

# Faster treatment but poorer survival rates—rural cancer riddle revealed

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People with cancer who live further from hospital receive treatment faster but are more likely to die within a year according to University of Aberdeen research. Credit: University of Aberdeen

People with cancer who live more than an hour from their nearest major hospital are diagnosed and treated faster than those who live closer but are still more likely to die within a year of diagnosis, according to new research.

Researchers from the University of Aberdeen who carried out the study

have described the findings, published in the *British Journal of Cancer*, as a 'cancer geography paradox.'

It is understood to be the first study anywhere to examine the impact of burden of travel on the cancer diagnostic process.

The team analysed data from more than 12,000 patients from across north-east Scotland, northern Scotland and the Northern Isles, looking at their travel [time](#) to the nearest major hospital, the time taken for [treatment](#) to begin and their survival rates within a year.

They found those who lived in the Northern Isles were 32 percent more likely to start treatment within 62 days of their GP's referral, compared to those living within 15 minutes of their treatment centre. Those from the mainland living more than an hour's travel from their cancer treatment centre were 42 percent more likely to start treatment within 62 days of their GP referral than those who lived within 15 minutes away.

They also found that people living in the Northern Isles were 72 percent more likely to have their [diagnosis](#) and treatment started on the same or next day compared to those who lived within 15 minutes of their cancer treatment centres.

However, the study revealed faster treatment did not translate into better [survival rates](#), with those living more than an hour away or in the islands being significantly more likely to die in the first year after treatment than those living closer by.

The researchers say the findings suggest more must be done to analyse how people with cancer interact with specialist services after they have been diagnosed.

"These contradictory findings on time to diagnosis and mortality are

perplexing to say the least," says Dr Peter Murchie, clinical consultant at the University of Aberdeen, who led the study.

"The findings suggest that what happens to patients after their diagnosis may be much more important. It could be that living in rural areas where you have to travel further to receive treatment might limit treatment choices once a diagnosis has been made. There is evidence that when faced with two treatment options, patients might weigh the costs in terms of time, expense and inconvenience of travel against the perceived benefits, for example, choosing surgery over chemotherapy to limit time in hospital.

"Lengthy or difficult [travel](#) to a [cancer](#) centre or hospital could also result in less limit engagement with post-primary treatment follow-up, with consequent implications for the effective management of treatment effects and the identification of other follow-up needs. Further research is essential to understand the true interplay of these and other factors."

"Future researchers should confirm these findings in the wider UK and beyond, but the key challenge now is to explain what the factors are that contribute to this apparent disconnect between treatment time and outcomes for patients."

Provided by University of Aberdeen

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