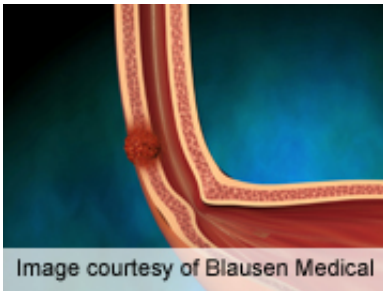


Surgeon volume, prognosis post-esophageal cancer op linked

January 24 2013



For patients with esophageal cancer undergoing resection, surgeon volume, but not hospital volume, is independently associated with prognosis, according to research published online Jan. 7 in the *Journal of Clinical Oncology*.

(HealthDay)—For patients with esophageal cancer undergoing resection, surgeon volume, but not hospital volume, is independently associated with prognosis, according to research published online Jan. 7 in the *Journal of Clinical Oncology*.

To examine the influence of hospital and surgeon volume on survival after esophageal [cancer surgery](#), Maryam Derogar, M.D., of the Karolinska Institute in Stockholm, and colleagues conducted a population-based cohort study involving 1,335 patients with esophageal cancer who underwent esophageal resection in 1987 to 2005. Participants were followed for survival until February 2011.

The researchers found that annual hospital volume was not independently associated with overall survival, and after adjustment for hospital clustering effects, hospital volume was not associated with short-term [mortality](#). Mortality occurring at least three months after surgery was significantly reduced with a combination of higher annual and cumulative surgeon volume, with a hazard ratio of 0.78 for surgeons with both annual and cumulative volume above versus below the median. The association persisted after adjustment for hospital and surgeon clustering.

"In conclusion, this large and population-based cohort study provided evidence that long-term survival is independently influenced by surgeon volume but not hospital volume," the authors write.

More information: [Abstract](#)
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Citation: Surgeon volume, prognosis post-esophageal cancer op linked (2013, January 24)
retrieved 1 May 2024 from
<https://medicalxpress.com/news/2013-01-surgeon-volume-prognosis-post-esophageal-cancer.html>

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