Foreword

It is 25 years since the Association of Coloproctology of Great Britain and Ireland (ACPGBI) conceived and then presented the very first National Bowel Cancer Audit Project, and it is a huge privilege to be asked to write this foreword for the NBOCA State of the Nation Report as ACPGBI President. The move to using existing national routinely collected data in England to reduce the burden on hospital staff who are no longer required to undertake clinical data collection specific to NBOCA is certainly very welcome, as is the increasing focus on driving quality improvement across cancer care and diagnostics. This is important for people receiving care for bowel cancer in England and Wales.

In terms of peri-operative care, it is encouraging to see that the percentage of people dying within 90 days of surgery continues to fall over time (now at 2.7% in 2022/23), as does the percentage of people having an unplanned return to theatre within 30 days of surgery (at 6.7% in 2022/23). However, I believe we can improve further on these outcomes, and thus have more than the average 82% of people alive 2 years after major surgery for bowel cancer. This is, of course, a reflection of the quality of care provided by the entire colorectal multidisciplinary team (MDT).

Rectal cancer remains an area of some contention. We often hear competing views on its optimal management at international conferences and this continues to be borne out in the wide variation in the use of neoadjuvant treatment prior to major resection across Trusts, ranging from 0-82% (with 34% of people receiving neoadjuvant therapy overall in 2022/23). This may have important implications for cost, resources and patient outcomes. The potential for non-operative management is a consideration in those demonstrating an excellent response to neoadjuvant chemoradiotherapy, and opportunities for organ preservation for people presenting with early rectal cancer should also be explored, potentially considering multimodal therapies. Finally, the landscape of neoadjuvant treatment for rectal cancer is likely to change further with greater use of neoadjuvant chemotherapy and emerging novel therapies. These will be important areas for NBOCA reporting over the next few years. National guidance on rectal cancer management from NICE is now 5 years old and with many treatment changes in recent years it may now be time to review these recommendations.

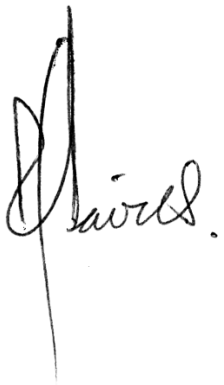
ACPGBI has previously outlined its stance supporting specialist centres and specialist surgeons within those centres for the management of people with rectal cancer, and we believe that a minimum surgical case volume is important in this context. One in 5 Trusts were still performing less than 20 rectal resections per year in 2022/23, with 2% of Trusts performing less than 10 resections per year. I would reiterate ACPGBI's position that these Trusts consider whether there would be benefit from referral to higher volume centres. ACPGBI remains committed to improving outcomes for people with rectal cancer, as evidenced by our collaboration with the national

Optimising Rectal Cancer Outcomes (OReCO) programme. It is pleasing to see that this is well underway, and has already trained multiple MDTs across England and Wales.

There remain some areas that require further thought and improvement. With increasing evidence for encouraging outcomes from immunotherapy in those patients with MMR-deficient tumours, only 57% of patients having MMR status recorded at diagnosis reiterates the need for MMR testing to be embedded in our clinical pathways.

Given the importance of quality of life for people after any cancer treatment, it is a significant cause for concern to see that more than 1 in 3 diverting ileostomies remain unclosed 18 months after rectal cancer surgery. The percentage unclosed is higher than the year before. We will all be aware of the increasing pressures on the care we are able to provide, but these people have still not completed their full treatment pathway whilst waiting to have their stoma closed, and delays may have a negative impact on subsequent bowel function. The outlined recommendation for a national quality improvement drive aimed at improving this is welcome.

Finally, thanks must go to the NBOCA team, in particular co-leads Nicola Fearnhead and Michael Braun, as well as the National Cancer Audit Collaborating Centre (NATCAN) Executive Team and Board, for the work that continues to be done to drive up standards of care for people with bowel cancer that we have the privilege to treat. ACPGBI is proud to have been at the forefront of auditing and improving national bowel cancer outcomes and of the positive impact this has had for our patients. We greatly value the opportunity to remain strongly embedded in this process moving forwards.



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