

Defining Benchmarks for ALPPS

An Analysis of Low Risk Patients from the International ALPPS Registry

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Background:

Previous reports showed that ALPPS is associated with a wide range of morbidity and mortality, depending on several patient, disease, and operation characteristics, as well as treatment strategies. However, no reference values are available on outcomes after ALPPS. Thus ALPPS, performed by experts in high volume centers, including patients younger than 67 years with colorectal metastasis alone, may serve as a benchmark procedure to define optimal results after ALPPS.

Objectives:

To measure and define the best achievable outcome after ALPPS.

Methods:

All currently registered patients in the International ALPPS registry will be initially included in a descriptive analysis focusing on data completion, basic demographics, indication for surgery, perioperative course, including completion of ALPPS step 2, postoperative morbidity, and 1-year survival. Then benchmark values will derive from a separate subgroup analysis on data from centers having included at least 30 patients in the ALPPS registry, patients younger than 67 years of age, and patients with colorectal metastasis alone. Benchmark values will be determined based on 7 parameters; completion of ALPPS step 2, complications of any severity, minor and major complications, the CCI, liver failure, and mortality up to 90 days, as well as the risk adjusted 1-year survival.

Impact of the findings:

The best achievable outcomes after ALPPS may serve as a benchmark to define optimal results after ALPPS.