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Improved Oesophagogastric Cancer Outcomes in Rural Patients

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Introduction: Despite advances in medical therapies and surgical techniques, oesophagogastric cancer survival remains low. Poorer cancer outcomes and survival for rural dwellers is well documented worldwide and has been an area of focus in Scotland since 2007, with changes to suspected cancer referral guidelines and a government report on delivering remote and rural healthcare.

Methods: A prospective, single-centre observation study was conducted utilising data from oesophago-gastric cancer MDT referrals and outcomes from January 2013 to December 2019. The Scottish Index of Multiple Deprivation 2020 tool provided a rurality code based on patient postcode at time of referral. Survival outcomes for urban and rural patients were compared across demographic factors, disease factors and stage at presentation.

Results: 1046 patients were included in this study. The median age of presentation for urban and rural patients was 73.7 and 72.4 respectively. There was no significant difference between oesophageal versus gastric cancer presentations nor was there any difference between T, N or M stage at presentation between the groups. No difference was identified between those commenced on a radical therapy with other treatment plans. On Kaplan-Meier analysis there was a difference in survival between the groups favouring rural dwellers ($p=0.012$).

Discussion: The difference in survival demonstrated here between urban and rural groups is not easily explained but may represent improvements to rural access to healthcare delivered as a result of policy change. This is an interesting finding and this study should be expanded to include performance status at time of referral.