

NATIONAL RECOMMENDATION FOR RECTUM CANCER TREATMENT: THE FIRST STEP OF A PROJECT FOR IMPROVING QUALITY, UNIQUE IN ITS KIND (21/12/2007)

Press release by the Federal Expertise Centre of Health Care (KCE)

National Recommendation for the rectum cancer treatment: the first step in a project to improve quality, unique in its kind

A widely multidisciplinary group of bowel cancer specialists (PROCARE) has just drafted, under the lead of the Federal Expertise Centre of Health Care (KCE), a national recommendation on the issue of rectum cancer treatment. The next phase will consist, for the group, in developing quality criteria to monitor and, where possible, improve the quality of care provided to rectum cancer patients. A first in Belgium.

The rectum is the last part of the large intestine, just before the anus. Each year, approximately 1,900 diagnoses of cancer of the rectum are raised and it is estimated that 450 patients die as a result of this disease. This form of cancer requires very specific care, especially on a surgery level.

In Belgium, as well as in other countries, there are still large differences between hospitals regarding rectum cancer treatment and hence in the results achieved. A group of eminent Belgian cancer specialists consider for several years that there is an urgent need for standardisation and quality monitoring in this area. That is why PROCARE (PROject on CANcer of the RECTum) was created. It is a multidisciplinary working group bringing together all professionals involved in treating rectum cancer.

The first step of this group was to develop a national guideline with recommendations for diagnosis, for treatment (surgery, radiotherapy, chemotherapy) and for monitoring rectum cancers. A guideline helps the attending physicians to deal with a given disease in the most appropriate way. In this way, when diagnosing a rectum cancer, a rectal examination and a biopsy of the tumour are essential acts. An examination of the large colon (colonoscopy) is also recommended, particularly for ruling out the possibility of other tumours' presence. The treatment will include, in most cases, a surgical resection of the tumour, preceded or followed by radiotherapy and/or chemotherapy. The guiding principle of a good rectum cancer treatment is a multidisciplinary approach in which the expertises of the gastroenterologist, the radiologist, surgeon, the oncologist, the radiotherapist, and the anatomicopathologist are met.

In a forthcoming report which is in full preparation, the working group will develop indicators and quality tests for Belgium. Based on these indicators, it will be possible to monitor the quality of care and improve it where necessary. The results of this work are expected in the course of 2008. Such an approach, supported as broadly by the various professional groups and by the College of oncology, is unique in Belgium and certainly deserves to be followed carefully.

The full text of these recommendations is available on the KCE website: www.kce.fgov.be ("publications" section) under reference KCE Reports vol 69B.

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