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Authors: S.E. Versteeg, V.K.Y. Ho, S. Siesling, M. Varkevisser

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# Centralisation of cancer surgery and the impact on patients' travel burden

S.E. Versteeg<sup>1</sup>, V.K.Y. Ho<sup>2</sup>, S. Siesling<sup>2,3</sup>, M. Varkevisser<sup>1\*</sup>

<sup>1</sup> Erasmus School of Health Policy & Management (ESHPM), Erasmus University, Rotterdam, The Netherlands

<sup>2</sup> Department of Research, Netherlands Comprehensive Cancer Organisation (IKNL), Utrecht, The Netherlands

<sup>3</sup> Department of Health Technology and Services Research, Technical Medical Centre, University of Twente, Enschede, The Netherlands

\* Corresponding author: varkevisser@eshpm.eur.nl

## Highlights

- Centralisation may not necessarily increase cancer patients' travel burden because patients now sometimes travel to lower-volume hospitals located further away.
- If travel burden increases, the impact could be higher for vulnerable patient groups.
- From a health policy perspective, non-clinical effects like the potential increase in patients' travel burden should be considered when discussing the centralisation of care.

**Abstract:** Recent years have seen increasing trends towards centralisation of complex medical procedures, including cancer surgery. The impact of these trends on patients' travel burden is often ignored. This study charts the effects of different scenarios of centralising surgery on the travel burden for patients with cancer of the digestive tract, particularly among vulnerable patient groups. Our analyses include all surgically treated Dutch patients with colorectal, stomach or oesophageal cancer diagnosed in 2012–2013. After determining patient's actual travel burden, simulations explored the impact of continued centralisation of cancer surgery under four hypothetical scenarios. Compared to patients' actual travelling, simulated travel distances under relatively 'conservative' scenarios did not necessarily increase, most likely due to current hospital bypassing. Using multivariable regression analyses, as a first exercise, it is examined whether the potential effects on travel burden differ across patient groups. For some cancer types, under more extreme scenarios increases in travel distances are significantly higher for older patients and those with a low SES. Given the potential impact on vulnerable patients' travel burden, our analysis suggests a thorough consideration of non-clinical effects of centralisation in health policy.

**Keywords:** Centralisation, Travel burden, Cancer surgery

## Introduction

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