Non-English group (OR 1.7, $p < 0.001$). Surgery use was associated with females, the socioeconomically disadvantaged and Stage group. No significant differences in modality utilisation were identified between the CALD groups.

For Rectum, no significant difference in metastases at diagnosis or treatment utilisation was identified between the CALD groups. Socioeconomically advantaged patients had increased odds of Surgery, and those aged over 70 had reduced odds of Systemic therapy use.

Implications:

For colon, the CALD-Non-English group had significantly decreased odds of metastases at diagnosis, compared to the Non-CALD group. There was no significant disparity in extent of disease at diagnosis in rectal patients, nor in treatment modality utilisation related to CALD status for either tumour site.