

Does Living Remotely Impact Access to Care for Upper Gastrointestinal Malignancies?



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BACKGROUND

There is robust data to support improved patient outcomes with centralization of cancer care to high volume medical centres. It remains uncertain whether the increased travel times for patients residing remotely from the centres impedes their access to staging modalities and treatment. In our region, care for upper gastrointestinal (GI) cancers has been centralized to a select number of high-volume centres. Our centre caters to approximately 1 million people residing within a radius of approximately 100miles. This study aimed to determine whether patients' geographical location impacts negatively on access times for staging tests and subsequent treatment

METHODS

All patients presenting with oesophageal or gastric cancer between January 2013 and December 2018 were reviewed. Times from date of receipt of referral to date of: first outpatient appointment, first Multi-disciplinary team (MDT) discussion, staging CT, staging PET CT, laparoscopy (for gastric cancer), EUS (for oesophageal cancer), commencement of chemotherapy, and commencement of radiotherapy, were recorded; patients were categorized into four groups based on proximity of residence to the cancer centre, group A (<5 miles), group B (5-20 miles), group C (20 to 50 miles), group D (> 50 miles). Access times were compared for patient cohorts in each geographical group.

RESULTS

In total, 624 patients with oesophageal (n=302), gastric (n=205), or gastro-oesophageal junction cancer (n=117) were treated between January 2013 and December 2018. Overall, there were: 263 patients in group A, 114 in group B, 142 in group C, 105 in group D. Figure 1 illustrates the mean number of days to completion of the diagnostic and management end-points, showing no significant differences between patients geographically closest to the medical centre (Area A) vs those living in more remote areas (Areas B, C, and D).

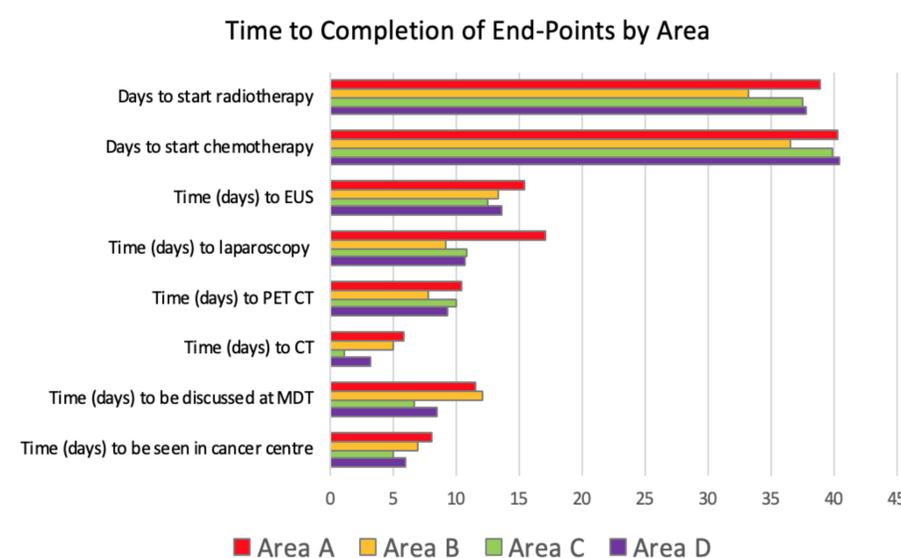


Figure 1: Mean days to completion of the diagnostic and management end-points, showing no significant differences between patients geographically closest to the medical centre (Area A) vs those living in more remote areas (Areas B, C, and D).

CONCLUSIONS

Access times for staging modalities and cancer treatment were equivalent for patients regardless of distance from medical centre. Living remotely from the centre does not appear to delay testing nor treatment for patients with upper GI malignancies.