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Dr Rory Harvey,  
Chair of the Liver Metastases Project Steering Group for the Strategic Clinical Network

08-11-2013

Dear Rory,

I am contacting you to convey information which is relevant to the recent and forth coming meeting of the Joint Health Scrutiny Committee in relation to centralisation of liver resection services.

One of the issues raised at the meeting and also at the External Panel visit on the 25th September was NCIN data showing an apparently low rate of resections for liver metastases in patients whose colorectal cancers were operated on at Addenbrookes.

The NCIN data for 2012 suggests that the liver metastasis resection rates for Addenbrookes colorectal cancer patients was 1.7%, which is substantially lower than other units. The methodology for calculating this data is given below, copied from the NCIN website (I have also attached the NCIN pdf document from which this is taken, see page 16 of the document):

***Indicator 26: Patients resected for liver metastases (casemix adjusted)***

***Number:*** The number of persons diagnosed with a primary colorectal cancer that was removed via a major surgical resection who subsequently underwent a liver resection within three years of resection of the primary.

***Rate or proportion:*** The proportion of persons diagnosed with a primary colorectal cancer that was removed via a major resection who subsequently underwent a liver resection within 3 years of the resection of the primary, defined as the number of persons diagnosed with a primary colorectal cancer that was removed via a major resection who subsequently underwent a liver resection within 3 years of resection of the primary divided by the number of persons with a primary colorectal cancer that was removed via a major resection.

***Method:*** Patients who underwent a resection for liver metastases within 3 years of their resection for their primary procedure are identified within the NCDR. Patients with a primary procedure between April 2004 and March 2008 are included (to allow three years follow up). The methodology used to do this is documented in [5]. These patients are then matched to the trust at which they are treated for their primary tumour.

***Interpretation:*** The proportion reported is the proportion of patients at the trust of their first treatment who are subsequently treated at any trust for liver metastases. As resections of liver metastases are typically done in specialist centres it is therefore a measure of the patient

*follow up and referral. This indicator measures treatment for metastatic disease, therefore the case mix of patients treated (primarily the fraction of late-stage diagnoses and recurrences) can be expected to strongly affect the proportion of all patients who subsequently have resection for liver metastases.*

Both at the time of the external panel visit and in the Joint Health Overview & Scrutiny Committee meeting we contested the figure of 1.7% because we know from our own records that our resection rate calculated by this methodology is over 5%. The data to substantiate this was shown to both the National Cancer Action Team panel led by Prof Graeme Poston in April 2012, and to the External Review Panel led by Prof Derek Mannas in May 2013.

We have contacted Dr Eva Morris who has been involved in collecting the data for the NCIN to understand the discrepancy. Dr Eva Morris has told us that during the period from April 2004 to March 2008, 870 patients underwent resection of colorectal cancers at Addenbrookes. According to the HES data analysed by the NCIN, only 17 of those patients subsequently went on to have liver resection within the three year follow up period. This is the basis of the resection rate of 1.7% (17 / 870) for Addenbrookes.

As stated above, we know from our own database that the liver resection rate from this cohort is over 5%. Although our database is accurate, we understand that providing internal data may not be satisfactory for the purposes of the Joint Health Overview & Scrutiny Committee, as the data may not be felt to be independent. We have therefore asked for an independent verification of the resection rate from Dr David Greenberg at the National Cancer Registry Service.

Dr Greenberg has liaised with Dr Eva Morris and reports that of the 870 patient cohort which comprise the NCIN study population, 47 patients have subsequently undergone liver resection in the requisite time of follow up of 3 years. This makes the Addenbrookes resection rate 5.4% (47/ 870), which is consistent with our own internal data, and is in keeping with resection rates of other liver resection units.

Furthermore, this resection rate is achieved in spite of our practice to routinely stage all liver resection candidates with PET scan. We have published that this identifies occult disease in up to 30% of patients for whom liver resection would offer no benefit (Hepatogastroenterology reference attached). PET staging thus has the effect of reducing our resection rates, and we have data to show that long term survival in the PET staged cohort is improved (see attached survival curve data).

At present, it is unclear why only 17 of the 47 liver resections that took place at Addenbrookes have been registered as such on HES data, but we suspect that the missing 30 liver resections have not been coded in such a way that they appear as such to the NCIN.

We are in the process of investigating whether or not there is indeed a coding issue, but we feel it important to stress that there is not a low resection rate of colorectal liver metastases at Addenbrookes.

In summary:

- Numbers of colorectal cancers resected at Addenbrookes April 2004 – March 2008 = 870
- Numbers of liver resections from this cohort identified by NCIN = 17 (resection rate  $17/870 = 1.7\%$ )
- Numbers of liver resections from this cohort identified by National Cancer Registry = 47 (resection rate  $47/870 = 5.4\%$ )

I have spoken to Dr David Greenberg at the National Cancer Registry Service about this issue, and he has indicated that he would be happy to communicate with you if you wished to verify the above information.

Please don't hesitate to contact us if you require any further information.

Best wishes,

Emmanuel

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