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Improving quality of colorectal cancer care: Multidisciplinary collaboration on clinical auditing and outcomes research

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The Circumferential Resection Margin (CRM) is a significant prognostic factor for local recurrence, distant metastasis, and survival after rectal cancer surgery. Therefore, availability of this parameter is essential. Although the Dutch total mesorectal excision trial raised awareness about CRM in the late 1990s, quality assurance on pathologic reporting was not available until the Dutch Surgical Colorectal Audit (DSCA) started in 2009. The present study describes the rates of CRM reporting and involvement since the start of the DSCA and analyzes whether improvement of these parameters can be attributed to the audit. Data from the DSCA (2009-2013) were analyzed. A total of 12,669 patients were included for analysis. The mean percentage of patients with a reported CRM increased from 52.7% to 94.2% (2009-2013) and inters hospital variation decreased. The percentage of patients with CRM involvement decreased from 14.2% to 5.6%. Low hospital volume (<20 cases/year) was independently associated with a higher risk of CRM involvement [odds ratio (OR)=1.33; confidence interval (CI)=0.93-1.90]. Absolute percentages of CRM involvement were 8% and 12% after LAR and APE. In multivariable analysis, the year of DSCA registration remained a significant predictor of CRM involvement. After the introduction of the DSCA, a dramatic improvement in CRM reporting and a major decrease of CRM involvement after rectal cancer surgery have occurred. This study suggests that a national quality assurance program has been the driving force behind these achievements.

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