 

**The Yorkshire Cancer Research Bowel Cancer Improvement Programme** is funded by Yorkshire Cancer Research. The programme began in 2016 and is currently funded until sept 2025. Link to YCR webpage.

The aim of the programme is to improve outcomes for patients with bowel cancer across the Yorkshire and Humber region. The way that bowel cancer is diagnosed and treated varies across the region. This study aims to understand how it varies and then improve outcomes for patients by addressing the variation.

The variation in the management of patient’s care is identified through analysing data that is routinely collected when a patient visits the NHS. The intelligence that is generated is then used to identify areas that could be improved and to develop educational programmes to address them. The programme works closely with NHS clinicians who lead the programme’s workstreams and work with the study team to analyse the data and develop the training programmes for their colleagues.

The workstreams:

* Surgery
* Oncology
* Radiology
* Pathology
* Anaesthetics
* Gastroenterology
* Clinical Nurse Specialists

Alongside the analysis of the data that is already collected routinely, we also involve patients in the study to understand their quality of life at diagnosis and how this changes over the years following their diagnosis. This data will add depth to the data already available and will feed into the educational programme for the clinical teams.

This element of the programme is called PROMS which stands for Patient Reported Outcome Measures. Patients with bowel cancer who are being treated at participating hospitals in the Yorkshire and Humber region are asked to consent to participate in the collection of patient reported outcome measures via a patient questionnaire.

Following a successful grant extension application, the programme has been extended to run until 2025. The plans for the next five years include:

* Enhancing the data collection, analysis and feedback to the Multi-disciplinary Teams (MDT’s)
* Generating new data such as recurrence predictions
* Developing new cross cutting themes such as early rectal cancers and colon cancers
* Investigate colonic imaging
* Devising a new implementation strategy
* Ensuring the patient voice is at the heart of the programme