Cancer Patients Are Waiting Longer for Surgery

Treatment delays have increased by about 10 days for six common cancer types, in part due to more specialized care.

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People diagnosed with cancer are facing longer wait times for surgery, which is often the first step in the treatment process, according to study results published in JAMA Surgery. Reasons for the delay may include workforce shortages and increasingly complex care.

“Timeliness should be considered a core dimension of healthcare quality alongside traditional outcome measures,” Lia Delaney, MD, and Sherry Wren, MD, of Stanford School of Medicine, wrote in an accompanying editorial. “The modern oncology system has optimized for specialization but not necessarily for timeliness. As cancer care continues to regionalize, timely access may become as important to healthcare quality as specialized expertise itself.”

Sara Sakowitz, MD, MPH, of the David Geffen School of Medicine at the University of California Los Angeles, and colleagues analyzed data from more than 2.7 million patients using the National Cancer Database. The database, a joint program of the American College of Surgeons and the American Cancer Society, captures more than 70% of newly diagnosed cancer cases in the United States.

This retrospective cohort study included people with nonmetastatic (Stage I, II or III) breast, colon, esophageal, lung, pancreatic or stomach cancer who underwent definitive surgical resection, which aims to completely remove tumors, between January 2012 and December 2023. They were predominantly women (85%), due to the high number of breast cancer cases, and the average age was about 64 years. The researchers found that the median time from diagnosis to the first course of treatment rose across all malignancies. Comparing the 2012-2015 and 2022-2023 periods, the median wait time increased as follows:

- Breast cancer: from 34 to 45 days;
- Colon cancer: from 20 to 31 days;
- Esophageal cancer: from 38 to 48 days;

- Lung cancer: from 41 to 53 days;
- Pancreatic cancer: from 23 to 32 days;
- Stomach cancer: from 35 to 49 days.

Statistically significant increases were seen for both patients who underwent upfront surgery and those who received neoadjuvant (presurgery) medication prior to tumor removal. What's more, the number of patients who faced prolonged (30 days or more) or extreme (60 days or more) delays also increased across cancer types.

Delays were longer at large academic medical centers compared with community hospitals and among patients who were referred for care. Other predictors of longer wait times included Black race, Medicaid coverage, low income, greater travel distance and receiving care in the West or Northeast. For all but breast cancer, receiving robot-assisted operations added to the delay.

"These delays disproportionately affect vulnerable populations and are more pronounced at academic and high-volume centers," the study authors concluded. "As cancer care continues to centralize within expanding, consolidated health systems, improved care coordination, streamlined referral pathways, standardized timeliness benchmarks and strategic capacity expansion will be required to ensure timely and equitable access to surgical care."

Of note, an earlier study using the same database and looking at the same cancers (plus liver and rectal cancer) found that the median time from diagnosis to treatment also rose between 1995 and 2005, indicating that the latest findings reflect a long-term trend.

Longer wait times can lead to disease progression that lowers the likelihood of a cure and shortens survival—though for most patients, an additional week or two won't be decisive—so experts are looking for way to reduce delays. Insurance preauthorization is one modifiable factor often blamed for treatment delays. Another is increased regionalization, or consolidation of care at top cancer centers. But on the other hand, new innovations, such as genomic testing to match tumors with targeted therapy, can take extra time but ultimately lead to better outcomes.

"Rather than concentrating all cancer care within referral centers, regionalization strategies should be matched to procedural complexity and institutional capability," Delaney and Wren wrote. "Network-based models that maintain appropriate lower-complexity care closer to patients' homes while reserving highly specialized operations for referral centers may better balance quality and access."

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