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## Original article

# Oncological Results of the Educational Rectal Cancer Project in Spain 10 Years After Its Implementation<sup>☆</sup>



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## ABSTRACT

**Introduction:** The objective of this observational, prospective, multicenter and multilevel study was to evaluate the oncological outcomes (local recurrence, metastasis and overall survival) of the Rectal Cancer Project of the Spanish Association of Surgeons (AEC) 10 years after its initiation, comparing the results with Scandinavian registries.

**Methods:** The AEC teaching project database includes 17 620 patients to date, of which 4508 were operated on with a potentially curative resection between March 2006 and December 2010. All of them come from the first 59 hospitals included in the project, and therefore followed for at least 5 years, and are the subject of the present study.

**Results:** The cumulative incidence of local recurrence was 7.3 (95% CI: 8.2–6.5), metastasis 21.0 (CI 95%: 22.4–19.7) and overall survival 72.3 (CI 95%: 80.3–77.6). The multilevel regression analysis with the hospital variable as a random effect, showed a significant variation among the hospitals for the cancer outcome variables: general survival, local recurrence and metastasis ( $\delta^2=0.053$ ).

**Conclusions:** This study indicates that the results observed in the AEC' Rectal Cancer Project are inferior than those observed in the Scandinavian registries that we tried to emulate and that this is attributable to the variability of practice in some centers.

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<sup>◇</sup> In [Appendix](#) you can consult the list of the participating centers in the Project of the Ca'ncer de Recto of the Spanish Association of Surgeons.

## Resultados oncológicos del Proyecto docente del Cáncer de Recto en España 10 años después de su inicio

### R E S U M E N

#### Palabras clave:

Cáncer de recto  
 Recidiva local  
 Metástasis  
 Supervivencia global

**Introducción:** El objetivo de este estudio observacional, prospectivo, multicéntrico y multinivel ha sido evaluar los resultados oncológicos (recidiva local, metástasis y supervivencia global) del Proyecto del Cáncer de Recto de la Asociación Española de Cirujanos (AEC) 10 años después de su inicio, comparando los resultados con los registros escandinavos.

**Métodos:** La base de datos del proyecto docente de la AEC incluye hasta la fecha a 17.620 pacientes, de los cuales 4.508 fueron operados con una resección potencialmente curativa entre marzo de 2006 y diciembre de 2010. Todos ellos son provenientes de los primeros 59 hospitales incluidos en el proyecto, y por tanto seguidos al menos durante 5 años, y constituyen el objeto del presente estudio.

**Resultados:** La incidencia acumulada de recidiva local fue 7,3 (IC 95%: 8,2-6,5), la de metástasis fue 21,0 (IC 95%: 22,4-19,7) y la de supervivencia global, 72,3 (IC 95%: 80,3-77,6). El análisis de regresión multinivel, con la variable hospital como un efecto aleatorio, mostró una variación significativa entre los hospitales para las variables de resultado oncológico: supervivencia general, recidiva local y metástasis ( $\delta^2 = 0,053$ ).

**Conclusiones:** Este estudio indica que los resultados observados en el Proyecto del Cáncer de Recto de la AEC son inferiores a los observados en los registros de Escandinavia a los que tratamos de emular y que ello es atribuible a la variabilidad de la práctica en algunos centros.

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## Introduction

In order to determine the oncological results of rectal cancer treatment in Spain and whether these outcomes could be improved, the Spanish Association of Surgeons (Association Española de Cirujanos, AEC) introduced a project<sup>1</sup> in 2006 inspired by the Norwegian Colon and Rectal Cancer Project.<sup>2</sup> The objective of this teaching initiative was to disseminate and systematize mesorectal excision surgery initially, and later extended abdominoperineal excision,<sup>3</sup> to the multidisciplinary groups of the 105 hospitals of the National Healthcare System that requested it and fulfilled the required conditions from 2006 to 2012 (Appendix).

The aim of this study was to evaluate the oncological results achieved by this teaching initiative 10 years after its inception and to determine whether these results have achieved the quality standards observed in the registries of the Scandinavian countries, which this project attempts to imitate.

## Methods

This multicenter observational study was carried out using the prospective database of the Rectal Cancer Project of the AEC.

**Patient selection.** Included for study were patients who had been treated with elective surgery at the first 59 hospitals included in the project, between March 1, 2006 and December

1, 2010, with curative resections of the rectum and with or without restoration of intestinal continuity: anterior resection (AR); abdominoperineal resection (APR) and Hartmann procedure.

We excluded non-surgical patients and those treated with non-resective operations: exploratory laparotomy or laparoscopy, stoma, and diversions. Also excluded were those who underwent the following techniques: local resection, proctocolectomy, and pelvic exenteration. Excluded as well were patients whose operations were not considered curative and patients with involvement of the distal histopathological margin and patients with urgent surgery.

**Study variables.** The study outcome variables were: local recurrence, metastases that appeared during follow-up, and overall survival. Confounding variables included: sex, age categorized into 3 groups (<65, 65–80, >80 years), surgical risk (measured by the ASA anesthetic risk level), tumor location classified into 3 groups from the anal margin (0–6, 7–12, 13–15 cm), type of mesorectal excision (partial or total), type of operation performed (AR, APR, Hartmann procedure), intraoperative perforation of the tumor or rectum, status of the circumferential resection margin (CRM) (free or tumor invasion), use of neoadjuvant and adjuvant treatment, and the pathological stage of the tumor.

**Definitions and standards.** According to the Clasificación Internacional de Enfermedades (CIE10-C20), rectal tumors were defined as those situated in the last 15 cm measured from the anal margin using rigid rectoscope or magnetic resonance imaging (MRI).<sup>4</sup>

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