



MINUTES of the PROCARE STEERING GROUP

5 May 2011

Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8th floor **room Delvaux (entrance via car parking St Michielscollegestraat 69)**.

Start 20.00 for the Steering Group

Invited: Bertrand, Burnon, Buset, Cabooter, Claeys, Danse, De Coninck, Demetter, Demey, Dercq, 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, Thijs A.

Present: Burnon, Demetter, Demey, Duinslaeger, Jouret, Penninckx, Smeets, Spaas, Van Eycken, Thijs, Vandendael Tamara (BCR).

1. Welcome

2. Any other business

Koen Vindevoghel (Waregem) will replace Luc Haeck as a delegate from the BPSA

Dr Dercq will stop his activities in June 2011.

The RIZIV/INAMI is setting up a **Guidelines Platform**. PROCARE is willing to collaborate.

3. KCE project on risk and volume adjusted analysis for benchmarking and feedback (PDM):

Clinicians delegated by PROCARE are:

oncology: Van Cutsem, Van Laethem, Laurent, Vandeneynde

radiotherapy: Haustermans, Scalliet

pathology: Demetter, Nagy, Jouret

BPSA: Vindevoghel Koen, Molle Gaetan

Surgery: Ceelen, Van de Stadt, Kartheuser

Radiology: **Danse is replaced by Smeets**

PROCARE database: Penninckx, Van Eycken

KCE meeting on May 25th 2011

4. PROCARE database (Tamara Vandendael)

a. web application (launched September 14, 2010): **online submission is increasing (183/388 in first quarter of 2011). A new version will be deployed soon.**

b. evolution of participation and patient entries

The aim is that in 2011 >75% of the hospitals will participate.

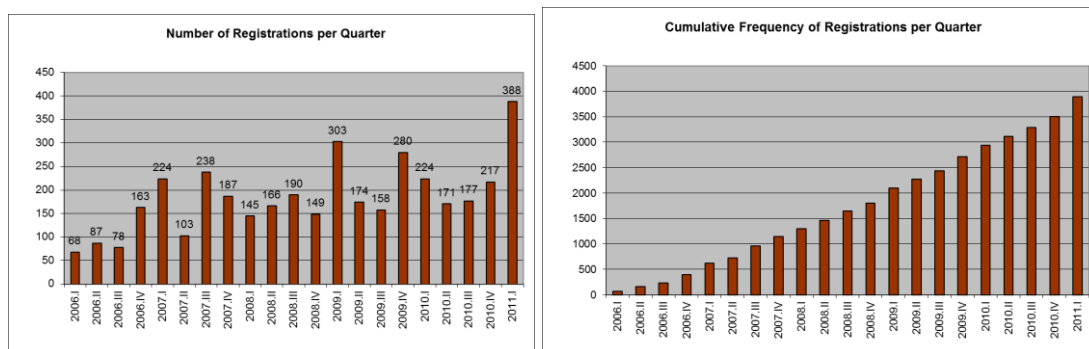
Participating centres today: 85/111 (77%). 9 new hospitals since 1/1/2010

Since 1/1/2010: 1355 new registrations from 65 hospitals

Total N of registrations 4042 (4459 - 417 excluded pTis, above 15 cm etc)

c. the list of participating centers per year on the PROCARE website.

A map of Belgium with number of patients per district represented by different colours will be inserted on the PROCARE website.



5. PROCARE feedback:

The third feedback was given to all participating teams in 1/2011.

Feedback not be given in June 2011 because Koen Beirens will leave the BCR (and will be replaced). Priority is given to the preparation of several documents and papers in order to prepare the final report of the project.

Participating teams will be offered the possibility to receive an overview (in excel) of their own patient data on request to the BCR (to be mentioned in next Newsletter and on the PROCARE web)

6. TME training

a. TME training **very limited** in spite of e-mail reminder every 3 months: 4 surgeons trained, 2 surgeons in training. 2 surgeons will start and 2 surgeons recently showed interest.

Surgeons asking for an 'audit' of TME by a trainer visiting his/her center will not be considered as being trained. The visiting trainer will not be remunerated for this.

b. It is confirmed that TME training will not reach the 'volume' that had been anticipated based on 'intentions' at the workshops in 2005. Reallocation of the related budget has been approved.

7. TME review Pathology Board (AJ, Tamara)

The pathology board centrally reviewed **202 TME specimens** (104 evaluable) from non-candidate TME trainers at random from 11/2009 and **55 TME specimens** (39 evaluable) from any surgeon starting 1/2010. About 240 cases will be selected soon.

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

The pathology board produces an evaluation form per specimen; after review by delegates from the BSCRS the **pathology review report is sent to the pathologist and surgeon** by the datamanager.

8. PROCARE RX

After being tested by 6/9 radiologist-reviewers, PROCARE RX was launched on 1st May 2010. Actually, 4 reviewers remain.

Submissions for review are very limited: 21 cases.

FP approached V Vandecaveye, but he declined. Very important remarks are related to **the suboptimal 'performance' of the actual system** with too slow download times (at least for reviewers) and too slow performance when scrolling through images.

Decisions: FP will inform the BRSRadiology about the status and ask for immediate (re)action. Everybody agrees that the RX platform is unique and that this tool for

improved staging should be exploited. FP and Smeets will activate some radiologist-colleagues in order to search for possible solutions related to the system.

9. Radiotherapy and PCE. (PS)

After being tested in 2009, PROCARE - RT was launched in March 2010.

Excellent activities with 435 cases submitted for review from 18 centers (per March 2011).

Results of review have already been analysed and will be presented at ESTRO 2011.

Financial support for RT review may be considered for adaptation, if necessary.

10. Guidelines (and Quality of Care Indicators): an update seems to be **appropriate, but was postponed.**

Proposal for organisation:

Pretreatment staging: x (replacing Danse) & Op de Beeck

Neoadjuvant treatment: Haustermans & Scalliet

Surgery: Kartheuser (Leonard) & Penninckx

Pathology: Sempoux & De Metter

Adjuvant treatment: Demey & Van Cutsem

Palliative treatment: Laurent & Peeters

Follow-up: Cabooter & ?

11. EURECCA no relevant news

12. Presentations and publications in preparation

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

The role of the BCR in PROCARE was presented by Penninckx F in Brussels at the 5th anniversary of the BCR (March 2011).

Demetter Pieter et al wrote an article on **“Quality of care indicators in rectal cancer”**. It was submitted to Acta Gastroenterologica Belgica (April 2011).

The Pathology Review Board will write a paper on the **results of central review of several hundreds of TME specimen** (already approved previously). Ann Mourin-Jouret and Tamara Vandendael/Koen Beirens collected the data (done in April 2011). **Manuscript will be ready by August 2011 (AJ).**

Penninckx, Beirens ask permission to write on behalf of the PROCARE steering group a paper for Acta Chir Belg on **“Defunctioning stoma and anastomotic leak after TME with colo-anastomosis for rectal cancer in the context of a national project”**. This is based on the presentation to be given at the BSW on Thursday May 12th 2011. The final draft to be approved by the steering group prior to submission for publication

Penninckx, Beirens ask permission to write on behalf of the PROCARE steering group a paper on **Setting standards for risk adjusted benchmarking of anastomotic leak rate after total mesorectal excision for rectal adenocarcinoma in the context of a national project.** Suggested co-authors: Penninckx F, Beirens K, Fieuws S (stat), Ceelen Wim, Demetter Pieter, Haustermans Karin, Vandestadt Jean, Vindevoghel Koen, on behalf of PROCARE. **Approved.**

Penninckx F, Beirens K ask permission to write on behalf of the PROCARE steering group an article about **Risk adjusted benchmarking on abdominoperineal excision for rectal adenocarcinoma in the context of a national project**. Suggested co-authors: Penninckx F, Beirens K, Fieuws S (stat), Ceelen W, Vandestadt J, Vindevoghel K, Demetter P, Nagy N, Mourin-Jouret A, Vandeneynde M, Van Eycken E, on behalf of PROCARE. The final draft to be approved by the steering group prior to submission for publication (Colorectal Disease). **Approved.**

Vandendael Tamara/Penninckx F ask permission to write on behalf of the PROCARE steering group an article about **The burden of registration**. **Approved**

Liesbeth Van Eycken, Tamara Vandendael, Penninckx F ask permission to write on behalf of PROCARE about **“Evaluation of the completeness and representativeness of prospective patient registration on a voluntary basis”**. Besides data on participation (about 30%!?) and completeness of participation, it will include a comparison of OS and RS (overall and per (y)pStage) and APE rates in patients registered vs not registered by participating hospitals in PROCARE versus outcome in patients treated in non-participating hospitals (or before participation or after stopped participation). **Approved. Entries in 2006, 2007 and 2008 will be studied. Data BCR available in June 2011.**

Radiologists should write a paper about the **accuracy of pretreatment staging**. Dazta will be provided by the BCR after receiving first draft. Who??

Radiotherapeutists should write a paper about **central review of radiotherapy** planning for rectal cancer. A presentation at ESTRO 2011 is planned. Slides shown at the meeting (kindly provided by KH).

Pro memoria:

- un écrit par A Hoorens(VUB)dans le Belgian Medical Oncology
- on peritumoral inflammation and prediction of tumor response to CRT (Pattyn/Libbrecht UGent & Geboes/Sagaert KUL et al). PROCARE has no resources for research. Limited uni- and multivariate analysis on well structured data can be performed by Koen Beirens and colleagues at the FBCR. However, they should not take too much time and no specific reimbursement will be paid.

13. Newsletter (E Van Eycken): planning.

14. Report of the financial committee (FP): **no adaptations to be made**. Expenses stay within the planned budget.

15. Workshop or scientific (open) meeting on national databases and adjusted feedback
PROCARE meeting on national databases, feedback and quality control. To be organised in what format (workshop? Open symposium? when? Where? How to cover costs for invited speakers, participants, location? **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 31/01/2011). Costs for participants and invited foreign clinical experts: will be covered by RIZIV/INAMI support**

already available in the PROCARE budget. Timing and program: to be decided at the SG meeting in the Spring 2011.

Suggested foreign clinical experts: Pahlman Lars (Sweden), Wibe Arne (Norway), Tekkis Paris or XY (UK), Parker Mike (UK), xy (NHS Information Centre, UK, National Bowel Cancer Audit Project NBOCAP), .../.... No other suggestions were made at the meeting, but can be made at any time.

Meeting to be planned in March 2012.

16. Planning and discussion about the headlines of the PROCARE final report and suggestions for the RIZIV/INAMI

Document discussed at the meeting (FP). This will serve as the ‘agenda’ for a specific meeting.

Decision: supplementary meeting of the Steering Group to be planned by the end of July when at least some documents and data will be available.

17. Period of next meeting. end 2012.

Adjourn 22.00