

# Study highlights need for coordination of care in stage 2 and 3 rectal cancer treatment

May 15 2012

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(Edmonton) Research from the University of Alberta provides new insight into treatment patterns for people with stage two and three rectal cancer—information that ultimately will help physicians improve care strategies for patients provincewide.

Lead researcher Marcy Winget, an epidemiologist with the School of Public Health, says the study of more than 900 patients with rectal [cancer](#) is a first step to addressing gaps in care and ensuring that general practitioners, surgeons and oncologists improve co-ordination of treatment for patients.

"Co-ordinating patient care is a challenge health-care agencies face around the world—how do we maximize co-ordination? There isn't a single answer," said Winget, who also holds an appointment with Cancer Care, Alberta Health Services. "One of the things this study shows is there is room for improvement in co-ordinating health care. We as a medical community need to figure out how to improve it."

The study, published in a recent issue of *Clinical Oncology*, is one of five research papers by Winget and her team of graduate students on the quality of colorectal cancer care in Alberta. They examined records of [rectal cancer](#) patients diagnosed from 2002 to 2005.

The goal was to determine whether patients received treatment consistent with guidelines and to identify patient groups at risk of not receiving guideline treatment. Canadian guidelines call for a minimum

of surgery followed by chemotherapy. Radiation therapy may also be given before or after surgery.

The study showed that 54 per cent of patients did not receive treatment consistent with the guidelines, including 18 per cent who did not see an oncologist—a necessary step to receive chemotherapy. Some 28 per cent saw an oncologist but did not receive chemotherapy, and eight per cent received chemotherapy late (more than 12 weeks after surgery).

The study also examined demographic data such as age, income and area of residence to look at how they may affect treatment patterns throughout the province.

## **Significant regional variation**

Patients living in Edmonton were twice as likely to have a consultation with an oncologist after surgery as those living in Calgary or other parts of central or southern Alberta. Once a patient had a consult with an oncologist, however, region of residence was not associated with receiving chemotherapy.

"That points to the importance of co-ordination of care," added Winget.

Age was another factor, with 78 per cent of patients aged 75 and older not receiving treatment according to guidelines. Some 42 per cent were not referred to an oncologist.

"Just being 75 or older should not be a reason not to see an oncologist or not to get treatment. However, the data reflect the complexity in making treatment decisions in this age group," said Noha Sharaf El-din, a PhD candidate and co-author of the study.

Reasons for such results are likely multi-faceted, Sharaf El-din added.

Older patients are more likely to have other diseases and ailments that could prevent them from being a candidate for chemotherapy. But even when factoring in other diseases, Winget's team found that age was still the largest factor in not receiving chemotherapy.

"The bottom line is there's variation in how individual oncologists perceive co-morbidities and age in a patient's ability to tolerate chemotherapy and be a chemo candidate," Winget said. "We wouldn't expect 100 per cent of rectal cancer [patients](#) to be medically eligible, but surely the number should be more than 50 per cent."

Winget said the overall results suggest that tighter co-ordination between surgeons and oncologists is needed, as is greater clarity regarding guidelines for colon and rectal cancer, which are similar diseases but are treated slightly differently.

She's taken the findings to the medical community to raise awareness and promote greater collaboration for improved health outcomes for Albertans. With Canada's first school of public health, the U of A also has a leadership role in ensuring the health and wellness of Canadians and reducing health disparities here and across the globe.

"Co-ordination of care, particularly when treatment requires input from multiple specialists, is complex and often difficult to organize," said Winget. "Ideally, the system would include joint [treatment](#) planning with all relevant specialists to ensure every single cancer patient receives the best care possible."

Provided by University of Alberta

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