



ASO AUTHOR REFLECTIONS

ASO Author Reflections: Socio-demographic Disparities in Locations of Death Due to Colorectal Cancer

Swati Sonal, MBBS, and David L. Berger, MD

Division of Gastrointestinal and Oncologic Surgery, Department of Surgery, Massachusetts General Hospital and Harvard Medical School, Boston, MA

PAST

Preference in location of death can be a central consideration for people with terminal cancers. Bajaj et al. have highlighted the sociodemographic disparities in locations of deaths in pancreatic and esophageal cancers;^{1,2} however, the evidence on location of death in patients who die from colorectal cancer (CRC) is limited. This study examines the trends in various locations of death in patients dying from CRC in the USA and their clinico-socio-demographic determinants.

PRESENT

This study³ queried the Centers for Disease Control and Prevention Wide-Range Online Data for Epidemiologic Research (CDC-WONDER) database to extract nationwide data on the underlying cause of death of CRC. A total of 850,750 deaths due to CRC from 2003 to 2019 were included in the study. The authors found a gradual decrease in deaths in hospitals, nursing homes, and outpatient facilities/emergency departments over time and increased deaths at home and in hospice. Relative to white decedents, Black, Asian, and American Indian and Alaska Native (AIAN) decedents were less likely to die at home and in hospice compared with hospitals. Individuals with lower educational status also had a lower risk of dying at home or in hospice than hospitals. While deaths at home and in hospice are increasing, which is an encouraging trend, our findings

also highlight the sociodemographic disparities in access to end-of-life care resources.

FUTURE

Our report provides comprehensive evidence on various locations of death of patients dying from CRC and factors that might influence these preferences. We call for public health interventions focused on disadvantaged communities to reduce the disparity in end-of-life care in patients with CRC.

DISCLOSURES Authors have no disclosures to report.

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D. L. Berger, MD
e-mail: dberger@mgb.org