



was low. On the other hand, Sudan has no national population-based cancer registry. The main sources of cancer data are the hospital-based case series at the only two oncological centres in the country, both located in the densely populated Central Sudan, i.e., the Radiation and Isotope Center in Khartoum (RICK), Khartoum State, and the National Cancer Institute of the University of Gezira (NCI-UG) in Wad Medani [5]. We aimed to measure the impact of colorectal cancer surgery and the presence of the stoma on various aspects of the quality of life of Sudanese patients suffering from colorectal cancer which is a major contributor to the cancer burden worldwide.

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A cross-sectional study was conducted at Soba University Hospital in Khartoum state, Sudan, between 2015-2018 to assess the quality of life for patients who underwent surgery for Colorectal Cancer. We included all living patients who underwent colorectal cancer surgery at Soba University Hospital from 2015 to 2018. We excluded all newly diagnosed patients who didn't undergo colorectal cancer surgery.

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Formal informed consent was taken from all the respondents and the study was approved by Soba Centre for Audit and Research, Khartoum, Sudan.

Q

After the surgery, demographic and clinical data were collected from included participants. Quality of life was assessed *via* interview using the 36-item Short Form (SF-36) survey which contains the following domains: physical functioning, role limitations due to physical health, emotional problems, energy/fatigue, emotional well-being, social functioning, pain, and general health. The scores for each domain range from 0 to 100. We used the Arabic version of SF-36 [8].

S

Data were analyzed using R software version 4.0.2. Descriptive statistics were performed for patients' data and quality of life scores. Categorical data were presented as frequencies and percentages, while continuous data such as age and quality of life scores were reported as mean \pm Standard Deviation (SD). Finally, non-parametric tests such as the Mann-Whitney test (Wilcoxon Rank Sum Test) were used to explore differences in quality of life scores among groups.

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data, so limitation was only to interview the patients and this could be improved by better documentation and further increase the number of participants. This cross-section study results are significantly affected by information, interviewer and observer bias.

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We would like to acknowledge Dr. Mutaz Shaheen and Dr. Tarig Ahmed for their support during the data collection for this research.

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