

Title: Cancer Treatments are Limited in Rural Areas

Author: Mikeah-Anthony Smith

Background/ Purpose: Due to limited availability of specialists, family practitioners in rural communities are more likely to have experience with cancer treatment (Mitchell et al., 2012). We sought to determine how rurality status impacts the primary care provider patients visit for their cancer treatment.

Methods: We used responses from 6,688 from the 2022 Behavioral Risk Factor Surveillance System data to examine the association of urban versus rural residency to primary provider of cancer treatment.

Results: A crosstabulation found that rural cancer patients were more likely to visit their family practitioner than those who live in urban areas, χ^2 (DF = 1) = 21.06, $p = <.001$. Urban patients were more likely to visit their general practitioner, χ^2 (DF = 1) = 4.91, $p = .027$. Results for other practitioners were not significant.

Conclusion: People in rural communities are more likely to see their family practitioner for cancer treatment than a cancer specialist. This is possibly due to lack of access to cancer specialists in rural communities. Future analyses could compare the oncological experiences of rural versus urban family practitioners.

Mitchell, G. K., Burridge, L. H., Colquist, S. P., & Love, A. (2012). General Practitioners' perceptions of their role in cancer care and factors which influence this role. *Health & Social Care in the Community*, 20(6), 607–616.
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