

# Surgery complications linked to chemotherapy delay, study finds

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Patients who have complications after colorectal cancer surgery are less likely to get chemotherapy, even when it is clearly recommended for their diagnosis, a new study from the University of Michigan Comprehensive Cancer Center finds.

In addition, patients with complications were more than twice as likely to have their [chemotherapy](#) delayed for more than 120 days after diagnosis or two months after surgery, which is considered the appropriate timeframe for receiving chemotherapy.

"Surgical complications are typically thought to be short-term problems, but our study suggests there is a clear link between downstream [cancer](#) care and complications that occur during surgery. This is critical because chemotherapy in this subset of colorectal cancer patients has clear lifesaving benefit," says lead study author Samantha Hendren, M.D., M.P.H., assistant professor of surgery at the U-M Medical School.

The study looked at data from 17,108 patients who had surgery for stage III colorectal cancer. Chemotherapy is recommended for all stage III colorectal cancer patients and has been shown to improve survival as much as 16 percent after five years. Patients were identified for the study from the Surveillance, Epidemiology and End Results-Medicare database, a large population-based registry.

Results of the study appear in the December issue of the journal *Diseases of the Colon & Rectum*.

Because chemotherapy stresses the body and slows healing, medical oncologists are generally reluctant to give chemotherapy to patients who are frail or unwell because of complications from surgery. Hendren also suggests that some patients may opt out of chemotherapy after experiencing surgical complications.

Complications include pneumonia, urinary tract infections, heart attack, wound infections, need for additional surgery or abscess drainage. Researchers believe that some of these complications can be prevented.

Nationally, variations exist among hospitals in use of chemotherapy for stage III colorectal cancer, and national quality guidelines focus on encouraging chemotherapy use. The researchers believe that surgical complications could be one factor that explains this disparity and urge hospitals to adopt quality measures to reduce complications.

"If we're going to try to improve compliance with chemotherapy guidelines, we need to be aware why patients are not getting it. Surgical complications could be part of that picture," says Hendren, noting that this will be the topic of her next study.

Provided by University of Michigan Health System

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