Amplifying Colorectal Cancer Prevention and Treatment Among Black Americans

To reduce colorectal cancer rates, a review encourages culturally tailored outreach and better access to health care.

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Black communities across the United States experience significantly high rates of colorectal cancer—about 20% to 30% higher than their white counterparts. How to better understand and address these disparities is the subject of a review co-led by Folasade May, MD, PhD, a gastroenterologist and cancer prevention researcher at the UCLA Health Jonsson Comprehensive Cancer Center.

"Although overall colorectal cancer rates have declined over the past four decades, the decline has been slower among Black Americans, resulting in a persistently higher burden of disease," May said in a UCLA press release. "But for too many people, the chance to avoid a colorectal cancer diagnosis or for cure if diagnosed just doesn't exist, not because of biological differences but because of how social and environmental factors influence access to high-quality screening and care."

Published in Nature Reviews Gastroenterology & Hepatology, the review examined social determinants of health, including access to care, socioeconomic conditions and systemic inequities that limit access to timely screening, diagnosis and treatment for colorectal cancer among Black Americans.

Colon cancer, also called colorectal cancer, develops when cells grow out of control in the colon or rectum, sections of the large intestine. Cancer may also spread elsewhere, like the intestines, a process known as metastasis. Early detection and treatment of colon cancer increases the likelihood of long-term survival.

Black Americans have higher rates of colorectal cancer occurrence and death. In fact, Black men

and women are about 25% more likely to develop colorectal cancer than whites, according to Cancer Health's Basics on Colon Cancer.

Colorectal cancer is the fourth most common cancer and the second leading cause of cancer-related death in the United States. In 2025, the American Cancer Society estimates that about 107,320 new cases of colon cancer and 46,950 new cases of rectal cancer will be diagnosed in the United States.

New colon cancer cases and deaths among older adults have been decreasing overall in recent years, likely due to more screening, but the rates are increasing among people younger than 50. (For more, see "Colorectal Cancer Screenings and Early Diagnosis Surge in Younger Adults")

The paper highlights several modifiable risk factors and long-standing social determinants of health that drive colorectal cancer disparities in the United States. According to the release, these include:

- Lifestyle and environmental risk factors, such as obesity, lack of access to healthy foods and low vitamin D levels;
- Lower screening rates due to limited access to care, financial barriers, transportation issues and mistrust of the medical system;
- Poor access to evidence-based and contemporary medical, surgical and radiation treatments in a timely manner;
- Structural racism that affects everything from provider recommendations to the quality of care available in different neighborhoods and health care settings.

May and her fellow researchers propose a two-step strategy for eliminating colorectal cancer outcome inequities. The first step involves ensuring that all individuals have health insurance and the ability to receive screening and treatment. The second step works to understand social determinants of health and how they influence cancer risks and treatment outcomes.

"We've found in systems that provide equal access to all eligible users, like the Veterans Health Administration, racial disparities in screening don't exist," May said. "Eliminating differences in coverage policy or access to care can help address screening disparities."

What's more, the paper emphasizes several proven strategies that have already helped close the gap in colorectal cancer outcomes including:

- Culturally tailored education to raise awareness of colorectal cancer risk and screening options;
- Patient navigation programs to help individuals complete screenings and access care;
- Policies like the Affordable Care Act, which expanded access to preventive care;
- Health system changes, such as automated screening reminders and team-based care;
- Organized efforts in cities, states and communities that include multicomponent interventions to increase screening participation for Black individuals.

"This is a solvable problem," May said. "We have the knowledge and resources necessary to move beyond reporting inequities to making a generational commitment to resolving the inequities in colorectal outcomes that Black people face. By taking action now, we can save lives today and create a healthier, more equitable future for all."

To read more, click #Colorectal Cancer or #Health Equity. There, you'll see headlines such as "Genetics and the Risk of Colorectal Cancer," "Colorectal Cancer Screenings and Early Diagnosis Surge in Younger Adults" and "Alarming Rise in Many Gastrointestinal Cancers in Young People."

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