

Time to treatment not tied to worse outcomes in young colorectal cancer patients

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Time from presentation to treatment is not associated with advanced

colorectal disease or worse survival in younger patients, according to a study published online Aug. 3 in *JAMA Network Open*.

Matthew Castelo, M.D., from the University of Toronto, and colleagues examined whether longer time from [presentation](#) to treatment start is associated with worse survival in [younger patients](#) with [colorectal cancer](#) (CRC). The analysis included 5,026 patients (aged younger than 50 years) with CRC diagnosed between 2007 and 2018.

The researchers found that the median overall interval was 108 days (range: 55 to 214 days), which was shorter in patients with metastatic CRC (83 days) versus those with less advanced disease. Overall, five-year survival was 69.8 percent. Overall survival (OS) and cause-specific survival (CSS) were worse for younger patients with shorter overall intervals (18 weeks were not associated with significantly worse OS or CSS versus those with 12- to 18-week intervals (hazard ratios [95 percent confidence intervals], 0.83 [0.67 to 1.03] and 0.90 [0.69 to 1.18] for OS and CSS, respectively). Among lower-urgency patients (did not present emergently, did not have metastatic disease, did not have cross-sectional imaging or endoscopy within 14 days of first presentation), results were similar when stratified by stage.

"These results suggest that targeting postpresentation intervals may not translate to improved outcomes on a [population level](#)," the authors write.

More information: Matthew Castelo et al, Analysis of Time to Treatment and Survival Among Adults Younger Than 50 Years of Age With Colorectal Cancer in Canada, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.27109](https://doi.org/10.1001/jamanetworkopen.2023.27109)

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