

## INTRODUCTION

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The Binational Colorectal Cancer Audit (BCCA) is a Clinical Quality Registry. What began as a clinical audit by surgeons for surgeons in 2007 has evolved into a well-established surgical registry readily accessible to all. With the aim of advancing knowledge and understanding of treatment for colorectal cancer, the clinical findings enable best practice by collecting relevant, standardised data to be used for research and quality improvement purposes. The BCCA is endorsed by RACS, CSSANZ, GSA and NZAGS.

## Join BCCA now

All surgeons treating colorectal cancer throughout Australia and New Zealand are invited to join. For your convenience, all data fields are ready to enter directly online via [bowelcanceraudit.com](http://bowelcanceraudit.com).

To join email [BCCA](mailto:info@bowelcanceraudit.com)

## Why join BCCA

More accessible, more useful and easier to access than ever before, the interface through which cases are entered forms a convenient, safely stored database of colorectal cancers treated by each surgeon.

The BCCA continues to grow and thanks to the collaborative efforts of participating clinicians and public and private hospitals across Australia and New Zealand, this year's report presents over 34,000 treatment episodes submitted from 2007-2019.

The Annual Report provides an insight into colorectal cancer management and various clinical quality indicators. The annual reports are available to view via the BCCA website. Your valuable contribution to BCCA will enable the registry to:

1. Support in-depth qualitative research at a population level that enables cross-comparisons between Australia and New Zealand.
2. Deliver risk-adjusted, evidence-based reports to clinicians and hospitals to ensure patients receive up-to-date information about the risks and benefits of specific approaches to bowel cancer treatment.

3. Assess patterns of coordinated care and identify factors that predict better treatment outcomes.
4. Increase the implementation of consistent, patient-centred care in keeping with best practice guidelines for treatment.
5. Streamline pathways and reduce variation in patient outcomes.
6. Provide participants with an Approved Activity certification for the purposes of Clinical Professional Development (CPD) for the Royal Australasian College of Surgeons (RACS).

Whether you are a surgeon looking to benchmark your performance against your peers or a specialist wanting to advance your knowledge and understanding of treatment for colorectal cancer, being a part of the BCCA puts you within arms reach of BCCA research panel experts who are committed to excellence in the prevention, diagnosis and treatment of patients with colorectal cancer.



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## BCCA NEWS

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The BCCA website is undergoing a radical transformation to improve the reporting modules by creating clinical quality reports in real time. With configurable dashboard bars allowing for the filtration of state, hospital data and quality reports can now be efficiently produced whilst in keeping with the KPI's outlined by the BCCA. To further aid these improvements in clinical reporting, a research committee was recently formed to facilitate the processing of research applications and provide governance to the platform.

The BCCA is considering updating the data fields and will be seeking contribution from participating clinicians using the Delphi method to establish clinical consensus. Please contact BCCA with any suggestions.

## BCCA RESEARCH

The research output utilising the data in the BCCA has significantly increased in recent years with many clinical research projects currently underway. Below are a few examples of published projects.

A review of postoperative outcomes from the Binational Colorectal Cancer Audit on screened versus non-screened patients is one of the projects currently approved by the BCCA. With investigators Professor Susannah Ahern and Dr Sasha Taylor of Monash University heading up the research team, the objective is to compare the post-operative outcomes of patients diagnosed with colon and rectal cancer who participated in the Australian National Bowel Cancer Screening Program (NBCSP) versus those who were diagnosed through other means, and to consider patient and cancer characteristics that may impact on these outcomes.

Another published project is a study led by Mr Joseph Kong, Professor Alexander Heriot, Alison Fraser from Peter MacCallum Cancer.

The aim of this study is to identify predictors of surgical difficulties as a platform to stratify patients to minimally invasive surgery.

Joining the list of publications is research conducted by Dr Ryash Vather, Dr Isabella Mor and Dr Ross Warner of The Tweed and John Flynn Hospitals into the markers predictive of advanced stage of colorectal cancer at the time of surgery. The objectives are to provide baseline information on the stage at which colorectal cancers present in Australasia; identify patient, demographic and tumour factors that predict more advanced stages of cancers at presentation; and to determine the bearing of advanced colorectal cancer on short-term post-operative outcomes.

For further information about these projects, please contact the investigators. A complete list of approved, published or presented projects can be found on the BCCA website [bowelcanceraudit.com](http://bowelcanceraudit.com).



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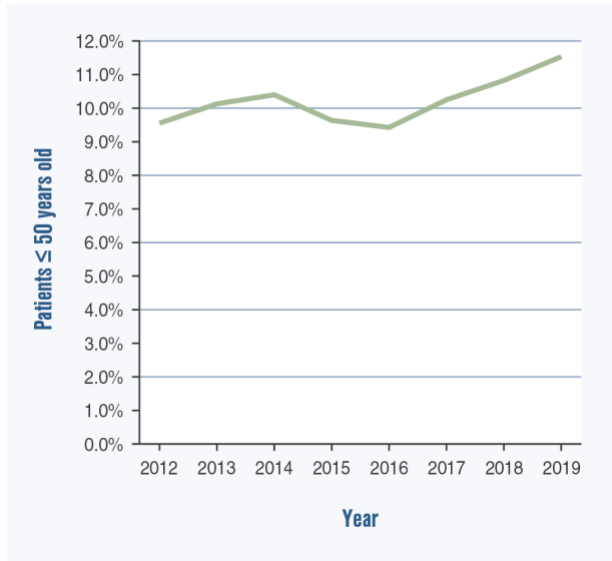


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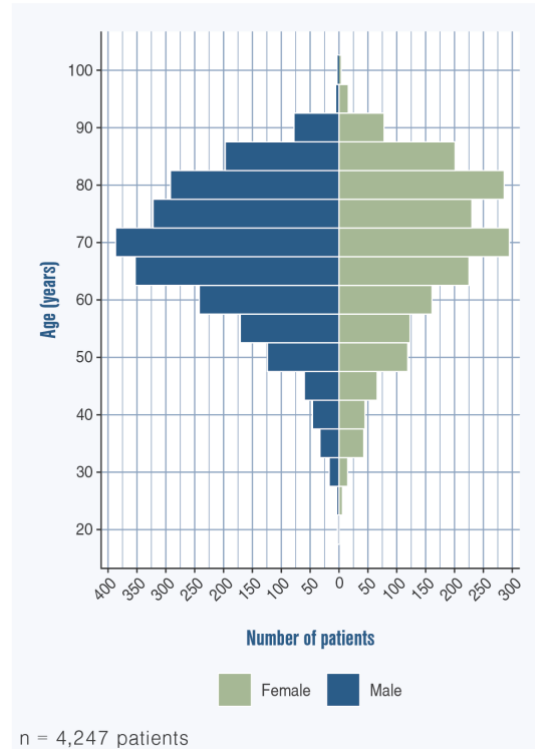
## FROM THE AUDIT

The under-50 age group comprised 11% of total patients' episodes reported to BCCA in 2019, compared with a long-term average for the BCCA of 8% reported previously.

Colorectal cancer patients under 50 years (2019)



Age and gender distribution of colorectal cancer patients (2019)



Colorectal cancers diagnosed with National Bowel Cancer Screening Program (NBCSP) continue to be diagnosed at an earlier stage compared to cancers diagnosed via other means.

Stage of national FOBT screened vs non-national FOBT-screened colorectal cancers (2019)



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