

Bowel cancer patients more likely to survive in research-active hospitals

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Credit: University of Leeds

Bowel cancer patients are more likely to survive if treated in hospitals where lots of clinical research is taking place - even if they themselves are not involved in trials, a study has found.

More people survived operations in these types of hospitals and patients were also more likely to still be alive when followed up five years afterwards, the University of Leeds researchers discovered.

In fact, there was a nearly four per cent increase in the five-year survival rate for those treated in highly research-active hospitals.

"It's important to note that these improved outcomes were seen across all bowel cancer patients within these hospitals and not just those in the clinical trials," said Dr Amy Downing, a senior research fellow at the University of Leeds, and lead author of the study.

"We think that being more involved in research leads to better protocols, improved knowledge and better-trained staff, and this benefits the whole patient population."

Co-author Matt Seymour, Professor of Gastrointestinal Cancer Medicine at the University of Leeds, added: "The effects may seem small - just a few per cent - but for a cancer that affects over 40,000 people in the UK every year a few per cent means a lot of lives.

"We have long known that clinical research is crucial for discovering better treatments to help future generations of patients, but this study tells us something new.

"It shows that, by getting involved in research trials, hospitals may 'up their game' and provide better care for all the patients they treat even in the short term, long before the results of those trials are known."

For the study, which is published today in the journal *Gut*, the researchers looked at data from 209,968 patients diagnosed with bowel cancer in England between 2001 and 2008.

The hospitals treating these patients were then split according to the percentage of patients taking part in clinical trials; those with more than 16 per cent of bowel cancer patients involved in trials over the course of a year were classed as having high research levels that year.

The researchers found that death rates in the first 30 days after surgery were 6.5 per cent, and 41 per cent of bowel cancer patients were still

alive five years after their initial diagnosis, in hospitals with zero years of high-research participation.

But death rates after surgery dropped to five per cent, and 44.8 per cent of patients survived for more than five years, in hospitals with four or more years of high-research participation (i.e. 16 per cent or more patients involved in clinical trials a year, for four of the years between 2001 and 2008).

Most of the hospitals conducting high levels of research were district general hospitals and the effects were not limited to cancer 'centres of excellence', said Peter Selby, Professor of Cancer Medicine at the University of Leeds and co-author of the study.

"Our results allow investigators to show patients, healthcare commissioners and policymakers that being treated in a hospital active in clinical research is strongly associated with better outcomes for bowel cancer patients," Professor Selby concluded.

"The data provide an additional incentive to integrate research into standard medical care."

Professor Peter Johnson, chief clinician for Cancer Research UK, said: "It's crucial that NHS Trusts are involved in research and offer patients all possible opportunities to participate.

"To achieve this, clear leadership is needed. This is why NHS England needs to publish a plan for how it will deliver on its duty to promote and support research in the NHS."

Charles Rowett, chief executive of Yorkshire Cancer Research, which helped fund the research, said: "This paper provides concrete evidence of the importance of our extensive investment in bowel cancer research

in Leeds.

"Despite having higher cancer incidence and mortality rates than many other areas of England, Yorkshire has historically not received sufficient funding to address the specific problems that exist in our region.

"We would urge all national and regional cancer research charities, the government and the NHS to work together so that everybody can benefit from the proven advantage of living close to research active hospitals."

Health minister Lord Prior, whose policy areas include academic health research and the Cancer Drugs Fund, also welcomed the finding:

"I am proud of the world-leading [clinical research](#) taking place in our hospitals which appears to also be having a positive impact on the lives of people suffering from bowel cancer," he said.

"The fact that even patients at research-active hospitals who aren't on [clinical trials](#) have better outcomes demonstrates the hugely powerful benefit of research in all aspects of healthcare."

The trial data that the study used was from the National Institute for Health Research's Clinical Research Network.

Provided by University of Leeds

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