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REVIEW ARTICLE

The Rectal Cancer Project of the Spanish Association of Surgeons



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Abstract The Spanish Rectal Cancer Project was established in 2006, inspired by the Norwegian Rectal Cancer Project. It consisted of an educational project aiming to introduce mesorectal excision surgery to surgeons, pathologists and radiologists to establish a network of the Spanish National Health Service in Spain.

Methods: All hospitals covering a population area of at least 300,000 inhabitants and operating on more than 12 patients per year were invited to participate. The project was carried out similarly to the Norwegian one. Several “hands on” workshops were arranged yearly between 2006 and 2012. A central registry measured the effectiveness of the project with feedback to participating institutions of their own results compared with the national average.

Results: The National Health System consists of 261 hospitals of which 103 were included in the project. Of these 23 were excluded due to non-compliance with data registration. Therefore, the analysis included results from 80 hospitals covering a geographical area with 19,329,992 inhabitants. From 2006 to 2015 a total of 14,815 patients had a curative resection. The postoperative mortality rate was 1.8%; postoperative complications were observed in 39.9% patients; 10% developed anastomotic leakage and 9% required reoperation. The outcomes observed in 3088 cancer patients who have completed a five-year follow-up were: 6.2% local recurrence, metastasis 18.8% and 73.5% overall survival.

Conclusions: This project shows that the results obtained in Scandinavia have been reproduced in a larger population in Spain applying a similar methodology focused on the spread of competence and auditing of results.

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PALABRAS CLAVE

Cáncer de recto;
Base de datos
multicéntrica;
Docencia

El Proyecto de cáncer de recto de la Asociación Española de Cirujanos

Resumen La Asociación Española de Cirujanos inició en 2006 una iniciativa docente inspirada en el Norwegian Rectal Cancer Project con el objetivo de introducir la escisión del mesorrecto a: cirujanos, patólogos y radiólogos y constituir una red de hospitales para tratar el cáncer de recto en el Sistema Nacional de Salud Español.

Métodos: Todos los hospitales que cubrían una población de 300,000 o más habitantes y que realizaran, como mínimo, 12 resecciones de recto al año fueron invitados a participar. El proyecto, que imitó al noruego, consistió en cursos teórico-prácticos anuales entre los años 2006 y 2012. Para evaluar la eficacia del proyecto se creó un registro centralizado que enviaba a cada hospital sus resultados comparados con las tasas nacionales.

Resultados: El Sistema Nacional de Salud consta de 261 hospitales de los cuales 103 fueron incluidos en el proyecto. De ellos, 23 han dejado de participar por incumplimiento en el envío de datos. Por tanto, el análisis incluye los resultados de los 80 hospitales que atienden a una población de 19.329,992 habitantes. Entre 2006 y 2015, 14,815 pacientes fueron tratados con una resección del recto curativa. La tasa de efectos adversos han sido: mortalidad operatoria: 1.8%; complicaciones postoperatorias: 39.9%; dehiscencia anastomótica: 10%; y necesidad de una reintervención: 9.0%. Los resultados oncológicos observados en 3088 pacientes que han completado un seguimiento de cinco años han sido: recidiva local 6.2%, metástasis en el seguimiento 18.8% y supervivencia general 73.5%.

Conclusiones: Este proyecto muestra que los resultados conseguidos en Escandinavia se han alcanzado en España aplicando una metodología centrada en difundir el procedimiento y auditar los resultados.

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Historical background

Before the 1990s local recurrence rate of rectal cancer was offensively high in many countries, and percentages of 20–45% are found in the literature.^{1–3} The poor results after radical surgery for rectal cancer, to a great extent caused by the detrimental effect of local recurrence, was regarded as an irrefutable fact. As a consequence professional bodies advocated adjuvant radiotherapy and adjuvant chemoradiotherapy as a standard treatment.^{4–5}

However, in 1986 Heald and Ryall⁶ reported a 4 per cent local recurrence rate using total mesorectal excision (TME) without adjuvant treatment. This result was held to be a consequence of optimized surgical technique and performance, emphasizing a meticulous dissection in the anatomical plane surrounding the mesorectal fascia, which is the landmark of total mesorectal excision. This technique ensures that the main pathway of cancer spread (i.e. the mesorectum) is dissected out, removing the lymph nodes in the drainage area of the rectum.

Even though other institutions published similar results,⁷ the usefulness of this technique was not considered proven until the Norwegian Rectal Cancer Project published its results in 2002.⁸ This project aimed to improve rectal cancer care because Norwegian professional bodies considered the national results inadequate. They examined the outcome of rectal cancer surgery during implementation of TME on all the hospitals of Norway performing rectal cancer surgery. It was found that the risk of local recurrence decreased by a half (i.e. from 12% to 6%) using TME compared to conventional surgery. Furthermore, the marked

reduction of local recurrence was followed by a substantial increase of overall survival from 55% to 67%. As neither adjuvant nor neoadjuvant treatments were used, the improved oncologic outcomes could only be attributed to surgery. Furthermore, this project showed that this technique could be implemented nationwide.

The results of the Norwegian Rectal Cancer Project, that achieved national rates of local recurrence and survival comparable to many centres of excellence in the world, have been confirmed in other studies in Scandinavia,^{9,10} the Netherlands,¹¹ and Great Britain.¹²

At the same time a national survey promoted by the Spanish Society of Surgeons (AEC) showed that total mesorectal excision was not routinely used in Spain.¹³ Moreover, the Ministry of Health¹⁴ commissioned the AEC a study on the outcomes of surgery for rectal cancer in Spain. The study concluded that the results were unknown.

Based on this amount of information the AEC decided in 2004 that TME should be recommended as the preferred technique for rectal resections. In 2006 the Spanish Society of Surgeons launched a project inspired by the Norwegian Rectal Cancer Project.⁸ This initiative aimed to introduce total mesorectal excision (TME) to multidisciplinary teams of surgeons, pathologists, and radiologists to establish a network of hospitals in the National Health Service in Spain. The project was carried out similarly to the Norwegian one applying a similar methodology focused on the spread of competence and auditing of results. In the absence of previous data in Spain, in order to see if the results achieved by the MDTs with this initiative were adequate, it was decided to compare Spanish results with those achieved in

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