

# Keyhole surgery for colon cancer is not reaching those it would benefit most

Our research used anonymous data from around **10,000 stage I-III colon cancer patients** diagnosed in England in 2022.

## Results showed:

1

Patients from high-risk groups, who would **benefit most** from keyhole surgery, are ...



older



with other illnesses



more frail



from more deprived areas

but are **less likely** to receive this surgery.

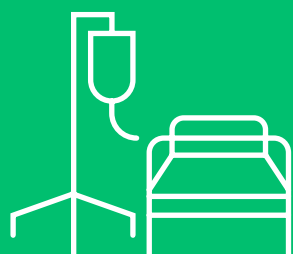
2

To eliminate inequalities, if 445 older patients had received **keyhole** surgery, within one year, we would:



Prevent up to  
**14 deaths.**

Have **22 less patients** needing hospital readmissions after surgery.



Reduce hospital bed use by over  
**1,500 days in a single year.**

Offering this surgery could improve patients' outcomes, save lives and reduce burden on the NHS.

## Urgent need for action



Our research suggests ...



**Patient-focused approach** to ensure treatment decision leads to the best possible outcomes



Strong support for **keyhole surgery** for patients considered high-risk

This work uses data provided by patients and collected by the NHS as part of their care and support.

[1] O'Leary, D. et al. Minimally invasive surgical resection reduces one-year mortality, especially in high-risk colon cancer patients: an emulated trial. *eClinical Medicine* 2025; 103683. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(25\)00617-0/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(25)00617-0/fulltext)

[2] Maringe, C. et al. Estimated effect of correcting inequalities in minimally invasive surgical resection in patients with colon cancer in England: a population-based study. *Lancet Oncol* 2026; 27: 212-22. [https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(25\)00648-5/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(25)00648-5/fulltext)