

Zurich publications

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- 2: Wirth B, Kunz S, Schwyzer HK, Flury M, Lenz M, Audigé L. Repair of Lafosse I subscapularis lesions brings no benefit in anterosuperior rotator cuff reconstruction. *Knee Surg Sports Traumatol Arthrosc*. 2019 Sep 3. doi: 10.1007/s00167-019-05681-2. [Epub ahead of print] PubMed PMID: 31482182.
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- 7: Jeszenszky D, Kaiser B, Meuli M, Fekete TF, Haschtmann D. Correction to: Surgical growth guidance with non-fused anchoring segments in early-onset scoliosis. *Eur Spine J*. 2019 Aug 28. doi: 10.1007/s00586-019-06125-8. [Epub ahead of print] PubMed PMID: 31463537.
- 8: Staartjes VE, Klukowska AM, Schröder ML. Association of maximum back and leg pain severity with objective functional impairment as assessed by five-repetition sit-to-stand testing: analysis of two prospective studies. *Neurosurg Rev*. 2019 Aug 26. doi: 10.1007/s10143-019-01168-3. [Epub ahead of print] PubMed PMID: 31451936.
- 9: Moenninghoff C, Pohl E, Deuschl C, Wrede K, Jabbarli R, Radbruch A, Sure U, Forsting M, Wanke I. Outcomes After Onyx Embolization as Primary Treatment for Cranial Dural Arteriovenous Fistula in the Past Decade. *Acad Radiol*. 2019 Aug 21. pii: S1076-6332(19)30370-8. doi: 10.1016/j.acra.2019.07.021. [Epub ahead of print] PubMed PMID: 31445824.
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In 2013, Sarnthein et al., have installed a [patient registry](#) focused on cranial neurosurgery. Surgeries are characterized by indication, treatment, location and other specific neurosurgical parameters. Preoperative state and postoperative [outcome](#) are recorded prospectively using neurological and sociological scales. [Complications](#) are graded by their severity in a therapy-oriented complication score system ([Clavien Dindo Grading system](#), CDG). Results are presented at the monthly clinical staff meeting.

Data acquisition compatible with the clinic workflow permitted to include all eligible patients into the registry. Until December 2015, they have registered 2880 patients that were treated in 3959

surgeries and 8528 consultations. Since the registry is fully operational (August 2014), they have registered 325 complications on 1341 patient discharge forms (24%). In 64% of these complications, no or only pharmacological treatment was required. At discharge, there was a clear correlation of the severity of the complication and the [Karnofsky Performance Status](#) (KPS, $\rho = -0.3$, slope -6 KPS percentage points per increment of CDG) and the length of stay ($\rho = 0.4$, slope 1.5 days per increment of CDG).

While the therapy-oriented complication scores correlate reasonably well with outcome and length of stay, they do not account for new deficits that cannot be treated. Outcome grading and complication severity grading thus serve a complimentary purpose. Overall, the registry serves to streamline and to complete information flow in the clinic, to identify complication rates and trends early for the internal quality monitoring and communication with patients. Conversely, the registry influences clinical practice in that it demands rigorous documentation and standard operating procedures ¹⁾.

A [population study](#) of patients with [glioma](#) diagnosed between 1980 and 1994 in the Canton of Zurich in Switzerland confirmed the overall poor prognosis of [glioblastoma](#). To explore changes in outcome, registry data were reevaluated for patients diagnosed between 2005 and 2009.

Patients with glioblastoma who were diagnosed between 2005 and 2009 were identified by the Zurich and Zug Cancer Registry. The prognostic significance of epidemiological and clinical data, isocitrate dehydrogenase 1 (IDH1)R132H mutation status, and O6 methylguanine DNA methyltransferase ([MGMT](#)) promoter methylation status was analyzed using the Kaplan-Meier method and the Cox proportional hazards model.

A total of 264 patients with glioblastoma were identified, for an annual incidence of 3.9 compared with the previous incidence of 3.7. The mean age of the patients at the time of diagnosis was 59.5 years in the current cohort compared with 61.3 years previously. The [overall survival](#) (OS) rate was 46.4% at 1 year, 22.5% at 2 years, and 14.4% at 3 years in the current study compared with 17.7% at 1 year, 3.3% at 2 years, and 1.2% at 3 years as reported previously. The median OS for all patients with glioblastoma was 11.5 months compared with 4.9 months in the former patient population. The median OS was 1.9 months for best supportive care, 6.2 months for radiotherapy alone, 6.7 months for temozolomide alone, and 17.0 months for radiotherapy plus temozolomide. Multivariate analysis revealed age, [Karnofsky performance score](#), extent of tumor resection, first-line treatment, year of diagnosis, and MGMT promoter methylation status were associated with survival in patients with IDH1R132H -nonmutant glioblastoma.

The OS of patients newly diagnosed with glioblastoma in the Canton of Zurich in Switzerland markedly improved from 1980 through 1994 to 2005 through 2009. Cancer 2016. © 2016 American Cancer Society ²⁾.

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