

For Young Adults With Colorectal Cancer, Home Address May Predict Prognosis

A recent study found worse survival rates for those living in low-income, low-education and urban areas.

January 30, 2020 By [Benjamin Ryan](#)

A recent study has found that young adults diagnosed with colorectal cancer had worse overall survival and a higher risk of death if they lived in urban areas and areas where the residents were lower income and had less education.

Today, the United States sees some 16,000 annual diagnoses of colorectal cancer among people younger than 50 years old. Concerningly, this rate has risen by some 50% since 1994, with people in their 20s experiencing the steepest increase.

Presenting their findings at the 2020 Gastrointestinal Cancers Symposium in San Francisco last week, researchers analyzed data from the National Cancer Database regarding 26,768 young adults diagnosed with colorectal cancer between 2004 and 2016.

The study cohort was about evenly divided between men and women. Seventy-eight percent were white, and 15% were Black.

Thirty-two percent of the cohort members lived in areas deemed to have the highest income, meaning the median income was \$68,000 or greater, while 18% lived in areas with the lowest income, meaning a median income of \$38,000 or less. Twenty-three percent lived in areas with the highest high school graduation rates (93% or more finish high school), and 20% lived in areas with the lowest rates (less than 79% finish high school). Thirty-two percent lived in metropolitan areas, and 18% lived in urban areas.

Those young adults with colorectal cancer who lived in the lowest income and education areas, the study authors found, had a 24% higher risk of death compared with their counterparts in the highest income and education areas.

After the study authors adjusted the data to account for differences among the cohort members' race, insurance status, cancer stage and other health conditions, they found that those in urban

areas had a 10% higher risk of death compared with those from metropolitan areas. Income had no bearing on this association.

Those diagnosed with Stage IV colorectal cancer (the most advanced stage) who lived in the lowest income areas had poorer median overall survival compared with those living in wealthier areas.

The study authors also found that those living in the lowest income areas were more likely than those in areas with a higher median income to be Black, not to have private health insurance, to have other health conditions and to be diagnosed with colorectal cancer at a more advanced stage.

“Disparities do not necessarily translate to racial or ethnic differences; many other types of disparity exist among our patients that affect the availability of and access to cancer care and likely will influence patient outcomes,” the study’s senior author, Mohamed E. Salem, MD, a gastrointestinal oncologist and associate professor of medicine at Levine Cancer Institute, in Charlotte, North Carolina, said in a press release. “Although awareness of health care disparities has increased, considerable knowledge gaps still exist, particularly among young adults with cancer. Therefore more effort to increase awareness regarding health care disparities is warranted to provide access and remove barriers to care so that we can eliminate disparities and achieve health equity.”

To read the study abstract, [click here](#).

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