



GlobalSurg 3

Quality and outcomes in global cancer surgery: a prospective international cohort study

Read the full protocol: <http://globalsurg.org/g3>

Register your team: https://is.gd/g3_registration

GlobalSurg:	GlobalSurg is an international collaboration of over 5000 researchers across 106 countries. The collaborative has delivered two international cohort studies of over 24,000 patients undergoing emergency and elective abdominal surgery. For more information about GlobalSurg please see http://globalsurg.org/who-we-are/
Background:	In 2018, 16 million people will be diagnosed with cancer. 80% of these cases will require surgery yet fewer than 25% will have access to safe, affordable, and timely surgery. Death rates from cancer are decreasing in high- income countries, but increasing in low- and middle-income countries, yet most studies examining global distribution and outcomes of solid cancers use simulated methods due to the absence of robust data.
Study Participants:	Medical students, doctors, nurses and research officers will form data collection teams. Any hospital, anywhere in the world performing emergency or elective surgery for breast, gastric or colon cancer is eligible to join
Study Periods:	Any 4- week data period (plus 30-day follow-up) between 1 st April and 31 st October 2018
Study Aims:	GlobalSurg 3 aims to determine variation in quality of cancer surgery worldwide
Inclusion Criteria:	All patients undergoing surgery for breast, gastric or colon cancer
Exclusion Criteria:	Operations where breast, gastric or colon cancer is not suspected as the primary pathology. Diagnostic procedures, procedures not requiring skin incision (colonoscopy/endoscopy), patients with a recurrence of cancer
Outcome Measures:	30-day mortality and complication rates after cancer surgery
Data Collection:	Data will be collected using the online web application (REDCap). This is a widely used and secure data capture REDCap is used around the world to securely gather research data. All patient data will be transmitted and held anonymously.
Data Analysis:	Data will not be analysed at identifiable hospital or surgeon level.
Authorship:	All collaborators will receive PubMed citable authorship according to the following model https://doi.org/10.1016/S1473-3099(18)30101-4

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