

A plain language summary of:

[Rectal cancer in old age – is it appropriately managed? Evidence from population-based](#)

[analysis of routine data across the English national health service.](#) [Rebecca J. Birch](#), John

C. Taylor, Amy Downing, Katie Spencer, Paul J. Finan, Riccardo A. Audisio, Christopher M.

Carrigan, Peter J. Selby, Eva J. A. Morris, *European Journal of Surgical Oncology* (2019).

What do we already know?

More than a third of rectal cancers are diagnosed in people aged 75 and over. The treatment of older patients is controversial. Older patients are less likely to receive surgery, radiotherapy and chemotherapy than younger patients. This may partly explain why England has a worse survival rate than some other European countries. However, some studies have suggested older patients have worse treatment outcomes than younger patients and so reduced treatment rates in this group are acceptable. The challenge is to neither over treat nor under treat older rectal cancer patients.

What did we do in our study?

This study used routinely collected English healthcare data to examine the use of different treatments for rectal cancer and their associated outcomes. It also assessed how treatment and outcome varied across the English NHS.

What did we find?

The results confirmed that older people were less likely to receive treatment aimed at curing them of rectal cancer. However, those older people who received such treatment had similar outcomes to younger patients. The study suggests that these treatments should be offered to patients of all ages if they are fit enough to receive them. It might be argued that a lower proportion of older people received these treatments because older patients are more likely to have other healthcare conditions and experience complications. The study did find some evidence to support this. However, the study found major differences between hospital Trusts which could not be accounted for by differences in patient characteristics.

Acknowledgements

[Cancer Research UK](#) (grants C23434/A23706 and C34080/A16438) funded this research.

This work involves patient-level information collected by the NHS that has either been provided by, or derived from, patients as part of their care and support. The data is collated, maintained and quality assured by the [National Cancer Registration and Analysis Service](#), which is part of [Public Health England](#) (PHE). Access to the data was facilitated by the PHE [Office for Data Release](#).