

Towards the centralization of digestive oncologic surgery: changes in activity, techniques and outcome

Key words: Digestive oncology surgery. Volume. Mortality. Outcomes. Regionalization.

Dear Editor,

I have read the article by Tebé et al. (1), "Towards the concentration of digestive oncology surgery: changes in activity, techniques and results" the content of which is shared by a vast majority of professionals. Therefore, I would like to provide some feedback on the content of this article.

The authors allude to the inverse relationship between hospital volume and surgical mortality, in tumors such as esophageal and pancreatic cancer (2,3). However, on a nationwide level, many high-volume centers do not have certified units and/or surgeons. In addition, the cutting-edge technology is not generalized and results are not made public. Currently, an important discussion is underway with regard to the outcomes that should be analyzed, i.e. those of the center, those of the surgeon, or both considered as factors that affect mortality and the number of cases. An enormous effort is being made by the UEMS with regard to medical training and the care provided to patients which focuses on standards (4). The main goal is to guarantee the quality of specialized assistance and therefore the certification of medical specialists and/or hospitals. Likewise, the safety culture and the generalization of the surgical checklist, multidisciplinary and multi-center approaches, the reorganization of patient distribution, mobility of cer-

tified professionals and analysis of results are likely to be as useful as the centralization in the majority of risky procedures (2,5).

We should not forget that in any "processes", not only in cancer, care must be "patient-centered" and we have the ethical and professional duty to offer the best options in order to obtain the best results (5). Therefore, centralization of complex procedures with their distinctive features is a clear commitment in the future.

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REFERENCES

1. Tebé C, Pla R, Espinàs JA, et al. Towards the centralization of digestive oncologic surgery: changes in activity, techniques and outcome. Rev Esp Enferm Dig 2017;109(9):634-42. DOI: 10.17235/reed.2017.4710/2016
2. Finks JF, Osborne NH, Birkmeyer JD. Trends in Hospital Volume and Operative Mortality for High-Risk Surgery. N Engl J Med 2011;364:2128-37. DOI: 10.1056/NEJMsa1010705
3. Vera R, Fernández A, Ferrer CJ, et al. Procedures and recommended times in the care process of the patient with pancreatic cancer: PAN-TIME consensus between scientific societies. Clin Transl Oncol 2017;19:834-43. DOI: 10.1007/s12094-016-1609-7
4. Papalois V. Training, education, accreditation and professional development in surgery in Europe: the perspective of the European Union of Medical Specialist (UEMS). Cir Esp 2017;95:131-4. DOI: 10.1016/j.ciresp.2017.03.001
5. Codina-Cazador A, Biondo S. Specialized referral centers for rectal cancer. Cir Esp 2015;93:273-5. DOI: 10.1016/j.cireng.2015.03.001