

A plain language summary of:

[‘Variation in the use of resection for colorectal cancer liver metastases across the English NHS’](#). Hayley Fenton, John Taylor, Peter Lodge, Giles Toogood, Paul Finan, Alastair Young, Eva Morris, *Annals of Surgery*, 2019.

What was the study about?

Bowel cancer is a common disease in the UK with over 42,000 people diagnosed every year. If at diagnosis the cancer is found to have spread then patient outcomes can be poor. A common site for such spread is the liver. When this happens, it is called secondary liver cancer (the primary cancer being in the bowel). The National Institute for Health and Care Excellence (NICE) recommends surgery to remove the cancer from the liver where possible (the surgery needs to leave enough of the liver to support the patient). Around 25% of people who have such surgery survive for at least ten years. Previous studies, some of which date back 10 years, have shown that use of liver surgery varies significantly across the English NHS. This study looked at more recent data to see whether this variation still exists.

What did we do?

The study identified all patients who underwent bowel cancer surgery in an NHS hospital between 2005-2012. All patients who received liver surgery within three years of their bowel surgery were then identified.

What did we find?

There were significant differences in the rate of liver surgery between NHS Trusts. Also, patients whose bowel surgery took place in a hospital with an onsite liver specialist team were more likely to receive a liver operation. This may mean more patients could be benefiting from surgery for secondary liver cancer.

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.

More information about secondary liver cancer can be found on the [Macmillan website](#).