

A plain language summary of:

[Functional outcomes and health-related quality of life following curative treatment for rectal cancer: A population-level study in England](#), [Downing A](#), Glaser AW, Finan PJ, Wright P, Thomas JD, Gilbert A, Corner J, Richards M, Morris EJ, Sebag-Montefiore D, *International Journal of Radiation Oncology • Biology • Physics* (2019).

What was the study about?

The number of people surviving cancer has increased significantly in recent years. This leaves many at risk of problems related to their cancer treatment. We used data from a large survey of cancer survivors to look at the problems reported by people treated for rectal cancer.

What did we do?

In 2013, a survey was sent to people in England who had survived 1-3 years after being diagnosed with rectal cancer. The survey asked a wide range of questions about life after cancer. In this study we wanted to look at problems with bowel control, leaking urine and sexual matters. We also looked at problems with general health. To get more information about the type of treatment people had, we linked the survey responses with other datasets. Treatment could be surgery only or radiotherapy followed by surgery. Some patients who had surgery had a stoma formed (an opening in the tummy area connected to a bag).

What did we find?

6,713 people completed a survey (64% response). We looked in detail at the 3,998 people who had surgery and said their cancer had not come back (in remission). Some of these people had radiotherapy before surgery and some did not. People who had radiotherapy before surgery were more likely to say they had problems with bowel control, leaking urine and sexual matters compared to people who had surgery only. Just less than half (44%) of people had a stoma still open at the time of survey. People with a stoma still open were more likely to say they had problems with sexual matters compared to those who did not have a stoma (or had a stoma that had been closed). People with a stoma also said they had more problems with their general health. The results highlight key areas to focus on to improve the care and support of patients treated for rectal cancer.

Acknowledgements

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