CORRESPONDENCE

Letters to the Editor

Outcome Quality After Colorectal Cancer Resection in Certified Colorectal Cancer Centers

by Christoph Kowalski et al. in issue 48/2022

Clinically Relevant Consequences Are Lacking

41 authors published data on the quality of life of 4239 patients having undergone tumor resections in 102 certified colorectal cancer centers (1). The results are sparse and do not provide any pointers for optimization options or the advantages that treatment in a certified center should yield.

Unfortunately the timing of the initial questionnaire survey, which forms the basis of the analysis, is not consistent. It stands to reason that the timing of the survey significantly affects patient reported outcomes.

Stomata were evaluated separately. But it is not clear which proportion of stomas present after 12 months were non-reversed ones and which proportion was newly placed because of complications. It is not clear either which stomata were positioned protectively and which ones definitively. On the one hand the authors report an improvement in abdominal pain and simultaneously a worsening of pain without providing an explanation for this divergence.

In spite of external funding and the enormous bureaucracy involved in running a certified center the only parameter that would be appropriate for drawing conclusions regarding general comorbidities and perioperative risk assessment—the categorization based on the classification of the American Society of Anesthesiologists (ASA)—remains unknown in 39.9% of patients with rectal carcinoma and 38.6% of those with colon carcinoma.

It is difficult to draw clinically valid ("quality of outcomes") conclusions if different tumor entities, different therapeutic modalities, and different surgical approaches are mixed up in one cohort; furthermore the data are incomplete. We need approaches that can be implemented clinically so as not to conclude—as the article does (1)—that for a better quality of life after treatment in a certified colorectal cancer center, patients need to be male and older and need to have a better school education and private health insurance.

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Reference

1. Kowalski C, Sibert NT, Breidenbach C, Hagemeier A, et al.: Outcome quality after colorectal cancer resection in Certified Colorectal Cancer Centers—patient-reported and short-term clinical outcomes. Dtsch Arztebl Int 2022; 119: 821–8.

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Conflict of interest statement
The author declares that no conflict of interest exists.

In Reply:

We thank Prof Mroczkowski for his comments on our article (1). They show that patient reported outcomes (PROs) and their use in reflecting outcome quality meet with interest. They also make it obvious/clear once again that no established routines exists as yet for many aspects of practical use and interpretation. Current attempts to canonize what is known regarding PROs mostly consider aspects of monitoring/treatment planning for individual patients (2).

Firstly, let us rectify/clarify several issues. The comment that the timing of the initial questionnaire is inconsistent is not appropriate. The initial survey took place before the treatment was started (neoadjuvant treatment or surgery), as described in our article (1). The (implicit) demand by Prof Mroczkowski that all survey participants need to be questioned at exactly the same time (for example, seven days before their surgery) is unrealistic. Furthermore, the article did not aim to show "optimization options" or the advantages of "treatment in a certified center." For the former, different designs are required. The latter was shown by the WiZen Study (3). Our objective was, rather, the comparison of outcome quality between centers—which was met.

The other issues raised by Prof Mroczkowski regard primarily methodological aspects, which were actually discussed in the article—for example, the option of additional differentiated analyses, the high proportion of missing data in the ASA classification in a dataset that was otherwise mostly complete, or the multitude of scores in the established questionnaires of the European Organization for the Research and Treatment of Cancer (EORTC) (cue: pain/abdominal pain) and their interpretation. Prof Mroczkowski's comments underline important issues touched on in the discussion, but they do not cast doubt on the results of our study.

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References

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3. Schoffer O, Rößler M, Bierbaum V, et al.: Wirksamkeit der Versorgung in onkologischen Zentren (Ergebnisbericht). 2022.

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Conflict of interest statement
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