A recent study has found that patients from the most socioeconomically deprived post-codes in western Sydney present with more advanced colorectal cancers and at a younger age than their counterparts from more affluent suburbs.

Patient data from five Western Sydney hospitals was compared by researchers and found that patients from the most deprived postcodes were more likely to present with a higher T-stage and at a younger age those from the least deprived. They are also more likely to have cancer that has spread to their lymph nodes, and is narrowing the bowel.

“If you come from the most deprived postcodes you’re 1.4 times more likely to have the most advanced tumour stage for your cancer (T4 stage), and 1.2 times more likely to have cancer spread to your lymph nodes than people from the most affluent postcodes,” explains Dr Ewan MacDermid. “You’re also over one and a half more times likely to have a cancer that’s grown so much it narrows the bowel.”

Western Sydney is a diverse part of New South Wales ethnically and racially but the area is also very socioeconomically diverse. According to census data Mt Druitt is the most deprived suburb in the Sydney metropolitan area and then there are suburbs 15 minutes’ drive away which are in the top 10% of affluent postcodes in New South Wales.

The adverse effect of socioeconomic deprivation on outcomes after surgery for colorectal cancer has been well-described for populations in the United States and Europe, with no clear cause being found in terms of relative stage at presentation.

“It’s been known for quite some time that people from socially and economically deprived areas in the USA and Europe have poorer outcomes and survival from cancer – this is also significant in colorectal cancer,” says Dr MacDermid.

People in the public system are waiting for months at a time for a colonoscopy – up to 120 days in some cases and this delay may have an impact on long-term survival. The Department of Health aims to have that waiting time pulled back and put more resources into screening.

The divide between socioeconomic groups in Australia continues to grow, and needs to be considered when devising national health strategies. The findings of the study could have potential implications on the allocation of resources for colorectal cancer screening in Western Sydney.

“We need to improve diagnoses services for people from these areas whether that’s access to GPs or public colonoscopy lists. Some people are waiting a very long time - we’ve had patients with very worrying symptoms who have been on waiting lists for 4-5 months for colonoscopies which is just way too long. In some cases 4 -5 months can be the difference between someone going from having a curable to an incurable cancer,” added Dr MacDermid. “If the increasing costs of health insurance continue to drive people away from the private health system and into the public, this problem will probably get worse.”

Dr Ewan MacDermid will be presenting at the upcoming Royal Australasian College of Surgeon’s 87th Annual Scientific Congress which is being held in Sydney between 7-11 May.
MEDIA RELEASE

For more information about the Annual Scientific Congress please visit: https://asc.surgeons.org/

About the Royal Australasian College of Surgeons (RACS)
RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

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