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Cathcart, PJ; van der Meulen, J; Emberton, M; Kelly, J (2010) Volume-mortality for cystectomy Centralisation of cancer services vindicated. *BMJ (Clinical research ed)*, 340. c3336. ISSN 0959-8138 DOI: <https://doi.org/10.1136/bmj.c3336>

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Letters Volume-mortality for cystectomy

Centralisation of cancer services vindicated

BMJ 2010; 340 doi: <http://dx.doi.org/10.1136/bmj.c3336> (Published 22 June 2010) Cite this as: BMJ 2010;340:c3336

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Mayer and colleagues evaluated the relation between volume and mortality for radical cystectomy in England.¹ Their finding—that patients undergoing surgery in medium volume hospitals have a poorer outcome than those in low volume hospitals—contrasts with most published data.^{2 3}

A weakness of Mayer and colleagues' study is that they report only short term outcomes after radical cystectomy—namely, inhospital and 30 day mortality. Mortality after cystectomy has been reported to rise significantly beyond 30 days.⁴

To evaluate whether hospital volume influences longer term outcomes after cystectomy, we identified patients undergoing radical cystectomy, again within the hospital episode statistics database, but slightly more recently (2002-3 and 2007-8).

Like Mayer and colleagues, we found that 30 day mortality was not statistically different between the hospitals of different volumes (low 3.0%, medium 2.7%, and high 2.4%; $P=0.22$). However, when we evaluated 90 day mortality, high volume hospitals significantly outperformed both medium and low volume hospitals (low 7.6%, medium 6.2%, high 5.7%; $P=0.007$).

The National Institute for Health and Clinical Excellence (NICE) recommends that radical cystectomy be performed only in hospitals doing more than 50 pelvic cancer procedures a year.⁵ Although we did not adjust for structural and processes of care as Mayer and colleagues did, our results support this guidance. When outcomes of pelvic cancer surgery are being evaluated, analysis of 30 day mortality may result in erroneous conclusions.

Notes

Cite this as: *BMJ* 2010;340:c3336

Footnotes

- Competing interests: JK is chair of the NCRI Bladder Clinical Studies Group.

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