Response to *Bigger is bigger. Better is better* by O. Solheim and J. Cappelen

Paul Chumas • Tom Kenny • Charles Stiller

Received: 8 April 2011 / Accepted: 8 April 2011 / Published online: 4 May 2011
© Springer-Verlag 2011

We would like to thank the authors for their detailed reply. We accept much of what the authors have written. In the interest of brevity, we will limit our response to the following:

1. The authors have clarified that individual surgeon operative numbers were similar between all the units in Norway. We would contend that individual surgeon experience is more important than institutional experience [1]. But without institutional volume one can not get individual volume. “Centralization” therefore being necessary as medicine continues to evolve (from generalists to specialists to sub-specialists and from “daytime” care to 24/7 care).
2. Virtually all studies have shown that patients and families are prepared to travel in order to obtain improved care. Naturally, they would wish as much investigation and treatment as possible to be undertaken close to home (a network approach). However, we accept that density of population (and travel time) will have some bearing on what is offered where within the network.
3. We accept that paediatric neurosurgery is not unique—in neurosurgery or in the wider fields of surgery or medicine. And the evidence that experience improves outcomes is derived from many fields. A recent study

out of Manchester (UK) showed that for surgery on high-grade gliomas in adult patients (usually considered a neurosurgical “core skill”), the degree of resection, the length of stay and survival were all significantly improved if the surgery was undertaken by a neuro-oncology surgical specialist (defined as someone who spends at least 50% of their time doing neuro-oncology) as opposed to a general neurosurgeon [2]. We can think of no reason, logic or evidence why this would not also be true for paediatric neurosurgery.

Conflict of interest None.

References

1. Chowdhury M, Dagash H, Pierr A (2007) A systematic review of the impact of volume of surgery and specialization on patient outcome. *Br J Surg* 94:145–161
2. Khan U, Bhavsar A, Karaabatsou K, Leggate J, Sofat A, Kamaly-Asi I (2010) Treatment by specialist surgical neuro-oncologists improves survival for patients with malignant glioma (abstract). *Br J Neurosurg* 24(4):374–375

P. Chumas (✉)
Department of Neurosurgery, Leeds General Infirmary,
Leeds LS1 3EX, UK
e-mail: paul.chumas@leedsth.nhs.uk

T. Kenny
National Specialist Commissioning Team (England),
London, UK

C. Stiller
Childhood Cancer Research Group, University of Oxford,
London, UK