

# Routes from Diagnosis: North Trent

## Contrasting colon and rectal Survivorship Outcome Pathways in North Trent

A Woolmore<sup>1</sup>, E Drage<sup>1</sup>, C Edson<sup>1</sup>, G Jones<sup>1</sup>, J Flynn<sup>2</sup>, C Boyle<sup>2</sup>, S McClelland<sup>2</sup>, J Griffith<sup>3</sup>, J Thomas<sup>4</sup>

<sup>1</sup> Monitor Deloitte, <sup>2</sup> Macmillan Cancer Support, <sup>3</sup> Bradford Teaching Hospitals NHS Trust, <sup>4</sup> National Cancer Intelligence Network

### Background

The aim of the analysis was to enhance work previously reported<sup>1</sup> on the survivorship outcome pathway framework for a 2006 colorectal cancer patient cohort of 1,013 patients in the North Trent Cancer Network to make the framework more intuitive, specific and easier to evaluate from a clinical perspective. Specifically by splitting the colorectal population into separate colon and rectal cancer groups, evaluating each independently and comparing results between the two.

### Method

Previously presented work had established the outcomes framework for colorectal cancer within the North Trent Cancer Network in 2006<sup>1</sup>. In this analysis that population was split into a colon cancer group defined by presence of a C18 ICD-10 code for the patient (n=625) and a rectal cancer group defined by the presence of a C19 or C20 ICD-10 code for the patient (n=388). The survivorship outcome pathway framework was then applied to each group independently.

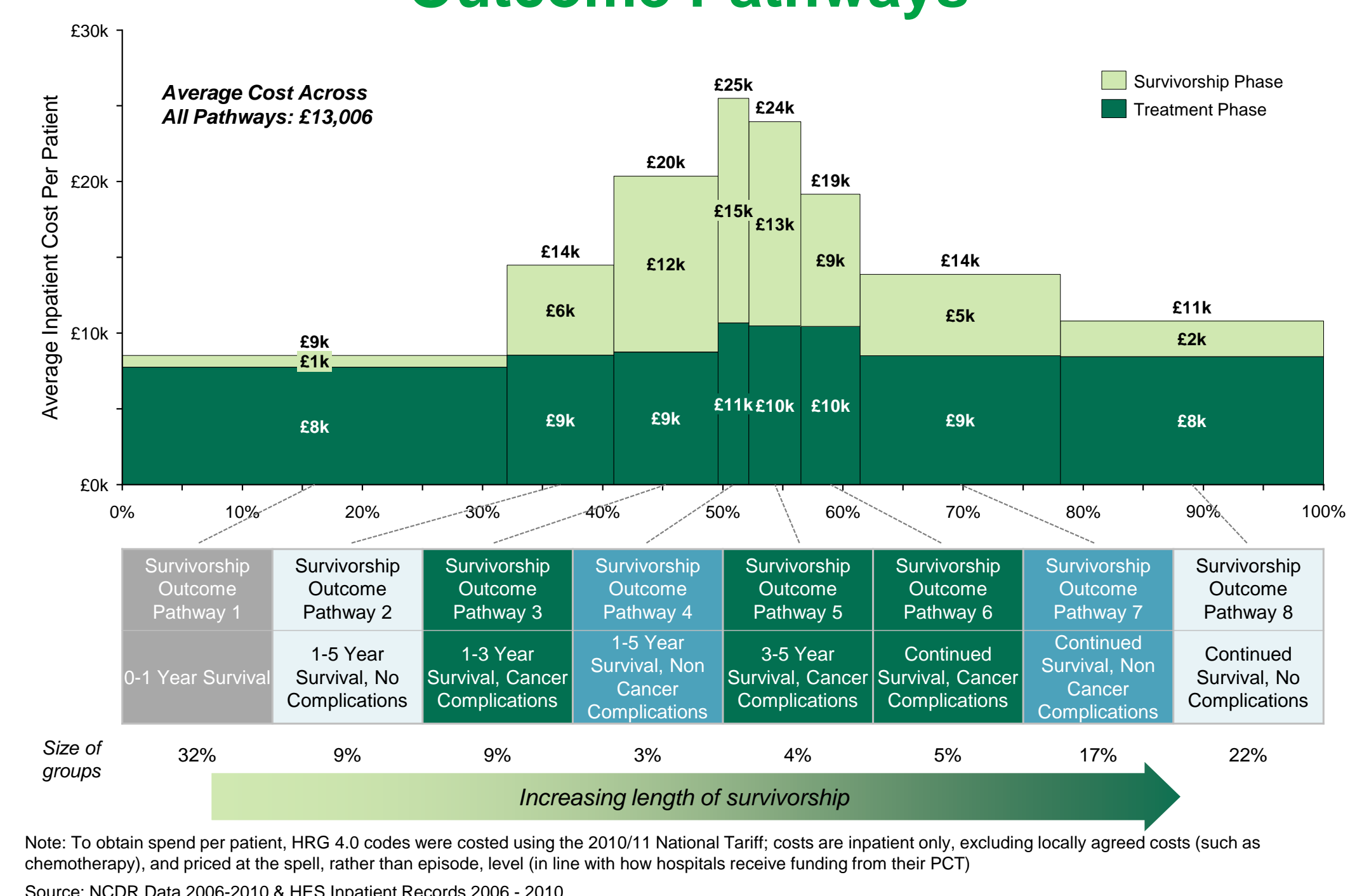
### Results

Several interesting differences were noted between each survivorship population. A higher proportion of colon cancer patients died within the first year (36% vs 26% for rectal cancer) while a very similar proportion of the population for each cancer had continued survival through the end of the dataset analysed with survival of 5+ years (43% Colon vs 44% Rectal). The difference is seen in a greater proportion of the rectal cancer patient population achieving 1-5 year survival. The greater proportion of the rectal population existing in the more expensive 1-5 year population groups drove the majority of the ~£2K average cost difference observed per patient.

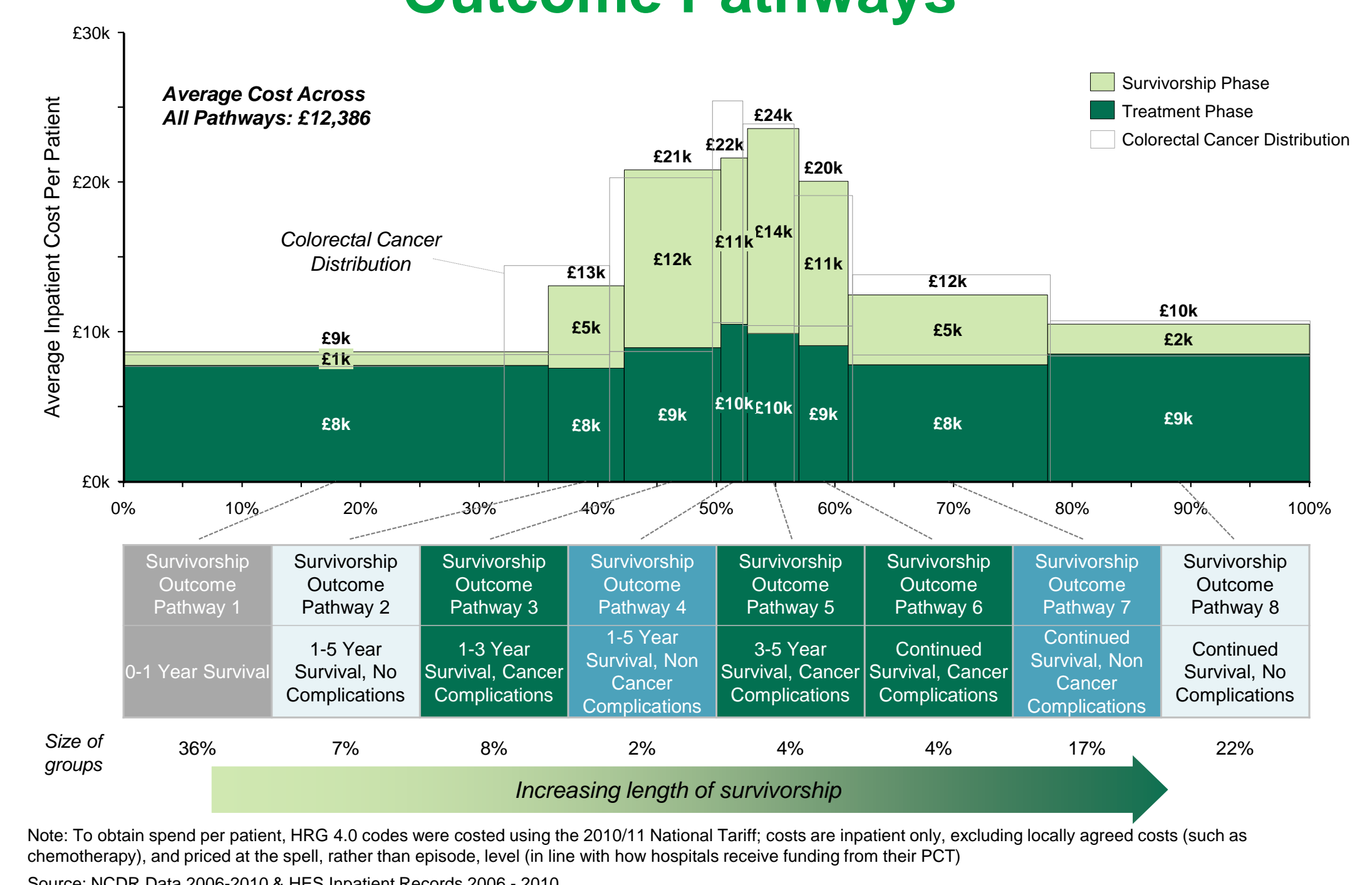
### Conclusion

The survivorship outcomes pathway framework remains robust when comparing across similar cancers, is a novel way of comparing the survivorship populations and provides a depiction that sits well with the clinical view of the disease.

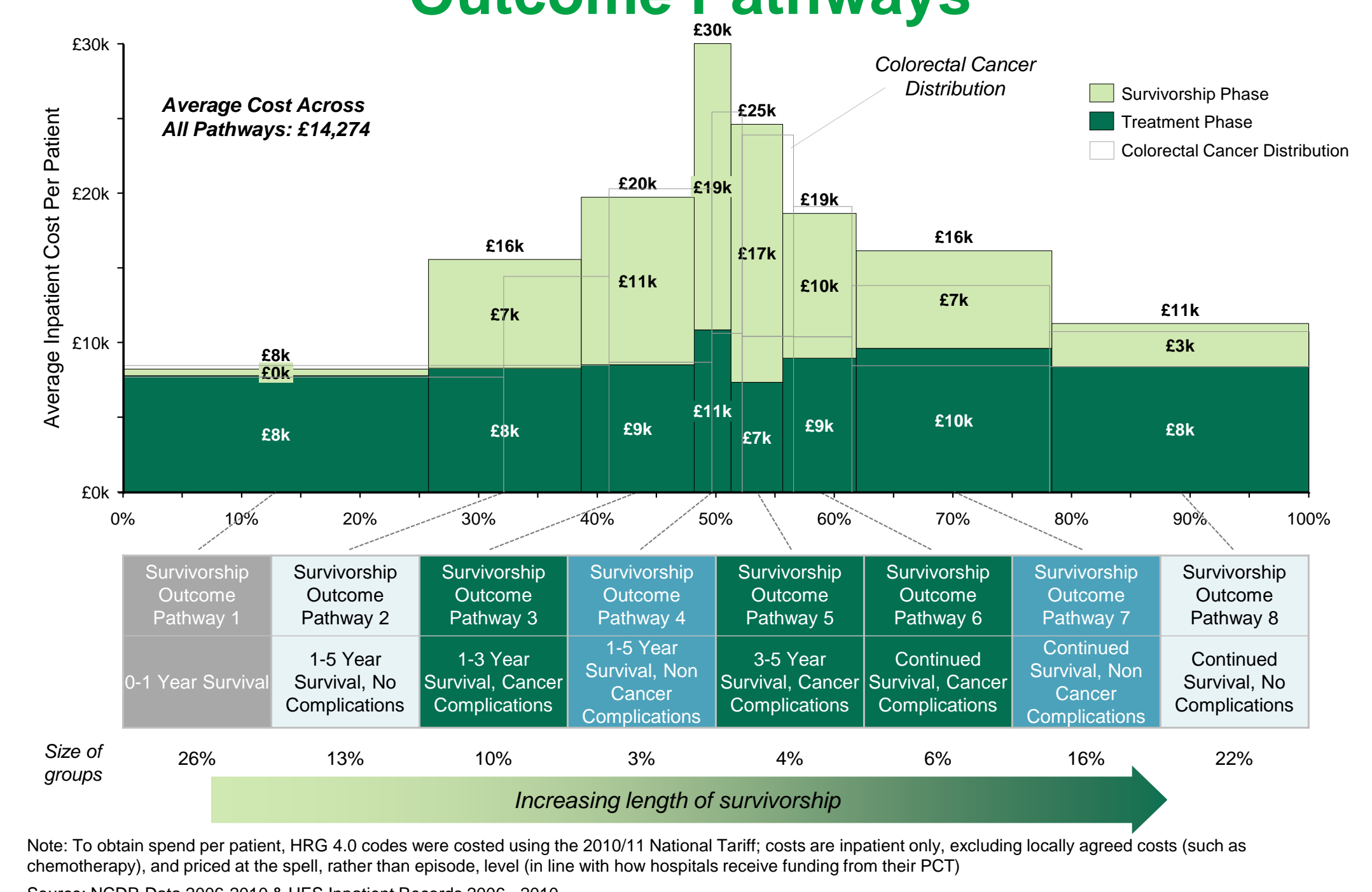
### Colorectal Cancer (C18-20) Survivorship Outcome Pathways



### Colon Cancer (C18) Survivorship Outcome Pathways



### Rectal Cancer (C19-20) Survivorship Outcome Pathways



### Acknowledgments

We would like to thank the following people for their contributions to the project:  
The National Cancer Intelligence Network (NCIN)  
The North Trent Cancer Network (NTCN) & Steering Group Attendees  
Northern and Yorkshire Cancer Registry & Information Service (NYCRIS)

### References

[1] Testing the applicability and robustness of a Nationally-derived, tumour-specific survivorship outcome framework with recent, localized data (colorectal cancer, North Trent) (Woolmore et al, 2012)

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**

In collaboration with

**Monitor  
Deloitte.**