



Factors in reducing spread and fatalities associated with colorectal cancer

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Nova Scotia does not have a population screening program for colorectal cancer, but Nova Scotians who regularly seek medical care have an earlier diagnosis and a better prognosis. Researchers led by Dr. Paul J. Veugelers have found that an annual visit to a family physician reduces the risk of colorectal cancer spreading to other parts of the body by 11 percent and reduces the risk of death by 19 percent.

Dr. Veugelers and his team used reported data to investigate three questions:

Do regular visits to a family physician reduce the delay in diagnosing the disease and improve the outcome for the patient? Are delays in referring people to a specialist determined by where they live in the province? What can be done to reduce the delay in diagnosis and referrals that would improve a person's prognosis and reduce health care costs?

Between 1992 and 2000, 5,124 Nova Scotians were diagnosed with colorectal cancer. Of these, 87.4 percent had visited their doctors in the one to three years prior to their diagnosis. Those who visited their general physician at least once a year had a reduced risk of distant spread of 11 percent and accordingly reduced the risk of death by 19 percent. Researchers could not confirm any association between place of residence and a delay in referrals to specialists or prognosis.

Dr. Veugelers estimates that eight cases of distant spread and 11 deaths from colorectal cancer could potentially be avoided by an annual medical checkup. This preventable fraction is relatively small because few of those studied (only 12.6 percent) did not regularly consult a family doctor. He expects the impact would be substantial in countries without a universal-coverage health care system.

In the absence of a population screening program for colorectal cancer, Dr. Veugelers recommends promoting research that focuses on alternative avenues to reduce the impact of the disease. These may include awareness among primary care physicians and the public, and investigation of other barriers within the health system.

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