

Foreword

It is a true honour to write this foreword for the 2025 NBOCA State of the Nation Report. The data in this report demonstrates encouraging trends, alongside areas that continue to require our focus to ensure the best possible outcomes for patients. The 2025 report provides a comprehensive snapshot of the care received by over 37,700 individuals diagnosed with bowel cancer between January 2023 and December 2023 across England and Wales. Notably, the proportion of people diagnosed with early-stage bowel cancer (stage 1 or 2) has slightly improved, rising from 39.3% in 2019 to 41.5% in 2023. This increase reflects the growing success of screening programs and early detection strategies. Yet, the ongoing challenge remains to ensure that a higher percentage of patients present at earlier stages, where outcomes are more favourable. The ambitious target set by the NHS Long Term Plan, aiming for 75% of cancer diagnoses to be stage 1 or 2 by 2028, remains an important goal to work towards.

The overall reduction in perioperative mortality rates for patients undergoing major surgery is another significant milestone. In 2023, the adjusted 90-day mortality rate following major bowel cancer resections was 2.5%, a slight improvement from 3.1% in 2019, continuing a trend of positive outcomes over the years. Similarly, the rate of unplanned returns to theatre within 30 days of surgery remained stable at 6.8% in 2023, down from 8% in 2019. These outcomes highlight the success of surgical improvements, enhanced recovery pathways, and the multidisciplinary collaboration that underpins our care for patients.

However, while these improvements are encouraging, there are areas where we must increase our efforts. A critical focus must be on the management of rectal cancer. The wide

variation in the use of neoadjuvant therapy, with some trusts applying it in only 33% of cases while others reach up to 87%, highlights the ongoing challenge in standardizing treatment protocols. This variance in clinical practice suggests that further collaboration is needed to ensure that all patients receive evidence-based, optimal care. Additionally, there is increasing interest in the non-operative management of rectal cancer, particularly for those who respond well to neoadjuvant chemoradiotherapy. The potential for organ preservation in early rectal cancer cases is an exciting avenue that needs to be explored further, alongside the ongoing role of novel therapies in shaping future management.

An area that demands urgent attention is the ongoing issue of unclosed diverting ileostomies. The percentage of patients who had not had their ileostomies reversed 18 months post-surgery remains alarmingly high at 38% in 2023, which is almost unchanged from 39% in 2022. This remains one of the largest areas of concern within bowel cancer care. It is essential that local and national quality improvement initiatives, such as the Close It Quick collaborative, continue to work towards reducing this figure, as it directly impacts the quality of life of those living with a stoma and may also affect long-term survival outcomes. The data also underscores the importance of genetic profiling in bowel cancer treatment. Despite progress, a significant number of patients diagnosed with stage 4 disease still do not have a record of genetic tumour profiling. For instance, only 66% of patients in England with stage 4 disease had a record of KRAS, NRAS, or BRAF testing in 2021, significantly below the 70% target set for trusts. This gap in data is critical, as genetic testing plays an essential role in personalizing treatment and

guiding therapeutic decisions, especially for targeted treatments such as cetuximab or panitumumab. Moving forward, it is imperative that the systems and pathways for genomic testing are improved, particularly in ensuring that all patients with stage 4 disease are tested as part of their initial treatment planning.

Another area where progress has been made is in the adoption of minimally invasive surgery. The proportion of patients undergoing major bowel cancer resections with a minimally invasive approach (laparoscopic or robotic) has increased from 66% in 2019 to 75% in 2023, with the use of robotic techniques alone growing from 3% to 15%. This increase reflects the growing adoption of advanced surgical techniques that lead to faster recovery times and better overall outcomes for patients. These developments are a testament to the dedication and expertise of colorectal surgeons across the country who continue to push the boundaries of what is possible in minimally invasive surgery.

While data completeness has improved, particularly in the recording of key clinical data such as stage and performance status, we must continue to prioritize accuracy in these essential measures. For example, only 61% of trusts met the target of having more than 95% of patients seen by a Clinical Nurse Specialist (CNS), a crucial role in ensuring patients receive the necessary support throughout their cancer journey. Further work is needed to improve data completeness and ensure that all patients benefit from the support and care they deserve.

In conclusion, the 2025 NBOCA State of the Nation Report is a testament to the dedication of all involved in the care of patients with bowel cancer. The progress we have made is clear, but there is still much work to be done. By continuing to focus on areas such as the standardization of care, timely stoma reversal, and genetic profiling, we can drive further improvements and ultimately ensure that more

patients have access to the best possible care and outcomes.

I would like to extend my deepest thanks to the NBOCA team, Clinical Leads Nicola Fearnhead and Michael Braun, the RCS, and all the multidisciplinary teams whose hard work and dedication make these improvements possible. The collaboration and commitment of every individual involved in this process will continue to shape the future of bowel cancer care for the better. The ACPGBI remains proud to support the Audit and the continuing journey towards equitable, high-quality care for people with bowel cancer in Great Britain and Ireland.



Athur Harikrishnan

President

Association of Coloproctology of Great Britain and Ireland