## Effect of Distance Traveled on Receipt of Surgery in Patients with Stage II/III Rectal Cancer

Presenter: Scarlett Hao, MD

## **Background**

- Rural patients have worse cancer-related outcomes than urban patients
- Rural patients have lower rates of colonoscopy and longer time to treatment

## **Methods**

- NCDB 2004-2017: AJCC stage II-III rectal adenocarcinoma
- Primary outcomes: association of distance traveled to receipt of surgery
- Adjusted with multivariable regression

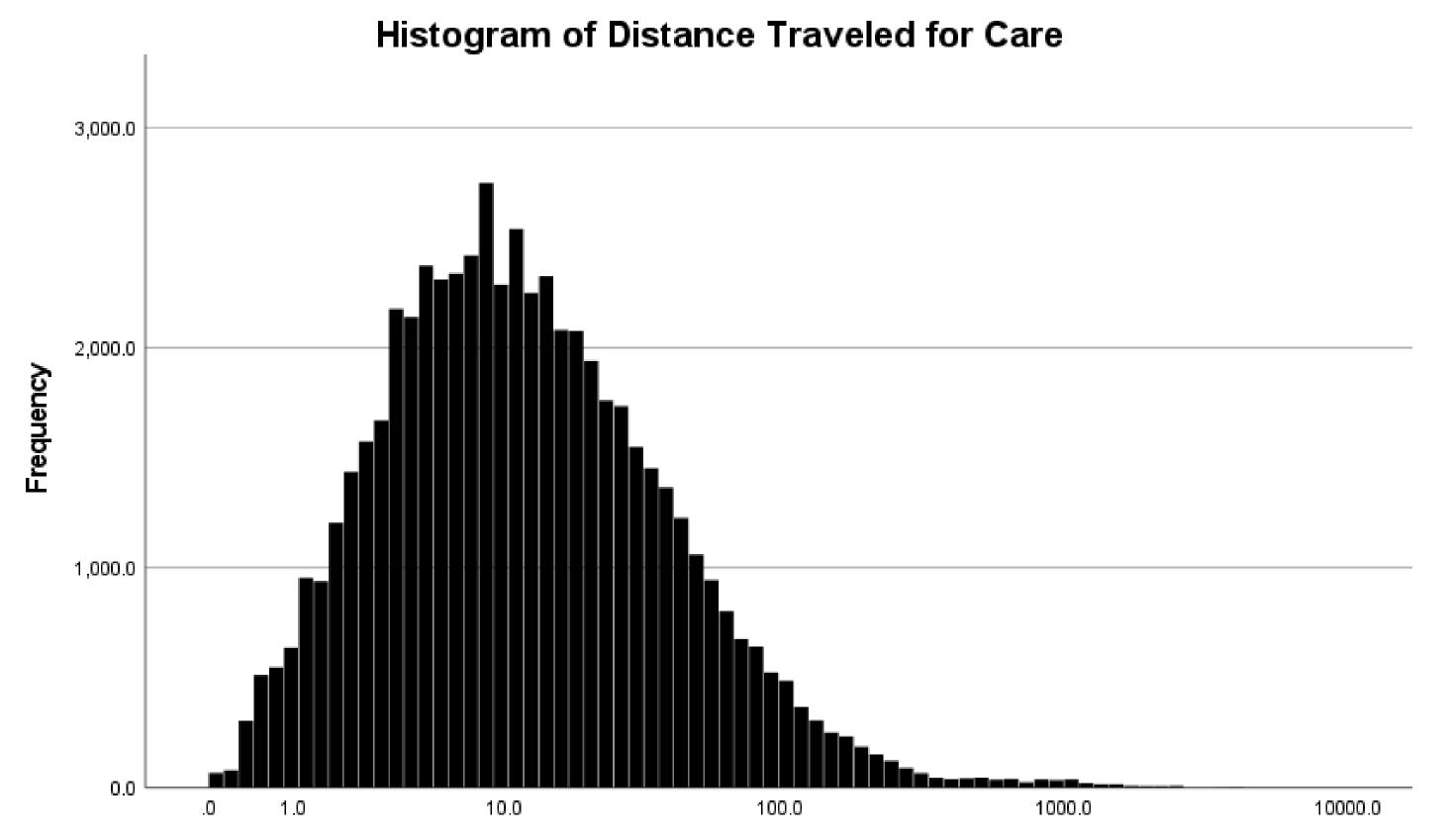
## **Results**

- 65,234 patients: 94.6% urban-metro, 2.2% rural
- Overall, 82.6% received surgery
- Patients with private insurance or Medicare were more likely to receive surgery than uninsured patients. (OR1.90 and OR 1.68, p<0.001)
- 4<sup>th</sup> quartile of distances traveled were more likely to receive surgery than 1<sup>st</sup> quartile of distances traveled (OR 1.37, p<0.001)

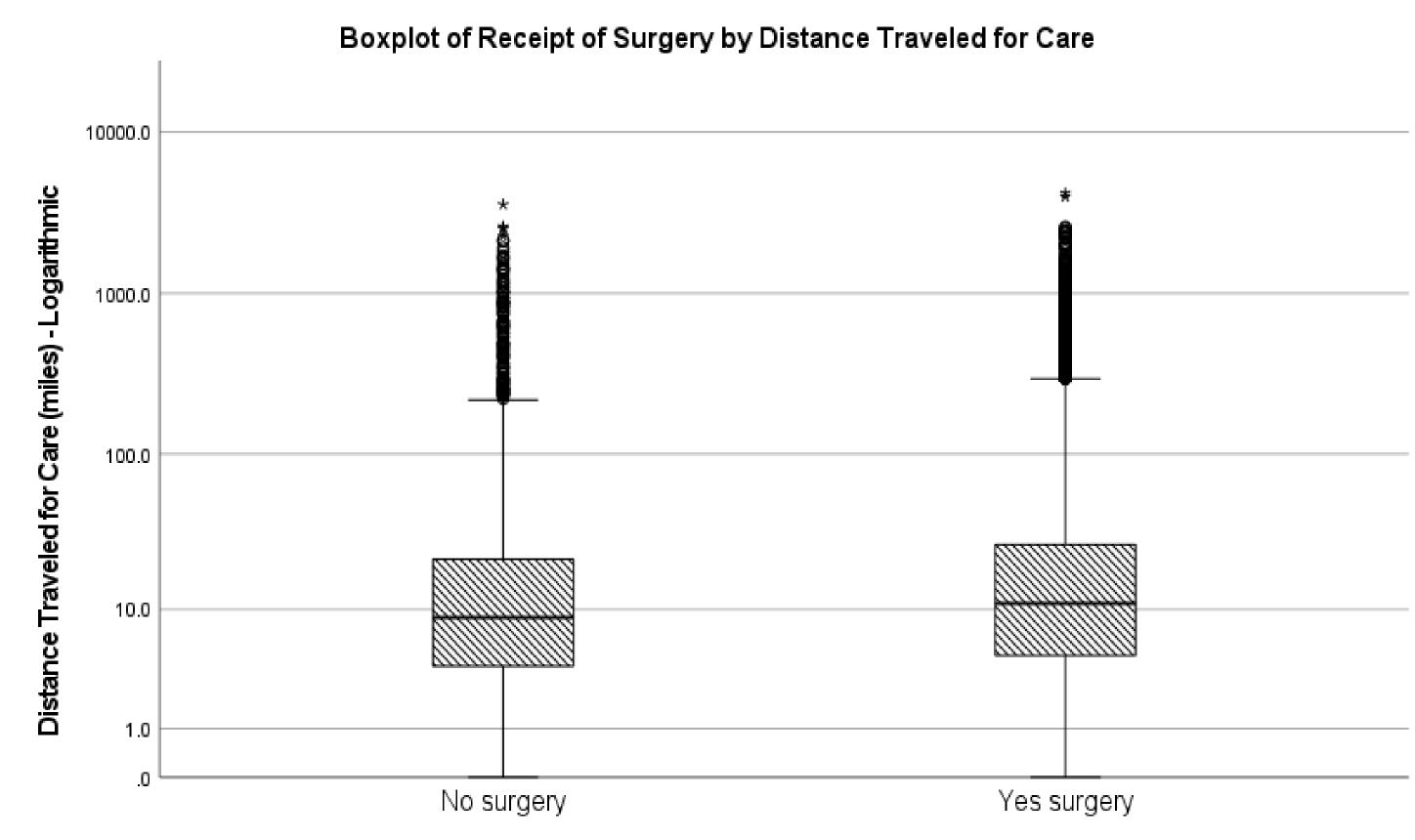
Longer distance traveled does not appear to explain rural-based disparities in surgical care for rectal cancer.



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Distance Traveled for Care (miles) - Logarithmic



Receipt of Surgery