

Surgeon Volume is Predictive of Five-Year Survival in Patients with Hepatocellular Carcinoma After Resection: A Population-Based Study

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Abstract

BACKGROUND AND AIM: No study has examined associations between physician volume or hospital volume and survival in patients with liver malignancies in the hepatitis B virus-endemic areas such as Taiwan. This study was to examine the effect of hospital and surgeon volume on 5-year survival and to determine whether hospital or surgeon volume is the stronger predictor in patients with hepatocellular carcinoma after hepatic resection in Taiwan. **METHODS:** Using the 1997-1999 Taiwan National Health Insurance Research Database and the 1997-2004 Cause of Death Data File, we identified 2,799 patients who underwent hepatic resection and 1,836 deaths during the 5-year follow-up period. The Cox proportional hazard regressions were performed to adjust for patient demographics, comorbidity, physician, and hospital characteristics when assessing the association of hospital and surgeon volume with 5-year survival. **RESULTS:** When we examined the effect of physician and hospital volumes separately, both physician and hospital volumes significantly predicted 5-year survival after adjusting for characteristics of patient, surgeon, and hospital. However, after we adjusted for characteristics of physician and hospital, only physician volume remained a significant predictor of the 5-year survival. **CONCLUSIONS:** Physician volume is a stronger predictor of 5-year survival in hepatocellular carcinoma patients receiving hepatic resection.