Moderate delays in cancer treatment may have no effect on patient outcomes

October 22 2014, by Euan Wemyss

Study showed longer waiting times had no effect on colorectal cancer patient outcomes

Delays between a patient presenting with symptoms of colorectal cancer to their GP and receiving treatment may have no impact on survival rates, according to a study by academics at the University of Aberdeen.

The study analysed the time between a patient visiting their GP and receiving treatment for 958 patients between 1997 and 1998. The results were published in the *British Journal of Cancer* in July.

The paper's authors hope the findings will help to reassure patients, and

could feed into a wider discussion about current NHS waiting time targets.

"Of course GPs recognise that waiting for tests or treatment, particularly for cancer, causes anxiety and stress for patients and it is quite right that politicians, policy makers and staff in the health service have been focussed on this 'time factor', and keeping it to a minimum by introducing waiting time targets," explains Dr Peter Murchie, a clinician, and academic at the University of Aberdeen.

"However, it appears, certainly in cancer, that minimising waiting times have acquired a biological significance that, in colorectal cancer anyway, may not be entirely warranted.

"The assumption has been made, by policymakers and others that in patients with symptomatic colorectal cancer, the earliest possible diagnosis and treatment will improve survival rates from colorectal cancer. Our study shows this may not be the case. The study of 958 patients diagnosed between 1997-98 showed that delays of up to 20 weeks between presentation to a GP and treatment didn't lead to poorer survival."

The findings contradict influential data by Danish researchers which concluded that delays of as little as 6 weeks between patients presenting to a GP with symptoms and receiving a diagnosis of colorectal cancer led to poorer survival.

However, Dr Murchie and colleagues would argue that the CRUX (Comparing Rural and Urban Cancer Care) data examined as part of their research was more detailed.

"The key thing the Danish team didn't have was information about the biology of the tumours. We had information on how aggressive the

tumour was from the Scottish cancer registry, and we were able to control for this factor in our analysis, whilst they weren't.

The team say there is an argument that the strict waiting time targets, and an emphasis on prioritising patients with 'alarm symptoms', could be having negative effects on some patients.

"Because delays are viewed as critical, patients that present with 'alarm' symptoms of cancer or possible cancer, such as rectal bleeding, are prioritised for rapid investigation and treatment.

"The vast majority of those patients won't have cancer, and aren't necessarily more likely to have cancer than people who present with vaguer symptoms such as an altered bowel habit. However the current system means that even if a GP strongly suspects someone with vaguer symptoms is more likely to actually have cancer, they probably won't get seen ahead of someone with alarm symptoms.

"In addition, there is a risk that the current targets for treating people that exist within the NHS mean that opportunities to prepare people fully for the most appropriate treatment are being missed."."

The team feel the results should encourage policy makers to look again at the way waiting time targets are set.

"The reassuring message we've got for patients diagnosed with CRC is that there is no good evidence to suggest that moderate delays between them presenting to their GP and being diagnosed and treated worsens their outlook.. That's not to say that every step should not be taken to ensure patients receive their diagnosis and treatment as promptly as possible, and as appropriate.

"Going forward we think this data feeds into the wider conversations

about waiting time targets. It could be argued that relaxing waiting time targets longer could reintroduce the ability of GPs to put forward timely investigation diagnosis and treatment for patients that the GP suspects may have cancer, but don't fit the 'urgent suspected cancer' guidelines. It could also enable those with vaguer symptoms to be prioritised over those with alarm symptoms, if the GP feels it appropriate."

More information: "Time from first presentation in primary care to treatment of symptomatic colorectal cancer: effect on disease stage and survival." *British Journal of Cancer* 111, 461-469 (29 July 2014) | DOI: 10.1038/bjc.2014.352

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