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Highly Specialised Rectal Cancer Surgery Centres in the Czech Republic: Goals and Future Perspectives

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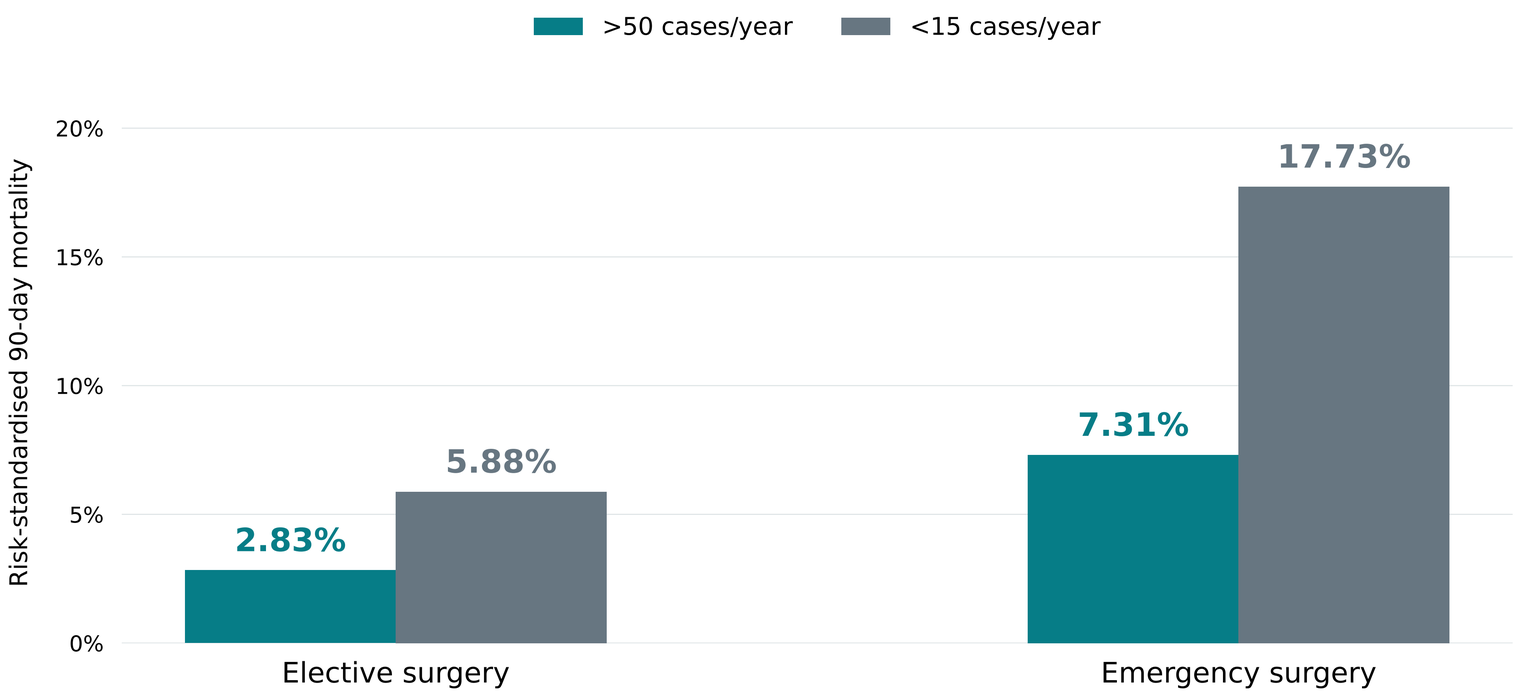
Lower-volume hospitals had more than twice the risk-standardised 90-day mortality.

National outcome indicators informed the criteria for specialised rectal cancer surgery centres.

01 NATIONAL EVIDENCE



108

providers identified in national mapping

69%

of resections performed in hospitals with fewer than 50 cases annually

Annual volume refers to rectal cancer surgery. Elective and emergency procedures were analysed separately.

02 BACKGROUND & METHODS

We evaluated whether routinely collected national data could identify outcome variation and support selective centralisation of rectal cancer surgery.

Administrative reimbursement data were linked with cancer-registry and mortality data. Hospitals were stratified by annual volume: >50, 30–50, 15–30 and <15 cases.

Endpoints included risk-standardised 90-day mortality, in-hospital mortality, complications, minimally invasive access and procedure profiles.

The national findings support selective centralisation of rectal cancer surgery, rather than a uniform centralisation strategy for all colorectal cancer surgery.

03 ACCESS TO MINIMALLY INVASIVE SURGERY

Annual hospital volume	>50 cases	<15 cases
Elective surgery	**43.13%**	**21.08%**
Emergency surgery	**36.29%**	**8.17%**

Lower-volume hospitals also showed fewer sphincter-preserving resections and more palliative procedures.

04 CENTRE GOALS & FUTURE PERSPECTIVES

Specialised teams and coordinated pathways

Minimum surgical volume, staffing resilience, multidisciplinary decision-making and linkage to comprehensive oncology services.

Oncological quality and preserved function

High-quality total mesorectal excision, appropriate neoadjuvant treatment, lower morbidity and systematic assessment of survival and function.

Centralisation is already under way

Centres must absorb transferred surgical activity while maintaining timely access and sufficient capacity.

Accountability beyond centre designation

Regular outcome reporting and annual external evaluation should guide improvement. Future assessment should include long-term survival and patient-reported functional outcomes.

A PIONEERING NATIONAL INITIATIVE

Linking nationwide outcome data to centralisation and accountability: a distinctive model for safer surgery and preserved function.

Interpretation: observational volume–outcome associations do not establish a causal effect of centralisation.

Sources: Örhalmi et al., EFR 2026 abstract; Örhalmi, “Koncept péče o pacienty s kolorektálním karcinomem”, April 2026.
National outcome-indicator data: KZP / ÚZIS. MDT = multidisciplinary team; TME = total mesorectal excision.