



## **ACPGBI Statement Regarding Who Should Perform Colorectal Cancer Resections**

**Michael Davies, James Wheeler, Peter Sagar, Steven Brown ACPGBI, October 2020**

It has previously been suggested that a figure of 20 Colorectal Cancer Resections with curative intent may be an appropriate minimum number that a Colorectal Cancer Surgeon in the UK should perform annually. However this is not evidence based and does not taken into account other indications for colorectal resection or emergency resections, which a Colorectal Cancer Surgeon may also undertake. Review of the Consultant Outcomes Publication indicates that a significant percentage of Colorectal Surgeons undertake less than 20 elective colorectal resections annually.

On this basis, to ensure safe care for patients with Colorectal Cancer it is important that a number of criteria are met:

### **1) A Colorectal Cancer Surgeon:**

- i) Should be a Core member and regularly attend their Unit's Colorectal Cancer MDT
- ii) Should ensure all elective Colorectal Cancer resections are discussed in a Colorectal Cancer MDT prior to surgery
- iii) Should ensure all emergency Colorectal Cancer resections are discussed in a Colorectal Cancer MDT post-surgery
- iv) Should ensure that all of their data is submitted to the Consultant Outcome Publication (for Colorectal Surgeons based in England) and NBOCA

### **2) A Colorectal Cancer Unit:**

- i) Should have a functioning Colorectal Cancer MDT attended by all required Core Members
- ii) Outcome Data from the unit should be submitted to the National Bowel Cancer Audit

A Colorectal Cancer Surgeon should undertake care of cancer patients within the defined framework for safe care (as above), ensure that outcome data is submitted to national audit and that their outcome data lies within the national agreed tolerances.