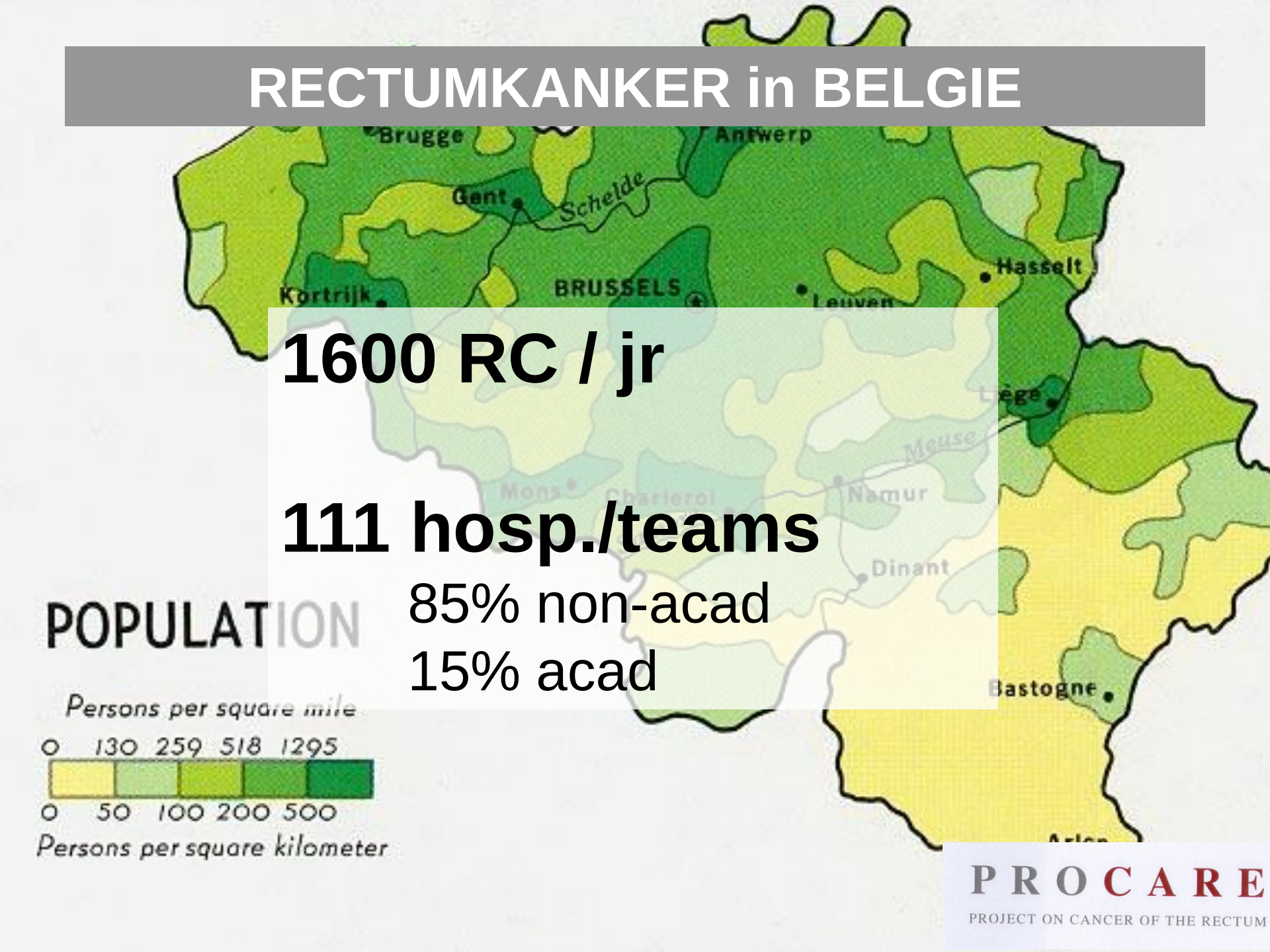
PROCARE

PROJECT ON CANCER OF THE RECTUM

RECTUMKANKER in BELGIE



1600 RC / jr

111 hosp./teams

85% non-acad

15% acad

PROCARE

PROJECT ON CANCER OF THE RECTUM

PROCARE

PROJECT ON CANCER OF THE RECTUM

outcome verbeteren & variabiliteit reduceren

voor alle stadia van RC

- **Multidisciplinair (teams)**
- **Nationaal, alle centra/teams**
- **Profession-driven**
- **Vrijwillige deelname**
- **Educationeel niet repressief (confidentialiteit)**

~~Name and shame practices~~

(praktijk) **METEN IS WETEN** (verbeteren)

PROCARE METHODE

- multidisc. EB **Richtlijnen en QCI** (2007, 2008)
- quality assurance (**toepassing van** GL)
  - training (TME, pathologie, radiologie, RT)
  - registratie van 151 items (>1/2006)
  - feedback / benchmarking (2008, 2009)

PROCARE
PROJECT ON CANCER OF THE RECTUM


BELGIAN
CANCER
REGISTRY
NL - FR - D - ENG
Home
Het Kankerregister
Statistieken
Registratie
Bijscholing
PROCARE
Contact
Presentation
Working
Statistics
Publications
Archives
Links
Online applicaties
Vacatures
Contact
www.kankerregister.org
www.registreducancer.org
PROCARE
Welcome to the PROCARE
PROCARE, a multidisci
website presents det
ever since. You can al
If you are interested
under the heading "St
The working of the n
entry forms an
Latest news
PROCARE
PROJECT ON CANCER OF THE RECTUM

Kwaliteitsindicatoren: 40
PROCARE vs. ADMINISTRATIEVE DATABASES

	PROCARE	ADMIN
Algemeen (level 1)	3	2
Diagnose en staging	7	2
Neoadjuvante therapie	7	1
Heelkunde	6	3
Pathologie	6	0
Adjuvante therapie	5	0
Follow-up	3	0
Palliatieve therapie	2	1
	39	**9**

PROCARE
PROJECT ON CANCER OF THE RECTUM

PROCARE
PROJECT ON CANCER OF THE RECTUM

PROCARE Heelkunde QCI (level 2)

Proces	Proportie R0 resections (moderate LoE)
Outcome	Proportie APE en Hartmann procedures (moderate LoE)
Outcome	Proportie patienten met stoma 1 jr na SSO (high LoE)
Outcome	Ratio patienten met majeure anastomose lek na SSO (high LoE)
Outcome	Inpatient en 30-d mortaliteit (high LoE)
Proces	Ratio intra-operatieve rectum perforatie (moderate LoE)

FUNDING
voor
training en
centrale data registratie

Belgian Federation against Cancer (2006)

KCE

RIZIV / INAMI (2007 – 2012)

PROCARE

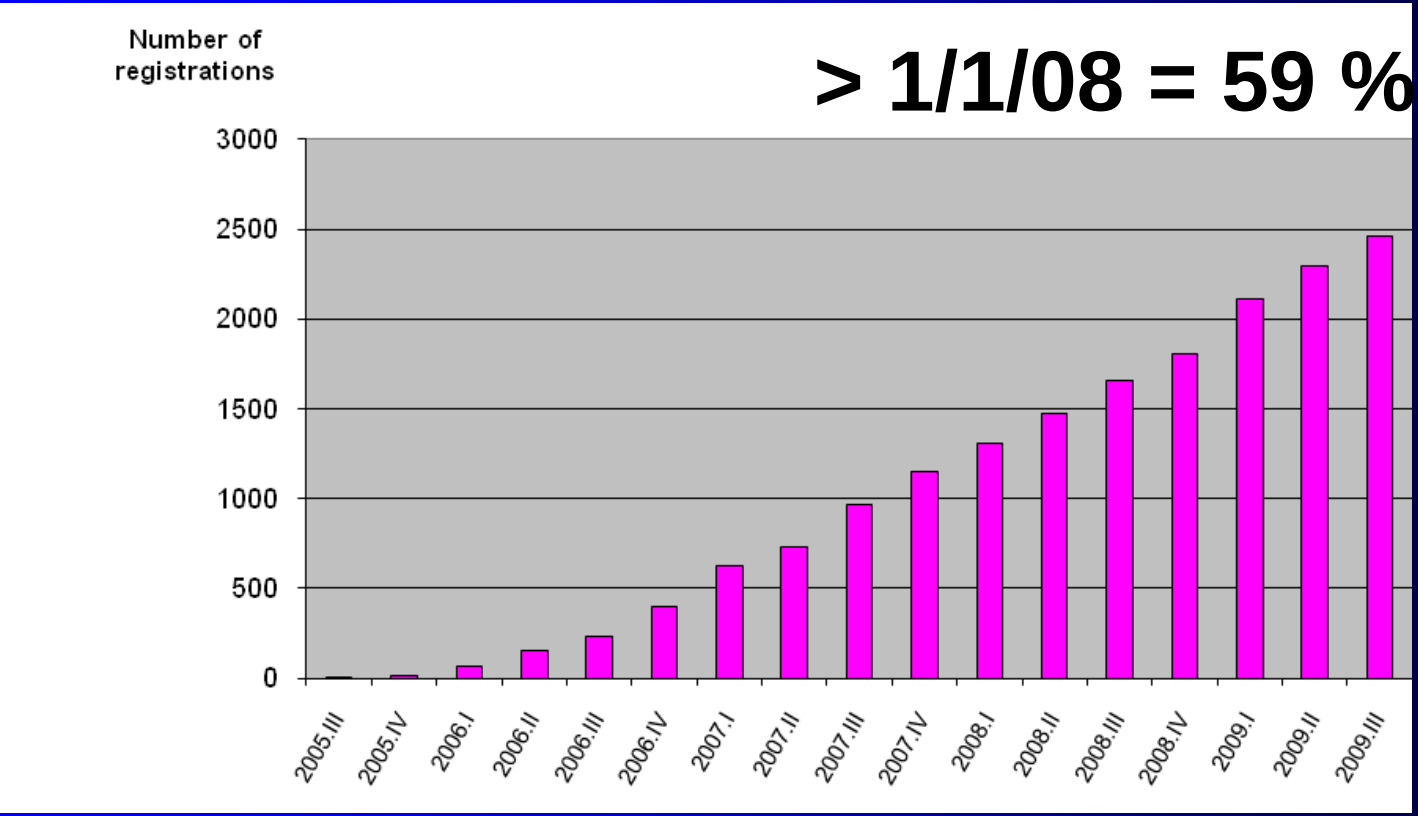
PROJECT ON CANCER OF THE RECTUM

TRAINING

- **PRETREATMENT STAGING (radiologen)**
  - central review CT / MRI beelden (> 1/5/2010)
- **RADIOTHERAPIE**
- **TME** : 177 / 225 chir. geinteresseerd (2005)
  - 43 kandidaat-trainers → 25 trainers (18 NL / 7 FR)
  - 6 getraind (sedert 8/2008)
- **PATHOLOGIE**
  - centrale review TME van kandidaat-trainers
  - > 11/2009 TME review ad random

PROCARE
PROJECT ON CANCER OF THE RECTUM

2947 patienten geregistreerd (Dec 4 2009)

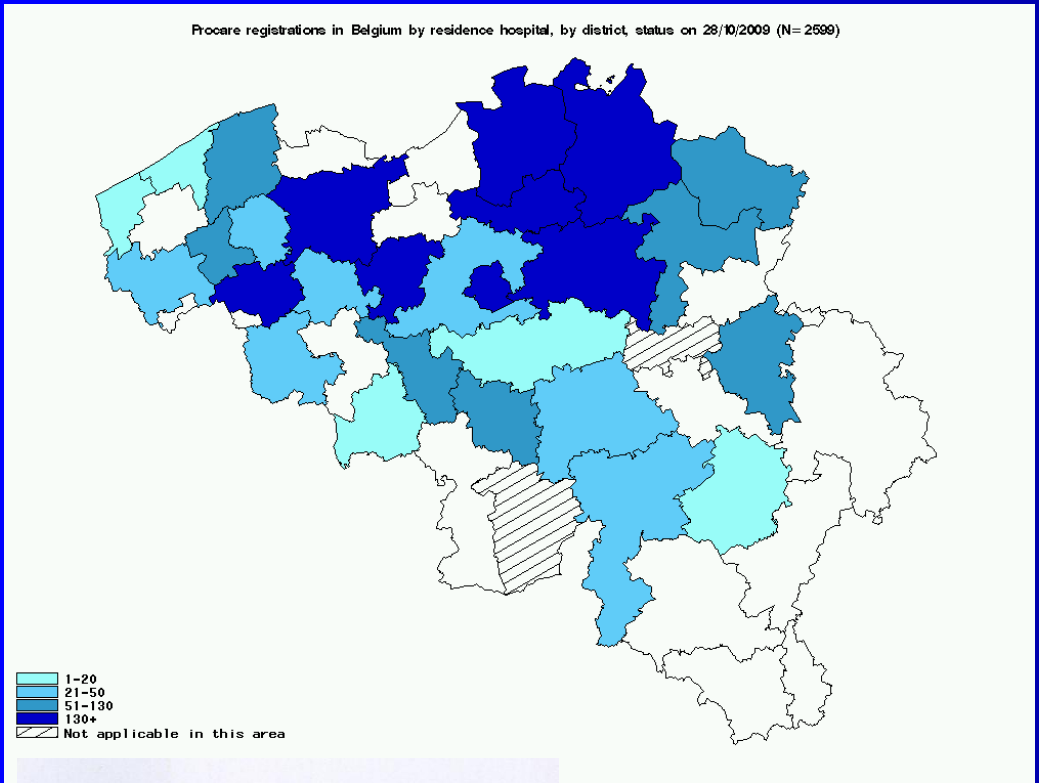


PROCARE

PROJECT ON CANCER OF THE RECTUM

Wie neemt deel ?

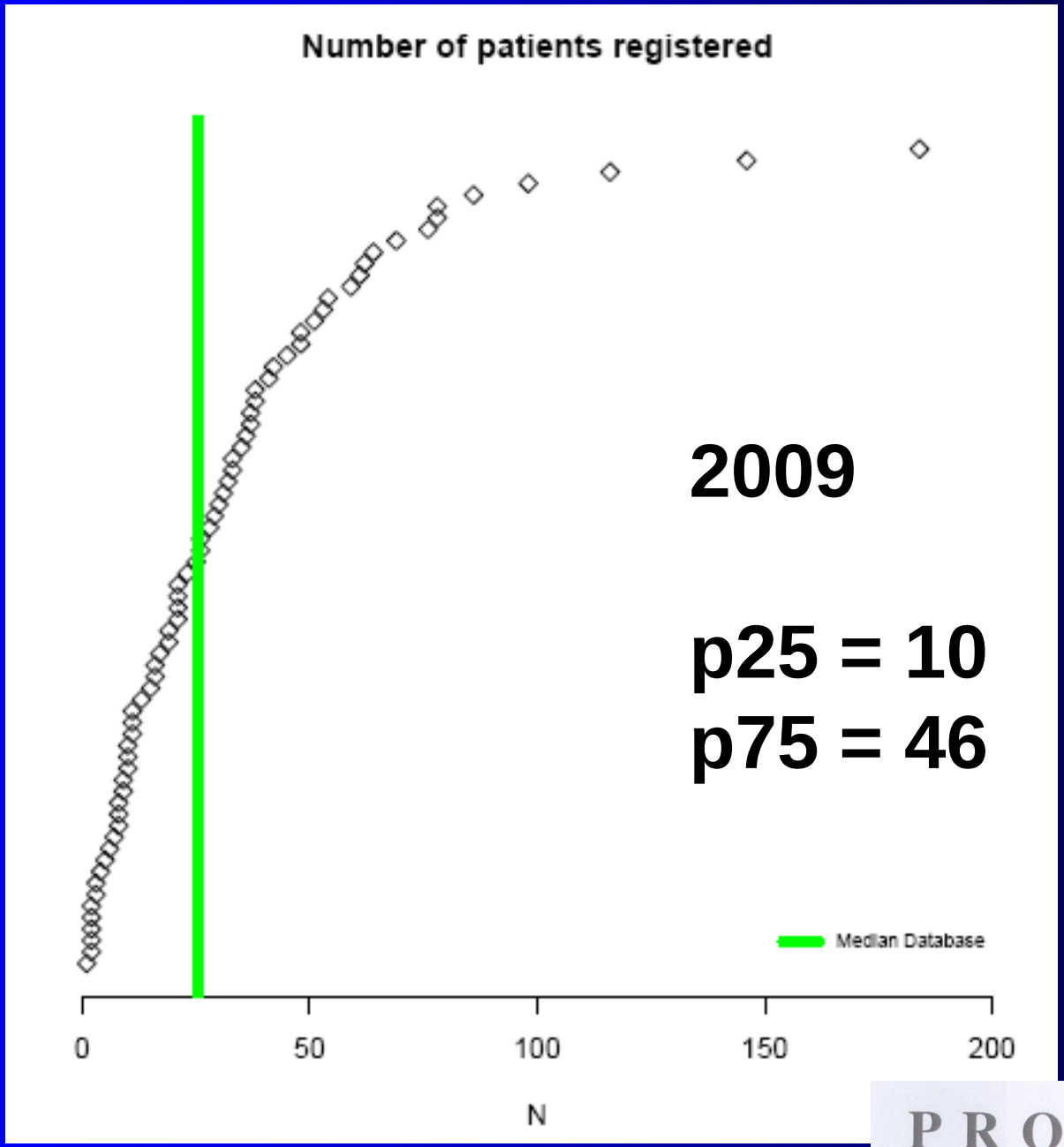
70 / 111 = 63 % ziekenhuizen



West Vlaanderen	12/14
Oost Vlaanderen	7/14
Antwerpen	19/19
Limburg	6/ 8
Vlaams Brabant	4/ 6
Brussel/Bruxelles	9/14
Brabant Wallon	1/ 2
Hainaut	7/16
Namur	2/ 6
Liège	2/11
Luxembourg	1/ 3

PROCARE

PROJECT ON CANCER OF THE RECTUM



PROCARE
PROJECT ON CANCER OF THE RECTUM

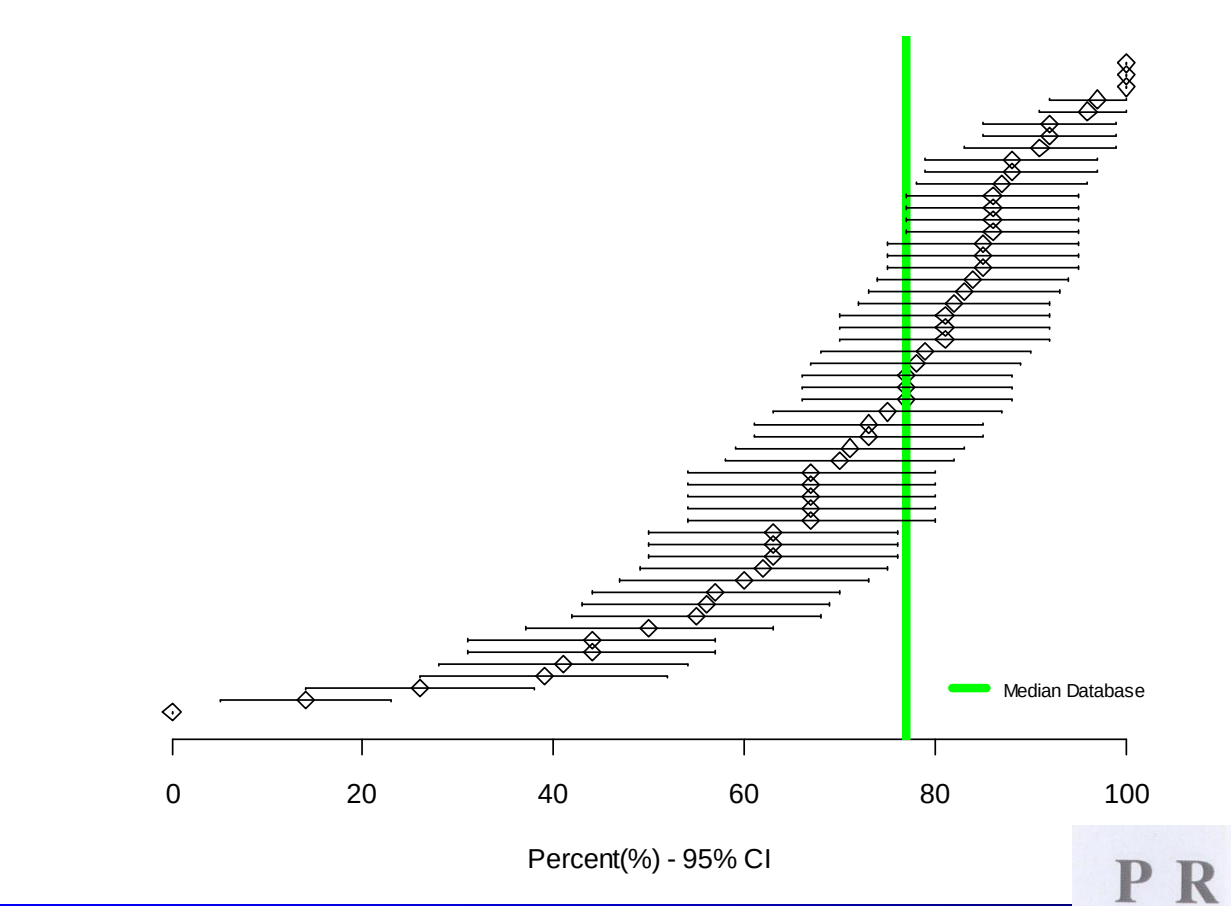
Surgery

	N your hospital	%your hospital	N Procare	%procare	p25	median	p75
APPROACH RESECTION IF RADICAL							
-> Resection by Laparotomy	162	91.5	1526	71.5	59.1	90.2	100
-> Resection by Laparoscopy	12	6.8	531	24.9	0	7.1	33.3
-> Resection by converted Laparoscopy	3	1.7	77	3.6	0	0	2.6
-> Missing data on approach for radical resection	0	0	11	0.5	0	0	0

PROCARE

PROJECT ON CANCER OF THE RECTUM

Neoadjuvante (chemo)radiotherapie voor cStage II of III (als > 10 pts)



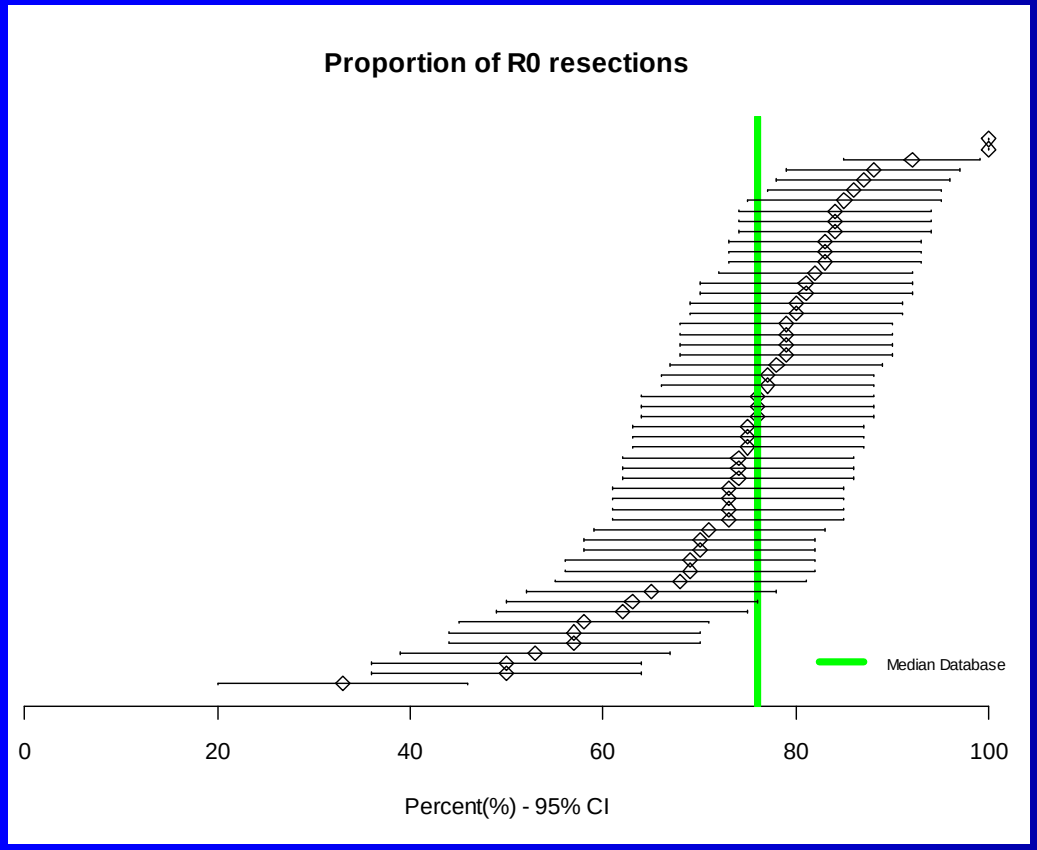
PROCARE
PROJECT ON CANCER OF THE RECTUM

Heelkunde (1)

Elective/scheduled	98.1 %
R0 after radical resection	**75.7 %**
R1 after radical resection	**10.4 %**
R2 after radical resection	13.9 %
Rectal perforation	**7.7 %**

PROCARE
PROJECT ON CANCER OF THE RECTUM

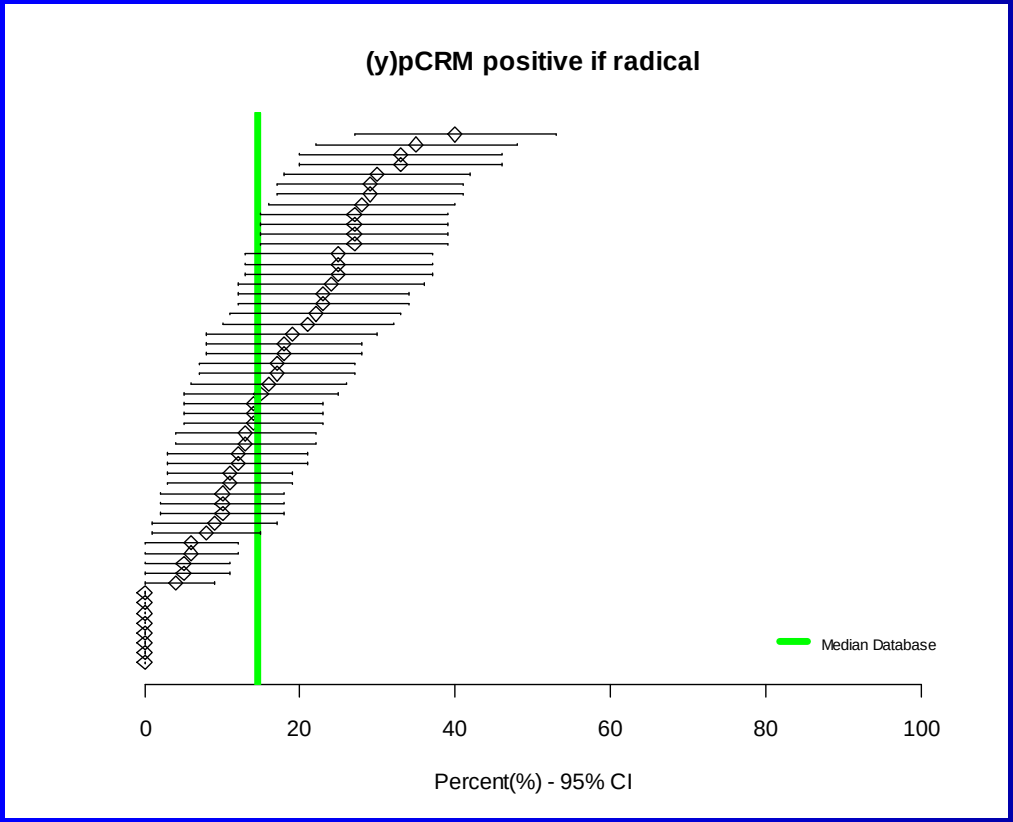
Proportie R0 resecties na radicale resectie (moderate LoE)



?

PROCARE
PROJECT ON CANCER OF THE RECTUM

Positieve (y)pCRM
na electieve radicale resectie (als > 10 pts)



Dukes, pT, pN
ventrale T
cCRM <5mm of 0 mm
TME kwaliteit
APE, Hartmann
palliative/uncertain intent
RCRG?
interspinous distance?

PROCARE
PROJECT ON CANCER OF THE RECTUM

GUT

Unacceptable variation in abdominoperineal excision rates for rectal cancer: time to intervene?

E Morris, P Quirke, J D Thomas, et al.

Gut 2008 57: 1690-1697 originally published online June 5, 2008

Statistics, damned statistics and time to intervene

N A Scott, P Sagar and and the 30 co-signatories listed below

We question the underlying agenda of this type of publication. It is our collective view that incomplete data, naive reasoning and flawed conclusions neither represent good science nor promote and protect the health of patients.

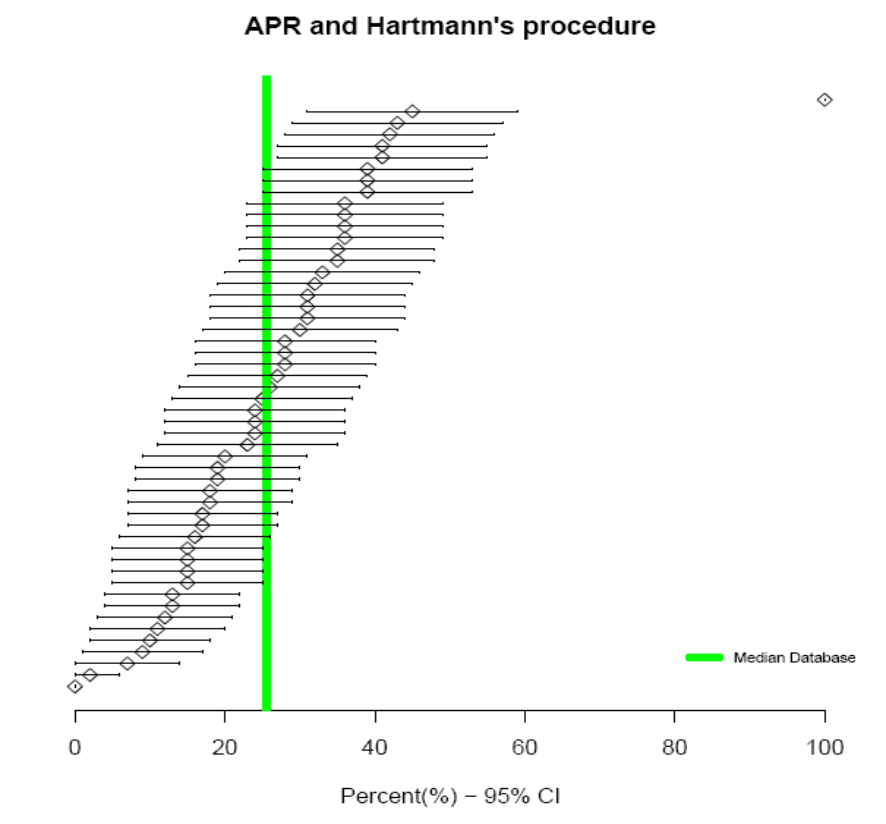
quality. In addition, inferring surgical excellence from low APE rates without adjusting for factors such as tumour height and stage may lead to inappropriate conclusions. Despite considerable efforts by Morris *et al*, this work was unable to adjust these data fully for such confounding factors, demonstrating that the necessary infrastructure to achieve this is not currently available in the UK at the national level. Therefore, APE rates in isolation are unlikely to be a useful benchmark to audit surgical performance at present.

PROCARE

PROJECT ON CANCER OF THE RECTUM

Proportie APE en Hartmann (moderate LoE)

0 – 15 cm

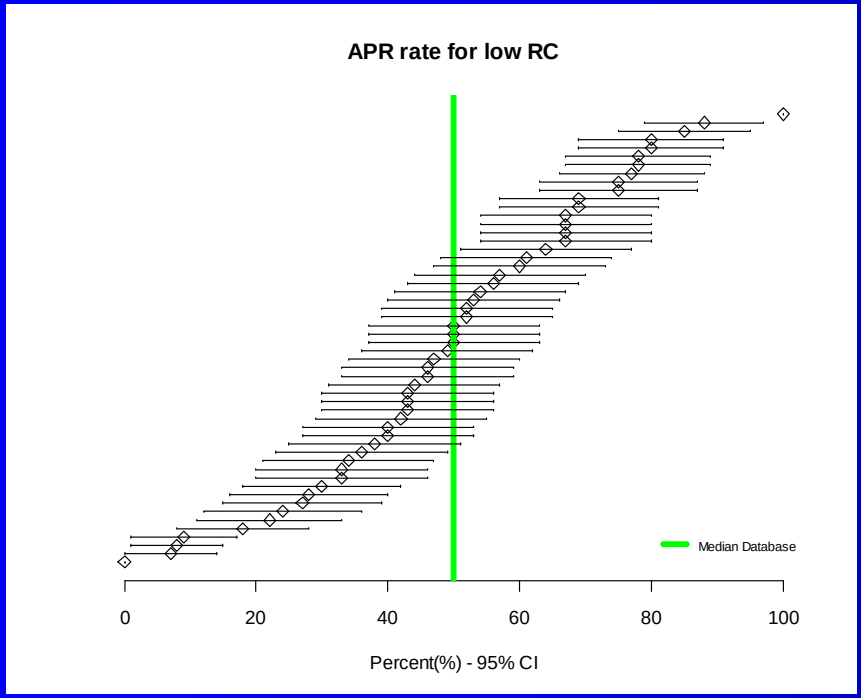


T level
T
incontinence
males
econ. deprived
surgeon volume <7/yr
G3
response to CRT?

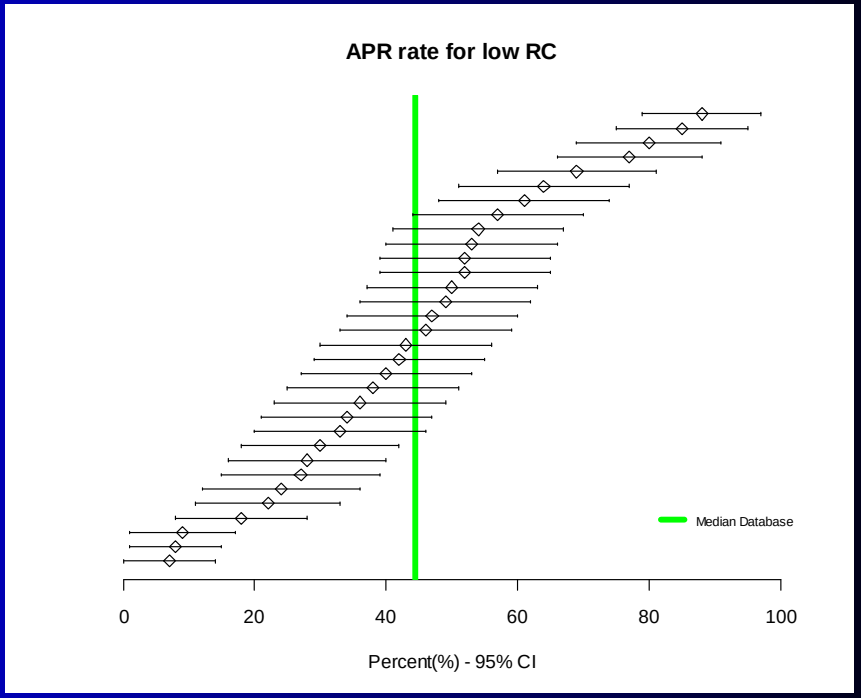
PROCARE
PROJECT ON CANCER OF THE RECTUM

APE en Hartmann (2009) voor rectum kanker op 0 – 5 cm

Teams > 10

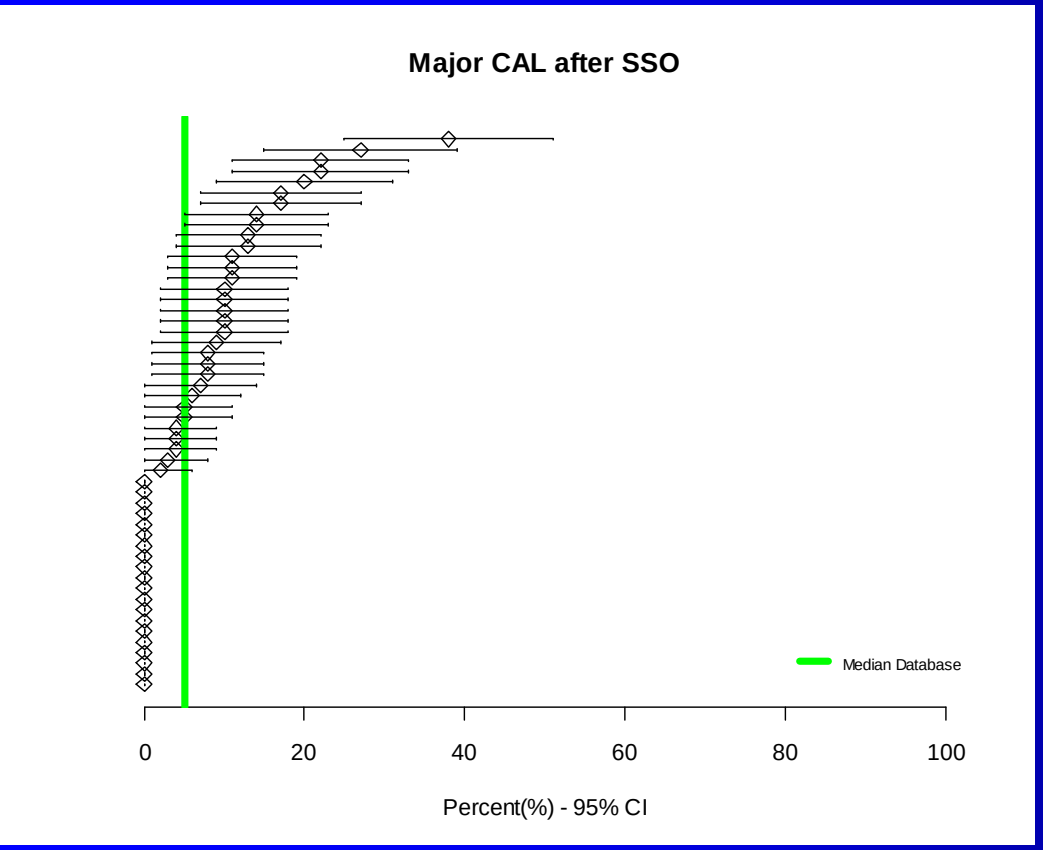


Teams > 30



PROCARE
PROJECT ON CANCER OF THE RECTUM

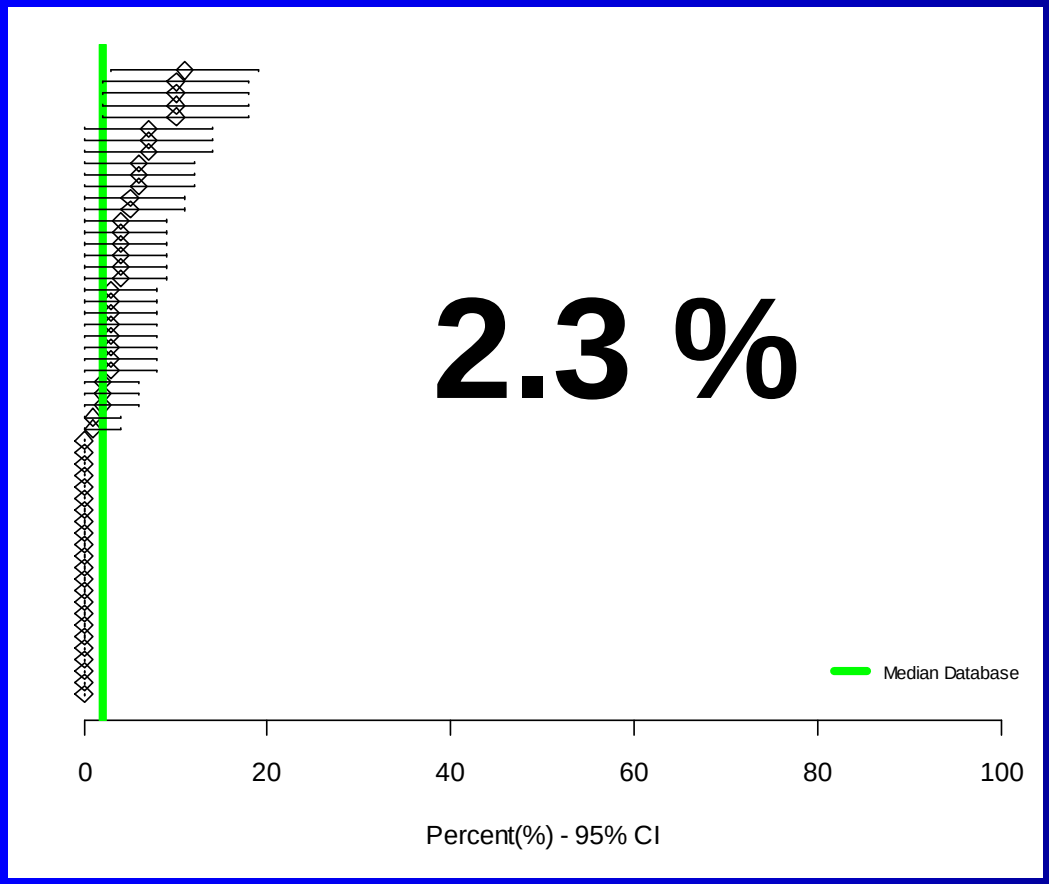
Majeure lek na SSO m/z derivatief stoma



no primary deriv stoma
T level (low anast.),TME
intraop adverse events
no mobilisation splen flex
males
low volume (non-spec)
transanal drain
DM, smoking/pulm dis
alcohol
malnutrition
distal margin <1 cm
no colonic J-pouch
neoadj CRT? good pR ?

PROCARE
PROJECT ON CANCER OF THE RECTUM

Inpatient en 30-d mortaliteit (high LoE)

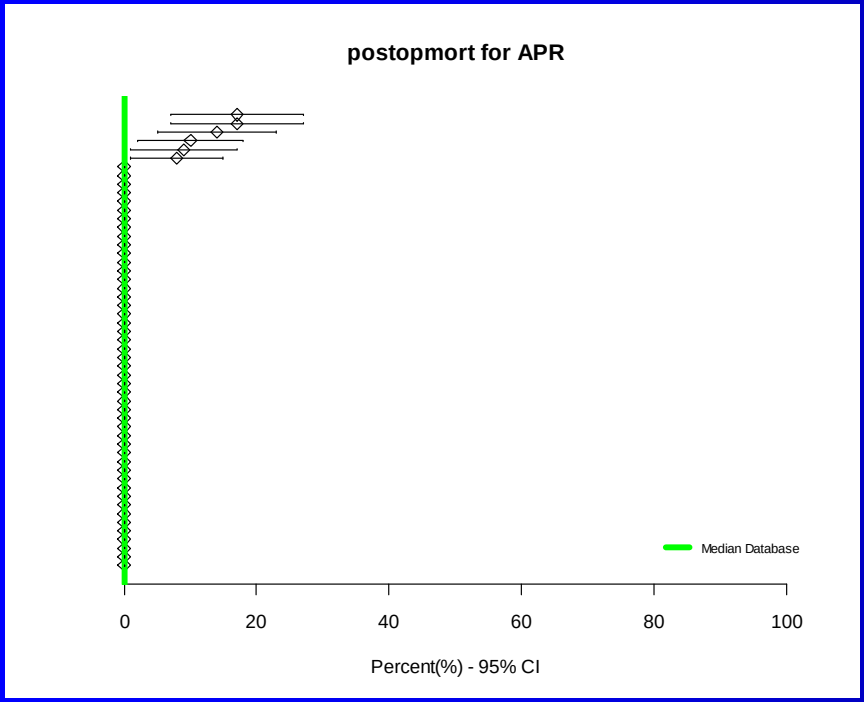


age,
ASA,
Dukes stage
urgency operation
ca excision
Hct
…/…
intensified neoadj R/?

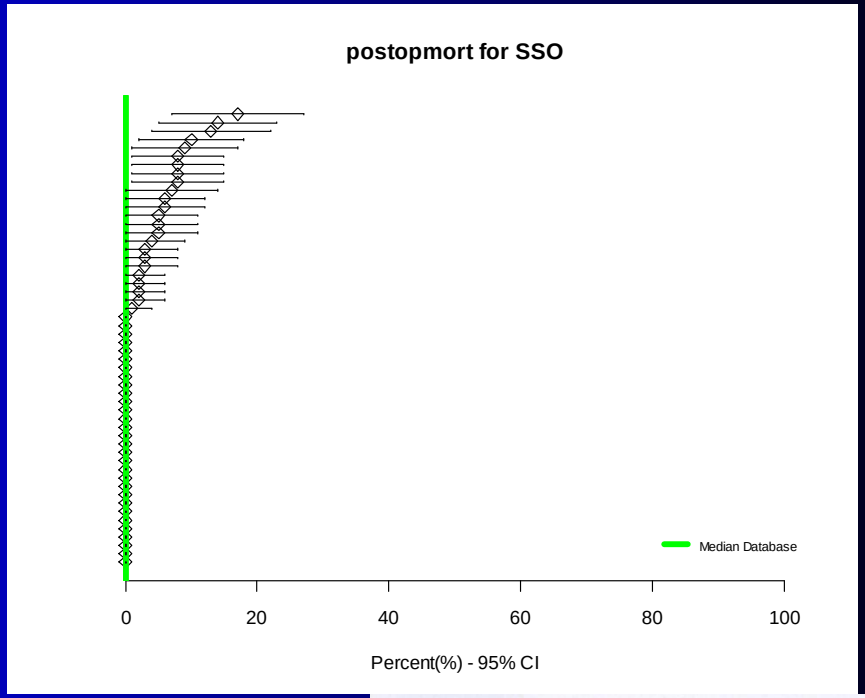
PROCARE
PROJECT ON CANCER OF THE RECTUM

In hospital mortaliteit na electieve radicale resectie (als > 10 pts)

na APE



na SSO



PROCARE
PROJECT ON CANCER OF THE RECTUM

Het project - BESLUITEN

- Profession-driven = vrijwillige deelname
- Open voor alle teams ten allen tijde
- Multidisciplinair = teams, geen individuen
- Funding (overheid)
- Risk adjusted benchmark (peers, statistici)
- Educationeel (re-actie) niet repressief (sanctie)
- Evolutie van de ‘performance’
- Definitie van targets / outliers (clinici > statistici)

PROCARE

PROJECT ON CANCER OF THE RECTUM

De deelnemende teams - BESLUITEN

- Tijd voor registratie (web applicatie)
- Motivatie van alle team-leden (intentie vs praktijk)
- Kwaliteit van de data (definities toepassen, …)
- Volledigheid van de ‘data’ (ptn, data, follow-up)
- Vrees voor audit (progressieve deelname)
- Educationele risk-adjusted benchmark met re-actie
- Verbeteren kan altijd voor iedereen (low & high vol.)

PROCARE
PROJECT ON CANCER OF THE RECTUM

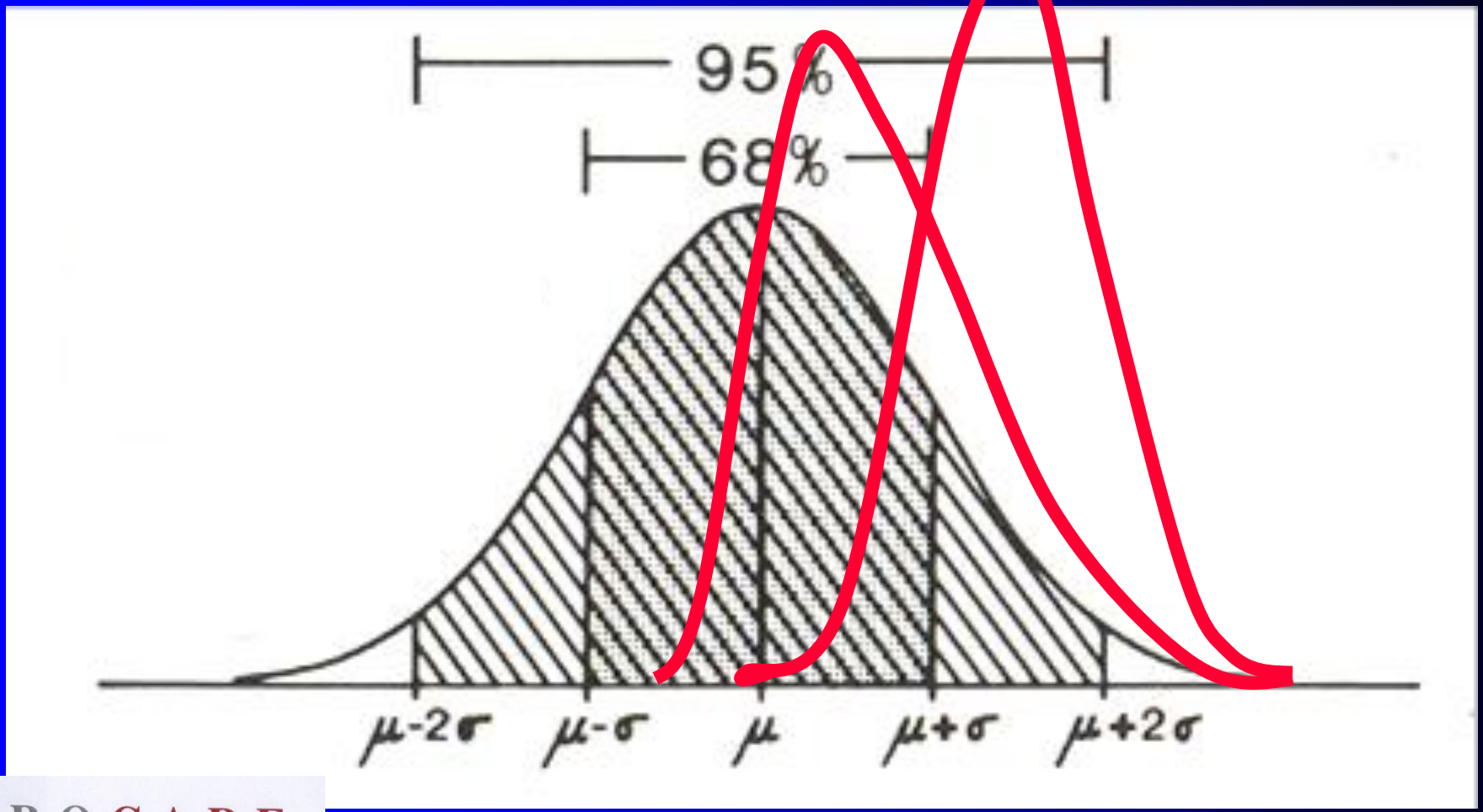
Streven naar excellentie motiveert

Streven naar perfectie kan demotiverend zijn

PROCARE

PROJECT ON CANCER OF THE RECTUM

BENCHMARKING
t.o.v. gemiddelde of t.o.v. 'best practices' ?



PROCARE
PROJECT ON CANCER OF THE RECTUM

Welke ‘target value’ ter verbetering ?

Mediane met CI 95%: beperkte verbetering

Best practices (top 10 ? P 75 ?)
met CI 95% of CI 90% ?

voor alle QCI of voor een set van QCI ?

Statist. vs klinisch relevante targets/verschillen

PROCARE
PROJECT ON CANCER OF THE RECTUM

Voorop gezette targets ? (1)

	Germany*
T excision (cur-pall)	85-95 %
LE/TEMS R 0	pT1G1-2L0: >75 % pT2G1-2L0: <10 % G3-4: 0 %
CRT for cSt II-III	> 90 %
TME T at <11 cm PME T at >10 cm	>90 % (<12 cm) >90 % (>11 cm)
APR for upper APR for mid APR for lower	0 % <20 % <40 ? - <60 % ?

PROCARE
PROJECT ON CANCER OF THE RECTUM

* Zentralbl Chir 2007; 132: 85-94

Voorop gezette targets ? (2)

	Germany*
Intra-oper. T break	AR <5 % APR <10%
R1 R2	<20 %
(y)pCRM +	<10 %
Incomplete TME/PME	≤10 %

* Zentralbl Chir 2007; 132: 85-94

PROCARE
PROJECT ON CANCER OF THE RECTUM

Rol en nut

- ROL
  - Multidisciplinair deelnemen aan beroepsgestuurd nationaal educationeel project
- NUT
  - Meten is weten
  - Re-actie als ‘ongewoon resultaat’

IN FINE

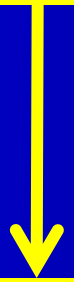
Het heft (verantwoordelijkheid over verbetering van de gezondheidszorg) in niet gepolitizeerde, zuivere handen nemen

PROCARE

PROJECT ON CANCER OF THE RECTUM

Implicaties van risk adjusted feedback in een educationeel project

EIGEN GEVALIDEERDE DATA
+ RISK & VOLUME ADJUSTED OUTCOME/PROCES QCI
+ idem BENCHMARKING

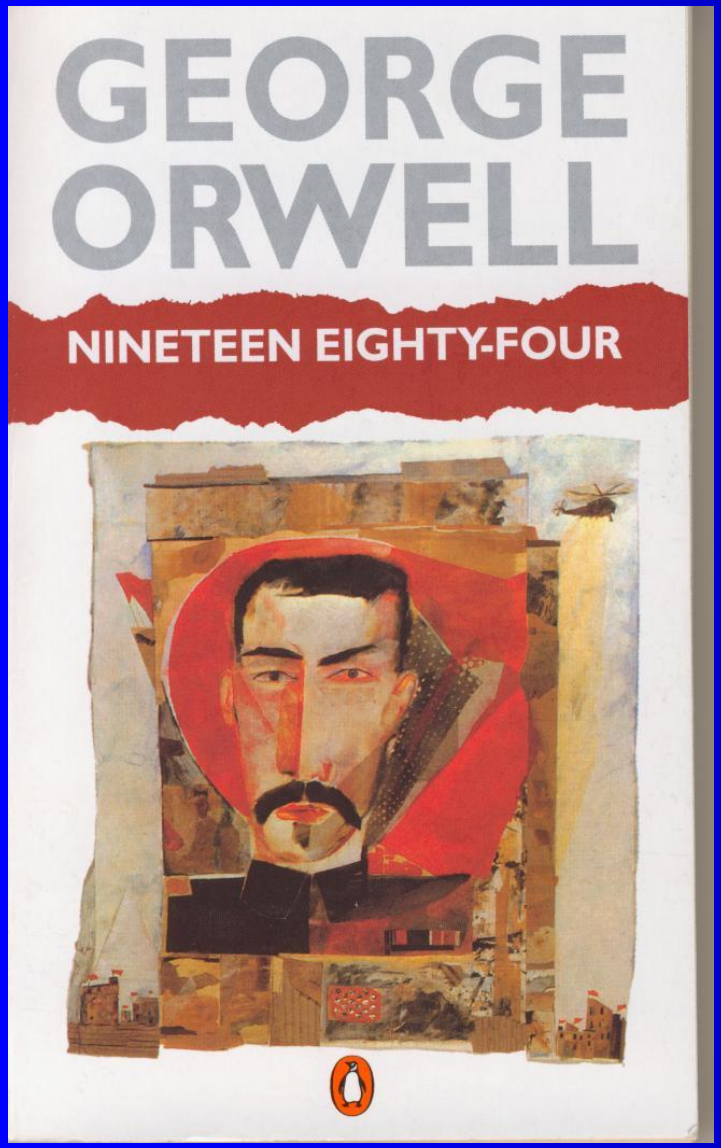


RE-ACTIE
als nodig

PROCARE
PROJECT ON CANCER OF THE RECTUM


1513
AD


N P. CRANE



Big Brother …
the cancer police …
the public …
is watching you

à la Une < Le Nouvel Observateur Spécial Classement 2009-2010 : Hôpitaux et cliniques < Régions

Le classement des hôpitaux 2009-2010

Rechercher

Rechercher par : Région | Spécialité | Pathologie | Etablissement | Département

TOP 5 : > Sud-ouest > Sud-est > Nord-est > Nord-ouest > Ile-de-France > Outre-mer > Toute la France

CHIRURGIE DU CANCER COLORECTAL > choisir une autre pathologie

Rang	Nom de l'établissement	Privé / public	Département	Ville
1	HOPITAL BEAUJON(AP-HP)	Public	92	CLICHY
2	CLINIQUE J.VERNE POLE HOSP MUTUALISTE	Privé sans but lucratif	44	NANTES
3	CENTRE REG LUTTE CONTRE LE CANCER	Privé sans but lucratif	34	MONTPELLIER
4	CHU DE BORDEAUX	Public	33	BORDEAUX
4	INSTITUT MUTUALISTE MONTSOURIS	Privé sans but lucratif	75	PARIS
6	GRP HOSP DIACONESSES CROIX ST SIMON	Privé sans but lucratif	75	PARIS
7	CLINIQUE MATHILDE	Privé	76	ROUEN
8	POLYCLINIQUE DE POITIERS	Privé	86	POITIERS
9	CHU STRASBOURG	Public	67	STRASBOURG
10	HOPITAL AMBROISE PARE(AP-HP)	Public	92	BOULOGNE BILLANCOURT
11	CH PRIVE ST GREGOIRE	Privé	35	SAINT GREGOIRE
11	CHU TOULOUSE	Public	31	TOULOUSE
11	HOPITAL ST ANTOINE(AP-HP)	Public	75	PARIS
14	POLYCLINIQUE DE COURLANCY	Privé	51	REIMS
15	CLINIQUE DU PRE	Privé	72	LE MANS

Identificeren van ‘ongewoon resultaat’

Specifieke database (risk adjustment) vs Administratieve database(s) !?...

Hoe ver kan/moet educationele feedback gaan ?

Repressief als geen re-actie met resultaat ?