Morning session 2: Capturing diagnosis and stage: Pathology, radiology, MDTs and beyond

12:15 - EARLY MORTALITY FROM COLORECTAL CANCER: AN EXPLORATORY STUDY USING NATIONAL DATASETS

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Objectives
Research shows that the UK fairs poorly in comparisons of colorectal cancer survival, with lower survival immediately after diagnosis accounting for much of the variation. This study uses data within the National Cancer Data Repository (NCDR) to compare patients who survive or die within 1 month, 3 months, 6 months or 1 year of diagnosis in terms of patient, tumour and treatment characteristics.

Methods
Data on cases of colorectal cancer diagnosed in England in 2008 were extracted from the NCDR. Cases were split into the following groups according to their survival time after diagnosis: 0-30 days, 31-90 days, 91-180 days, 181-365 days, >365 days.

Results
Of the 32,292 cases, 8.9% died within 1 month, 15.9% within 3 months, 21.8% within 6 months and 29.6% within 1 year. Mean age at diagnosis decreased from 79 years in those dying within 30 days to 69 years in those surviving at least 1 year. Females were more likely to die within 30 days, whereas males were more likely to die in subsequent time periods. Patients living in more affluent areas were least likely to die within 30 days and most likely to survive 1 year. A higher proportion of patients dying early were diagnosed with colon cancer (compared to rectal cancer). Patients dying within the first year were more likely to be diagnosed with Dukes D tumours (32.7% compared to 8.4% in those surviving 1 year) although the proportion with unknown stage was also higher in those dying earlier. Surgery was performed in 32.9% of those dying within 30 days, increasing to 87.6% in those surviving 1 year.

Conclusions
These preliminary results show clear differences between patients dying early and those surviving at least 1 year. Further data relating to screening, waiting times and general practice attendance will be linked to the existing data enabling us to investigate routes to diagnosis.