Commentary: Refining regionalization standards for esophagectomy: Paving the way to improving esophageal cancer care in Canada and beyond

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The complexity of esophageal cancer treatment can pose a challenge for some hospitals, which may lack the necessary resources or expertise to provide high-quality care for patients undergoing esophagectomy. In an effort to improve clinical care for patients with esophageal cancer, regionalization of thoracic surgical services (ie, the consolidation of health care resources to greater-volume hospitals) has occurred in several countries, including Canada, England, the Netherlands, Sweden, France, Australia, Korea, and Japan. Importantly, regionalization of thoracic surgical services has previously been shown to be associated with improvements in perioperative outcomes after thoracic surgery, including decreases in postoperative mortality.

In Ontario, Canada, the Surgical Oncology Program at Ontario Health-Cancer Care Ontario (OH-CCO), in collaboration with the Program in Evidence Based Care and an expert panel of Ontario thoracic surgeons, released the Thoracic Surgical Oncology Standards to guide the regionalization of thoracic surgical practice in 2005. Based on these standards, hospitals were defined as a Level 1 center (which required the center to have at least 3 thoracic surgeons and to perform a minimum of 20 esophagectomies per year) or as a Level 2 center (which required the center to have at least 1 thoracic surgeon, to perform a minimum of 7 esophagectomies per year, and to have a formal relationship with a Level 1 center). These standards were first implemented in 2007, resulting in the consolidation of Ontario thoracic surgical practices from 46 to 15 hospitals between 2004 and 2010.

In 2020, the Surgical Oncology Program at OH-CCO and a multidisciplinary panel reviewed and updated the Thoracic Surgical Oncology Standards in an effort to further refine the regionalization of thoracic surgical practices in Ontario, Canada, and improve patient care. In the present study, Wright and colleagues describe the quality-improvement process undertaken to update the Thoracic Surgical Oncology Standards. Based on findings from a review of existing literature and a review of real-world perioperative outcomes data (including 30-day mortality rates, 90-day mortality rates, 3-year reoperation rates, and 3-year unplanned visit rates) from the Ontario Surgical Quality Indicator report, 2 major updates were made to the Thoracic Surgical Oncology Standards. First, the Thoracic Esophageal Standards Expert Panel recommended that there should be one target esophagectomy volume for all centers, rather than 2 different volume requirements based on the center level. Second, the Panel revised the target esophagectomy volume to 15 esophagectomies per hospital and the minimum number of thoracic surgeons to 3 surgeons per hospital.

The authors should be congratulated for their work with the Surgical Oncology Program at OH-CCO to update the Thoracic Surgical Oncology Standards. The process undertaken to update these standards was rigorous and provides an excellent example for other countries considering implementing or refining regionalization standards for thoracic surgery.
surgical care. The updated Thoracic Surgical Oncology Standards are important to ensure that patients with esophageal cancer receive high-quality care and are key to improving patient outcomes after esophagectomy.

References


