

# LOWER POSTOPERATIVE MORTALITY OF ADRENAL SURGERY IN HIGH VOLUME CENTRES; A NATION WIDE STUDY (AFCE).

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## **Abstract body (should contain maximum 300 words)**

The relation between center volume and postoperative outcomes is established for several major surgical procedures but remains debated in adrenal surgery. We took advantage of an unprecedented nationwide dataset for exploring the determinants of postoperative outcomes of adrenal surgery . A total of 9820 patients (55±14 years; F/M ratio 1.1) underwent adrenalectomy between 2012 and 2017 (2.7 per 100,000 inhabitant per year), for benign disease in 6448 , adrenal metastasis in 1811, and primary malignant disease in 1561. These adrenal lesions were secreting in 5284 patients (46.8%). The proportions of adrenal lesions remained unchanged throughout the study period (Fig 1 bd). Total mortality rate was 1.5% (n=147) and CHAID defined two distinct thresholds of hospital volume : 1 and 32 cases per year. The 90 day mortality rate was 4.0% in low volume centres (≤1 per year), 1.6 % in intermediate volume centres (2-31 per year) and 0.9% in high volume centres (≥32 per year) (P< 0.001). Malignancy, older age, comorbidities, hypercorticism and laparotomy were also associated with less favorable outcome Patients presenting with one or more of these characteristics should be referred for adrenal surgery in high volume centre