

Poorest bowel cancer patients more likely to die within month of surgery

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(Medical Xpress) -- Bowel cancer patients living in the most deprived areas are 24 per cent more likely to die within five years of treatment than their more affluent neighbours and this difference appears to be a result of excess deaths within the first 30 days following surgery to treat the disease.

These are the findings of new data presented at the annual National Cancer Intelligence Network (NCIN) conference in Birmingham.¹

Researchers at the West of Scotland Cancer Surveillance Unit working in collaboration with the West of Scotland [Colorectal Cancer](#) Managed Clinical Network looked at nearly 4,300 patients who had [surgery](#) for [bowel cancer](#). The study compared patients of the same age at diagnosis and sex in the various [socioeconomic groups](#).²

The results showed that [survival](#) for five-years after surgery for bowel cancer was lower among patients from the most [deprived areas](#) - 59.5 per cent of patients analysed – compared with 69.7 per cent among the most affluent patients.

The researchers said that this was partly because more patients from deprived areas were diagnosed with bowel cancer through emergency presentations, with the disease at a later stage.³

Patients from more deprived areas were also more likely to have other illnesses and surgery was less likely to cure the disease compared to

those from more affluent areas. These factors have led to bowel cancer patients from deprived areas being more likely to die within 30 days of having surgery.

Raymond Oliphant, lead researcher and a clinical research fellow based at the University of Glasgow's West of Scotland Cancer Surveillance Unit, said: "This research further highlights that survival following treatment for bowel cancer is better in people from the most affluent areas and worst among the most deprived.

"This study builds on previous research in this area by giving more detail on both short and longer term survival differences between patients from different economic backgrounds and will help those working on ways to improve outcomes for bowel cancer patients."

When researchers excluded patients who died within the first 30-days of surgery from their analysis, they found no difference in survival between socioeconomic groups.

This suggests that the biggest impact on survival between deprived and affluent patients happens in the very first few weeks after surgery.

Chris Carrigan, head of the NCIN, said: "This study once again stresses the urgent need to improve the health of people living in deprived areas and to make sure all [cancer patients](#) have an equal chance of surviving their cancer.

"Deprivation is one of the biggest causes of cancer inequality in this country. We know that people from more deprived areas are more likely to smoke or be very overweight. They are also less likely to be aware of signs and symptoms of cancer, probably leading to later diagnosis, which may further increase their chances of dying from their disease.

"We need to take a close look at factors like late [diagnosis](#), uptake of

screening and variations in treatment for people from different social and economic backgrounds if we are to reduce inequality in cancer survival.

“But in the meantime everyone can do their bit by giving up smoking, which increases the risk of other diseases which affect the outcome of surgery, eating sensibly and seeing a GP as soon as possible if they notice anything unusual about their body.”

More information: 1. Oliphant, R et al.,. The influence of socioeconomic circumstances on survival after surgery for colorectal cancer (2012)

2. Deprivation is calculated using the area-based Scottish Index of Multiple Deprivation – this calculates deprivation by generating a score for small population areas (containing 750 people based on postcode) derived from detailed information on seven key areas: 1) income and benefits 2) employment in working age population 3) health and healthcare utilisation 4) educational attainment, skills and training 5) access to services 6) recorded crime rates and 7) housing quality and overcrowding. Overall area scores are then ranked from the least to most deprived and are presented in five equal groups.

3. Among the most deprived group of patients, 23.5 per cent were diagnosed with bowel cancer through emergency presentations compared with 19.5 per cent in the most affluent group.

There were fewer stage A (early stage) tumours in the most deprived group (12.5 per cent) compared to the most affluent group (17.9 per cent).

73.3 per cent of the most deprived group were treated by major surgery compared with 82.6 per cent in the most affluent group of patients.

9.6 per cent of the most deprived patients died within 30 days of having surgery to treat bowel cancer compared with 4.2 per cent in the most

affluent group.

The study looked at patients diagnosed with bowel cancer in the West of Scotland from January 2001 to December 2004 identified from the Scottish Cancer Registry linked to clinical audit data from the West of Scotland Colorectal Cancer Managed Clinical Network .

Provided by Cancer Research UK

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