Colorectal cancer care & outcome in N. Ireland 2006 (with comparisons 1996 & 2001)

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Background: 952 patients are diagnosed with colorectal cancer annually in Northern Ireland, with 429 dying from this cancer each year. Northern Ireland Cancer Registry (NICR) carried out an audit of colorectal cancer patients diagnosed in 1996 and 2001, with a further audit undertaken of patients diagnosed 2006, to determine if the care and outcome for colorectal cancer had changed over the 10 year period.

Method: Retrospective clinical note review of patients diagnosed with colorectal cancer in Northern Ireland 1996, 2001 and 2006. Data were entered onto an electronic proforma developed with input from clinicians. Information on patient referral, presenting symptoms, co morbidities, investigations, pathology, staging, treatment, aftercare and survival was collected.

Results:

Patient presentation: Data were collated on 719 patients diagnosed 1996, 812 in 2001 and 913 in 2006. Patients with insufficient information or whose only notification was by death certificate were excluded. A third of patients presented at A&E, little change over the 10 years. Patients' presenting symptoms differed little 1996 to 2006, with abdominal pain (62%) and rectal bleeding (79%) the most frequently recorded symptom for colon and rectum patients respectively. Fewer patients were investigated by Barium enema (33% vs. 68%), more had CT abdomen (92% vs. 18%) and MRI (51% vs. <1%).

	1996	2001	2006
Males	380 (53%)	444 (55%)	495 (54%)
Females	339 (47%)	368 (45%)	418 (46%)
Both	719	812	913

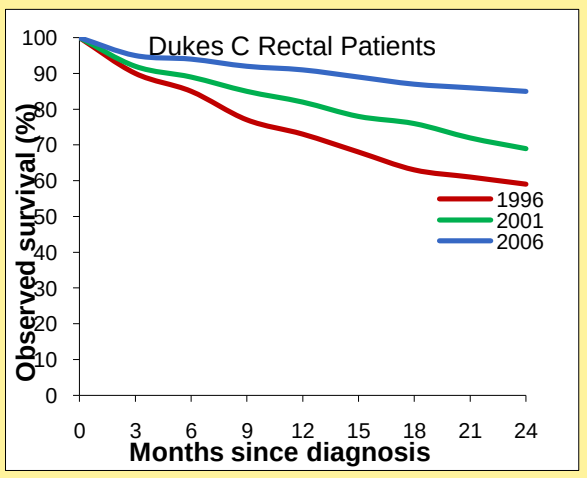
Staging: Overall about 10% of colorectal cancer was unstaged. The percentage of patients in each stage category was similar over the audit years, with half Dukes C/D. By 2006, 75% of resection patients with cancer of the colon and 65% of cancer of the rectum had 11 nodes or more examined, an improvement on 1996 and 2001. There was improved recording of patients having had a Multidisciplinary Team meeting (MDT).

	11 + nodes	MDT
1996	25%	<1%
2001	53%	21%
2006	72%	60%

Treatment: Low surgery volume was still a feature in 2006, with 58 surgeons performing less than 5 colon & RS junction resections annually (54 in 1996). Rectal cancer was becoming more centralised, with only 17 surgeons performing less than 5 rectal resections annually. More resection patients were recorded as having had Total Mesenteric Excision (TME) for both patients with cancer of rectum and RS junction. There was increased use of radiotherapy for rectal cancers (47% vs. 27%). There was better onward referral to GP (41% vs. 7%) and community nurse (30% vs. 3%).

TME	Rectum	RS junction
1996	19%	6%
2001	20%	17%
2006	64%	42%

Survival: For colon & RS junction patients, there was no significant improvement in survival between 1996 and 2006, with 2-year survival of 57%. However survival improved for patients with cancer of the rectum ($P<0.05$), with 2-year survival of 57% and 67% respectively. In particular, rectal patients with Dukes C disease, had higher survival in 2006, than those in 1996 and 2001 ($P<0.001$) (2-year survival 58% in 1996, 77% in 2001 and 83% in 2006).



Conclusions: In 2006 there was increased use of MRI scan and CT abdomen. More patients had 11 nodes or more examined and there was improved discussion at MDT. Rectal cancer services had been centralised, with increased numbers of patients having TME and radiotherapy. Improvements in survival for rectal cancer patients were noted. There was improvement in information to patient, family and GP. However there were still a high number of operators carrying out a low volume of procedures, especially for colon cancer, pointing to a need for further specialisation.

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