TIME FROM DIAGNOSTIC ENDOSCOPY TO CURATIVE RESECTION IN PATIENTS WITH COLON CANCER: A POPULATION-BASED STUDY

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Background: Factors associated with time-to-surgery (TTS) and survival in patients with colon cancer has not been well studied. Cancer Care Ontario recommends surgery within 42 days of diagnosis and that 90% of patients meet this benchmark.

Aims: We describe factors associated with TTS and survival in routine clinical practice.

Methods: Retrospective population-based cohort study of patients receiving elective colonic resection after diagnosis of colon cancer in Ontario, Canada from 2002-2008. Factors associated with TTS were identified using multivariate log-binomial and Quantile regression at 42 days and 90th percentiles. The association between TTS and cancer-specific (CSS) and overall survival (OS) were examined using multivariate Cox regression.

Results: 4,326 patients; median age 71 years and 52% male. Median TTS was 24 days (IQR 14-37); at the 90th percentile 56 days. Factors associated with TTS ≥ 42 days and > 90th percentile included older age, co-morbid illness, surgeon volume, and stage I disease (P < 0.05 for all). In patients whose TTS was either at 42 days or 90th percentile, those ≥ 80 years old waited two weeks longer than those < 60 years, individuals with co-morbid illness waited 10 days longer than those without co-morbidity, and patients with stage I disease waited 10 days longer than those with stage IV disease (P < 0.05 for all). Delay in TTS > 42 days or > 90th percentile was not associated with OS or CSS.

Conclusions: Age, co-morbidity, and stage of cancer are associated with TTS. There was no association between TTS and CSS or OS.

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