

RECOMENDACIÓN T.1

BÚSQUEDA Y SÍNTESIS DE EVIDENCIA DE EFECTOS DESEABLES E INDESEABLES

Guía de Práctica Clínica Cáncer Colorectal en Personas de 15 años y más - 2018

A. PREGUNTA CLÍNICA

En personas con diagnóstico de cáncer de recto ¿Se debe “realizar cirugía en centros de alto volumen” en comparación a “realizar cirugía en centros de bajo volumen”?

Análisis y definición de los componentes de la pregunta en formato PICO

Población: Personas con diagnóstico de cáncer de recto.

Intervención: Cirugía en centros de alto volumen.

Comparación: Cirugía en centros de bajo volumen.

Desenlace (outcome): Mortalidad a 30 días, mortalidad a 5 años, filtración de anastomosis.

B. BÚSQUEDA DE EVIDENCIA

Se realizó una búsqueda general de revisiones sistemáticas asociadas al tema de “Colorectal cancer”. Las bases de datos utilizadas fueron: Cochrane database of systematic reviews (CDSR); Database of Abstracts of Reviews of Effectiveness (DARE); HTA Database; PubMed; LILACS; CINAHL; PsycINFO; EMBASE; EPPI-Centre Evidence Library; 3ie Systematic Reviews and Policy Briefs Campbell Library; Clinical Evidence; SUPPORT Summaries; WHO institutional Repository for information Sharing; NICE public health guidelines and systematic reviews; ACP Journal Club; Evidencias en Pediatría; y The JBI Database of Systematic Reviews and implementation Reports. No se aplicaron restricciones en base al idioma o estado de publicación. Dos revisores de manera independiente realizaron la selección de los títulos y los resúmenes, la evaluación del texto completo y la extracción de datos. Un investigador experimentado resolvió cualquier discrepancia entre los distintos revisores. En caso de considerarse necesario, se integraron estudios primarios.¹

Seleccionadas las revisiones sistemáticas o estudios primarios asociadas a la temática, se clasificaron en función de las potenciales preguntas a las que daban respuesta. Al momento de definir la pregunta la evidencia ya se encontraba previamente clasificada según intervenciones comparadas. Los resultados se encuentran alojados en la plataforma Living Overview of the Evidence (L·OVE), sistema que permite la actualización periódica de la evidencia.

¹ Para revisar la metodología, las estrategias y los resultados de la búsqueda, favor revisar el informe “Búsqueda sistemática de evidencia de los efectos deseables e indeseables” en la sección de método de la Guía de Práctica Clínica respectiva.

C. SÍNTESIS DE EVIDENCIA

Resumen de la evidencia identificada

Se identificaron 13 revisiones sistemáticas que incluyen 124 estudios primarios, de los cuales ninguno corresponde a un ensayo aleatorizado. Para más detalle ver “*Matriz de evidencia*”², en el siguiente enlace: [Asociación entre volumen, carga de trabajo o especialidad y resultados en cirugía de cáncer colorrectal](#).

Tabla 1: Resumen de la evidencia seleccionada

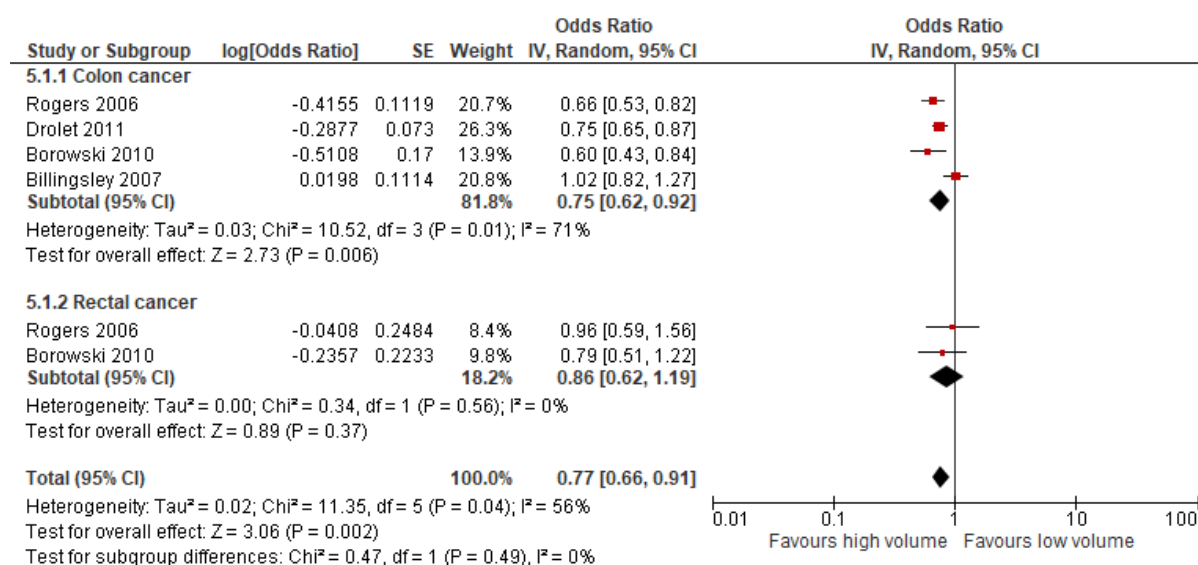
Revisión Sistemática	13 [1-13]
Estudios primarios	124 estudios observacionales [14-137]

Estimador del efecto

Se realizó un análisis de la matriz de evidencia, identificando una revisión sistemática Cochrane [1] que incluye la mayoría de los estudios relevantes, con análisis preferente de aquellos que ajustaron por variables confundentes, por lo que se decidió reutilizar sus datos para construir la tabla de resumen de resultados. Además, la incorporación de los estudios faltantes probablemente no modifica de manera sustantiva los resultados.

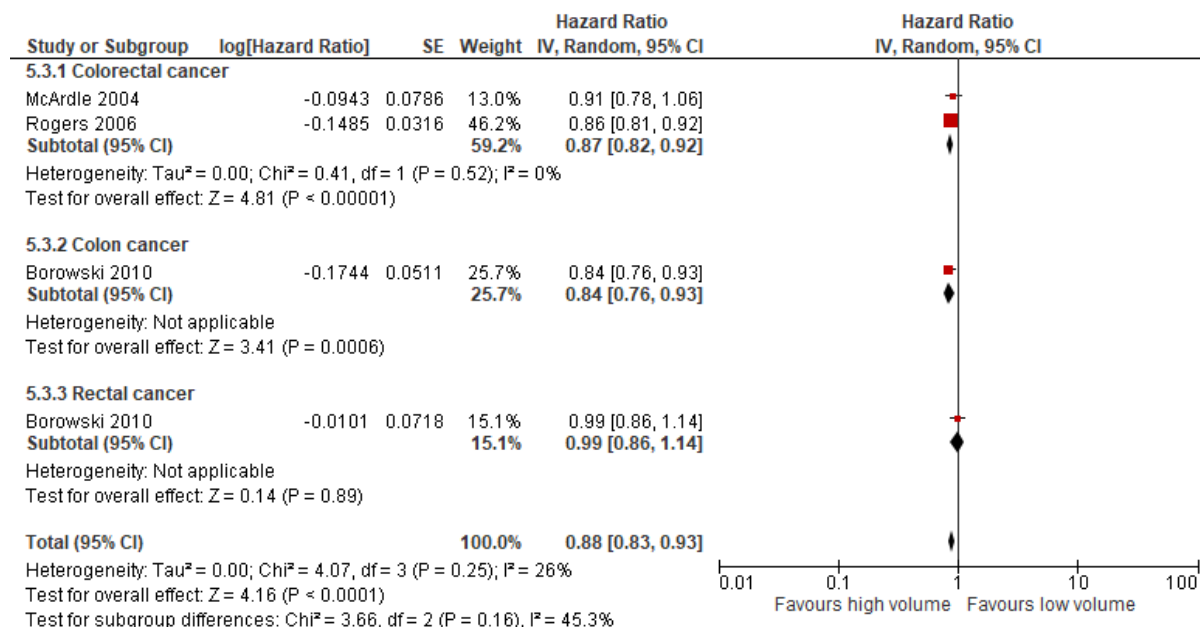
Metanálisis

Mortalidad a 30 días



² **Matriz de Evidencia**, tabla dinámica que grafica el conjunto de evidencia existente para una pregunta (en este caso, la pregunta del presente informe). Las filas representan las revisiones sistemáticas y las columnas los estudios primarios que estas revisiones han identificado. Los recuadros en verde corresponden a los estudios incluidos en cada revisión. La matriz se actualiza periódicamente, incorporando nuevas revisiones sistemáticas pertinentes y los respectivos estudios primarios.

Mortalidad a 5 años



Filtración de anastomosis

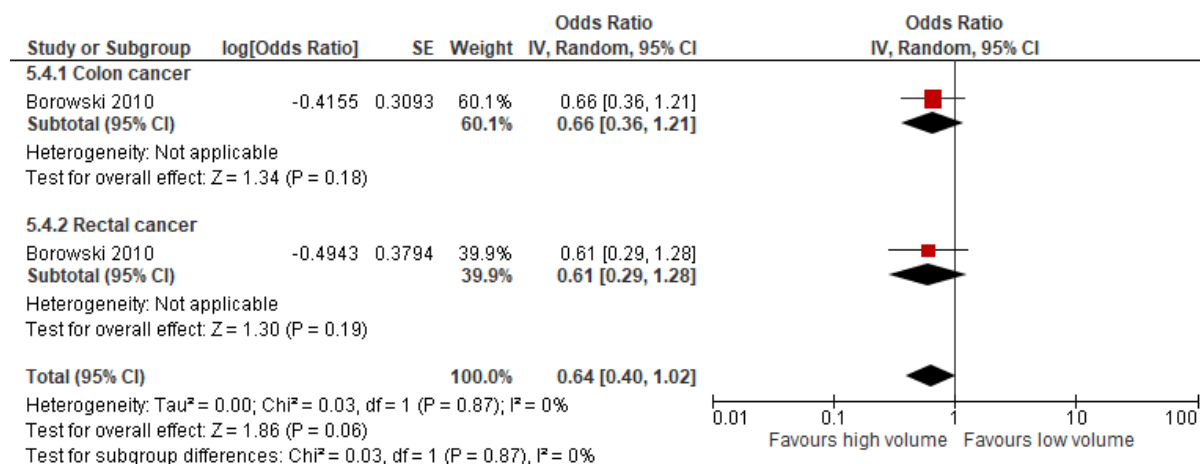


Tabla de Resumen de Resultados (Summary of Findings)

CIRUGÍA EN CENTROS DE ALTO VOLUMEN COMPARADO CON CENTROS DE BAJO VOLUMEN PARA CÁNCER DE RECTO.						
Pacientes	Personas con diagnóstico de cáncer de recto.					
Intervención	Cirugía en centros de alto volumen.					
Comparación	Cirugía en centros de bajo volumen.					
Desenlaces	Efecto relativo (IC 95%) -- Estudios/ pacientes	Efecto absoluto estimado*			Certeza de la evidencia (GRADE)	Mensajes clave en términos sencillos
		centros de bajo volumen	centros de alto volumen	Diferencia (IC 95%)		
Mortalidad a 30 días	OR 0,77 (0,66 a 0,91) -- 4 estudios [21, 26, 35, 94]	93 por 1000	73 por 1000	Diferencia: 20 menos (8 a 30 menos)	⊕○○○ ^{1,2} Muy baja	Cirugía en centros de alto volumen comparado con bajo volumen podría disminuir la mortalidad a 30 días. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.
Mortalidad a 5 años	HR 0,88 (0,83 a 0,93) -- 3 estudios [26, 77, 94]	570 por 1000	524 por 1000	Diferencia: 46 menos (26 a 66 menos)	⊕⊕○○ ¹ Baja	Cirugía en centros de alto volumen comparado con bajo volumen podría disminuir la mortalidad a 5 años, pero la certeza de la evidencia es baja.
Filtración de anastomosis	OR 0,64 (0,40 a 1,02) -- 1 estudio [26]	58 por 1000	38 por 1000	Diferencia: 20 menos (34 menos a 1 más)	⊕○○○ ^{1,3} Muy baja	Cirugía en centros de alto volumen comparado con bajo volumen podría disminuir el riesgo de filtración de anastomosis. Sin embargo, existe considerable incertidumbre dado que la certeza de la evidencia es muy baja.

IC 95%: Intervalo de confianza del 95%.
RR: Riesgo relativo.
HR: Hazard ratio.
OR: Odds ratio.
GRADE: Grados de evidencia Grading of Recommendations Assessment, Development and Evaluation.
* El **riesgo CON centros de bajo volumen** está basado en el riesgo del grupo control en los estudios. El **riesgo CON centros de alto volumen** (y su intervalo de confianza) está calculado a partir del efecto relativo (y su intervalo de confianza).
¹ Diseño observacional.
² Se disminuyó un nivel de certeza de evidencia por inconsistencia ya que diferentes ensayos conllevan a diferentes conclusiones (I2 > 50%).
³ Se disminuyó un nivel de certeza de evidencia por imprecisión, ya que cada extremo del intervalo de confianza conlleva una decisión diferente

Fecha de elaboración de la tabla: Octubre, 2018.

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