

Rural Cancer Patients Do Just as Well When Having Surgery Close to Home

Long travel times and costs associated with travel can be a significant burden for many cancer patients living in rural communities.

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Key Takeaways

- Rural patients often face greater travel distances when seeking coordinated medical care, which can affect the timeliness and quality of their cancer treatment.
- New analysis shows that patients with lung or colon cancer had similar surgical outcomes and mortality rates whether they underwent surgery at a local rural or urban facility.
- Study provides preliminary evidence that many rural cancer patients can receive complex surgical care locally to reduce their travel burden, the authors said.

CHICAGO — Adults living in rural communities often travel long distances when seeking treatment for cancer, but distant travel may not always be necessary to receive high-quality surgical care, according to a [new analysis](#) published in the Journal of the American College of Surgeons (JACS).

The analysis, focused on adults with colon or lung cancer living in rural communities, found that patients who underwent surgery for their cancer closer to their home had similar outcomes to those who traveled to more distant urban facilities.

The findings provide promising preliminary evidence that complex surgery for certain cancers can be performed safely and with just as good results at smaller community hospitals, said first author Michael E. Egger, MD, FACS, MPH, an associate professor of surgery at the University of Louisville School of Medicine in Louisville, Kentucky, and past president of the American College of Surgeons (ACS) Kentucky Chapter.

“Cancer patients in rural areas often have a harder time accessing high-quality, multidisciplinary cancer care,” he said. “But traveling long distances for surgery is not practical for all patients, nor is it sustainable for high-volume urban facilities already at capacity. To better address health care

disparities in rural communities, we wanted to understand where rural cancer patients seek surgical care and whether receiving it locally or farther away affected their outcomes.”

Using Surveillance, Epidemiology, and End Results (SEER) data, Dr. Egger and his team analyzed the surgical outcomes of 10,383 rural patients with colon cancer and 6,006 with lung cancer. Researchers selected lung and colon cancers because they are common cancers often treated surgically and with other approaches.

Patients were aged 65 or older, enrolled in Medicare, and resided in a rural area, defined as any area outside a [Metropolitan Statistical Area](#) as determined by ZIP code. Researchers analyzed data from patients with Stages 1-3 cancers, excluding Stage 0 (pre-cancer) and Stage 4 cancers, to better account for surgical complexity.

Study Results

- A large percentage of patients with lung cancer traveled for their surgery, but undergoing care closer to home was also common: More than half (54%) of colon cancer patients and a quarter of lung cancer patients underwent surgery for their cancer at a local hospital or cancer facility.
- Similar demographics: Patients had similar demographics, stage of cancer, health status, and complexity of surgery needed. A slightly higher number of patients treated at rural facilities were eligible for Medicaid (10% vs. 8%).
- Reassuring surgical outcomes for both groups: Patients had similar surgical outcomes and mortality rates whether they were treated at a rural or urban facility. Mortality rates at 90 days were about 5% for lung cancer patients and about 7% for colon cancer patients. Hospital readmission rates were approximately 10% for lung cancer patients and 14% for colon cancer patients.
- Patients treated at urban facilities traveled farther and longer: Compared with local care, treatment at urban facilities required substantially more travel for rural patients. Colon cancer patients traveled about three times farther (about 33 additional miles, 35 more minutes), while lung cancer patients traveled nearly twice as far (about 26 additional miles, 23 more minutes).

Dr. Egger cautioned that although some patients in rural communities may still need to travel for cancer treatment — either by necessity or preference — this study provides preliminary evidence that complex surgical care can be delivered successfully at local hospitals.

“Long travel times and costs associated with travel can be a significant burden for many cancer patients living in rural communities,” he said. “As hospital systems regionalize care, it is going to

be important to determine which patients can receive care more locally and who may benefit from receiving more centralized care.”

The study is limited to Medicare-eligible enrollees (65 years and older) and to states that contribute to SEER, which may not be representative of all patients diagnosed with lung or colon cancer, Dr. Egger added. The study also did not account for why patients were treated at rural or urban facilities — for example, whether this was due to patient preference or referral patterns.

As part of a long-term project supported by the [American Cancer Society](#), the next phase of research will examine the unique characteristics of rural and urban facilities that achieved strong patient outcomes, and will examine comprehensive cancer care beyond the immediate postoperative period.

“Surgery is just one important part of a cancer patient’s continuum of care, which may also include chemotherapy, radiation treatment, or other therapies,” Dr. Egger said. “Disparities in cancer treatment may be caused by delays in screening or treatment after surgery. Some of our future research will examine what we can learn from high-performing facilities to improve cancer care for rural patients.”

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This study is published as an [article in press](#) on the JACS website.

Research was presented at the 137th Annual Meeting of the [Southern Surgical Association](#) in Hot Springs, Virginia, December 7-10, 2025.

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