



## Keyhole surgery for bowel cancer on the up, but not yet available to all

There are now fifteen times more people having keyhole surgery for bowel cancer than there were ten years ago, according to research presented at the NCRI Cancer Conference in Birmingham today (Monday).

The study also shows that the technique means patients recover much faster while fewer suffer serious complications soon after surgery.

The number of bowel cancer patients receiving keyhole surgery rose from 95 in 1998 to 1,491 in 2006.

But the research also revealed that some patients are missing out on these benefits because of variation across England in access to this ground-breaking technique.

These figures are available because of a revolutionary new database created by the National Cancer Intelligence Network (NCIN), which enables researchers to monitor cancer care across the whole of the NHS for the first time.

Lead author Cancer Research UK's Dr Eva Morris, who is based at the University of Leeds, said: "Our results are encouraging. Just a decade after the technique was introduced, fifteen times more people with bowel cancer are now benefiting.

"Our figures came from hospital data, which is often incomplete, so we think the actual number of patients could be even higher.

"The NCIN's new database has allowed us to take a snapshot of keyhole surgery across the UK.

"The hospitals with trained surgeons using the technique are usually in the more affluent areas of the country. We're not yet sure why this is. Our next step will be to look into this inequality.

"Overall, patients who had bowel cancer diagnosed at an earlier stage and fewer associated health problems were more likely to be treated with the technique. This partly explains why generally they did better after the operation.

"It's essential with these new and exciting techniques that surgeons are trained quickly, and our figures show that the national training programme for this particular type of surgery has been successful so far. The technique is, however, relatively new so it's important that its outcomes are monitored."

Patients who were given keyhole surgery usually had less advanced disease and a better prognosis. They were around 30 per cent less likely to die within a month of the operation and were discharged around 3 days earlier from hospital than patients receiving traditional open operations.

Professor Peter Johnson, Cancer Research UK's chief clinician, said: "Cancer surgeons have been active in developing these new techniques and the results are very positive.

"We need to make sure that they are made available to all the patients who might benefit, and Cancer Research UK sees research in cancer surgery as a key priority."

Professor David Forman, information lead for the NCIN and study co-author, said: "Two of the major recommendations in the government's Cancer Reform Strategy were to improve treatment and to develop a world class cancer information system. This piece of work touches on both of these aims.

"Before now, national figures like this weren't available, so we couldn't compare care across the NHS.

"Now we have this information, we can drive improvements in cancer care and enhance patient choice."

Professor Mike Richards, National Cancer Director said: "Good progress has been made in the provision of keyhole surgery for bowel cancer over the past three years since the National Institute for Health and Clinical Excellence (NICE) published its technical appraisal\*. However, we can and we must go further. The national training programme in laparoscopic colorectal surgery will ensure that patients in all parts of the country can benefit from this new technique."

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### ENDS

**For media enquiries please contact Rachel Gonzaga in the NCRI press office on 020 7061 8252 or 07769 641 423 or, out-of-hours, the duty press officer on 07050 264 059**

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#### Notes to Editors:

Read the abstract of this talk on the NCRI Cancer Conference website: [http://www.ncri.org.uk/ncriconference/programme/speakerAbstracts/2009Para\\_Thomas%20Clarke.asp](http://www.ncri.org.uk/ncriconference/programme/speakerAbstracts/2009Para_Thomas%20Clarke.asp)

\* In August 2006, the National Institute for Health and Clinical Excellence (NICE) issued guidance approving laparoscopic bowel surgery as a possible alternative to traditional open surgery for people with bowel cancer. The NHS aims to offer this procedure in all hospitals by 2012.

The NCIN's newly created National Cancer Data Repository (NCDR) contains information about every cancer patient in England. The data comes from NHS sources like cancer registry data and Hospital Episode Statistics.

#### About the National Cancer Intelligence Network (NCIN)

The NCIN was established in June 2008 and its remit is to coordinate the collection, analysis and publication of comparative national statistics on diagnosis, treatment and outcomes for all types of cancer

[www.ncri.org.uk/ncriconference](http://www.ncri.org.uk/ncriconference)

**NCRI Cancer Conference Press Office**  
61 Lincoln's Inn Fields, London, WC2A 3PX, UK

t: +44 (0)20 7061 8300 | +44 (0)7050 264 059 (out of hours) e: [press@ncri.org.uk](mailto:press@ncri.org.uk)



As part of the National Cancer Research Institute, the NCIN aims to promote efficient and effective data collection at each stage of the cancer journey

Patient care will be monitored by the NCIN through expert analyses of up-to-date statistics

The NCIN will drive improvements in the standards of care and clinical outcomes through exploiting data

The NCIN will support audit and research programmes by providing cancer information

Visit [www.ncin.org.uk](http://www.ncin.org.uk) for more information

#### Cancer Research UK

- Together with its partners and supporters, Cancer Research UK's vision is to beat cancer.
- Cancer Research UK carries out world-class research to improve understanding of the disease and find out how to prevent, diagnose and treat different kinds of cancer.
- Cancer Research UK ensures that its findings are used to improve the lives of all cancer patients.
- Cancer Research UK helps people to understand cancer, the progress that is being made and the choices each person can make.
- Cancer Research UK works in partnership with others to achieve the greatest impact in the global fight against cancer.
- For further information about Cancer Research UK's work or to find out how to support the charity, please call 020 7009 8820 or visit [www.cancerresearchuk.org](http://www.cancerresearchuk.org).

#### About the University of Leeds

The 2008 Research Assessment Exercise showed the University of Leeds to be the UK's eighth biggest research powerhouse. The

University is one of the largest higher education institutions in the UK and a member of the Russell Group of research-intensive universities. The University's vision is to secure a place among the world's top 50 by 2015.

#### About the NCRI Cancer Conference

The National Cancer Research Institute (NCRI) Cancer Conference is the UK's major forum for showcasing the best British and international cancer research. The Conference offers unique opportunities for networking and sharing knowledge by bringing together world leading experts from all cancer research disciplines. The fifth annual NCRI Cancer Conference is taking place from the 4-7 October 2009 at the International Convention Centre in Birmingham. For more information visit [www.ncri.org.uk/ncriconference](http://www.ncri.org.uk/ncriconference)

#### About the NCRI

The National Cancer Research Institute (NCRI) was established in April 2001. It is a UK-wide partnership between the government, charity and industry which promotes co-operation in cancer research among the 21 **member organisations** for the benefit of **patients**, the public and the scientific community. For more information visit [www.ncri.org.uk](http://www.ncri.org.uk)

NCRI members are: the Association of the British Pharmaceutical Industry (ABPI); Association for International Cancer Research; Biotechnology and Biological Sciences Research Council; Breakthrough Breast Cancer; Breast Cancer Campaign; Cancer Research UK; CHILDREN with LEUKAEMIA, Department of Health; Economic and Social Research Council; Leukaemia Research; Ludwig Institute for Cancer Research; Macmillan Cancer Support; Marie Curie Cancer Care; Medical Research Council; Northern Ireland Health and Social Care (Research & Development Office); Roy Castle Lung Cancer Foundation; Scottish Government Health Directorates (Chief Scientist Office); Tenovus; Welsh Assembly Government (Wales Office of Research and Development for Health & Social Care); The Wellcome Trust; and Yorkshire Cancer Research.

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