

AB098. Textbook surgical outcomes in oesophageal cancer: the influence of national key performance indicators

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Background: High quality surgery remains the cornerstone of treating oesophageal malignancy. Recent work from the Dutch Upper-gastrointestinal Cancer Audit (DUCA) has defined ten surgical and perioperative ‘textbook’ parameters that correlate with improved overall survival. The aim of this project was to examine the proportion of patients attaining ‘textbook’ outcomes for oesophagectomy in our unit before and after the introduction of national key performance indicators (KPIs).

Methods: A retrospective review of all oesophagectomies from January 2010 until June 2019 was performed. Clinical, pathological, perioperative, morbidity and mortality outcomes were recorded. Specifically, 10 ‘textbook’ parameters were studied in the pre- and post-KPI era.

Results: A total of 269 patients underwent oesophagectomy in the study period, 77 pre-KPI and 192 post-KPI. There were no significant differences in age (64.7 *vs.* 63.5 years, $P=0.4$), gender (71% male, 29% female *vs.* 77% male, 23% female, $P=0.27$), ASA grade ($P=0.6$) or tumour stage ($P=0.37$) pre- and post-KPI. In the pre-KPI era, 8/77 (10%) patients achieved all ten textbook parameters, compared with 79/192, (41%, $P=0.001$) post-KPI. This compares favourably to DUCA ‘textbook’ data. There was an improvement in adequate lymphadenectomy (85% *vs.* 52%, $P=0.001$), a reduction in margin positivity (7% *vs.* 18%, $P=0.03$) and peri-operative mortality (3% *vs.* 9%, $P=0.02$) post-KPI.

Conclusions: There has been a significant improvement in perioperative and pathological outcomes in oesophagectomy following the introduction of national KPIs in our unit. The number of patients achieving ‘textbook’ outcomes is comparable with international standards. The identification of textbook parameters allows further focus for future quality improvement initiatives.

Keywords: Esophageal cancer; national key performance indicators; textbook outcomes

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