

Review of postoperative outcomes from the Bi-National Colorectal Cancer Audit on screened versus non-screened patients

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Background

There is evidence that bowel cancer screening with faecal occult blood testing (FOBT) enables early detection of colorectal cancer, thereby decreasing cancer-associated mortality and morbidity. Little is known about the impact of FOBT screening programs on short-term postoperative outcomes in surgically-managed colorectal cancer patients, however.

Objectives

To compare the post-operative outcomes of patients with colorectal cancer diagnosed following participation in the Australian National Bowel Cancer Screening Program (NBCSP) versus those who were diagnosed through other means.

Method

This is a population-based comparative cohort study using retrospective de-identified data from the Bi-National Colorectal Cancer Audit (BCCA). Participants with surgically-managed colorectal cancer diagnosed following NBCSP testing were compared with participants who were diagnosed by other means.

Main outcome measures of interest were postoperative medical complications, surgical complications, in-hospital mortality and return to theatre. To evaluate differences in outcomes between the two cohorts, univariable and multivariable logistic regression analyses were performed, adjusting for age, sex, American Society of Anesthesiologists (ASA) score, operation urgency, and area level socioeconomic status.

Results

Compared with screen-detected colorectal cancer, non-screen-detected colorectal cancer patients were found to have higher risk of medical complications (adjusted OR 1.35; 95%CI(1.1 - 1.68)), and surgical complications (adjusted OR 1.18; 95%CI(1.01 - 1.39)). No significant associations were found with inpatient mortality and return to theatre.

Conclusions (if applicable)

Further analysis will examine differences in, and types of, postoperative outcomes between colon and rectal cancers, and whether specific patient cohorts benefit from screening. The final results will be presented at the Symposium.