

Mortality after surgery in Europe: a 7 day cohort study — the story of one study

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On September 22, 2012, the Lancet published the paper entitled “Mortality after surgery in Europe: a 7 day cohort study” written by Rupert M. Pearse and co-workers [1].

The publication presented the findings of the international multi-centre study assessing, among other things, mortality after non-cardiac surgical procedures. The study was conducted between April 4 and 11, 2011 in 498 hospitals of 28 European countries. The maximum observation period was 60 days. The major endpoint was postoperative hospital mortality. The study population included 46,539 patients; 1855 of them (4%) died before discharge from hospital, 3599 (8%) were postoperatively admitted to intensive therapy units and 1358 (73%) died without being admitted to ICUs during any stage of postoperative therapy. The mortality rates varied markedly, ranging from 1.2% in Iceland to 21.5% in Latvia. The mortality amongst Polish patients presented by the authors was 17.9% (71 deaths per 397 individuals included in the study). Compared to Great Britain (OR 1.0), the lowest corrected mortality was found in Finland (OR 0.44; 95% CI 0.19–1.05; $P = 0.06$) and the highest one in Poland (OR 6.92; 95% CI 2.37–20.27; $P = 0.0004$).

The coordinator of the European Surgical Outcomes Study (EuSOS) in Poland was Adam Mikstacki MD, whose nomination to this position had not been consulted with the Management Board of the Polish Society of Anaesthesiology and Intensive Therapy.

The study was conducted in six Polish hospitals: District Hospital in Poznań, 10th Military Teaching Hospital in Bydgoszcz, Health Care Centre in Ostrów Wielkopolski, Hospital in Śrem, District Hospital in Konin, and District Hospital in Zielona Góra.

The circle of Polish surgeons and anaesthesiologists was utterly astonished by the Polish data presented in the article. According to the fragmentary data available, mortality after non-cardiac surgical procedures in Poland should not exceed several percent [2–8]. Considering the above, the Board of

the Polish Society of Anaesthesiology and Intensive Therapy asked Adam Mikstacki MD to explain whether the mortality regarding Poland reported in the study was consistent with the data sent from our hospitals.

The explanations presented by the EuSOS coordinator confirmed the doubts as to the reliability of the information provided in the paper. Adam Mikstacki MD informed us that the authors of the article in question did not contact him during preparation of the paper and did not consult the information received from the Polish centres; moreover, he did not receive the manuscript for review before publication.

Once the article was published, Adam Mikstacki contacted Rupert M. Pearse MD and asked him for the data on mortality at individual Polish centres involved in the study, yet there was no response.

Requested by the Board of the Polish Society of Anaesthesiology and Intensive Therapy, Adam Mikstacki MD collected the data from all the hospitals participating in the study. The data show that in the study period there were only two deaths among all (397) participants. According to these data, the real mortality in Poland is 0.50%, i.e. is the lowest one in Europe (assuming that the data regarding other counties are true). Additionally, Adam Mikstacki MD informed the Board that Prof. Iveta Golubovski, the national coordinator of EuSOS from Latvia, found that postoperative hospital mortality in Latvia presented in the EuSOS article (21%) did not correspond to the real rates. According to the data provided by local EuSOS coordinators in Latvia, the mortality was 0.66%. Therefore, the Latvian Society of Surgeons and Latvian Society of Anaesthesiologists and Intensive Therapy Specialists sent a suitable letter to the editor-in-chief of the Lancet. A similar letter was sent to Prof. Richard Horton by Adam Mikstacki MD.

Considering the explanations of Adam Mikstacki MD and reservations of Prof. Iveta Golubovska, it should be assumed that the paper written by Rupert M. Pearse MD

and colleagues, entitled “Mortality after surgery in Europe: a 7 day cohort study”, contains the data on postoperative hospital mortality inconsistent with those sent by local coordinators of EuSOS in Poland and Latvia. Hence, for the sake of scientific reliability, the key doubts have to be immediately explained. At which stage of the study were the results so markedly distorted? Once detected, why were the errors left uncorrected? Did the Editor and reviewers of the Lancet have no doubts as to the data on postoperative mortality presented by Pearse and co-workers? Under such circumstances, are we dealing with the unreliability of researchers and/or reviewers or the human error?

Since two national coordinators reported serious reservations regarding the data presented by Rupert M. Pearse MD and colleagues in “Mortality after surgery in Europe: a 7 day cohort study”, the remaining data on postoperative hospital mortality (from all 28 countries participating in the study) provided in this article should be verified based on the information sent by local coordinators. Verification ought to be supervised by national EuSOS coordinators. Furthermore, it is most astonishing or even outrageous that the authors of the article “Mortality after surgery in Europe: a 7 day cohort study” did not attempt to verify the unbelievably high postoperative mortality rates or did not consult the national EuSOS coordinators in Poland and Latvia and did not send the manuscript for review before publication.

The Management Board of the Polish Society of Anaesthesiology and Intensive Therapy believes that no efforts should be spared to stop the popularisation of false data presented by Rupert M. Pearse MD, which misinform the

scientific circles and public opinion. To achieve this goal, the Board decided to publish this article in our journal.

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