



AGENDA of the PROCARE **STEERING GROUP**

13 December 2011

Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8th floor **room Delvaux**

Start 20.00

Invited: Bertrand, Burnon, Buset, Cabooter, Claeys, Danse, De Coninck, Demetter, Demey, Duinslaeger, Haeck, Haustermans, Humblet, Jouret, Kartheuser, Laurent, Mansvelt, Melange, Op de Beeck, Pattyn, Peeters, Penninckx, Polus, Rahier, Scalliet, Sempoux, Smeets, Spaas, Van Cutsem, Van de Stadt, Vaneerdeweg, Van Eycken, Vindevoghel, Thijs A.

Apologies were received from: Van Cutsem, Bertrand, Burnon, Van Laethem, Pattyn, Laurent, Op de Beeck.

Present: Claeys, Demetter, Haustermans, Jouret, Kartheuser, Mansvelt, Penninckx, Scalliet, Sempoux, Smeets, Spaas, Van Eycken, Vindevoghel, Thijs. Also, Vandendael T and Jegou D> were present.

1. Minutes 5 May 2011 approved

2. Any other business

Payment for attending the Steering Group Meetings will be done before end 2011: each member to send banc account in clinic to guido.vanermen@uzleuven.be with Freddy.penninckx@uzleuven.be in cc).

3. KCE project on risk and volume adjusted analysis for benchmarking and feedback

KCE report **published in July 2011**. P Demetter represented the PROCARE steering group. The report was sent to the Steering Group by FP.

4. PROCARE database (EVE, Tamara Vandendael)

- a. evolution of patient entries: registration is on a 'steady state'. Since 1/1/2011 1020 patients have been registered, for a total of 5072 but 478 had to be excluded (higher than 15 cm, no invasive adca, etc), i.e. 4594 are included and can be analysed.
- b. web application: has increased enormously. In 2011 about 50% of patient data are submitted through the online application.
- c. participating centres. The aim is that in 2011 >75% of the hospitals will participate. Over all years 89/111 (80%) of centres have submitted patients. Some stopped to submit. Since 1/1/2011 62 centres have registered patients (6 centres joined the project this year)

Decisions:

- 1/ presentation of registration by residence of patient and per district will be adjusted for the population density
- 2/ centres/colleagues that stopped registration will be asked why. A list of possible reasons will be enumerated, leaving space for additional comments. This will be an important data for the (pre)final report. Letter and list to be made by TV and FP and precirculated

to Steering Group for approval. The mail will be sent together with the feedback (with a reminder after 2 weeks if no answer).

5. PROCARE feedback (EVE, DJ)

David Jegou is introduced and welcomed in the project. He is working as a statistician at the BCR for PROCARE.

The fourth feedback is being prepared by David Jegou and Tamara Vandendael. FP will help in data cleaning.

It will be sent at the latest early January 2012 after precirculation in the >Steering Group for approval.

Decisions:

- 1/ legends will be added to tables and figures (so that the results are better understood).
- 2/ (visualized) information about the evolution of missing data will be included (for important QCIs)

6. TME training (delegates of BSCRS and BPSA and E Van Eycken)

TME training : 6 surgeons trained, 3 surgeons in training. No new trainings in 2011.

Decisions:

- 1/ no more reminder about TME training will be sent. After 1/1/2012 TME training will no more be accepted (remunerated) as the training will not be finished within 6 months.
- 2/ it is to be noted that other means/sources of TME learning and implementation may well have been used. Anyhow, the PROCARE project probably stimulated many surgeons to adapt and/or to improve TME.

7. TME review Pathology Board (AJ, Tamara)

In 2011 the pathology board centrally reviewed approx. 150 TME specimens selected from any surgeon who registered a patient with TME. Only cases with adequate material submitted by the local pathologist can be evaluated. The number of experts for central review has become limited (last meeting 3).

The datamanager registers the (non)availability of adequate/good material for review.

There have been 3 phases of review:

- TME evaluation from candidate TME trainers (ended 10/2009)
- TME evaluation from non-candidate trainers; 338 cases selected at random. Material from 102 cases was evaluable (30%). This phase ended in 2/2011.
- Since 11/2010 material from all TMEs was asked. 60 cases already reviewed.

Decisions:

- 1/ in January 2012, surgeons and pathologists from whom specimen were reviewed in phase 2 will receive feedback by regular post (general info, doc of the pathology board and surgery board, and a summary). TV will do this job.
- 2/ in 1/2012 the pathology board will review the material from 150 cases (already present at the BCR). New material will no more be asked.
- 3/ the information gathered through the extensive work of the patho board, in particular that of phase 1, is of most interest. The data certainly can be used for several publications.
- 4/ at the BCR, the percentage of TME quality assessment (and other pathology data) as submitted by pathologists from centres not submitting patients in PROCARE will be

compared with those in the PROCARE database (also data from before 2006 will be sampled in order to have data on the evolution of the quality of pathology reporting).

8. PROCARE RX (Tamara)

Launched on 1st May 2010. Submissions for review are limited.

Re-activation through RBRS (newsletter) was done in the past months.

Actual status: 24 cases submitted for review, only 10 since 1/1/2011.

E Dance to be replaced

Decisions:

- 1/ PS will try to re-launch this unique aspect of the project
- 2/ all participating surgeons will be asked to motivate their colleague radiologist(s) to participate (mail to be prepared by TV and FP).
- 2/ after the end of the project, the tool will remain available (but reviewers will not be remunerated anymore)
- 3/ PS will look for a replacement of ED (preferably French speaking). If no candidate found, D Bielen (KULeuven) would be willing to step in.

9. Radiotherapy and PCE. (Tamara)

Launched in March 2010 (March and April were “test” periods with only 3 or 4 centres).

Excellent submission rate for review: 730 patients from 20 (out of 25) centers (per 30/09/2011).

Interesting results are presented by KH. They will be published. David Jegou will help with statistical analysis.

Decision:

The PROCARE budget planned for RT and still available will be used to (partially) pay the expert technician (EH) that takes care of all reviews.

10. Guidelines (and Quality of Care Indicators): an update was not felt to be appropriate, and was postponed. Analysis of data and reporting have the highest priority in the months to come.

11. EURECCA Started. PROCARE is participating (data submitted in 12/2011). Globally, 9 European countries participate at this stage. Papers (cfr infra).

12. Representation of PROCARE in 2011

PROCARE was present at the Belgian week of Gastro-Enterology 2011 (17-19 febr 2011 in Liège) and the Belgian Surgical Week 2011 (Thursday 12th May 2011).

FP represented PROCARE at the 5th anniversary of the BCR (March 2011).

FP represented PROCARE in a panel discussion at the KCE meeting “Van guideline tot kwaliteitssysteem bij de behandeling van kanker”, Pacheco Brussels, 17 November 2011.

FP represented PROCARE and presented data on lap vs open TME at the European School of Laparoscopic Surgery Dir. GB Cadière (Brussels Saint Pierre University Hospital, 16/11/2011).

13. PROCARE publications

PUBLISHED or ACCEPTED FOR PUBLICATIONS

Goetghebeur E, Van Rossem R, Baert K, Vanhoutte K, Boterberg T, Demetter P, De Ridder M, Harrington D, Peeters M, Storme G, Verhulst J, Vlayen J, Vrijens F, Vansteelandt S, Ceelen

W. Kwaliteit van rectale kankerzorg - fase 3: statistische methoden om centra te benchmarken met een set van kwaliteitsindicatoren. Good Clinical Practice (GCP). Federaal Kenniscentrum voor de Gezondheidszorg (KCE). 2011. KCE Report 161A. D/2011/10.273/38.

Demetter P, Ceelen W, Danse E, Haustermans K, Jouret-Mourin A, Kartheuser A, Laurent S, Mollet G, Nagy N, Scalliet P, Van Cutsem E, Van Den Eynde M, Van de Stadt J, Van Eycken E, Van Laethem JL, Vindevoghel K, Penninckx F. **Quality of care indicators in rectal cancer.** Acta Gastroenterol Belg. 2011 Sep;74(3):445-50.

Mroczkowski P; on behalf of the International Quality Assurance Project for Colorectal Cancer (Germany/Poland), Ortiz H; on behalf of the Spanish Rectal Cancer Project, Penninckx F; on behalf of the Belgian Project On Cancer Of The Rectum (PROCARE), Pahlman L; on behalf of the Swedish Rectal Cancer Registry (SRCR). **European quality assurance programme in rectal cancer - are we ready to launch?** Colorectal Dis. 2011 Oct 4. doi: 10.1111/j.1463-1318.2011.02845.x. [Epub ahead of print] PubMed PMID: 21973222.

The PROCARE Steering Group. **PROCARE: what is on the agenda?** Acta Chir Belg 2011 (dec). Editorial. Accepted.

Beirens K, Penninckx F, on behalf of PROCARE. **Defunctioning stoma and anastomotic leak rate after total mesorectal excision with coloanal anastomosis in the context of PROCARE.** Acta Chir Belg 2011 (dec). Original paper. Accepted.

Vandendael T, Penninckx F, Bertrand C, Ceelen W, Danse E, Demetter P, Haustermans K, Laurent S, Molle G, Vandestadt J, Van Laethem JL, Vindevoghel K, on behalf of PROCARE. **Exploring limits for data registration in the context of PROCARE, a quality improvement project on rectal cancer.** Acta Chir Belg 2011 (dec). Original paper. Accepted.

Leonard D, Penninckx F on behalf of PROCARE. Reply to a letter to the editor by Takashi Akiyoshi, MD, PhD1, Toshiaki Watanabe, MD, PhD2, Masashi Ueno, MD, PhD1 on "Laparoscopic Total Mesorectal Excision for Rectal Cancer: Is It the Predictive Factor for Incomplete Mesorectal Excision?". Ann Surg. September 2011 in press.

SUBMITTED FOR PUBLICATIONS

Penninckx F, Beirens K, Fieuws S, Ceelen W, Demetter P, Haustermans K, Van de Stadt J, Vindevoghel K, on behalf of PROCARE. **Risk adjusted benchmarking of anastomotic leak rate after total mesorectal excision in the context of a national project.** Colorectal Dis. Submitted 18/09/2011. To be revised (before end December 2011). Depends on completeness of registration data from BCR.

W. van Gijn¹, C.B.M. van den Broek¹, P. Mroczkowski², A. Dziki³, G. Romano⁴, D. Pavalkis⁵, M.W.J.M. Wouters⁶, B. Møller⁷, A. Wibe⁷, L. Pahlman⁸, H. Harling⁹, J. Smith¹⁰, F. Penninckx¹¹ (¹¹ On behalf of the Belgian Project On Cancer Of The Rectum (PROCARE), H. Ortiz¹², V. Valentini¹³, C.J.H. van de Velde¹. **Data items scored by major European colorectal audit registrations participating in the EURECCA project: what do we share and what can we do with it?** EJSO submitted 9/12/2011.

READY FOR SUBMISSION

Freddy Penninckx, Steffen Fieuw, Koen Beirens, Pieter Demetter, Wim Ceelen, Alex Kartheuser, Gaetan Molle, Jean Van de Stadt, Koen Vindevoghel, Elizabeth Van Eycken, on behalf of PROCARE. **Risk-adjusted benchmarking of abdomino-perineal excision for rectal adenocarcinoma in the context of the Belgian PROCARE improvement project.** GUT. Text ready and approved (November 2011). To be adapted (?) and submitted before 31/12/2011.

IN PREPARATION

Van Eycken E, Vandendael T, Penninckx F, Bertrand C, Jegou D, on behalf of PROCARE. **Does voluntary participation in an improvement-project bias registration? OR Assessment of registration bias in an improvement project with participation on a voluntary basis.** Drafts made by Penninckx and corrected by Bertrand, Van Eycken (dd 14/11/2011). For Eur J Cancer (IF 4.944)

Van Eycken E et al (who?). **Evolution of rectal cancer management in Belgium 1997 – 2008: an effect of PROCARE?** To be written. Status:

Penninckx F, Kartheuser A, Van de Stadt Jean, Pattyn P, Mansvelt B, Bertrand C, Jegou D, Leonard D, ... **Laparoscopic total mesorectal excision for rectal cancer: an audit in the context of an improvement project.** Or **Laparoscopic versus open total mesorectal excision for rectal cancer: a reality check in the context of an improvement project.** Preliminary draft made by FP dd 15/11/2011. To be submitted to Ann Surg? BJS? CRD? **Steering Group approves.**

Mourin-Jouret A et al. The Pathology Review Board will write a paper on the **results of central review of several hundreds of TME specimen** (already approved previously). Anne Mourin-Jouret and Tamara Vandendael collected the data (done in April and December 2011). Status:

Radiotherapeutists should write a paper about central review of radiotherapy planning for rectal cancer. Hortobagyi E, Lambrecht M, Pelgrims A, Verstraete J, Haustermans K, Scalliet P, on behalf of PROCARE. **Improving care of rectal cancer in Belgium by standardizing CTV delineation.** (Presented at ESTRO 2011). Journal ? Status:

PLANNED

Final report and proposals for the Insurance committee and RIZIV/INAMI. FP will prepare and asks Steering Group members to contribute, certainly per discipline but also in general. Of course the Steering Group will have to approve before submission (as for all reports/publications/communications). **To be done before February 2012.**

Radiologists should write a paper about the **accuracy of pretreatment staging.** Data will be provided by the BCR after receiving first 'draft' with aims (what data are requested).

Once data on LRR, DFS (and OS, RS) are available for almost all patients with radical excision, papers will be produced on outcome, risk-adjusted benchmarking of participating centres, distal margin, etc.

14. Newsletter (E Van Eycken): planned for end January 2012.

15. Report of the financial committee was presented by FP

Decision:

PROCARE will propose/ask the agreement of the Insurance Committee and RIZIV/INAMI to prolong the contract until the end of 2014 and ask to make these resources available for PROCARE until end of 2014. A pre-final report (incl. the financial status) will have to be prepared in January 2012 (FP), approved by the Financial Subcommittee and the Steering Group, and submitted to the Insurance Committee in February 2012 (with the help of Mr Thijs).

16. Workshop or scientific (open) meeting on national databases and adjusted feedback

Decision 11/2010: Form: workshop of a whole day (with lunch/diner). Place: RIZIV/INAMI.

Participants: limited number incl. Steering Group + expert-clinicians from any interested team/network (to be suggested by SG members before 31/01/2012). Costs for participants and invited foreign clinical experts: will be covered by RIZIV/INAMI PROCARE budget.

Timing: March 2012. Dates to be decided (depending on availability of foreign experts).

Program to be prepared by FP with feedback from the Steering Group

Suggested foreign clinical experts: Pahlman Lars (Sweden), Wibe Arne (Norway), Tekkis Paris or XY (UK), Parker Mike (UK), Smith Jason (NHS Information Centre, UK, National Bowel Cancer Audit Project NBOCAP), Finan Paul (UK), .../....

17. Headlines of the PROCARE final report and suggestions for the RIZIV/INAMI

Document discussed at the meeting.

Decisions:

Registration of essential data (limited number, e.g. 45 in EURECCA) will be proposed to be 'obligatory' part of the information to be submitted to the BCR. Other and more extensive information could still be registered in the PROCARE database, but this will have to be supported by new and specific resources.

Registration of data should be done by the local datamanagers that have started in all centres since mid 2009 (in the context of LOK/CMO meetings). The term 'compensation' is to be avoided (sounds somewhat unethical in the context of quality improvement). EVE will provide information about the method used in NL.

18. Period of next meeting. April-May 2012.

Adjourn 22.00