Case Study

Rural patients not receiving recommended colorectal cancer treatment

While 83% of colon and 56% of rectal cancer patients are receiving the stage-specific recommended treatments in South Australia, treatment for older patients or patients living in rural areas has been found to deviate from the guidelines.

These are the conclusions of the analysis of data on nearly 5,000 South Australian patients. The study highlights opportunities to enhance cancer care and was published in the Journal of Evaluation in Clinical Practice.

“Our paper identifies gaps in the provision of adequate care for colorectal cancer. Having this knowledge about who does and does not have access to quality cancer care is a good first step in enabling disparities to be addressed,” says Kerri Beckmann, a research fellow at the University of South Australia.

Colorectal cancer is the second leading cause of cancer death in Australia, despite optimistic outcomes when detected early. Incident rates in Australia are amongst the highest in the world and treatment contributes significantly to annual healthcare expenditure. It is therefore essential to better understand how reoccurrence of colorectal cancers can be avoided and to ensure that as many patients as possible receive the correct treatment to improve the chance of a successful outcome.

The study conducted by researchers from the University of Adelaide, Flinders Centre for Innovation in Cancer and the University of South Australia used records from the SA Cancer Registry linked with SA hospital and radiotherapy data collections. The information was securely linked by the Population Health Research Network’s South Australian facility to provide nearly 5,000 records of colorectal cancer patients between the age of 50 and 79 for the researchers to analyse.

The results show that radiotherapy and chemotherapy treatments were around a third less likely to be carried out on older patients. Chemotherapy was also less likely to be carried out on patients with severe or multiple other diseases.

Having analysed the results the researchers believe that greater effort should be put into ensuring that as many patients as possible receive the recommended treatments.

This study also provides a template for how to conduct research examining patterns of care and outcomes for other important diseases across the state.

“Without the support of the PHRN it would be have been costly and impractical to review all patient notes at all health care institutions across the state. Having a population-wide view gives us a picture of how effectively the whole health care system (public and private) is working to care for people with cancer,” says Kerri.

“The other benefit is that data was compiled without any need to know the identity of individual people or gain access to their health records,” she says.

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