

Media Release

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COVID-19 free' hospital areas could save lives after surgery – a global study

- ***Millions of patients around the world have had their surgery delayed because of coronavirus***
- ***Surgery for conditions such as cancer must continue despite the threat of a second wave***
- ***'COVID-19 free' hospital areas can be set-up to allow surgery to proceed safely, even when community infection rates are high***
- ***Governments around the world must invest in setting up 'COVID-19 free' hospital areas to protect patients***

Setting up 'COVID-19 free' hospital areas for surgical patients could save lives during the additional waves of the pandemic – reducing the risk of death from lung infections associated with coronavirus, a new global study reveals.

Researchers working together around the world found that patients who had their operation and hospital care in 'COVID-19 free' areas had better outcomes. 'COVID-19 free' areas improved the safety of surgery by having a strict policy that no patients treated for COVID-19 were mixed with those undergoing surgery. 'COVID-19 free areas' were set up both in smaller independent hospitals and large hospitals with emergency departments.

For fear that patients may contract COVID-19 in hospital, millions of operations around the world were cancelled during the first wave of the pandemic. As subsequent waves affect countries, including Australia, more patients face delays. When operations for cancer and other time-dependent conditions are delayed, they can progress to be untreatable.

This research has shown, for the first time, that hospitals around the world can continue safe surgery by setting up COVID-19 free areas to minimise the risk from the coronavirus.

Researchers examined data from 9171 patients in 55 countries, across five different continents from the start of the pandemic up the middle of April 2020. Experts have discovered that pulmonary (lung) complication (2.2 per cent vs 4.9 per cent) and rates of death after surgery (0.7 per cent vs 1.7 per cent) were lower for patients who had their hospital treatment in 'COVID-19 free' areas. However, in this study, just 27 per cent of patients had their care in these protected areas.

It is estimated that around 55,000 operations take place each year in Australia for the five most common surgically treated cancers (breast, prostate, colorectal, lung and melanoma). Setting up COVID-19 free hospital areas could protect these patients from this risk, and allow safer surgery to continue, even if the virus infection rises again in one or more of our major cities.

Led by researchers at the University of Birmingham, the COVIDSurg Collaborative comprises of experts from over 130 countries. The group has published its findings today in the *Journal of Clinical Oncology*, which is a leading global cancer research journal. Data from Australia was collected by more than 100 trainees and Fellows from the Royal Australasian College of Surgeons

Collaborative lead in Australia, Consultant Surgeon and Royal Australasian College of Surgeons Fellow, Dr Peter Pockney, from the University of Newcastle, NSW, commented: "As health providers provide elective cancer surgery, they must look to protect cancer surgery patients from harm by investing in dedicated COVID-19 free hospital areas. These can be tailored to the resources available locally, ensuring that patients treated for COVID-19 are not mixed with patients needing surgery.

"However, this represents a significant challenge to the hospital system around the country. Governments and hospital providers must help to fund this major redesign of surgical services if and when the virus affects

us again and provide protection for patients. COVID-19 free areas could save many lives during future waves, by allowing surgery to continue safely despite high rates of infection in the community.”

The study was funded by a National Institute for Health Research (NIHR) Global Health Research Unit Grant. It covered adult patients undergoing elective surgery with curative intent for a range of suspected cancers including bowel, gullet, stomach, head and neck, lung, liver, pancreas, bladder, prostate, kidney, womb, cervix, ovarian, breast, sarcoma and brain tumours.

Dr Nagendra Dudi-Venkata, a Royal Australasian College of Surgeons surgical trainee and study leader in South Australia, commented: “Major reorganisation of hospital services to provide COVID-19 free areas for elective surgery must be justified by evidence like this, as it redirects time and resources away from other services. We have proved that those efforts are essential in protecting patients undergoing surgery during the pandemic.

“Our data showed that COVID-19 free hospital areas were beneficial when the rate of infection in the community was both low and high. We recommend that COVID-19 free areas are set-up in all countries currently affected by the pandemic, including those likely to suffer from future waves.

“However, overcoming the challenges of setting up such pathways, including separate hospitals to provide elective surgery, may lead to unintended consequences. Consequences for hospitals must be carefully monitored to achieve the best balance of healthcare for patients.”

Data included in this study represented a wide variety of different surgeries for patients of all ages, genders and ethnicities.

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For more information, interviews or an embargoed copy of the research paper, please contact Abderazzaq Noor, Marketing & Communications Manager, +61 429 028 933. Email: Abderazzaq.Noor@surgeons.org

Notes for editors

- The University of Birmingham is ranked amongst the world’s top 100 institutions. Its work brings people from across the world to Birmingham, including researchers, teachers and more than 6,500 international students from over 150 countries.
- ‘*Elective cancer surgery in COVID-19 free surgical pathways during the SARS-CoV-2 pandemic: An international, multi-centre, comparative cohort study*’ – Glasbey JC, Nepogodiev D, Simoes J, Omar O, Li E, Venn M, Abou Chaar M, Capizzi V, Chaudhry D, Desai A, Edwards J, Evans J, Fiore M, Flavio Videria J, Ford S, Ganyli I, Griffiths E, Gujjuri R, Koliaf AG, Kaafarani H, Minaya-Bravo A, McKay S, Mohan H, Roberts K, San Miguel-Méndez C, Pockney P, Shaw R, Smart N, Stewart G, Sundar S, Vidya R, Bhangu A; COVIDSurg Collaborative is published by the world-leading cancer journal of Clinical Oncology.
- The countries that participated in the study include: Argentina, Armenia, Australia, Austria, Azerbaijan, Barbados, Belgium, Brazil, Canada, Chile, Colombia, Croatia, Cyprus, Czech Republic, Denmark, Egypt, Ethiopia, Finland, France, Germany, Greece, Hong Kong SAR, China, Hungary, India, Ireland, Italy, Japan, Jordan, Libya, Madagascar, Malaysia, Mexico, Morocco, Netherlands, Nigeria, Oman, Pakistan, Peru, Poland, Portugal, Puerto Rico, Reunion, Romania, Russian Federation, San Marino, Saudi Arabia, Serbia, Singapore, Slovak Republic, South Africa, Spain, Sweden, Switzerland, Turkey, United Kingdom, United States, Uruguay
- The National Institute for Health Research (NIHR) awarded £7 million to the University of Birmingham to establish the NIHR Global Health Research Unit on Global Surgery. This unit is engaged in conducting multi-country randomised controlled trials testing interventions to reduce SSI across a range of low- and middle-income countries. It has established sustainable partnerships with the aim of leveraging global policy change:
 - Benin - University of Abomey-Calavi, Cotonou
 - Ghana - University of Development Studies, Tamale
 - India - CMC Ludhiana, Punjab
 - Mexico - Hospital Espanol, Veracruz
 - Nigeria - Lagos University Teaching Hospital, Lagos & Obafemi Awolowo University Teaching Hospitals, Ile-Ife

- Rwanda - University of Rwanda; University Teaching Hospital, Kigali
 - South Africa - Chris Hani Baragwanath Academic Hospital, Johannesburg

 - The NIHR is the UK's largest funder of health and care research. The NIHR:
 - Funds, supports and delivers high quality research that benefits the NHS, public health and social care
 - Engages and involves patients, carers and the public in order to improve the reach, quality and impact of research
 - Attracts, trains and supports the best researchers to tackle the complex health and care challenges of the future
 - Invests in world-class infrastructure and a skilled delivery workforce to translate discoveries into improved treatments and services
 - Partners with other public funders, charities and industry to maximise the value of research to patients and the economy
 - The NIHR was established in 2006 to improve the health and wealth of the nation through research and is funded by the Department of Health and Social Care. In addition to its national role, the NIHR commissions applied health research to benefit the poorest people in low and middle-income countries, using Official Development Assistance funding.
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About the Royal Australasian College of Surgeons (RACS)

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. There are nine surgical specialties in Australasia being: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology Head-and-Neck surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery. www.surgeons.org