

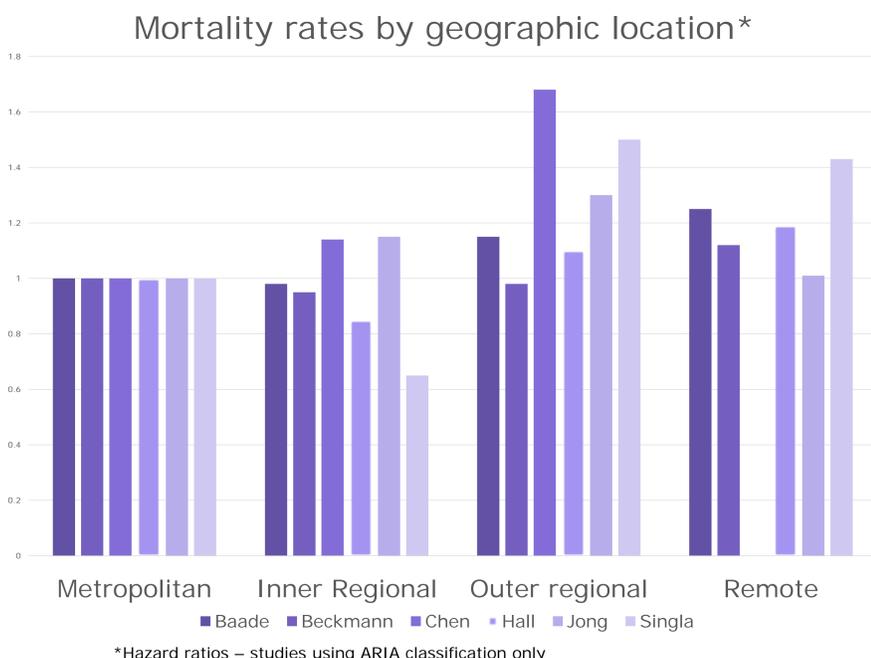
# Geographical variations in survival of colorectal cancer

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In Australia, colorectal cancer (CRC) is the second leading cause of all cancer death; however, with screening and early detection CRC is easily treatable. Research has demonstrated that those residing in rural and remote areas experience significant disadvantages in terms of preventive approaches, access to timely treatment, receipt of the most up-to-date treatments, psychosocial support, and specialist care. Thus, the present systematic review aims to identify the nature of geographical disparities in CRC survival.

## Methods

The review followed PRISMA guidelines and searches were undertaken using seven databases covering articles between 1 January 1990 and 20 April 2016 in an Australian setting. Inclusion criteria stipulated studies had to be peer-reviewed, in English, reporting data from Australia on CRC patients and examining geographical variations in survival outcomes.

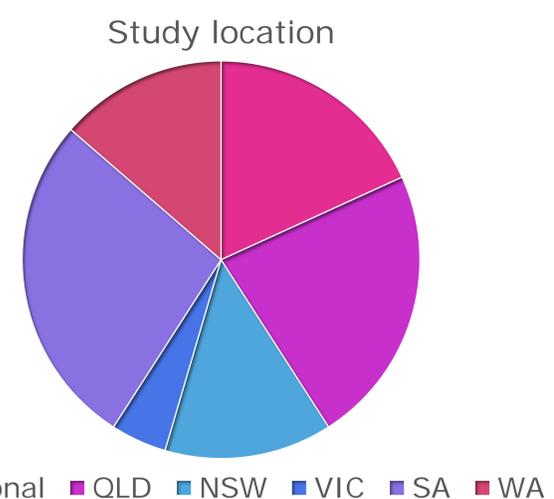


## Conclusions

Overall, despite evidence of disparity in CRC survival across geographic locations, the evidence was **limited and at times inconsistent**.

- Access to treatment and services may not be the main driver of disparities
- Individual patient characteristics and type of region also play an important role
- Relationships between distance to services, sociodemographic factors, and outcomes is complex

A better understanding of factors driving ongoing and significant geographical disparities in cancer related outcomes is required to inform the development of effective interventions to improve the health and welfare of rural and regional Australians.



## Results

A total of **thirteen** research articles and **nine** grey literature reports met review criteria. Despite differing methodologies and inconsistent approaches to geographic classification between studies, there appeared to be a general trend indicating that survival from CRC is poorer for individuals residing outside of metropolitan areas. However, this effect is likely to be moderated by a range of factors such as age, gender, socioeconomic status, health insurance, and Indigenous status rather than occurring linearly with increasing distance from metropolitan centres.

