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## Original article

# Analysis of the Quality of Care in Surgical Treatment of Colorectal Cancer: National Study. Follow-up Results<sup>☆,☆☆</sup>



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## A B S T R A C T

**Objectives:** Using the cases included in the study on the quality of care in colorectal cancer conducted by the Spanish Association of Surgeons in 2008, we present follow-up data.

**Method:** Multicenter, descriptive, longitudinal and prospective study of patients operated on a scheduled basis for colorectal cancer. 35 hospitals have contributed data on 334 patients. Follow-up data included: survival, recurrence and complications.

**Results:** Mean follow-up was 28.61±11.32 months. Follow-up by the surgeon was 69.2%, tumor recurrence was 23.6%, in 83.3% it was systemic; and 28.2% underwent salvage surgery. Overall survival was 76.6%, disease-free survival 65.6% (26.49±11.90 months). Tumor related mortality was 12.6%. Percentage of ventral hernias was 5.8% and intestinal obstruction was 3.5%.

**Conclusions:** Quality and results of follow-up of patients operated on for CRC in Spain are similar to those reported in the scientific literature. Areas for improvement included: follow-up, earlier diagnosis, increased adjuvant and neoadjuvant treatments and total mesorectal excision as standard surgery for rectal cancer.

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## Análisis de la calidad asistencial en el tratamiento quirúrgico del cáncer colorrectal. Estudio de ámbito nacional. Resultados del seguimiento

### R E S U M E N

#### Palabras clave:

Cáncer de colon y recto  
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**Objetivos:** Tomando como referencia la casuística del «Estudio sobre la calidad asistencial en el cáncer colorrectal», llevado a cabo por la Asociación Española de Cirujanos en el año 2008, se analiza el seguimiento de los pacientes.

**Método:** Estudio multicéntrico, descriptivo, prospectivo y longitudinal de pacientes intervenidos de forma programada por cáncer colorrectal (CCR). Han participado 35 hospitales, aportando 334 pacientes. Se han recogido datos del seguimiento: supervivencia, recidivas y complicaciones.

**Resultados:** Seguimiento medio  $28,61 \pm 11,32$  meses. Seguimiento por Cirugía General 69,2%, recidiva tumoral fue del 23,6%, el 83,3% sistémica; el 28,2% fue sometido a cirugía de rescate. La supervivencia global fue del 76,6% y la supervivencia libre de enfermedad del 65,6% ( $26,49 \pm 11,90$  meses). La mortalidad relativa fue del 12,6%. El porcentaje de eventraciones fue del 5,8% y la obstrucción intestinal del 3,5%.

**Conclusiones:** El nivel de calidad y los resultados del seguimiento de los pacientes intervenidos por CCR en España son similares a los observados en la literatura internacional.

**Existen áreas de mejora:** seguimiento, diagnóstico más temprano, aumentar tratamientos adyuvantes y neoadyuvantes y establecer la escisión total del mesorrecto como cirugía estándar en cáncer de recto.

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## Introduction

Colorectal cancer (CRC) is the second most frequent neoplasm in developed countries. Although its incidence is on the rise, mortality rates have dropped in recent years, fundamentally due to scientific advances that have been able to improve diagnostic and treatment methods.<sup>1</sup>

The Spanish Association of Surgeons has initiated a series of projects that, from a management perspective, aim to evaluate the current situation of the most relevant diseases in our setting, among them CRC.<sup>2</sup> Due to its prevalence, CRC is a “tracer” condition that allows us to determine the overall quality of healthcare in our country. In spite of its complexity, it is an illness that is treated at all medical care levels, which enables us to analyze the therapeutic management of patients and to compare our data with the results of international publications.

In the year 2000, a project was started to analyze the quality of healthcare in the surgical treatment of CRC.<sup>2-4</sup> Continuing with this line of research, in 2008 the analysis was repeated with a new group of patients in a multi-center study, which was extended to include more study variables and follow-up.<sup>5</sup>

The aim of the present paper is to complement the data obtained from the 2008 study with information from the follow-up of the participating patients.

## Methods

This was a prospective, multi-center, descriptive, longitudinal study with variables referring to the post-2-year follow-up stage of patients who had been treated surgically for CRC in the previous 2008 study.<sup>5</sup>

Two years after the start date of the study (1 February, 2008), we sent a questionnaire with 12 variables to the

participating Surgery Departments (50 hospitals from 15 Spanish *autonomous communities/provinces*, with 496 patients in 2008). The follow-up and its dates were evaluated, specifying whether this took place in the general surgery or oncology departments, or both, and whether it was in person, in the outpatient clinic or by telephonic interview.

Data were collected for tumor recurrence (colon/rectum), type (local, systemic or both) and rescue surgery. We analyzed their correlation with tumor stages, lymph node involvement, surgeon who performed the surgery (colorectal specialist or other), type of surgical resection in the case of rectal cancer (lower anterior resection, abdominoperineal resection, total mesorectal excision) as well as neoadjuvant/adjutant therapies.

Likewise, we recorded survival, disease-free survival (DFS), mortality, percentage of tumor-related deaths, later complications (intestinal obstruction and incisional hernias) and their relationship with the surgical technique used (open surgery vs laparoscopy).

Statistical analysis of the descriptive study showed that the qualitative variables are expressed by the number of cases (n), as well as by the percentage of the total number of cases of the variable in question.

The comparative analysis was performed using Pearson's chi-square test for categorical variables.

To perform these tests, the SPSS v.15.0 statistical program for Windows was used (Chicago, IL, USA). The differences were considered significant when the P value associated with the contrast statistical analysis was less than .05.

## Results

Of the 50 participating centers including 496 patients in the 2008 study, 35 hospitals responded with the information of 341 patients (67.3% of the patients included in the first study).

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