

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

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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. (OR 1.90 and OR 1.68, $p < 0.001$)
- 4th quartile of distances traveled were more likely to receive surgery than 1st 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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