

Press release

Operationskvaliteten for kræft i tyktarmen og den patologiske evaluering af præparaterne

Et nyt ph.d.-projekt fra Aarhus Universitet, Health undersøger indførelsen af en ny kirurgisk teknik for behandlingen af kræft i tyktarmen på Aarhus Universitetshospital . Projektet er gennemført af Ditte Munkedal, der forsvare det d. 16. juni 2017.

Hvert år får knap 3000 personer i Danmark konstateret kræft i tyktarmen og den primære behandling er kirurgi. For at øge overlevelsen for tyktarmskræft indførte man i 2008 i Aarhus en ny og mere standardiseret kirurgisk teknik kaldet complete mesocolic excision. Samtidig blev der indført en ny patologisk evaluering at det kirurgiske præparat, som skulle vurderer den kirurgisk teknik.

Ph.d. afhandlingen har undersøgt følgende aspekter:

1) Har det været muligt tilfredsstillende at indføre denne kirurgiske teknik på Aarhus Universitetshospital? En gennemgang af journaler og patologibeskrivelser fra perioden 2008 til 2011 viste, at det var mulig at indføre dette sammen med kikkertkirurgi. Multi-disciplinære teammøder var dog nødvendige for at opretholde standarten.

2) Hvor ensartet er den patologiske vurdering af præparaterne? I en blindet undersøgelse bad fire specialiserede patologer og to kirurger om at gennemgå billederne på 100 præparater fra tyktarmskræftpatienter. Resultat viste en stor så stor variation, at sammenligning af operationskvalitet baseret på den patologiske evaluering mellem hospitaler kan være problematisk.

3) Bliver kræftknudens blodkar delt på det rette sted? Ved at CT-skanne patienterne to dage efter operationen fik vi mulighed for at måle stumpen af blodkaret efterladt inde i patienten. Resultaterne viste at karrene ikke blev delt som forventet og at undersøgelse af det udtagne præparat ikke kan bruges til at vurderer karrets deling.

Konklusionen fra studierne var at indføring af en standardiseret kirurgisk teknik er en fordel, men at den bør følges op med kontrol for at holde en høj standard.

Forsvaret af ph.d.-projektet er offentligt og finder sted den 16. juni 2017 kl. 14 i Auditorium 1, Aarhus Universitetshospital, indgang 4A, Tage-Hansens Gade 2, Aarhus. Titlen på projektet er " Complete mesocolic excision – surgery and pathological evaluation for colon cancer". Yderligere oplysninger: Ph.d.-studerende Ditte Munkedal, e-mail: dlem@clin.au.dk, tlf. 22521333

Complete mesocolic excision – surgery and pathological evaluation for colon cancer

A new PhD project from Aarhus University investigates the introduction of a new operation for bowel cancer at Aarhus University Hospital. The project was carried out by Ditte Munkedal, who is defending her dissertation on 16th June 2017.

Every year 3000 people are diagnosed with bowel cancer in the colon, and the main treatment is an operation to remove the cancer. To improve outcomes for bowel cancer patients, Aarhus University Hospital introduced in 2008 a new standardised operation called Complete Mesocolic Excision. The evaluation of the operation quality was based on a new evaluation of the cancer specimen after removal by pathologists.

The PhD. thesis assessed three aspects:

1) Was it possible to introduce this new operation for bowel cancer at Aarhus University Hospital? An evaluation of the operations and the specimens produced in the period between 2008 and 2011 revealed it was possible to introduce this technique along with key hole surgery. Regular multi-disciplinary team meetings were necessary in order to keep a high standard.

2) How uniform is the evaluation of the cancer specimens? In a blinded study we asked four specialized pathologists and two surgeons to evaluate photographs of 100 bowel cancer specimens. The results showed a large variation in how individuals evaluated the specimens and a comparison of operation quality based on this evaluation method between different hospital units may be difficult.

3) Is the supplying blood vessel to the bowel in the region of the cancer cut at the correct level? By performing a special x-ray scan two days after surgery we were able to identify and measure the remaining length of the blood vessel. Our results showed that the vessel was often not cut as expected and that examination of the cancer specimen could not be used as a surrogate for the level of cutting the vessel on an individual patient basis.

The results of our three studies indicate that the introduction of a standardised surgical technique for bowel cancer is a good initiative but it requires quality control in order to maintain a high standard.

The defence is public and takes place on 16th June 2017 at Aarhus University Hospital in Auditorium 1, entrance 4A, Tage-Hansens Gade 4, Aarhus. The title of the project is "Complete mesocolic excision – surgery and pathological evaluation for colon cancer". For more information, please contact PhD student Ditte Munkedal, email: dlem@clin.au.dk, Phone +45 22521333.