



9° Giornata della Ricerca della Svizzera Italiana Venerdì 15 marzo 2019

Modulo per la sottomissione abstract di ricerca CLINICA

Titolo (massimo **15 parole**)

Standardizing the difficulty of obtaining R0 margins. A tool evaluating the quality of liver resections.

Autori (cognome e iniziali, es: Grassi L.)

Balzarotti Canger R.C., Vitali G.C., Andres A., Cristaudi A., Fournier I., Bianchi V., Toso C., Rubbia-Brandt L., and Majno P.

Affiliazioni (ospedale o istituto, servizio o reparto, indirizzo, es: Ospedale Regionale di Lugano, Servizio di angiologia, Lugano)

Unità Cantonale Epatobilio-Pancreatica, Ente Ospedaliero Cantonale. Servizio di Chirurgia Viscerale, Ospedali Universitari di Ginevra

Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, **Metodi, Risultati, Conclusioni e Finanziamento**)

OBJECTIVES

To use the rate of R0 resections as a quality parameter for the surgery of colorectal liver metastases (CRLM).

BACKGROUND

Quality assessment of hepatectomies is generally based on morbidity, while this is not the main aim of surgery.

METHODS

We categorized liver resections by the distance from bilio-vascular structures to be preserved: Type I: ≥ 10 mm (R0 easy to obtain), Type II: 9-3mm, type III: < 3 mm. We analyzed the prevalence of first-shot pathological (fs-p) R0 and local recurrences, and tested for differences the two sites of a joint University (U) and Regional Hospital (R) program.

RESULTS

Between 2012-2015, 154 hepatectomies for CRLM were performed (104\50 at the U\R). Fs-p R0 resections in group I were 86/97 (88%), in group II 13 /29 (44%), in group III 7/28 (25%). Local recurrences were 5/97 in group I, 8/29 in group II, and 8/28 in group III ($p < 0.01$). In Group I, the rates of R0 resections, and of technical faults responsible for R1 resections, were similar at the U and R hospitals (50 of 56 - 89% at U vs 36 of 41 - 88% at R, $p = 0.8$; and 3/56 at UH and 3/41 at RH, $p = 0.7$).

CONCLUSIONS

The categories of resections were associated to the probability of fs-p R0 and local recurrences. The rate of fs-p R0 in type I resections, and the causes of R0 failures, were similar in the two hospitals, suggesting an equivalent surgical quality, and that the fs-R0 rate could be a useful additional benchmarking parameter for the quality of liver surgery.

FUNDING

None

Visto superiore* (prego indicare **Nome e Cognome** del superiore) ***campo obbligatorio**

Pietro Majno-Hurst

Criteria per sottomissione Abstract:
NO Case report
NO Abstract senza nessun risultato
VISTO da un superiore

Invio Abstract

