



## **Improving colorectal cancer outcomes in rural Australia**

**Tuesday 26 March, 2013**

The survival rates of patients with colorectal cancer in rural Australian centres can and should be comparable to those in metropolitan centres a study published in the latest issue of the *ANZ Journal of Surgery* has found.

Lead author of the study, Associate Professor Matthias Wichmann, said that a number of studies have indicated that colorectal cancer survival estimates are lower for patients diagnosed outside of major cities.

“This is of particular concern, given that colorectal cancer is the second most commonly diagnosed invasive cancer in Australia, and the incidence rates for colorectal cancer in Australia are among the highest in the world,” A/Prof. Wichmann said.

“Our study sought to test this finding and focussed on the overall and cancer-specific survival rate of the 194 patients undergoing surgery for colorectal cancer at Mount Gambier General Hospital between January 2006 and December 2011.

“The five year survival rate of all patients, independent of stage and cause of death, was 56%. Cancer-specific five year survival was 64%. Perioperative mortality was 1.7%. Overall survival was 96% in stage 1, 92% in stage 2, 58% in stage 3 and 0% for patients with metastatic disease at the time of diagnosis. Cancer-specific survival ranged from 100% in stage 1 to 0% for patients with metastatic disease,” he said.

These five year survival and perioperative mortality rates are similar to those reported for metropolitan patients, and the authors conclude that colorectal cancer care can be safely provided in a rural surgical centre.

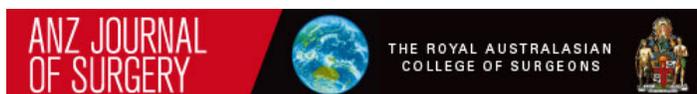
“The one possible area of underperformance is for those patients suffering from metastatic disease at the time of initial surgery, as some other groups have reported survival rates as high as 13%,” A/Prof. Wichmann said.

It was noted that new treatment plans introduced in October 2008, involving input from a multidisciplinary tumour board including surgeons and radiologists on site, and video/audio links to metropolitan-based specialists, were a possible factor in achieving patient outcomes comparable to those in large cities.

It was also noted that the maintenance of a database for regular assessment and auditing of treatment results appears to be necessary for surgeons providing colorectal cancer care. “This is true for surgeons in rural as well as metropolitan centres and allows for identification of areas of underperformance,” A/Prof. Wichmann said. “These data collections are essential to induce changes in surgical practice where appropriate and will contribute to better treatment results for cancer patients.”

“And cancer patients should be able to expect high-level and best practice care as well as comparable treatment results irrespective of where surgical care is provided.”

The *ANZ Journal of Surgery*, published by Wiley-Blackwell, is the pre-eminent surgical journal published in Australia, New Zealand and the South-East Asian region. The Journal is dedicated to the promotion of outstanding surgical practice, and research of contemporary and international interest.



**Media inquiries: Bridget Hooper, Media & Public Relations Officer  
+61 437 008 891 or +61 3 9276 7430**