

ESCP International snapshot audit 2017
Left colon, sigmoid, and rectal resections

Background:	Multicentre snapshot prospective audits have the power to bring together surgeons and units across multiple regions or countries for a common research goal, thus strengthening an active network of research participation across Europe and beyond. ESCP's first cohort study on right hemicolectomy was completed in 2015 across 284 centres, including 3200 patients. In 2016 the study focussed on stoma closures across 305 centres, including 2441 patients.
Study participants:	<u>Any hospital</u> in the world performing left hemicolectomy, sigmoid, and rectal resection. Teams of consultants/attendings and trainees/residents will collect data contemporaneously, with <u>up to five investigators per site</u> involved at each site.
Study period:	Patients will be prospectively included <u>over a minimum consecutive 8 week period</u> , starting on any day from 1 February 2017 to 28 February 2017 and not including procedures after 25 April 2017.
Study aim:	To explore differences in patients, techniques and outcomes across the international cohort to identify areas of practice variability resulting in apparent differences in outcome warranting further study.
Primary research question:	Does anastomotic technique impact upon postoperative outcomes?
Inclusion criteria:	All adult (>18 years old) patients undergoing left hemicolectomy, sigmoid and rectal resections. All operations are included, for any pathology, via any operative approach.
Exclusion criteria:	(i) Colostomy reversal/take down, (ii) More than one anastomosis, (iii) Total, subtotal and panproctocolectomies, (iv) Proximal resection point above the hepatic flexure, (v) Patients with Crohn's disease who undergo upstream stricturoplasty or resection at the same time as left colon resection, and (vi) Pelvic exenteration.
Outcome measures:	<u>30-day follow-up</u> : wound infection, anastomotic leak, intra-abdominal abscess, complication (Clavien-Dindo) and re-operation rates. Data collection will therefore be completed by 25 May 2017.
Data collection:	Data will be collected and stored online database via the Research Electronic Data Capture (REDCap) web application. REDCap is widely used internationally by academic organisations to store research databases.
Data analysis:	Data will be analysed centrally. Data will not be analysed at a surgeon level or centre level.
Authorship:	All collaborators will be eligible for PubMed-citable authorship.
Please register for the 2017 ESCP cohort study at: https://is.gd/escp3registration.	