GlobalSurg 3

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

- Any hospital in the world performing acute general surgery can participate
- Individuals can participate as local collaborators or regional/country leads

5000 Collaborators
106 Countries
GlobalSurg 2

• Explored the global burden of surgical site infection (SSI) after gastrointestinal surgery

• 12,539 patients
• 343 hospitals
• 66 countries
GlobalSurg 2

Wound infection more common in low-income countries

- **HIGH**: 9%
- **MID**: 14%
- **LOW**: 23%
  
  of patients

Drug-resistant bugs may be more common in low-income countries

- **HIGH**: 17%
- **MID**: 20%
- **LOW**: 36%
  
  of patients with an infection and a result

Countries: 66 | Hospitals: 343
Collaborators: 1815 | Patients: 12 539

THE LANCET Infectious Diseases
GlobalSurg 2: Massive global impact
GlobalSurg author-collaborators

Your name here

Surgical site infection after gastrointestinal surgery in high-income, middle-income, and low-income countries: a prospective, international, multicentre cohort study.

GlobalSurg Collaborative.

Collaborators (1816)

GlobalSurg 3: Cancer surgery

- Major priority identified in the GlobalSurg prioritisation workshop
Incidence of cancer increasing everywhere

% Increase 2008-2030

Assuming no change in underlying incidence
Death from cancer increasing in low & middle income countries

Relative Changes in Age-Standardized Cancer Mortality Rates in Both Sexes for All Cancers in 195 Countries or Territories From 2005 to 2015
GBD, JAMA Onc, April 2017
GlobalSurg 3: Aims

• Determine variation in quality of cancer surgery worldwide

• Breast, gastric & colon cancer

• Quality measures include
  • Infrastructure
  • Care processes
  • Outcomes

• Primary outcome measure
  • 30-day mortality/complication rates
GlobalSurg 3: Where & when?

• Any hospital, any where
  • performing surgery for breast/gastric/colon cancer

• Data collection
  • 4-week periods between April 1st & October 31st 2018

• Mini-teams of 3 individuals
  • medical students, doctors, nurses and researchers
  • Multiple teams across different periods encouraged
  • Avoid different teams for different cancers if possible
GlobalSurg 3: What do I do?

1. Subscribe to mailing list
2. Register your team to take part
   1. you will need an ORCID ID
3. Read the Study Protocol
4. Obtain the necessary local approvals
5. Complete the GlobalSurg 3 training module
6. Collect and enter your data

All at globalsurg.org/gs3
GlobalSurg 3: Important

- Make sure you have approval before starting data collection

- National lead can advise you on what approvals you may need

- Considered an audit in the UK
  - still need Caldicott Guardian approval
Need more help?

• First point of contact
  • Hospital lead if you have one

• Second point of contact
  • National lead
    • Directly via globalsurg.org/contact/

• Third point of contact
  • enquiry@globalsurg.org
    • The inbox is very busy, so please only email if necessary
You can join the GlobalSurg Team!