PROCARE

PROJECT ON CANCER OF THE RECTUM

THE PROCARE PROJECT

A. KARTHEUSER
L. VAN EYCKEN
F. PENNINCKX

On behalf of the
PROCARE steering group

PROCARE
PROJECT ON CANCER OF THE RECTUM

PROCARE

A. Que signifie « PROCARE » ?

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PROCARE est un projet multidisciplinaire national belge pour la prise en charge du cancer du rectum.

PROJECT ON CANCER OF THE RECTUM

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B. Pourquoi un projet « PROCARE » en Belgique ?

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AIM

Improve the outcome

of rectal cancer treatment

in Belgium

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↓

Un organe : RECTUM

↓

Une pathologie : CANCER

↓

1ère expérience en Belgique !

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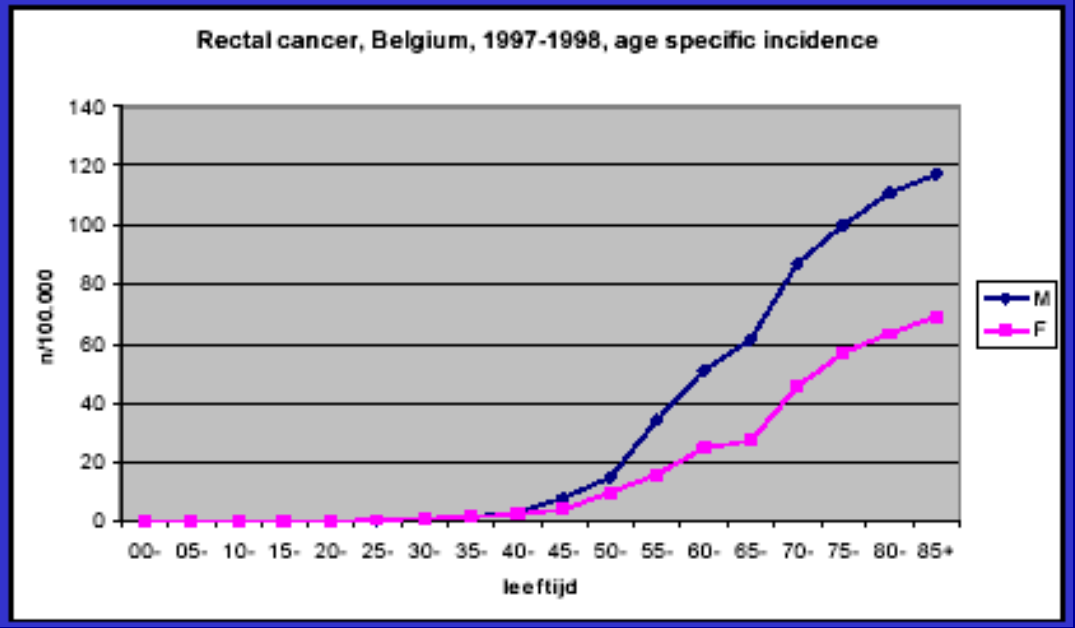
Rectal cancer, Belgium, 1997-1998

National Cancer Registry

- N=3079
  - Males: 1.773
  - Females: 1.306



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1. **National :**
   - **Réduire variabilité prise en charge**
   - **Réduire récidives locales**
   - **Augmenter la survie**

2. **International : expériences Angleterre, Hollande, Suède, Danemark, Norvège**

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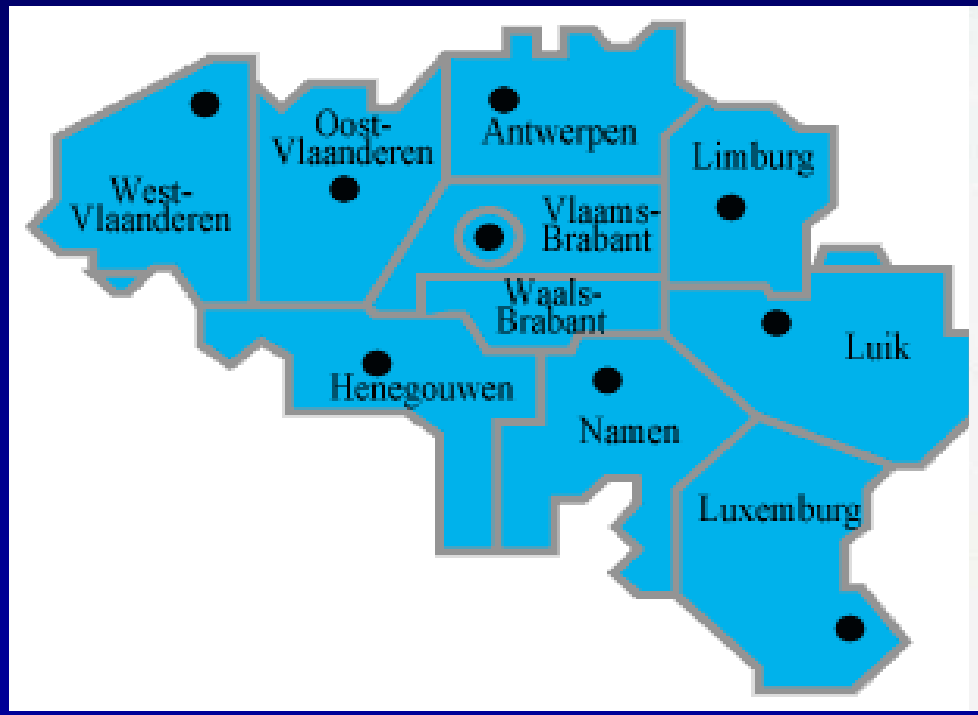
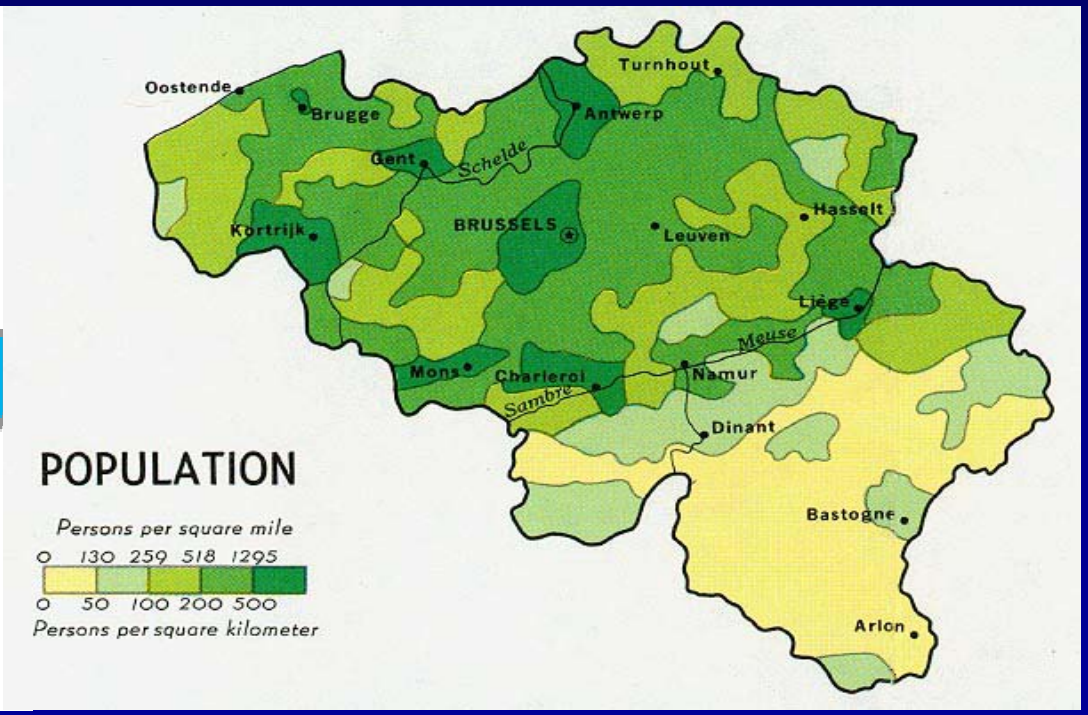
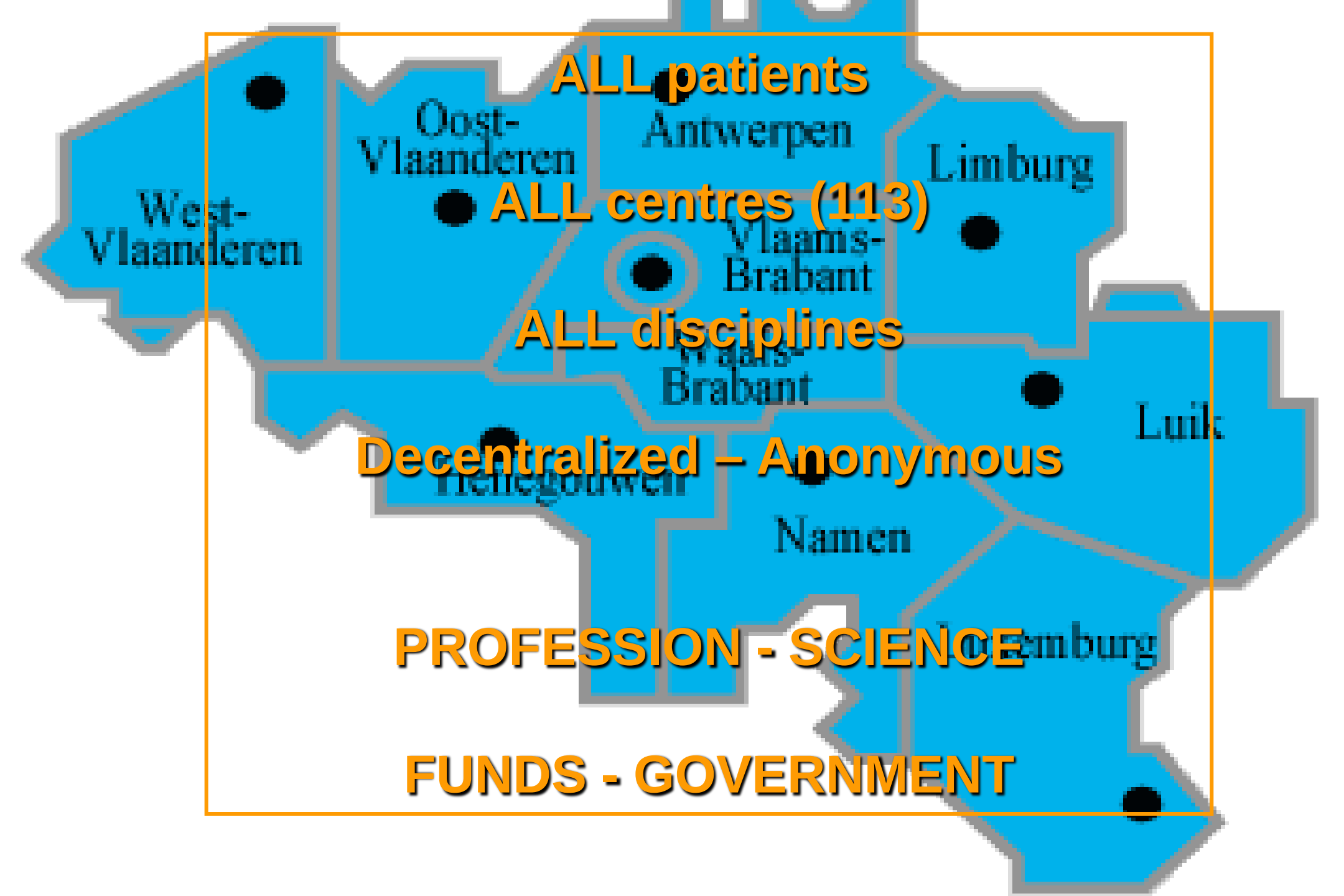
A Nation-wide Project






ALL patients
ALL centres (113)
ALL disciplines
Decentralized – Anonymous
PROFESSION - SCIENCE
FUNDS - GOVERNMENT
Oost-
Vlaanderen
Antwerpen
Limburg
West-
Vlaanderen
Vlaams-
Brabant
Brabant
Luik
Namen

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C. Pourquoi un « benchmarking » ?

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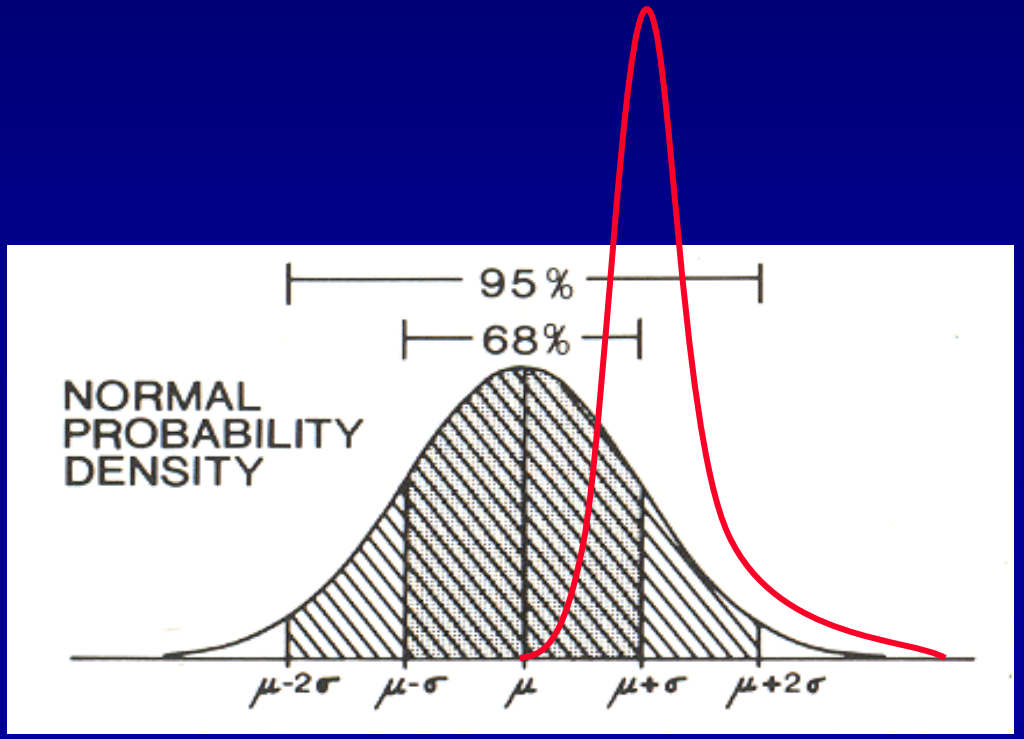
Benchmarking ?

1. To know were ‘we’ stand (Belgium, team)
2. To illustrate variability in management and outcome
3. To induce improvement in all teams



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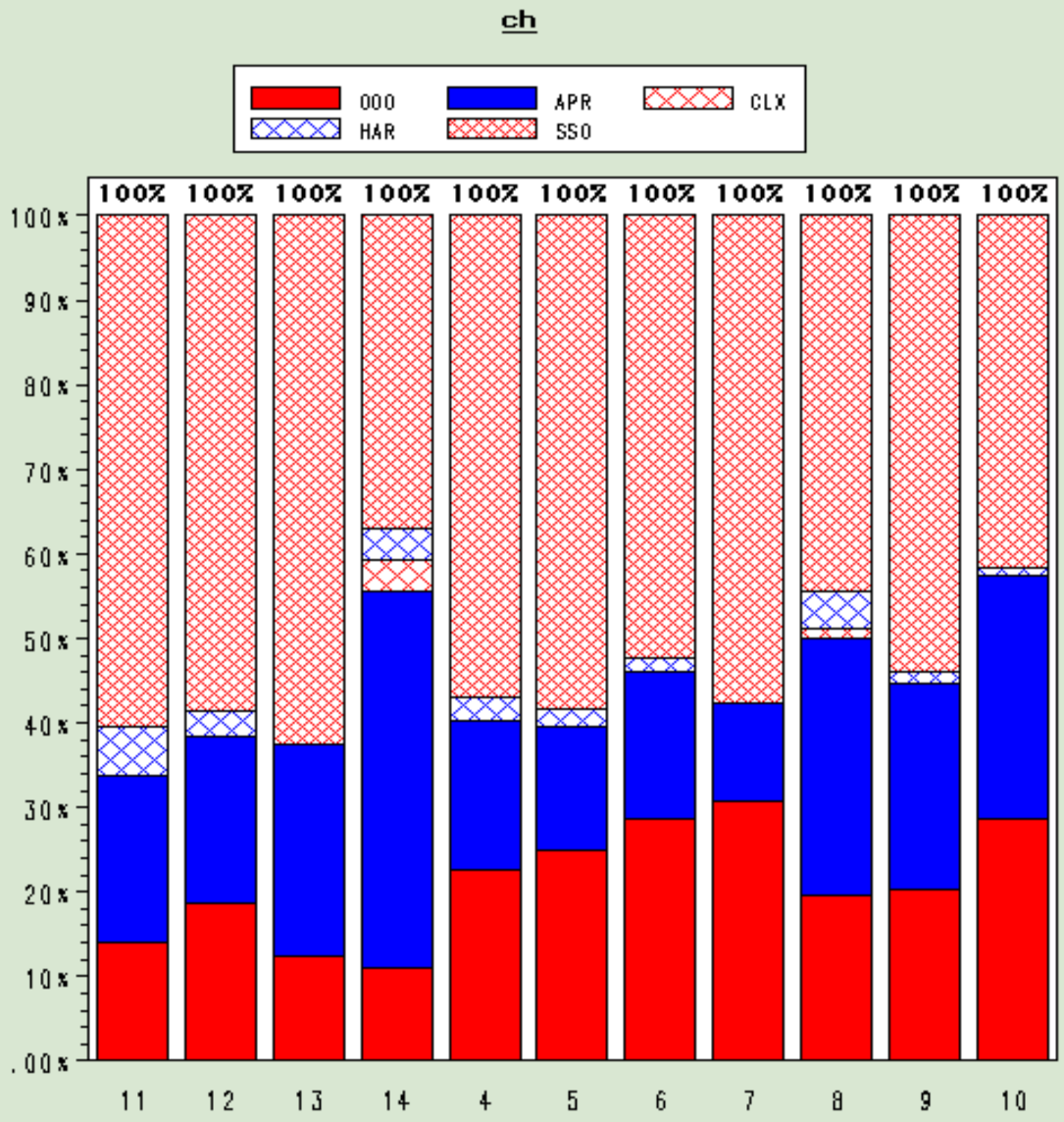
Problèmes de variabilité

1. Au niveau international

2. Au niveau national :
   - Provinces !
   - Hôpitaux ?
   - Chirurgiens ?

Surgery vs. Province



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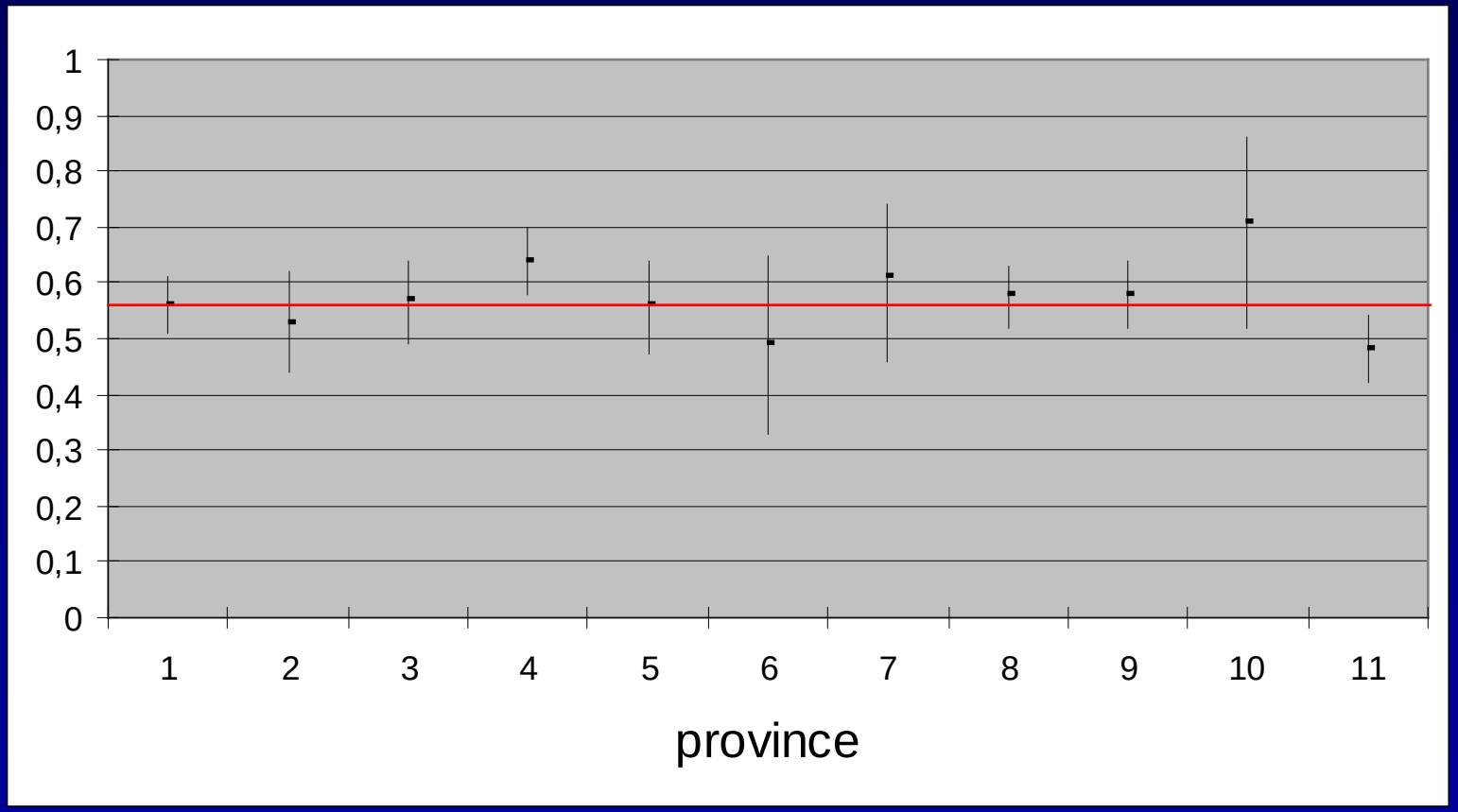
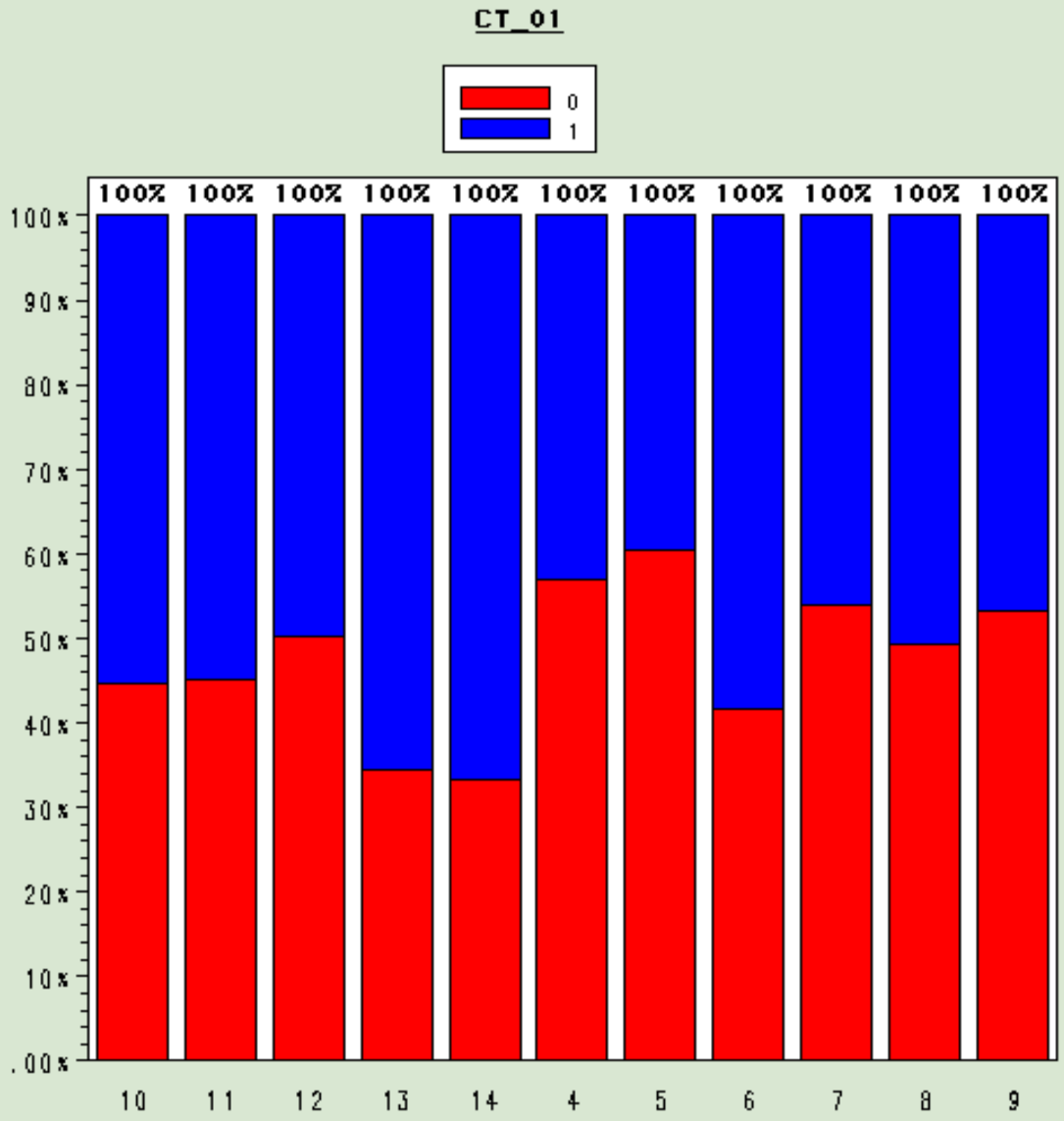
5-yr RS with 95% CI per province (standardized for age, all stages) - Belgium 1997-1998



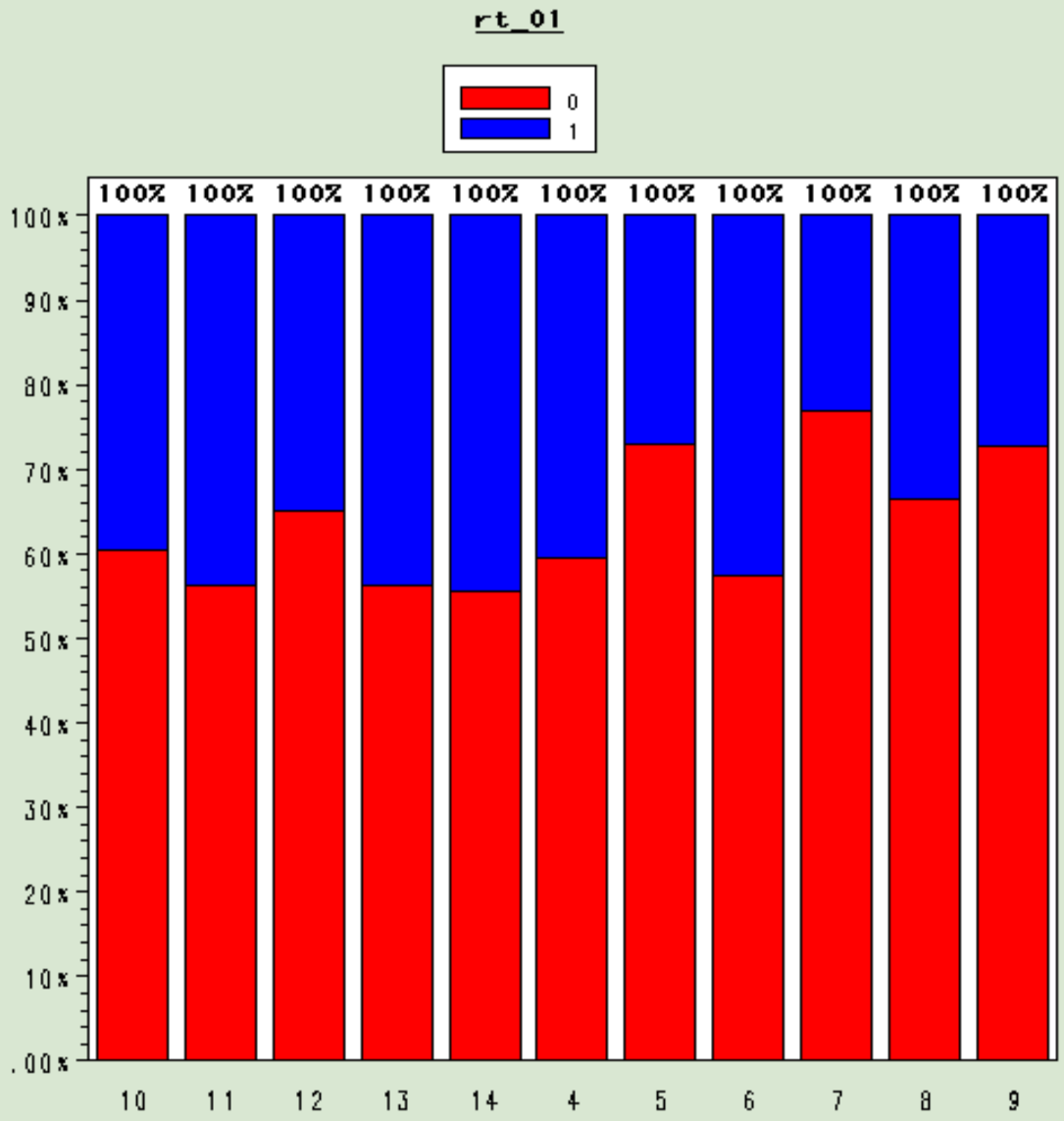
58%

Acta Chir Belg 2006; 106: 149-57

Chemotherapy Y/N vs. Province



Radiotherapy Y/N vs. Province



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(Neo)adjuvant radio(chemo)therapy in <70 yrs
NCR Belgium 1997-1998

Stage II	57 %
Stage III	53 %
Stage II - III	55 %

Acta Chir Belg 2006; 106: 149-57

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Surgeon volume, LRR and survival

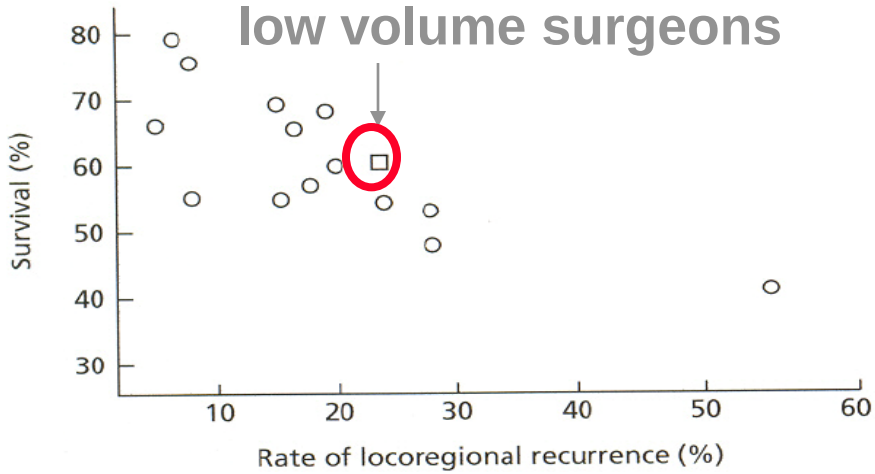

Fig. 3.1 Correlation between locoregional recurrence and 5-year survival. Circles indicate the values for individual surgeons with more that 15 rectal excisions during the study period. The square relates to the group of surgeons with a low frequency of operations. Redrawn with permission from [7].

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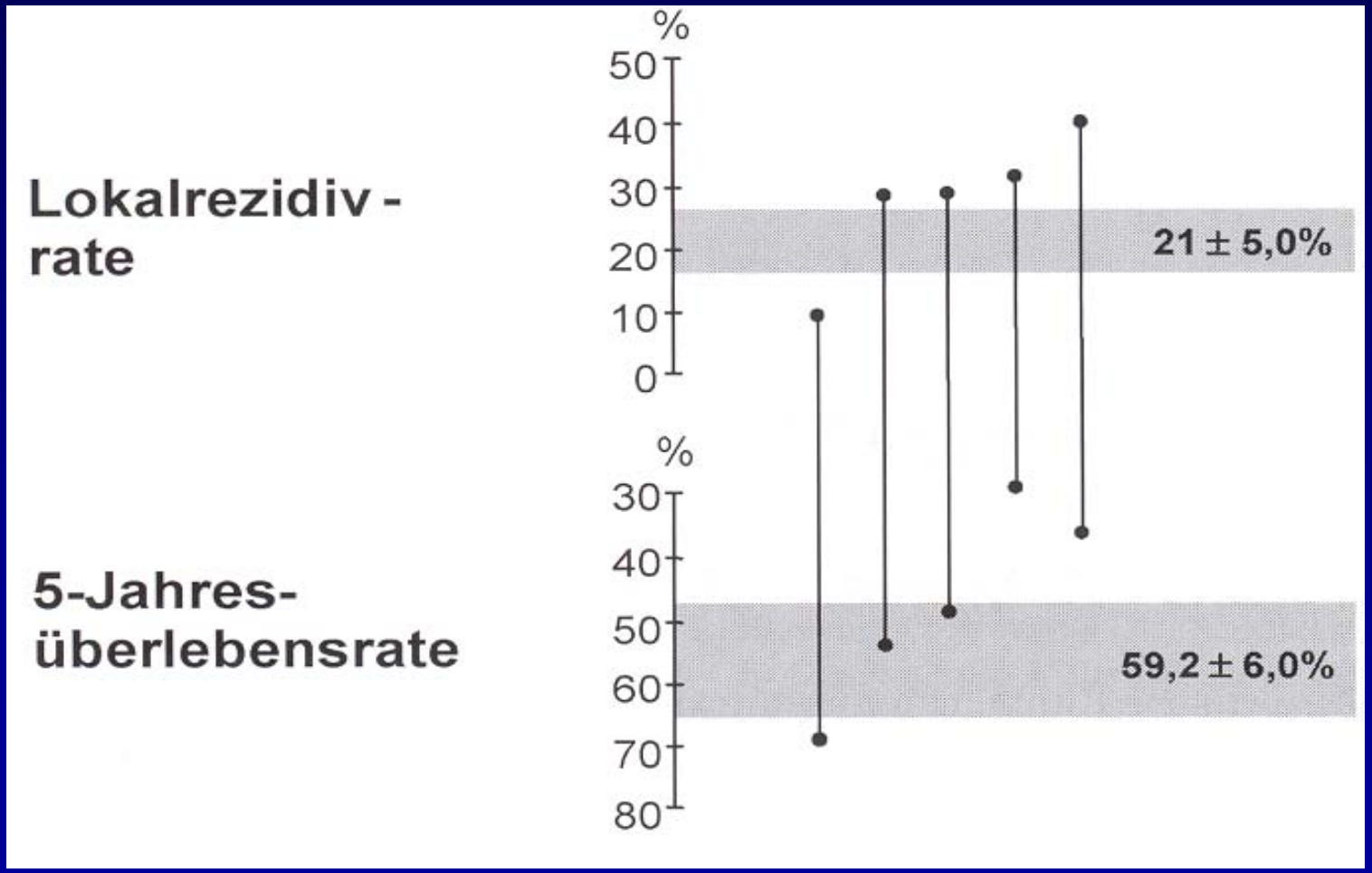
The surgeon is an independent prognostic factor



German Multicentre SGCRC. Tumori 1994, 81 suppl: 60-4

Number of cases per hospital

1	710322	66	4,28
2	710159	47	3,05
3	710396	44	2,85
4	710290	43	2,79
5	710371	38	2,46
6	710012	37	2,4
7	710017	34	2,2
8	710026	32	2,08
9	710117	30	1,95
10	710126	28	1,82
11	710049	26	1,69
12	710595	26	1,69
13	710689	26	1,69
14	710243	25	1,62
15	710403	25	1,62
16	710536	25	1,62
17	710719	24	1,56
18	710090	23	1,49
19	710176	23	1,49
20	710395	23	1,49
21	710709	22	1,43
22	710032	21	1,36
23	710710	21	1,36
24	710143	20	1,3
25	710717	20	1,3
26	710104	19	1,23
27	710397	19	1,23
28	710682	19	1,23
29	710057	18	1,17
30	710111	18	1,17
31	710204	18	1,17
32	710715	18	1,17
33	710217	17	1,1
34	710063	16	1,04
35	710071	16	1,04
36	710222	16	1,04
37	710231	16	1,04
38	710247	16	1,04
39	710412	15	0,97
40	710670	15	0,97
41	710020	14	0,91
42	710097	14	0,91
43	710314	14	0,91
44	710716	14	0,91
45	710018	13	0,84
46	710099	13	0,84
47	710108	13	0,84
48	710256	13	0,84
49	710317	13	0,84
50	710106	12	0,78
51	710109	12	0,78
52	710124	12	0,78
53	710152	12	0,78
54	710100	11	0,71
55	710310	11	0,71
56	710525	11	0,71
57	710550	11	0,71
58	710714	11	0,71
59	710002	10	0,65
60	710140	10	0,65

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Rectal carcinoma in Belgium

- approx. 1500 / yr (any stage)
- treated by approx. 113 teams (hospitals)

N treated/yr	N surgeons	N patients
< 5	6	18
5 – 20	62	620
20 - 50	29	870
> 50	3	150
	100	1658

Peer Review Committee Radiotherapy and BSSO, 1999

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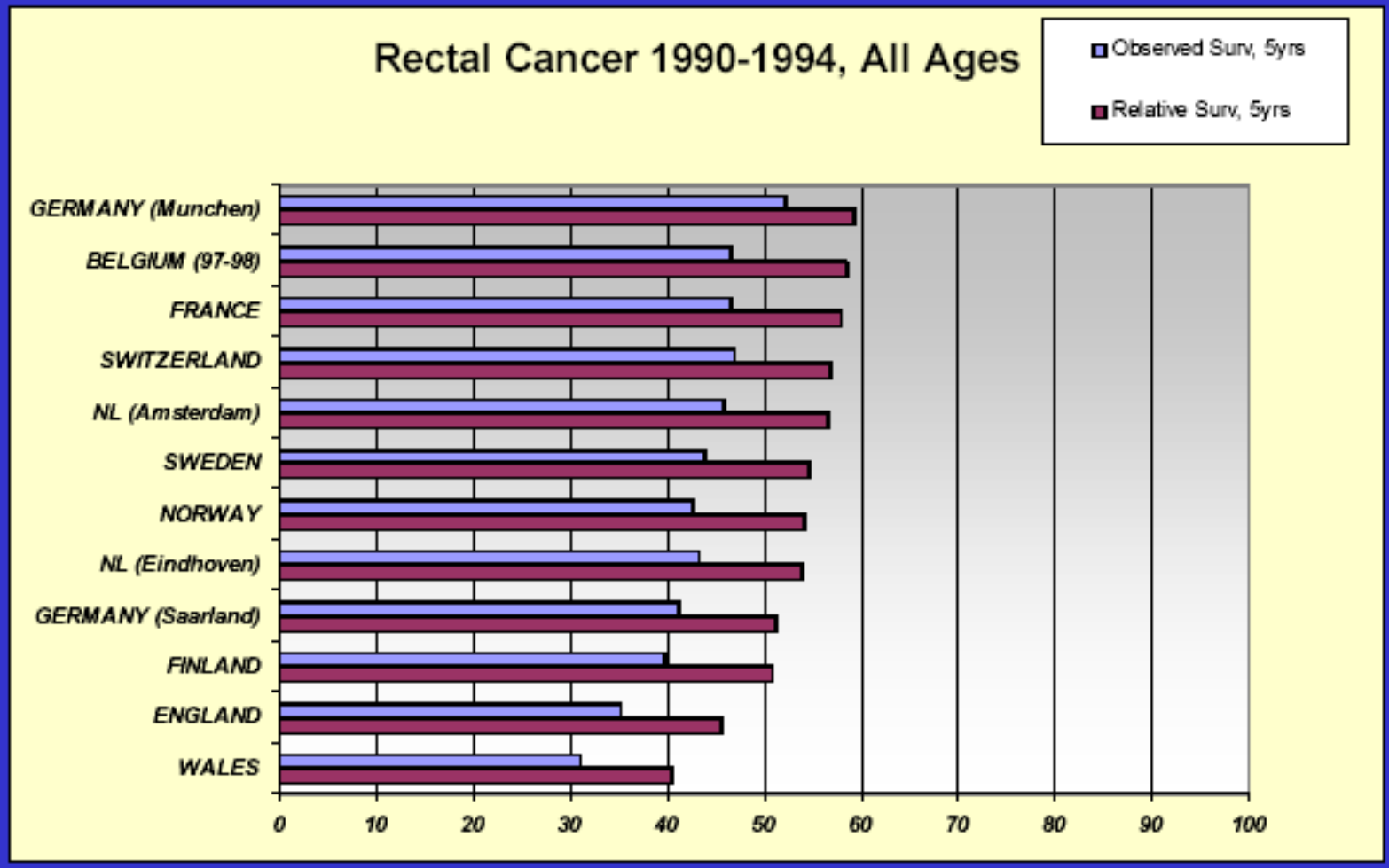

5yrs rel survival: Regio Amsterdam: 96-98: 57%
Norway: 93-97: 58%
Regio Eindhoven: 93-97: <70j: 60% (B:63%), >70j: 45% (B:53%)

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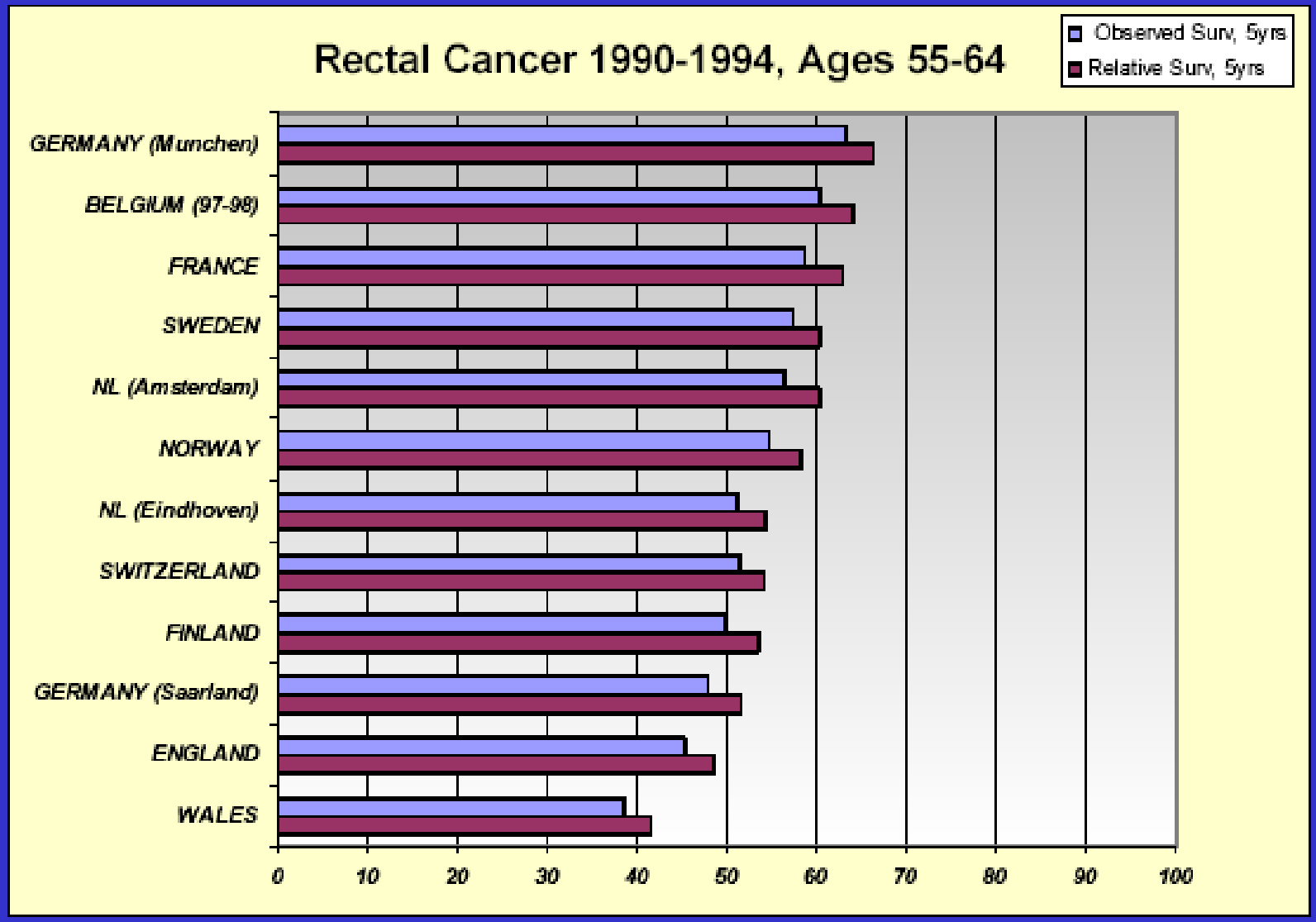
Rectal Cancer 1990-1994, Ages 55-64
Observed Surv, 5yrs
Relative Surv, 5yrs
GERMANY (Munchen)
BELGIUM (97-98)
FRANCE
SWEDEN
NL (Amsterdam)
NORWAY
NL (Eindhoven)
SWITZERLAND
FINLAND
GERMANY (Saarland)
ENGLAND
WALES
0
10
20
30
40
50
60
70
80
90
100

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D. Quels sont les objectifs-cibles du PROCARE ?

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TARGETS

- R0 > 60%
- APR < 30%
- Postop mortality < 4%
- LRR 2 yr < 10%
- Survival 2 yr 80% after R0
- Improved survival in advanced disease
- Patient satisfaction

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Achievements of a national audit followed by TME training in Norway
Colorectal Disease 2003; 5: 471-7

	1986-88 conventional	1993-99 TME
LRR (5 yr)	28%	8 %
Survival (5 yr)	55%	71%

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E. Motivations pour le PROCARE

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Motivation

- Multidisciplinary professional initiative
- A nation wide project
- Decentralised instruction/training
- ‘Clubs’ (LOK, GLEM, workshops)
- Anonymised database
- Newsletters, feedback
- Governmental support (Min Health)

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F. Quelles sont les craintes, les menaces ?

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Les craintes

1. « Big brother is watching you »
2. Centralisation des cancers du rectum

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1. How to overcome our fear for audit and benchmarking ?

- Guarantee of confidentiality, privacy
- Audit by clinicians + expert support
- Educational nature of audit
  - No shame, no blame
  - No search for excuses
- ‘Unconditional’ willingness to improve
- (Re)act as appropriate
- Avoid external interference

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2. Centralisation des cancers du rectum

a. Décentralisation de la formation

b. Impossibilité matérielle :

- 15 % lits universitaires
- 85 % lits non-universitaires

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Rectal Cancer in Belgium

± 1600 / yr (1200 resectable)

± 113 hospitals

Non-univ. hosp. < 450 beds	66 %
Non-univ. hosp. > 450 beds	20 %
Univ. hosp.	14 %

Acta Gastroenterol Belg 2001; 64: 258-262

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G. Naissance et vie du projet

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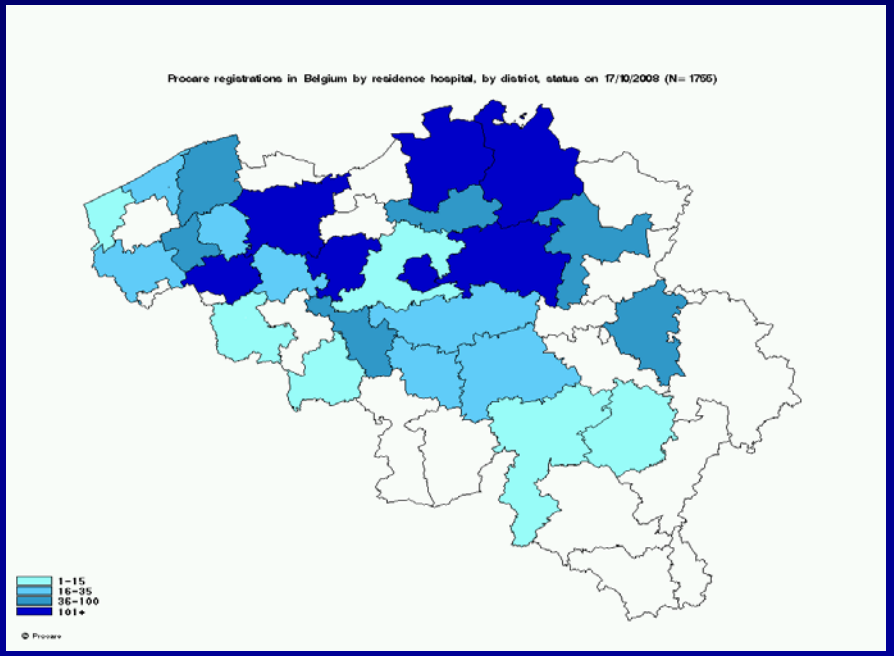
Who made it possible ?

PROCARE steering group & participating **teams**



Steering group PROCARE project

Penninckx, Kartheuser, De Coninck, Van de Stadt, Vaneerdeweg, Bertrand, Duinslaeger, Claeys (BSSO), Burnon (BGES)	BSCS (RBSS) BSSO BGES
Spaas, Scalliet, Haustermans	BSRadiotherapy - Oncology
Ectors, Jouret, Sempoux	BSPathology (Dig Path Club)
Bleiberg, Humblet	BSMOncology
Van Cutsem, Laurent	BGDO, EORTC
Danse, Smeets, Op de Beeck	RBSRadiology
Peeters, Pattyn, Cabooter	VVGE
Rahier, Melange	SRBGE
Busset	BSEndoscopy
Haeck, Mansvelt	BPSA
Van Eycken E	NCR

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Who made it possible ?

PROCARE steering group & participating teams

Foundation Belgian Cancer Registry

Belgian Federation against Cancer

KCE

RIZIV / INAMI

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H. Quel est le support financier du Procare ?

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SERVICE PUBLIC FEDERAL
SECURITE SOCIALE

F. 2007 — 1967 [C − 2007/22704]

26 AVRIL 2007. — Arrêté royal fixant les conditions auxquelles une intervention de l'assurance obligatoire soins de santé et indemnités peut être accordée dans le cadre de projets temporaires concernant le diagnostic et le traitement du cancer du rectum

ALBERT II, Roi des Belges,

A tous, présents et à venir, Salut.

Vu la loi relative à l'assurance obligatoire soins de santé et indemnités, coordonnée le 14 juillet 1994, notamment l'article 56, § 2, alinéa 1er, 3°, remplacé par la loi du 10 août 2001 et modifié par la loi du 22 août 2002;

FEDERALE OVERHEIDSDIENST
SOCIALE ZEKERHEID

N. 2007 — 1967 [C − 2007/22704]

26 APRIL 2007. — Koninklijk besluit tot vaststelling van de voorwaarden waaronder een tegemoetkoming van de verplichte ziekte- en invaliditeitsverzekering mag worden verleend in tijdelijke projecten in verband met de diagnose en de behandeling van endeldarmkanker

ALBERT II, Koning der Belgen,

Aan allen die nu zijn en hierna wezen zullen, Onze Groet.

Gelet op de wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen, gecoördineerd op 14 juli 1994, inzonderheid op artikel 56, § 2, eerste lid, 3°, vervangen bij de wet van 10 augustus 2001 en gewijzigd bij de wet van 22 augustus 2002;

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Financial Support

- **Stichting tegen Kanker**
  Fondation contre le Cancer
  Stiftung gegen Krebs
  120 000 €

- **KCE (project)**
  74 000 €

- **RIZIV / INAMI**
  1 418 000 €

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Financial Cost Benefit Estimate (in €)

	COST	BENEFIT *
2005	530 000	2 000 000
2006	430 000	2 900 000
2007	135 000	3 700 000
2008	85 000	4 450 000
2009	85 000	5 150 000

*** due to reduced LRR and APR rate (stoma costs)**

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I. Comment implémenter le projet ?

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HOW ?

- Standardisation (guidelines)
- Implementation of guidelines
- Quality assurance
  - Registration
  - Feedback

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Belgian Section of Colorectal Surgery
Section of the Belgian Society for Surgery

Bruxelles, le 13 septembre 2004.

A tous les chirurgiens digestifs impliqués
dans le traitement du cancer du rectum

Cher Confrère,

La Section Belge de Chirurgie Colorectale (BSCRS) souhaite vous informer d'un vaste projet national en préparation, le projet « **PROCARE** », concernant le traitement du cancer du rectum en Belgique et auquel elle souhaite que chacun d'entre vous adhère et participe.

PROCARE

Belgian Section of Colorectal Surgery
Section of the Belgian Society for Surgery

PROCARE PROJECT
FORMULAIRE D'INSCRIPTION

Nom : .....

Prénom : .....

Service ou département : .....

Institution : .....

Adresse : .....

.....

Tél. : .....

GSM : .....

Fax : .....

E-mail : .....

- ❑ est impliqué dans la chirurgie du cancer du rectum
- ❑ souhaite recevoir un exemplaire des guidelines du traitement du cancer du rectum
- ❑ souhaite participer à l'étude rétrospective en rapport avec le projet PROCARE
- ❑ souhaiterait participer au projet PROCARE et bénéficier d'un training personnel « side-by-side »
- ❑ souhaiterait participer activement au projet PROCARE avec un éventuel rôle de « teacher » (après training « side-by-side » personnel)

Date : .....

Signature : .....

A renvoyer : A. KARTHEUSER
c/o Société Royale Belge de Chirurgie
Avenue Circulaire 138A
1180 BRUXELLES

Nous nous permettons d'insister pour que chacun d'entre vous renvoie le formulaire en annexe, qu'il soit impliqué ou non dans la chirurgie du cancer du rectum, et ce afin d'éviter toute surcharge de courrier inutile.

PROCARE PROJECT - NATIONAL SURVEY
Final results (01.01.2005)

	n forms	Implication in rectal cancer	Interest in guidelines	Side-by-side training	Instructors
Yes	-	198	209	164 → n = 177	97 → n = 125
N.S.*	-	-	-	13 → n = 177	28 → n = 125
No	-	27	16	48	100
Total	225	225	225	225	225

* N.S. = not specified

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Etapes d'implémentation

- 2002-2003 : Projet né de la BSCRS, une section de la SRBC →Project leader : F. PENNINCKX
- 2003-2004 : guidelines
- Nov. 2004 : création « Steering Group »
- Déc. 2004, mai 2005, juin 2005 : workshops
- 1er oct. 2005 : enregistrement 1er cas
- 2007 : rapport KCE
- 2009 : premières évaluations

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GI PATHOLOGY CLUB

Belgian Section of Colorectal Surgery
Section of the Belgian Society for Surgery

RECTAL CANCER

PROCARE NATIONAL PROJECT

WORKSHOPS
25th May 2005
6th June 2005

PROGRAMME

8:30	Welcome - Coffee	
9:00	Procare Project	F. PENNINCKX (KUL, Leuven) C. BERTRAND (Jolimont)
	TME live Surgery	R.J. HEALD (U.K.)
11:30	Coffee Break	
12:00	Chemotherapy for rectal cancer Pathology live demonstration	E. VAN CUTSEM (KUL, Leuven) Ph. QUIRKE (U.K.)
13:00	Lunch	
14:00	TME Lecture	R.J. HEALD (U.K.)
	Pathology Lecture	Ph. QUIRKE (U.K.)
15:00	Coffee Break	
15:30	Round Table Discussions : Procare Project implementation	
18:00	End of the Workshop	

Venue :

SODEHOTEL LA WOLUWE
Auditorium Lindbergh
Avenue E.Mounier 5
1200 BRUXELLES
02/775.25.30

Information :

M. ECTORS, GI Pathology Club
016/34.42.35
A. KARTHEUSER, BSCRS
02/764.14.62
F. PENNINCKX, Procare Project
016/34.42.65

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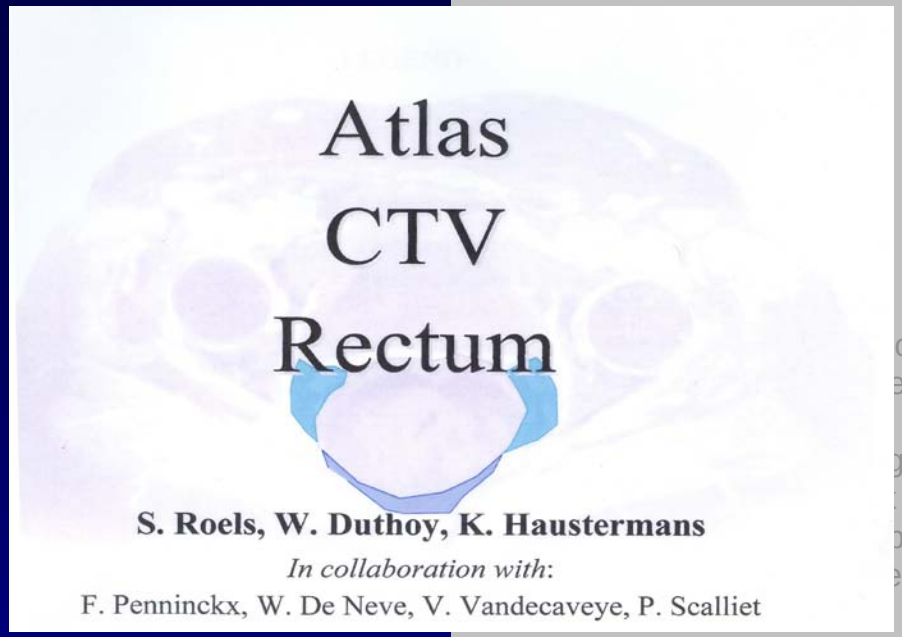
Participation aux workshops

1. Workshop 25 mai 2005 :	136
2. Workshop 6 juin 2005 :	190
	326



PROCARE NATIONAL PROJECT
WORKSHOPS
25th May 2005 6th June 2005

PROGRAMME

	offee	
	ect	F. PENNINCKX (KUL, Leuven)
		C. BERTRAND (Jolimont)
	gery	R.J. HEALD (U.K.)
	by for rectal cancer	E. VAN CUTSEM (KUL, Leuven)
	e demonstration	Ph. QUIRKE (U.K.)
14:00	TME Lecture	R.J. HEALD (U.K.)
	Pathology Lecture	Ph. QUIRKE (U.K.)
15:00	Coffee Break	
15:30	Round Table Discussions : Procare Project implementation	
18:00	End of the Workshop	

Venue :
SODEHOTEL LA WOLUWE


De Geneesheer-Specialist

Orgaan van het Verbond der Belgische Beroepsverenigingen van Geneesheren Specialisten
Verantwoordelijke uitgever : Dr L. HAECK
Redactiesecretariaat : J. Van den Nieuwenhof
Kroonlaan 20 - 1050 Brussel
Tel. 02-649.21.47 - Fax : 02-649.26.90
E-mail : info@VBS-GBS.org
ISSN 0770-8130 - MAANDBLAD
Speciaal nummer NOVEMBER 2004
Afgifte Kantoor : BRUSSEL 5

Remember, don't forget to visit the Belgian Surgical Website ! www.belsurg.org
It is the official website of the Belgian Surgical Community.
Please ask your login and password to get access on the website itself.
Each Society has his own pages accessible for members.
So visit the page of the Belgian Professional Surgical Association in order to find hot news upon professional items and for assessing the accreditation via the VBS/GBS website:
www.vbs-gbs.org (members only)

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J. Standardisation des traitements :

Guidelines

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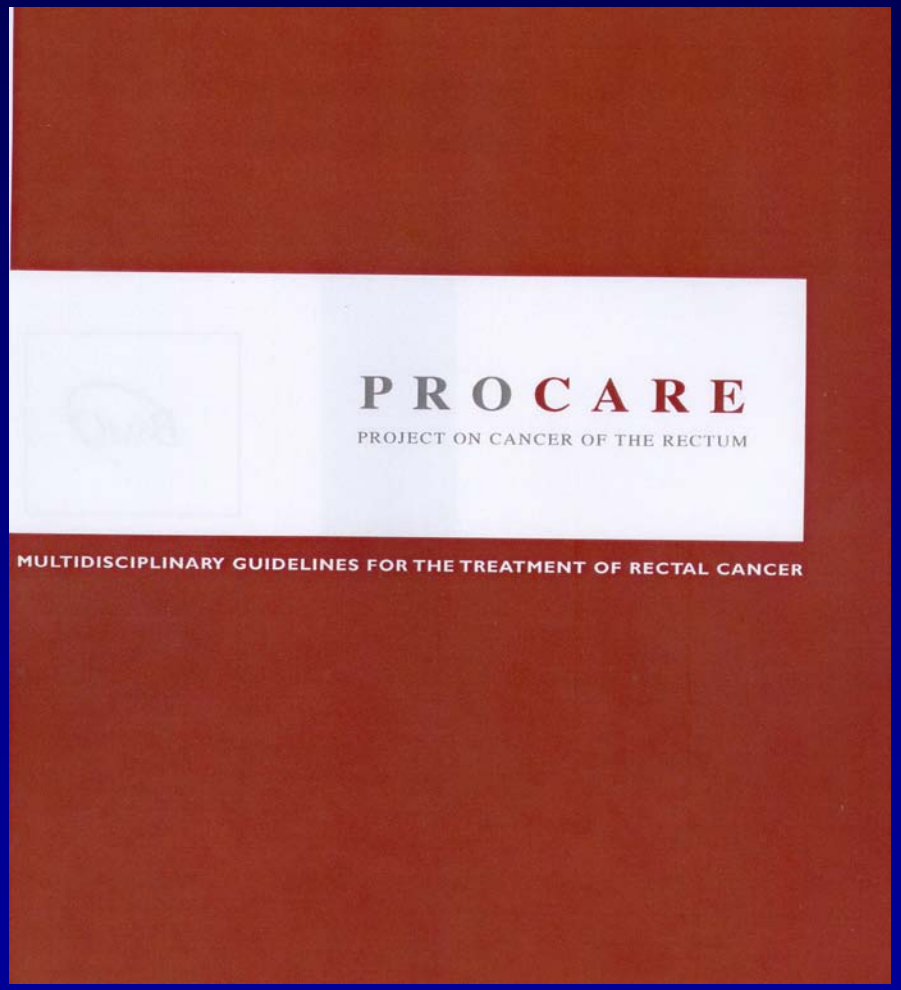
Guidelines for standardisation



CONTENTS

http://www.citobi.be/w/GCF_2368_1932160.act

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K. EBM – Evidence Based Medecine :

Le projet KCE

PROCARE

KCE project 2006-01-27 N. 000774

- **Evaluation of existing guidelines and recent evidence on rectal cancer**
- **Identification of quality indicators**
- **Evaluation of existing databases**
- **Applicability of indicators in oncological care programs**

PROCARE

KCE project 2006-01-27 N. 000774

- **Report on KCE website**
- **Guidelines update**

Assurance de Qualité pour le cancer du rectum – Phase I - Recommandation de bonne pratique pour la prise encharge du cancer rectal

KCE reports 69B

Federaal Kenniscentrum voor de Gezondheidszorg
Centre fédéral d'expertise des soins de santé
2007

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L. Registre National pour le Procare

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PROCARE data entry from January 2006

PROCARE study – prospective registration

Patient data

National number / Mutuality number: ……..

Name: …….. First name: …….

Date of birth: ……

Sex:
- ❑ Male
- ❑ Female

Zipcode of residence: …….

Registration number: provided by the data center:……

General practitioner:……..

Hospital data

Contact person
contact details: Address ……..
Tel. Number…….
Email address ……..

Name Hospital (1): ……
Treatment (indicate treatments within the same hospital):
- ❑ Surgery: name surgeon(s) ……
……
- ❑ Radiotherapy
- ❑ Chemotherapy
- ❑ Pathology report

Name Hospital (2): ……
Treatment:
- ❑ Radiotherapy
- ❑ Chemotherapy
- ❑ Pathology report

Name Hospital (3): ……
Treatment:
- ❑ Radiotherapy
- ❑ Chemotherapy
- ❑ Pathology report

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Foundation Belgian Cancer Registry

- Data entry (help)
- Data management (Q & Q control, analysis, report)
- Feedback
- Benchmarking (national, international)
- Newsletter

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M. Chirurgie : Exérèse totale du mésorectum

Technique de Heald

CANCER DU RECTUM MOYEN

PROBLEMES POSES

1. Risque de récidive locale ?

2. Lésion des nerfs pelviens ?

3. Conservation appareil sphinctérien ?

CANCER DU RECTUM MOYEN

- **Exérèse totale du mésorectum = technique de Heald :**
  → exérèse + complète, + carcinologique du rectum

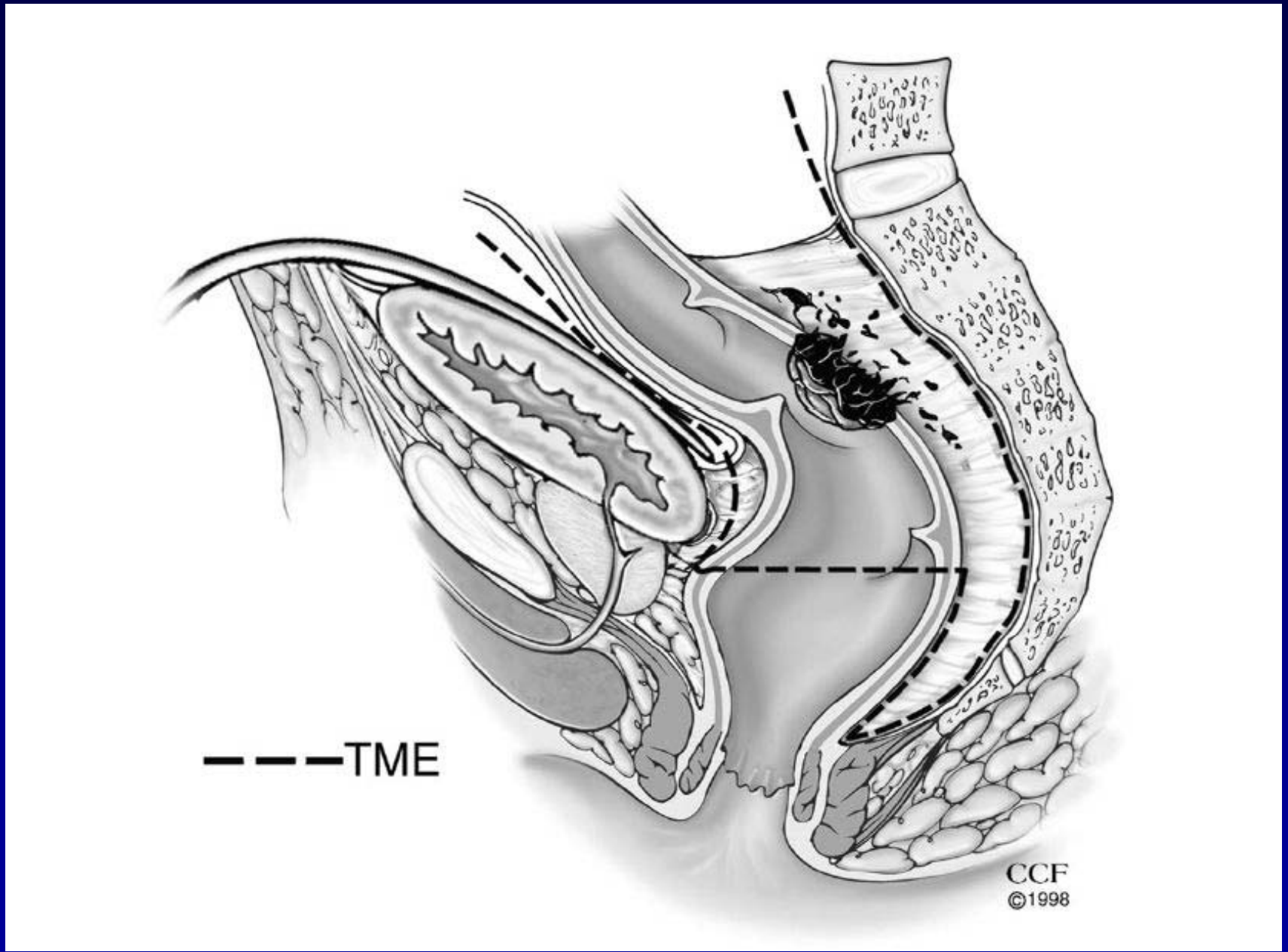
- **Préservation des plexus nerveux autonomes :**
  → respect intégrité corporelle

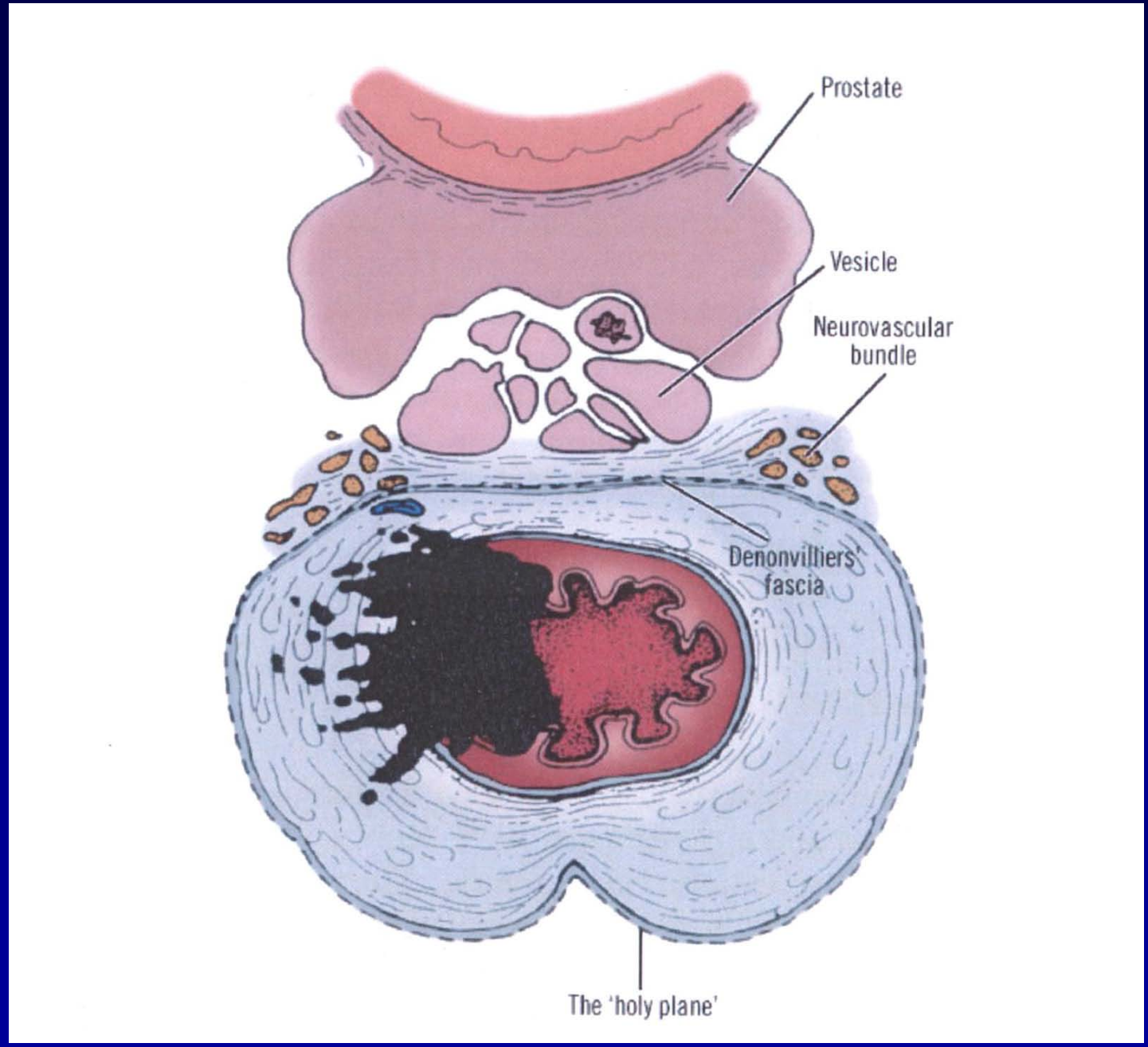
CANCER DU RECTUM MOYEN

EXÉRÈSE TOTALE DU MÉSORECTUM
TECHNIQUE DE HEALD

« Le plan sacré » - « The holy plane » :

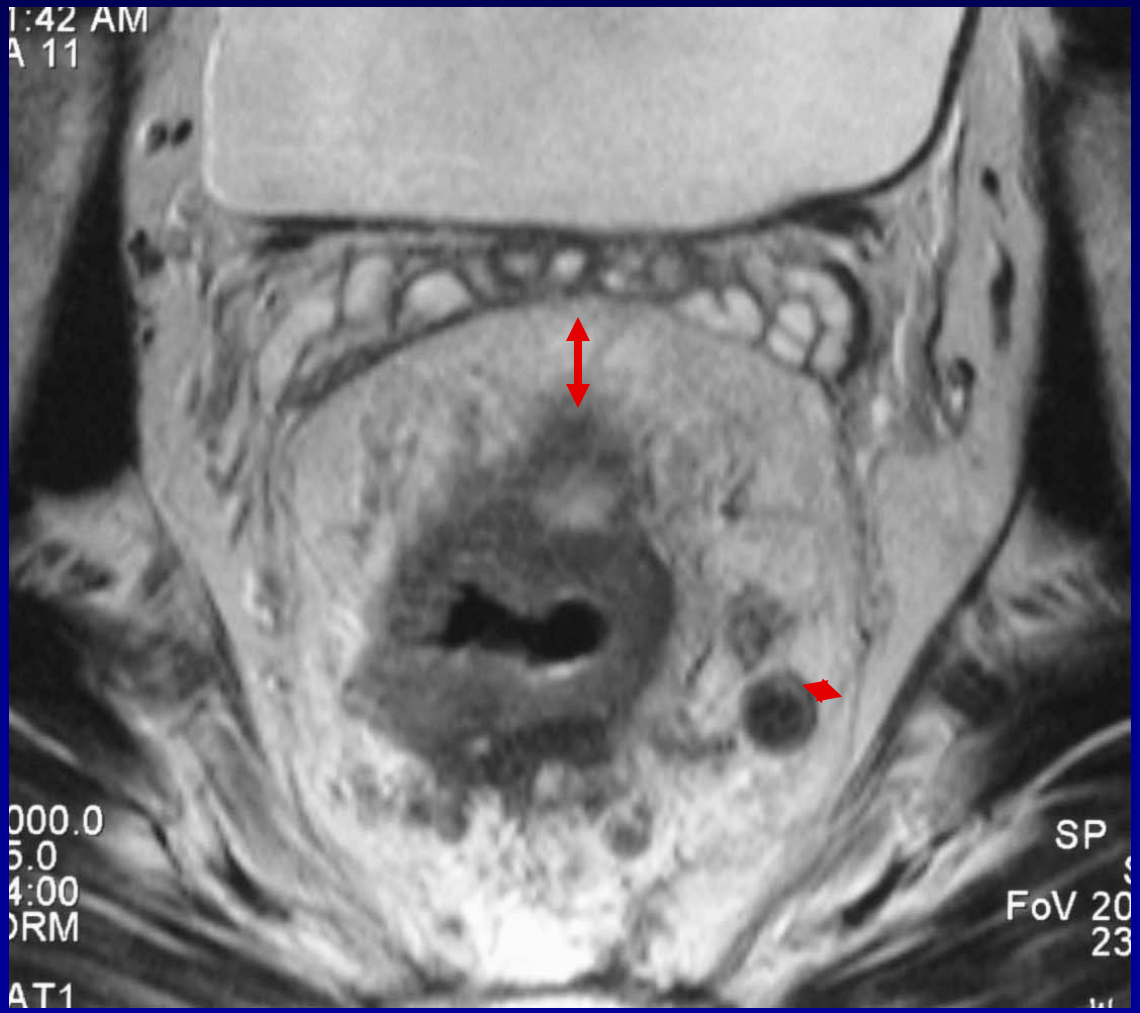
- **fascia Waldeyer**
- **apon. Denonvilliers**
- **cloison recto-vaginale**


TME
CCF
©1998


Prostate
Vesicle
Neurovascular bundle
Denonvilliers' fascia
The 'holy plane'

PROCARE

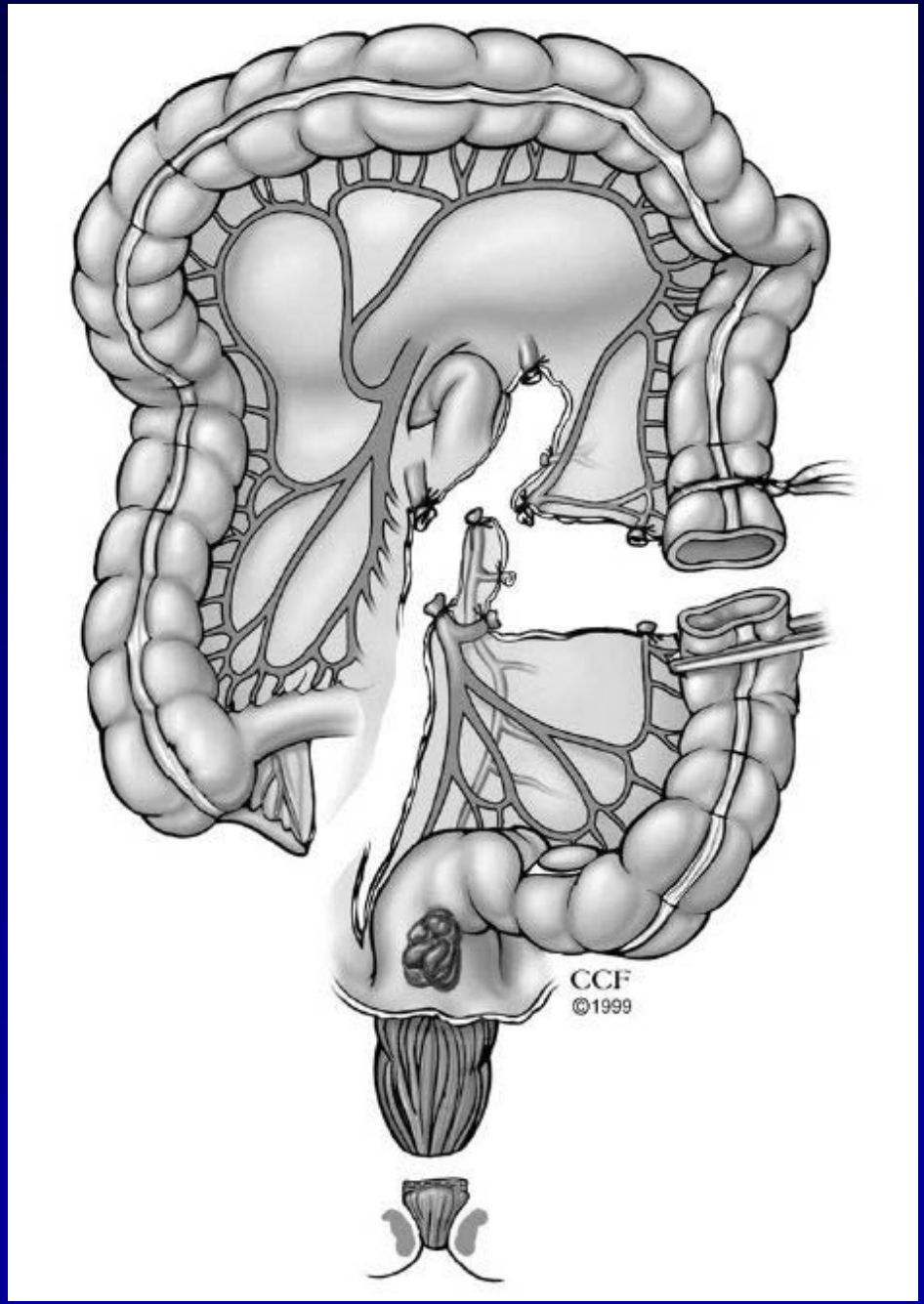
Pelvic HRMRI for cTN staging and cCRM

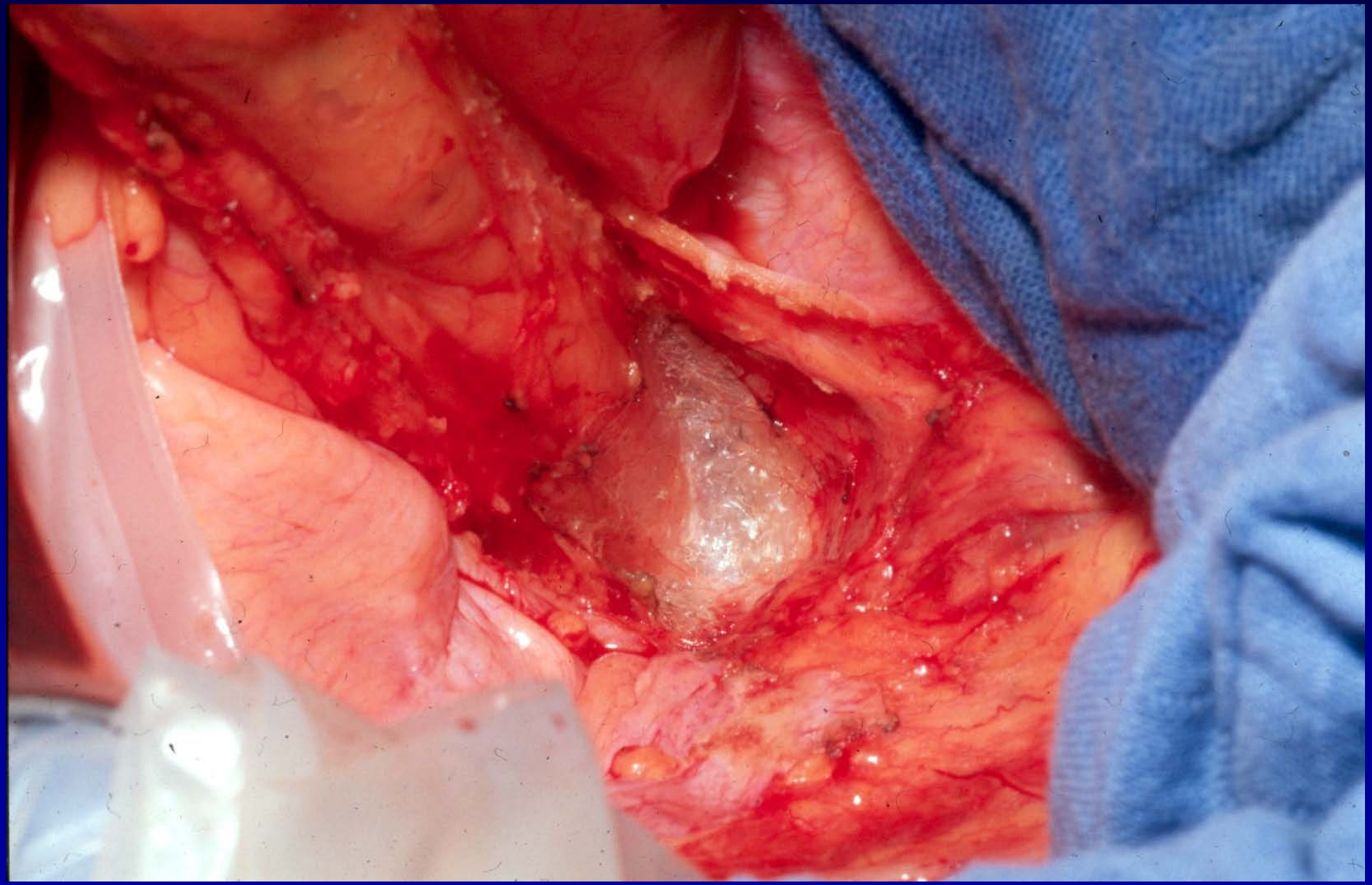


R0 resection feasible if cCRM > (1, 2) 5 mm

CANCER DU RECTUM MOYEN

- **Exérèse totale du mésorectum : Heald**
- **Présentation des nerfs pelviens**
- **Anastomose colo-anale (ACA)**


CCF
©1999



CANCER DU RECTUM MOYEN

EXÉRÈSE TOTALE DU MÉSORECTUM
TECHNIQUE DE HEALD

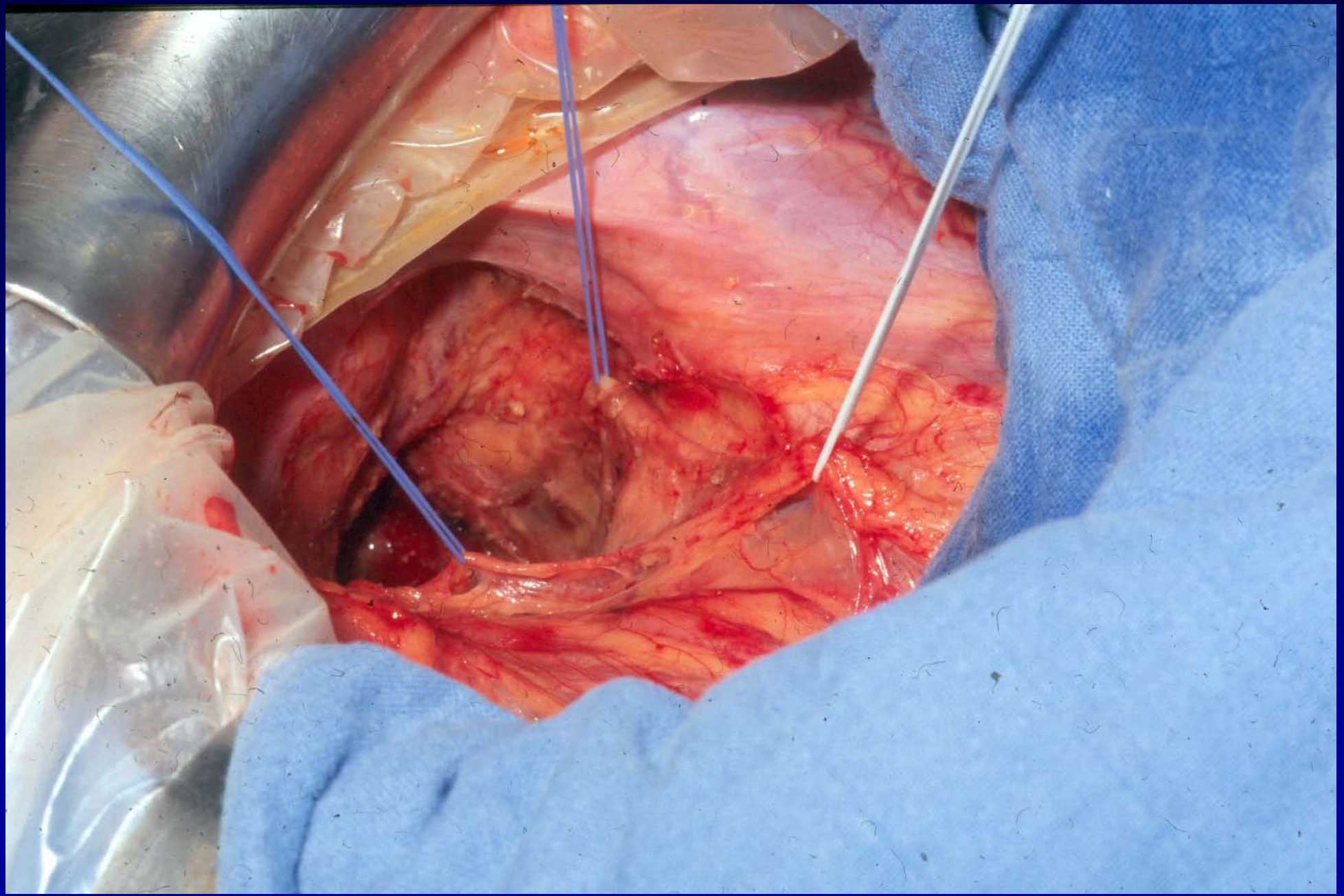
Résultats : ↓ **récidives locales**

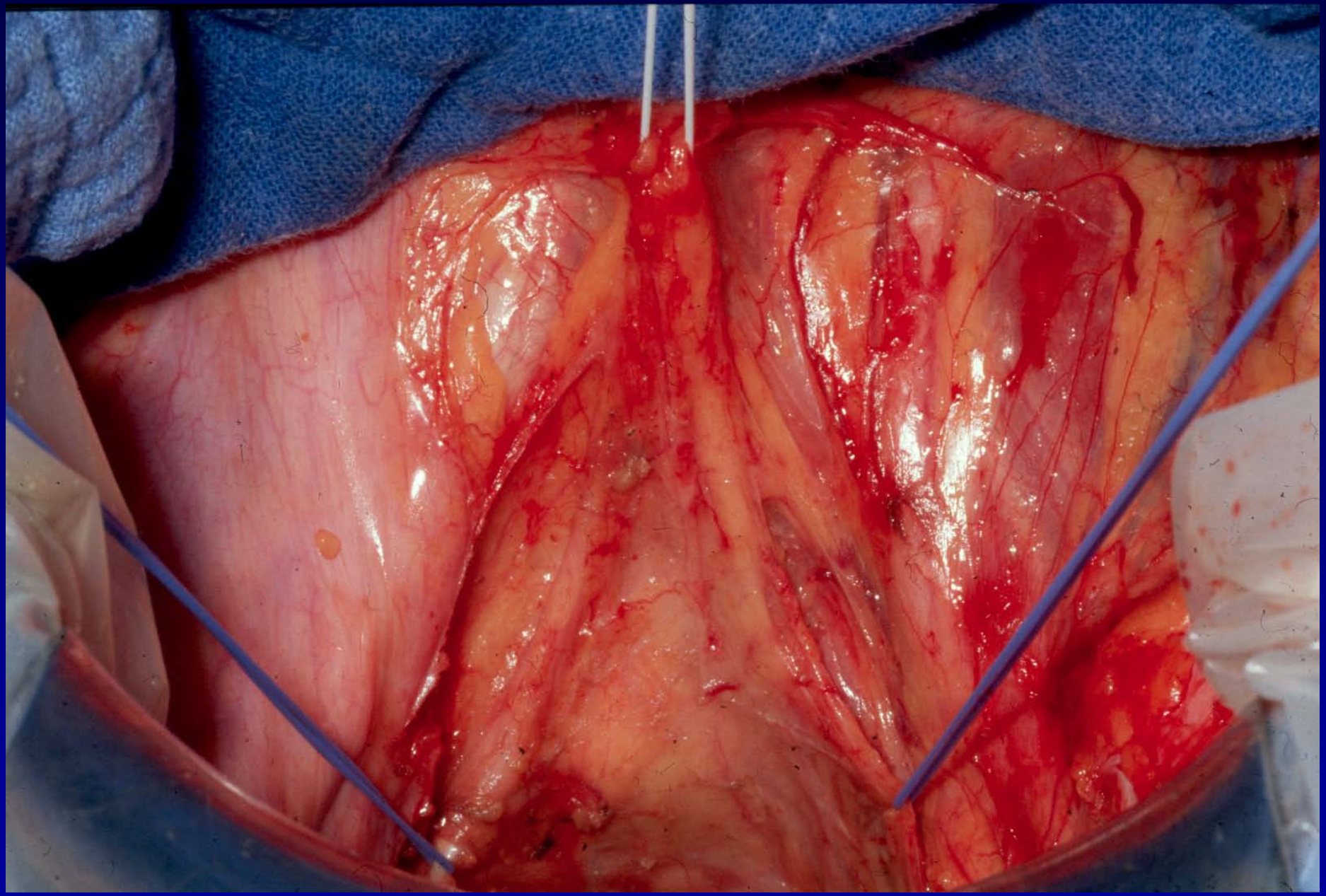
- **avant Heald : 15-40 % à 5 ans**

- **après Heald : 4-7 % à 5 ans**

CANCER DU RECTUM MOYEN

- Exérèse totale du mésorectum : Heald
- Présentation des nerfs pelviens
- Anastomose colo-anale (ACA)





CANCER DU RECTUM MOYEN

EXÉRÈSE TOTALE DU MÉSORECTUM TECHNIQUE DE HEALD

Préservation des nerfs pelviens : Résultats

	Avant préservation	Avec préservation
Tr. urinaires	10-70 %	16 %
Tr. sexuels	40-90 %	13 %

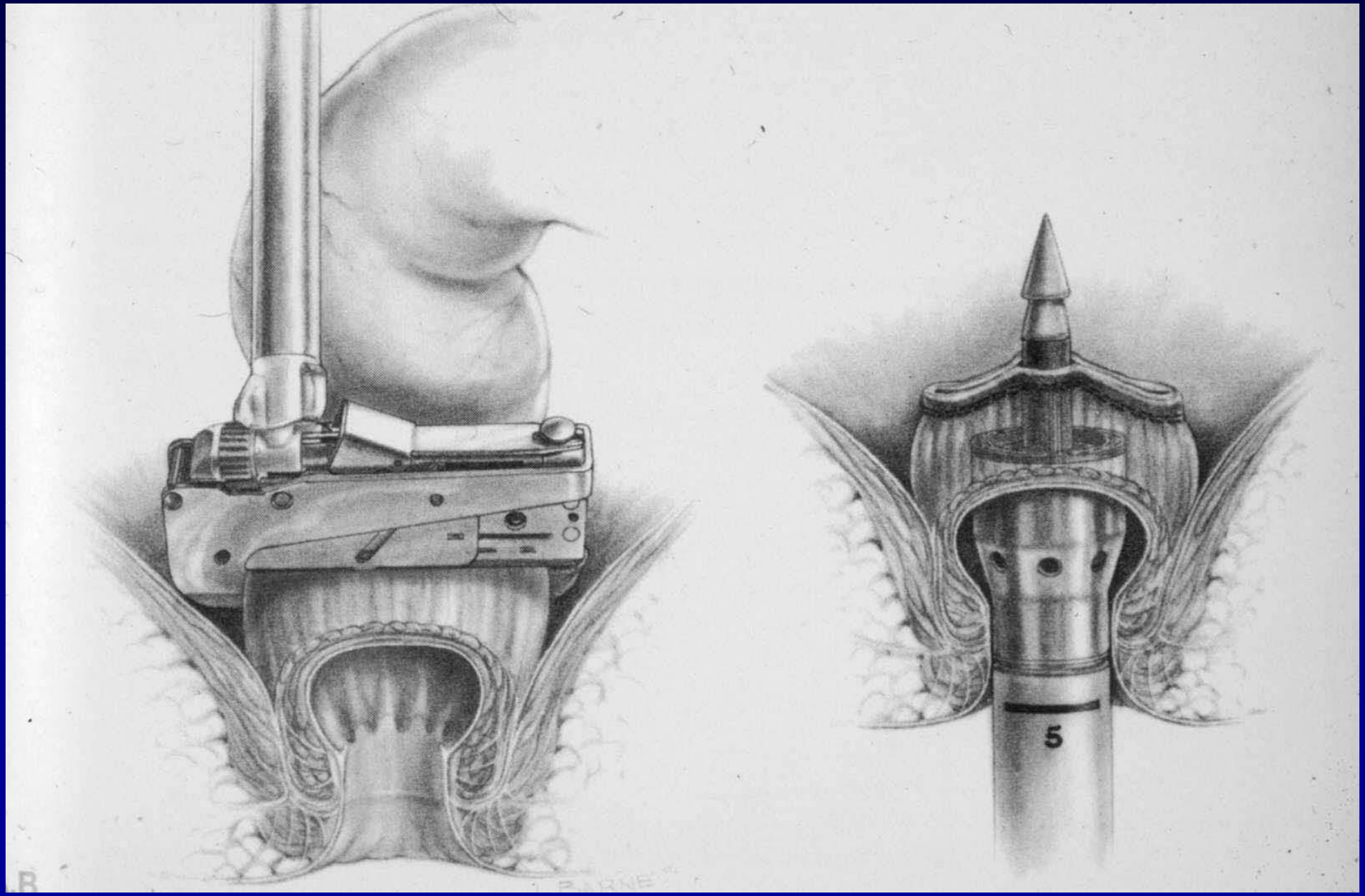
CANCER DU RECTUM MOYEN

- Exérèse totale du mésorectum : Heald
- Présentation des nerfs pelviens
- Anastomose colo-anale (ACA)

CANCER DU RECTUM MOYEN

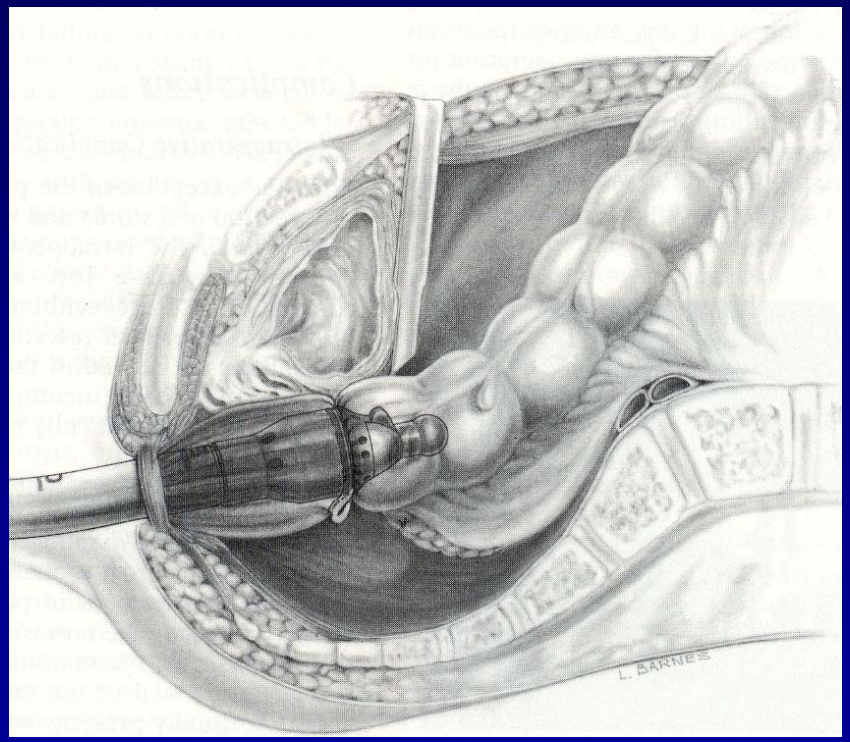
EXÉRÈSE TOTALE DU MÉSORECTUM
TECHNIQUE DE HEALD

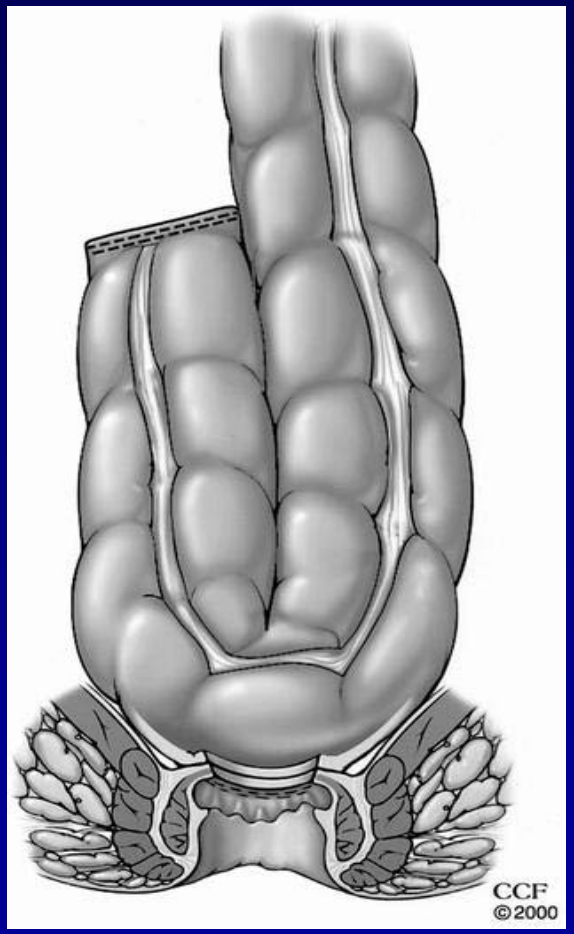
Reconstruction : - réservoir colique J
- anastomose mécanique trans-suturaire
± iléostomie de protection

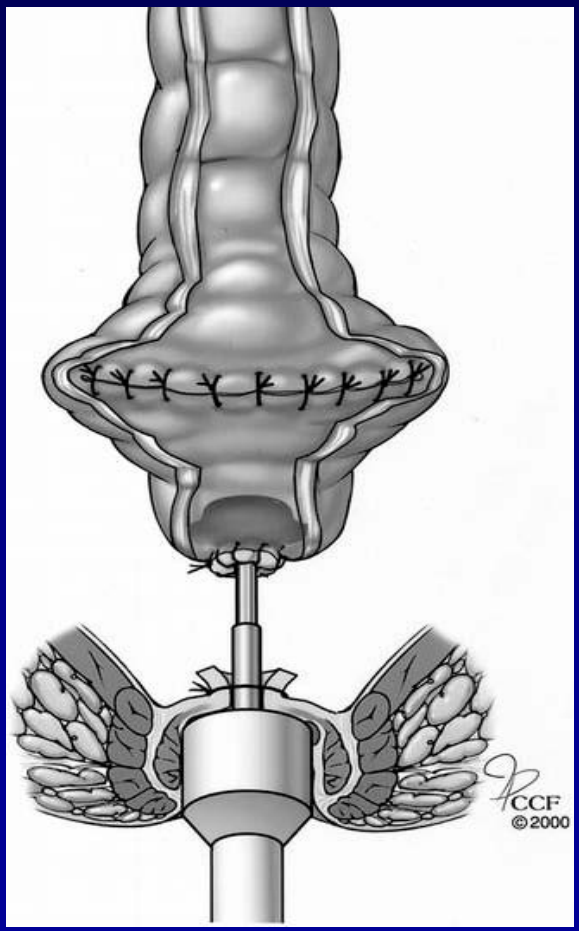

5

PROCARE

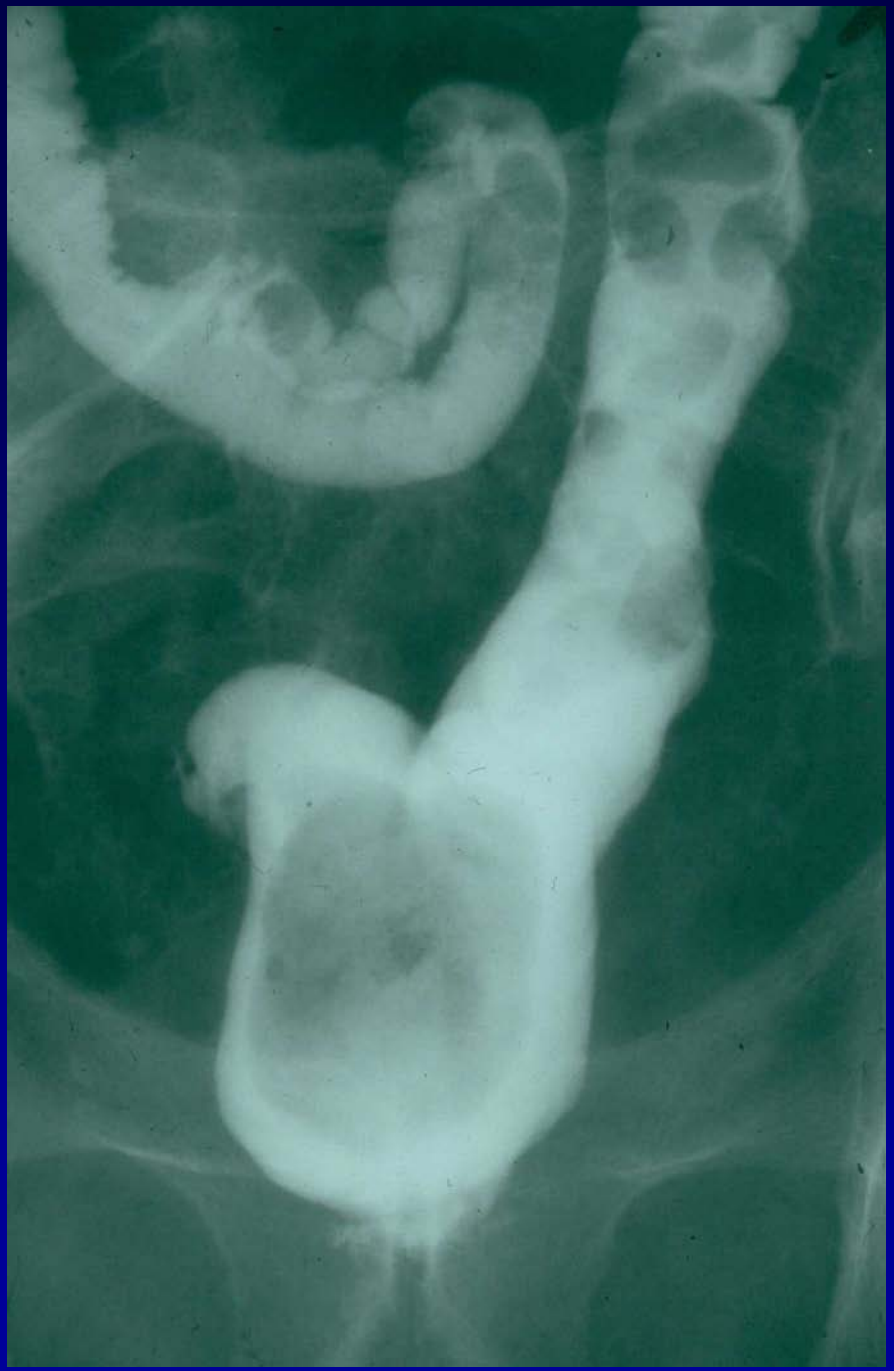
Low AR, CPAA, coloplasty

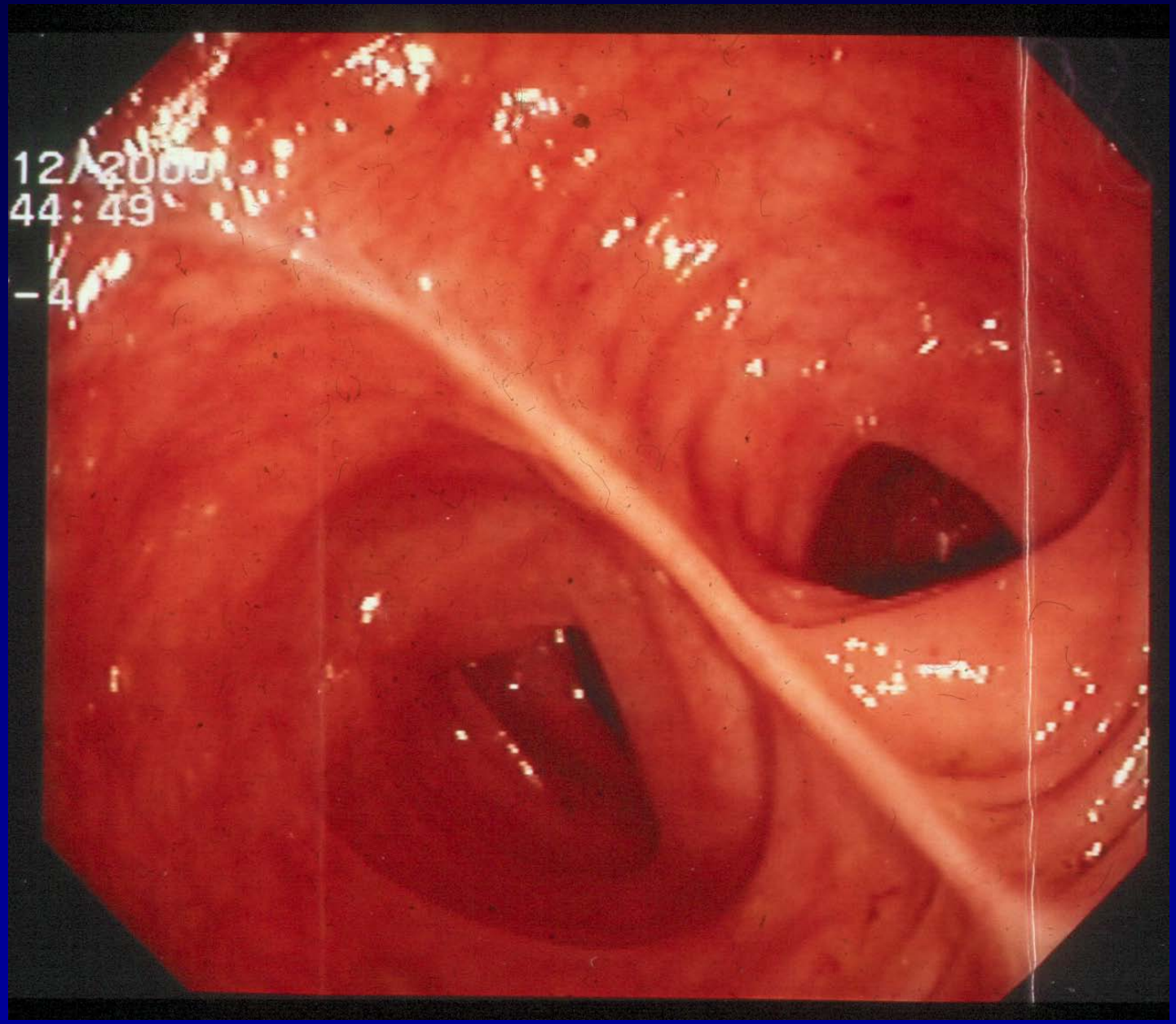






Leak rate = < 5 – 30 %

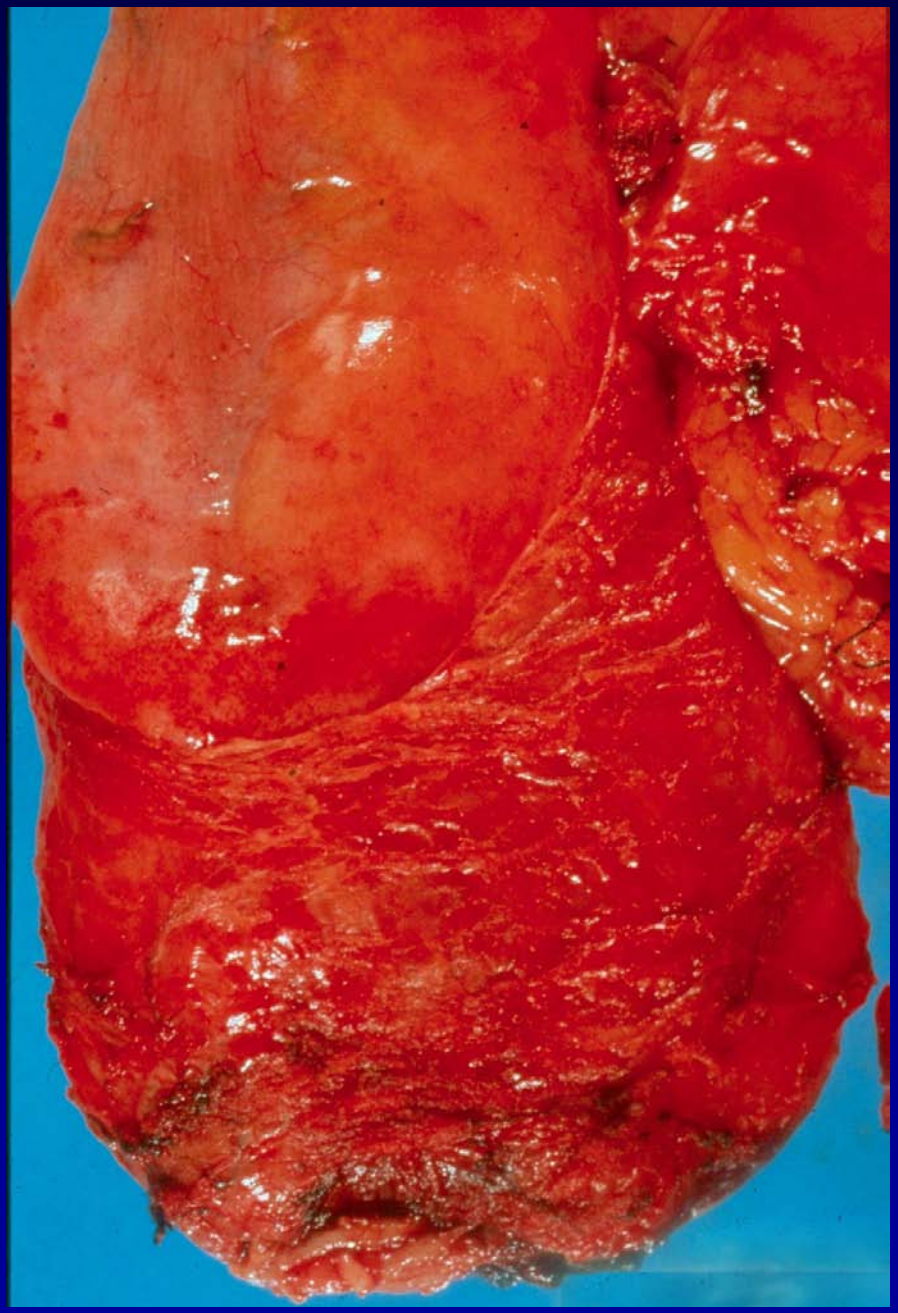


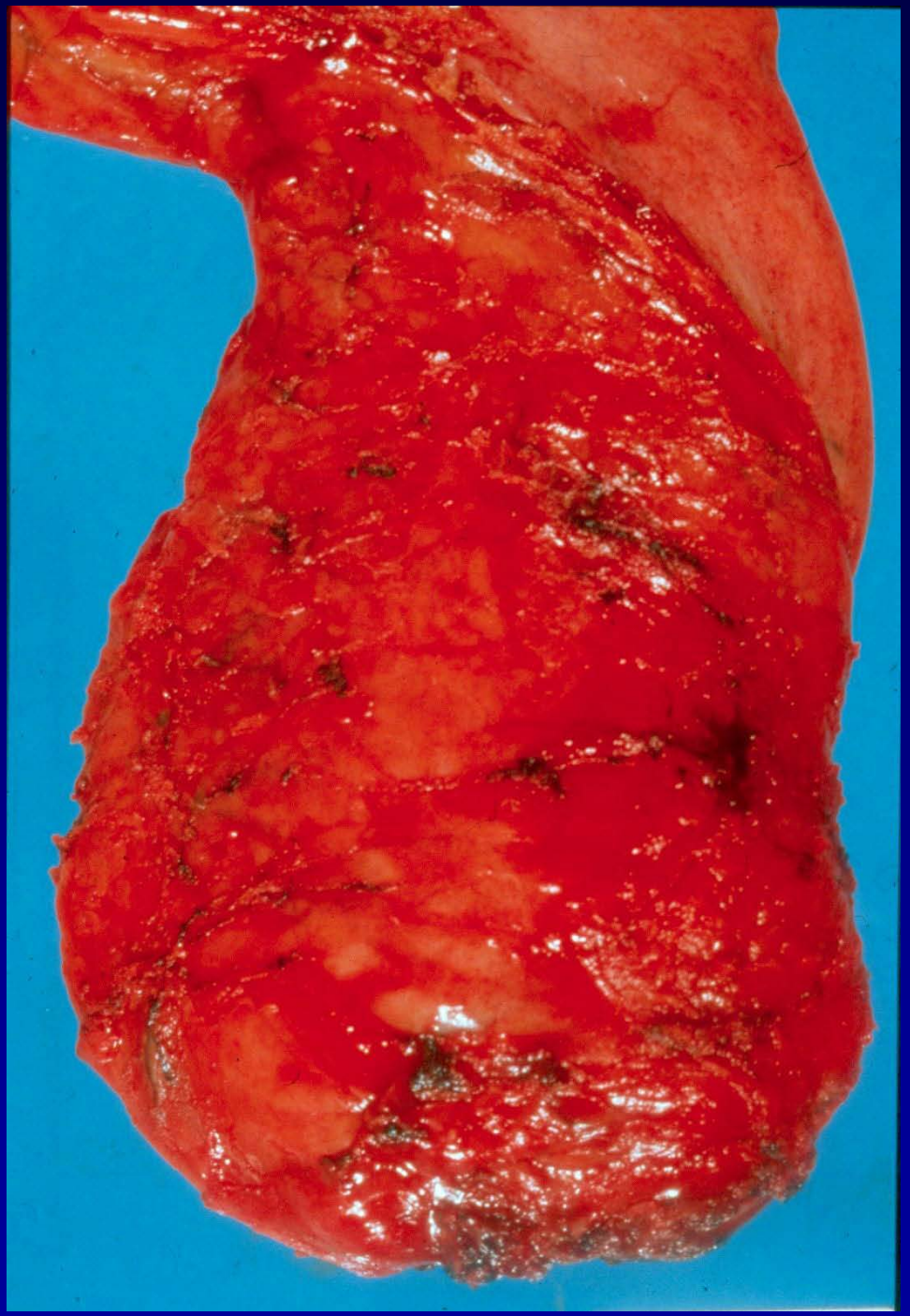

12/ 2000
44:49
-4

PROCARE

N. Anatomo-pathologie :

Technique de Quirke



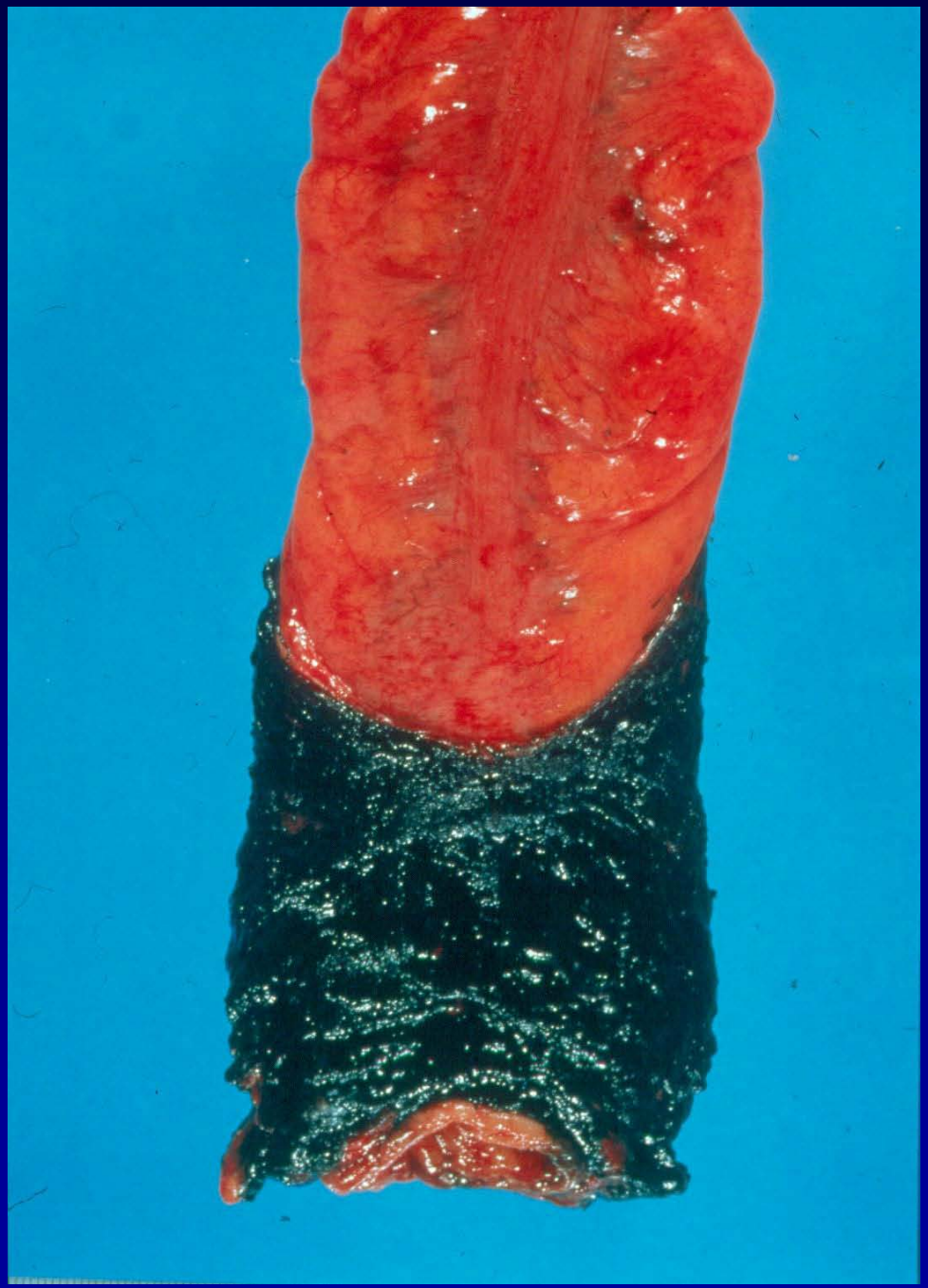


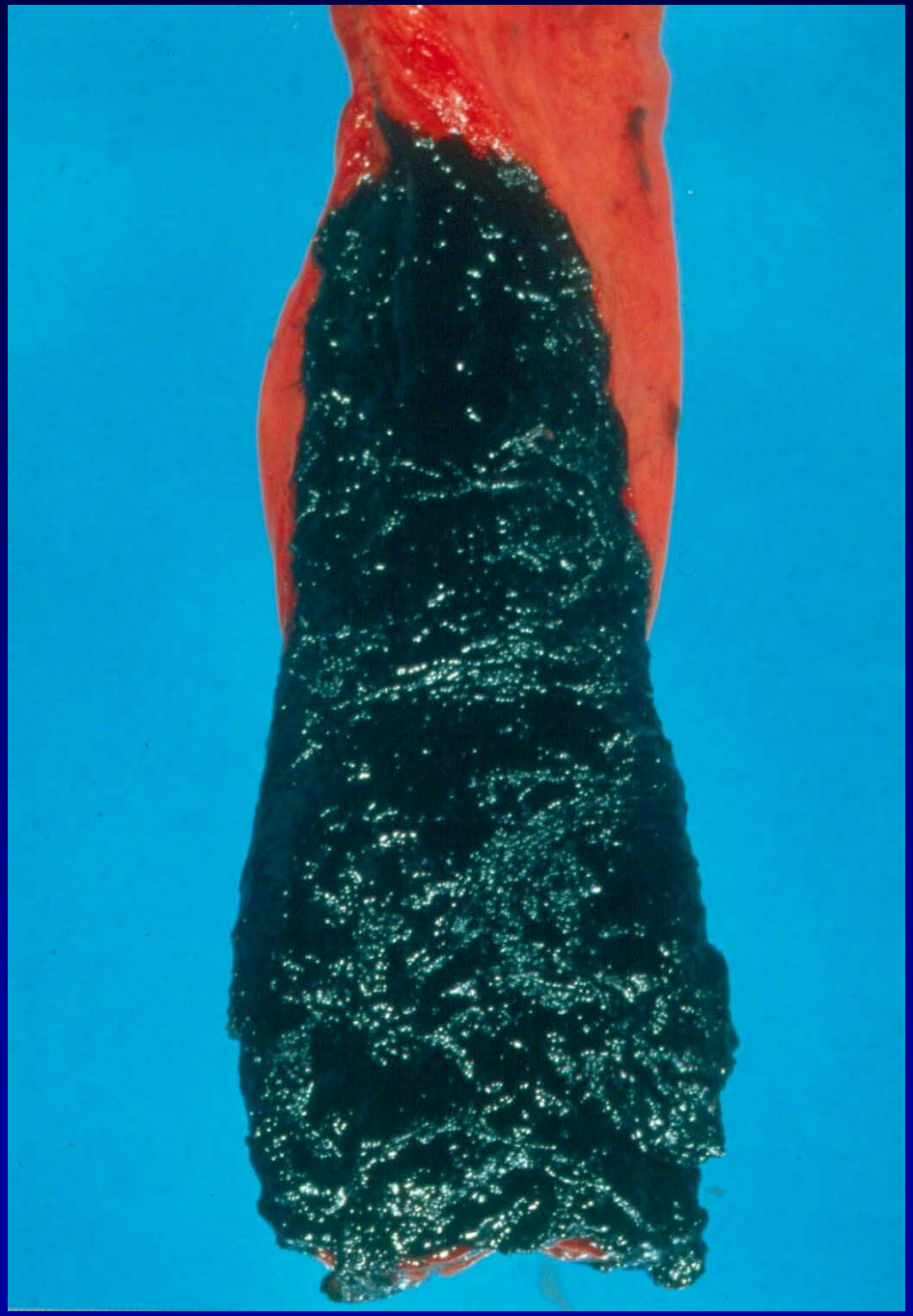
CANCER DU RECTUM MOYEN

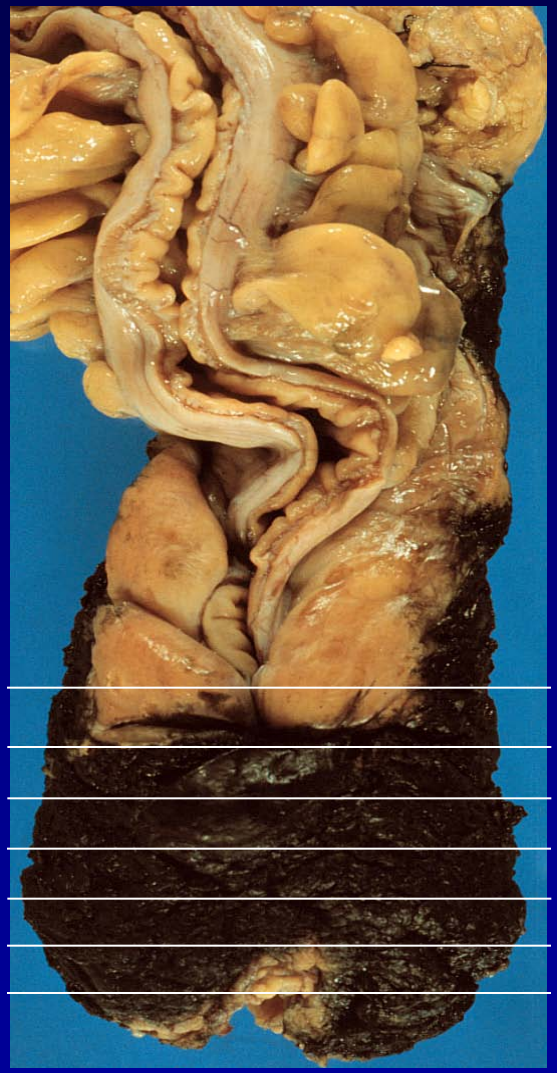
EXÉRÈSE TOTALE DU MÉSORECTUM
TECHNIQUE DE HEALD

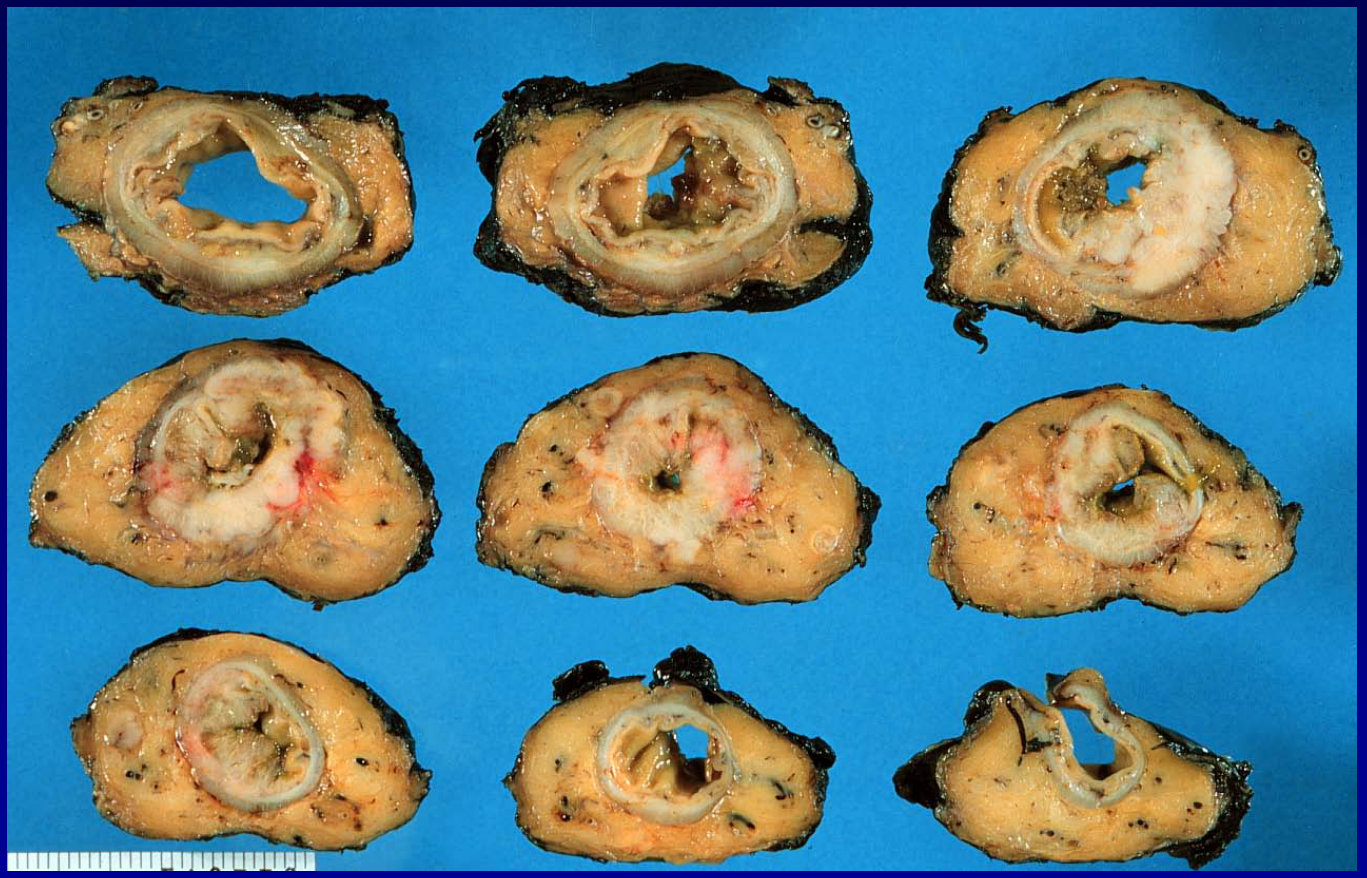
Examen anatomo-pathologique :

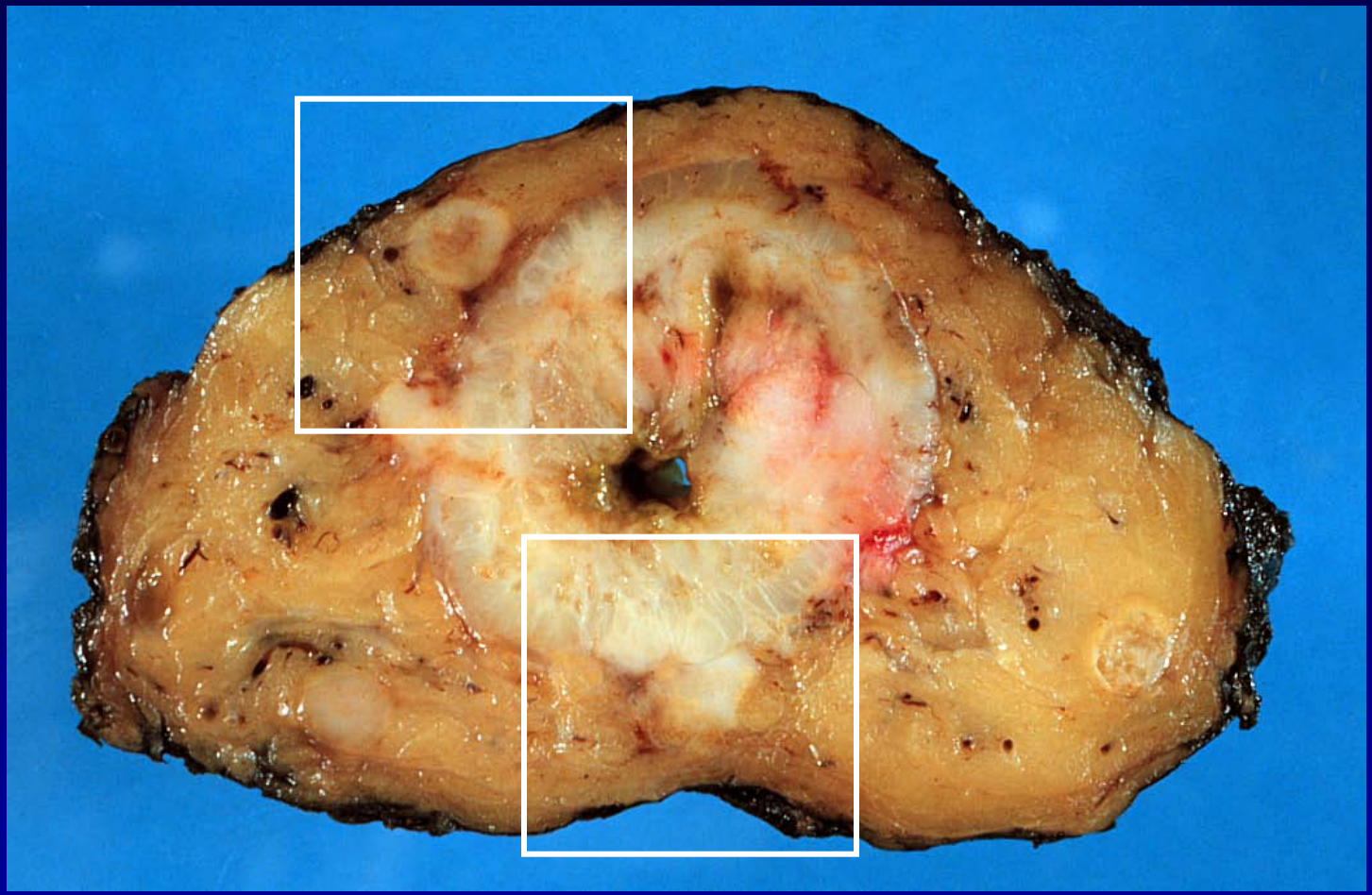
- **technique de Quircke**
- **encre de Chine**
- **marge sécurité latérale ≥ 2 mm**

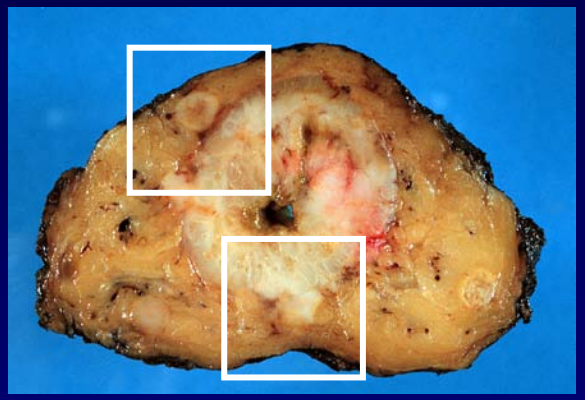


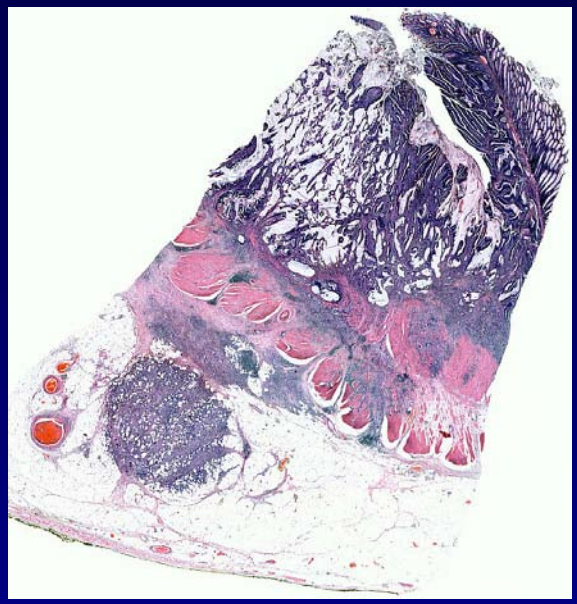


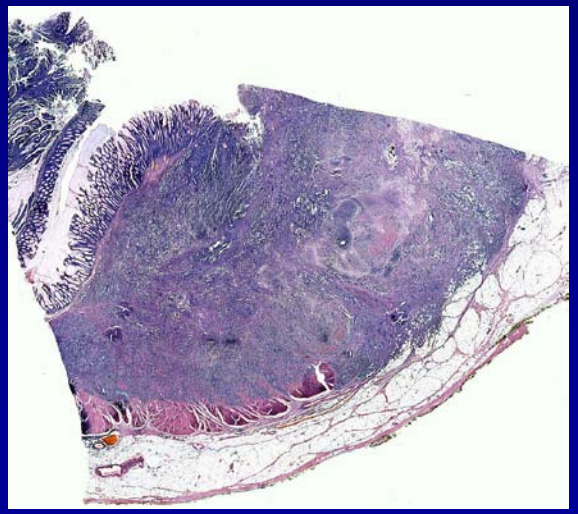












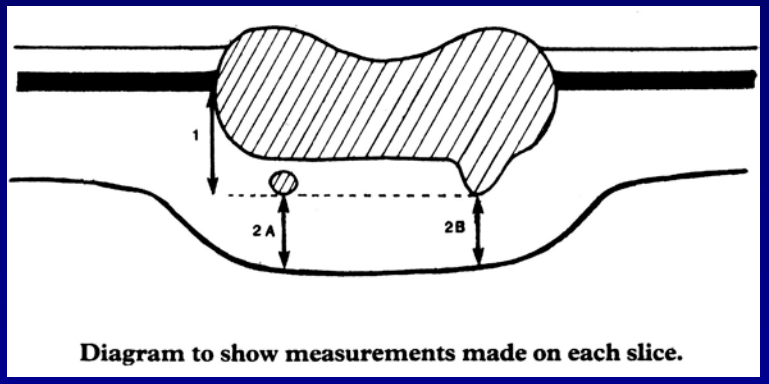
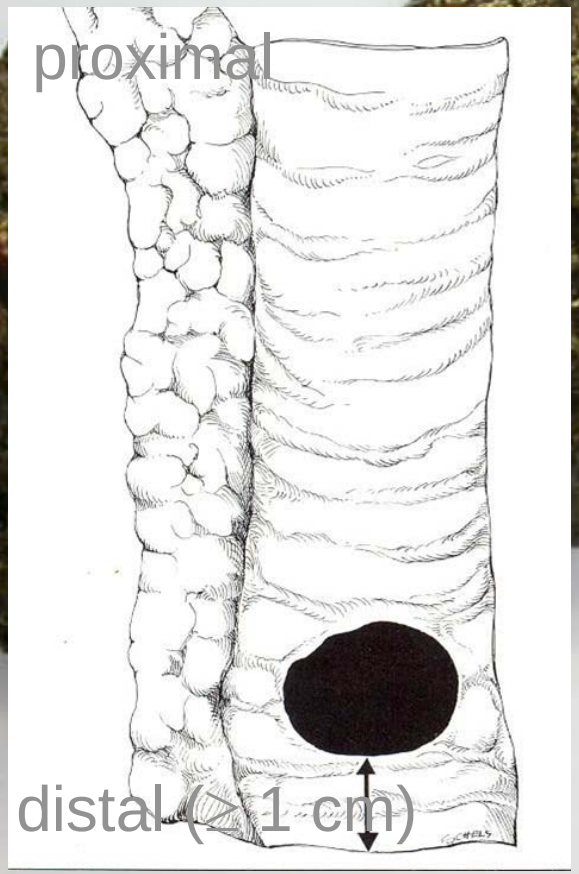


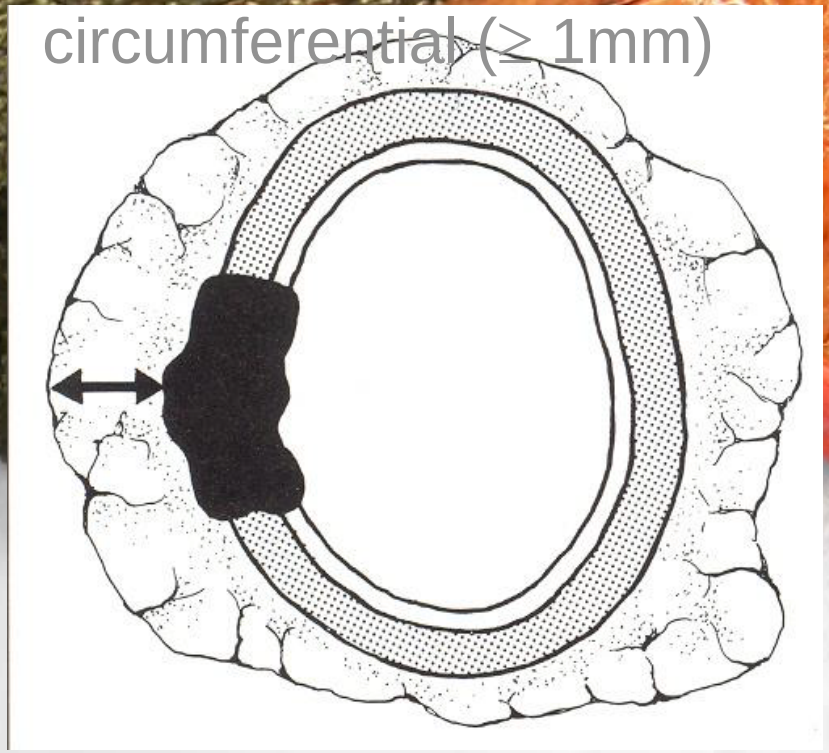
Diagram to show measurements made on each slice.

Quirke et al. Lancet 1986
Int J Colon Dis 1988

PROCARE

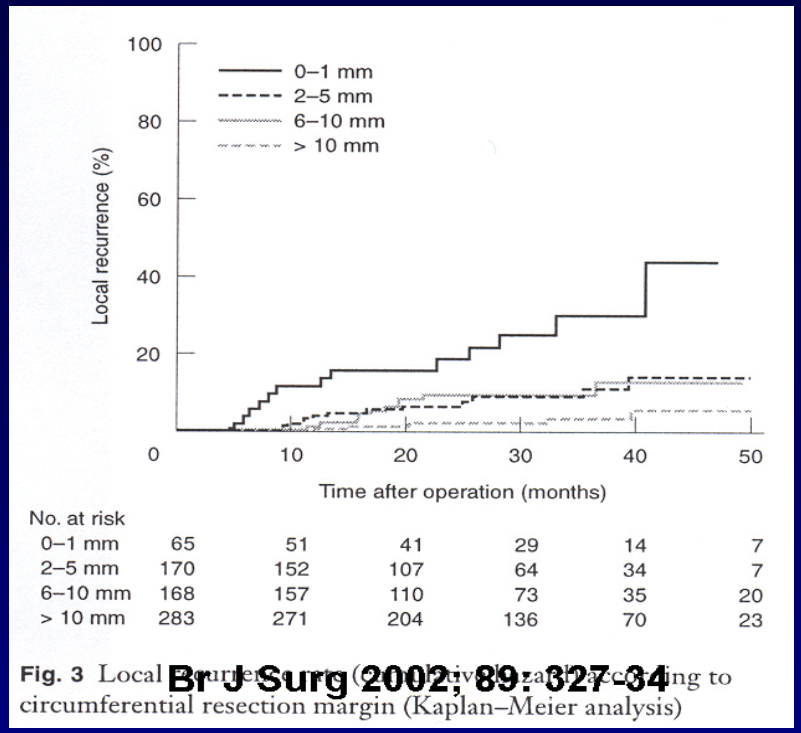
Margins to be controlled by pathologist





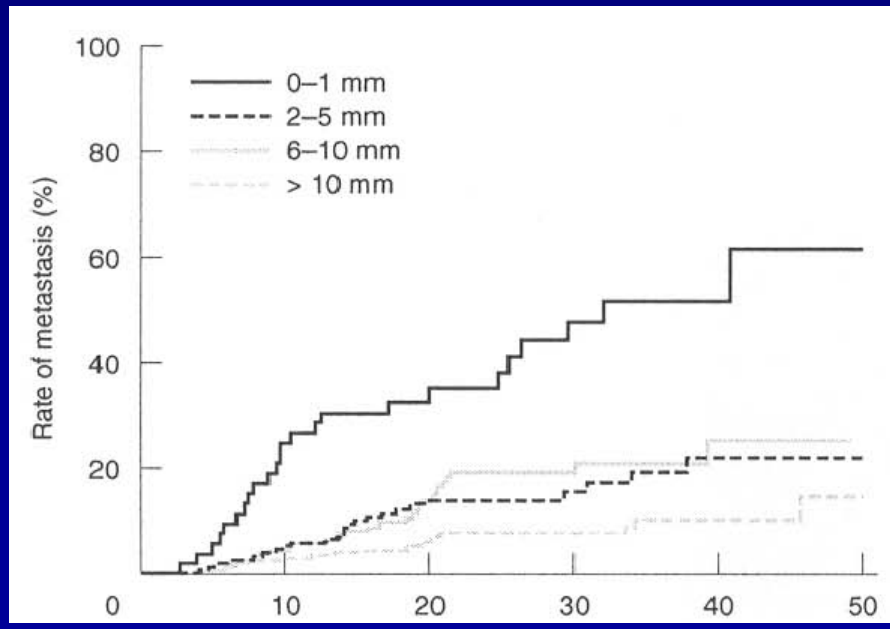
PROCARE

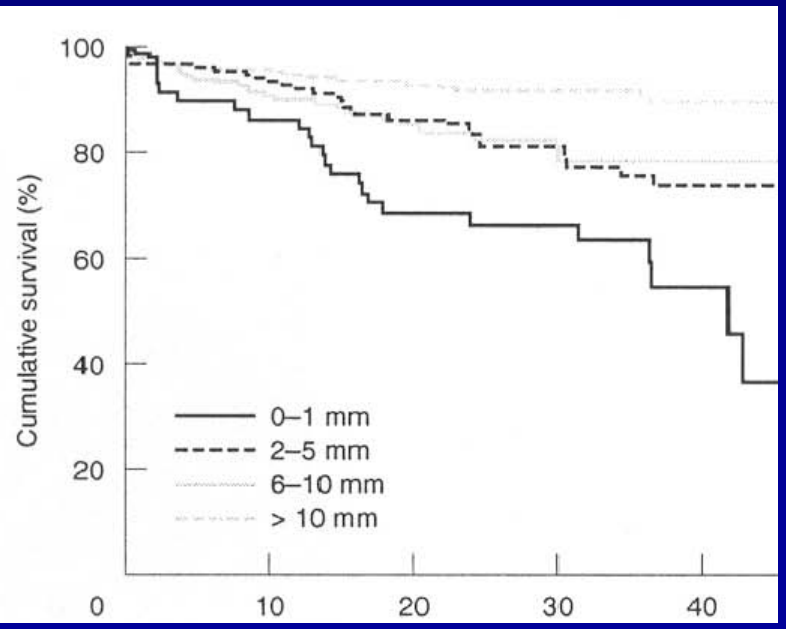
pCRM = independent prognostic factor



Br J Surg 2002; 89: 327-34

Fig. 3 Local recurrence rate (cumulative probability) according to circumferential resection margin (Kaplan–Meier analysis)





PROCARE

O. Formation décentralisée

PROCARE

Formation continue décentralisée

- Anatomo-pathologie
- Chirurgie
- Radiologie
- Radiothérapie
- …

PROCARE

Formation « décentralisée » en chirurgie

- Formation de « moniteurs » ou d'« entraineurs »
- Formation . décentralisée
  . side-by-side
  . sur base volontaire

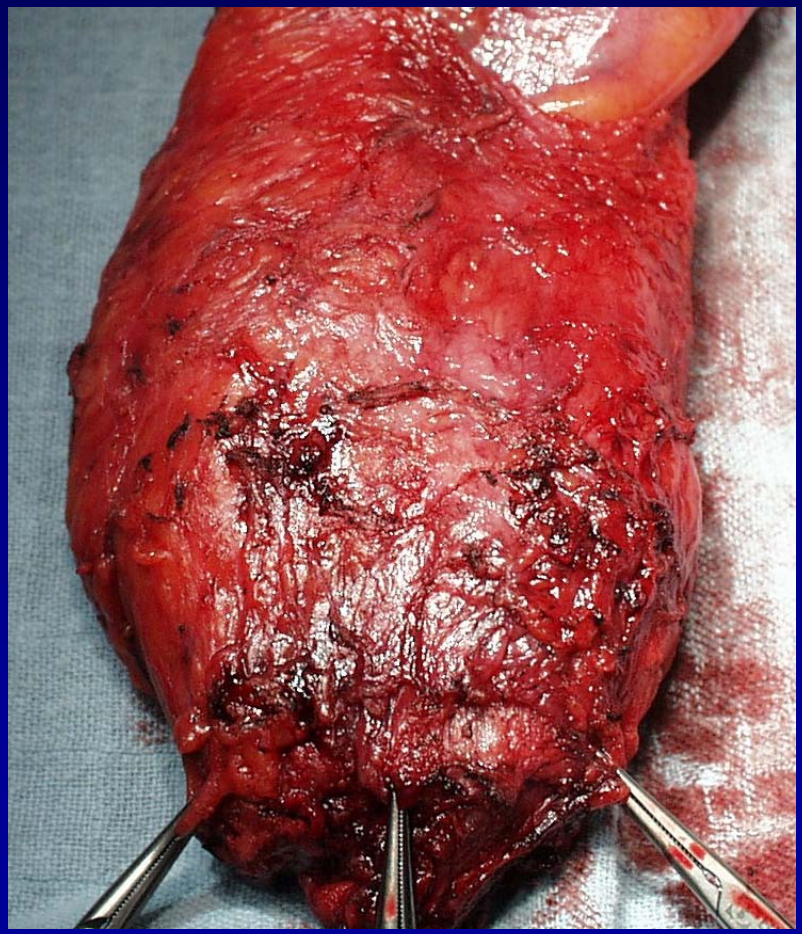
Original article

Impact of the introduction and training of total mesorectal excision on recurrence and survival in rectal cancer in The Netherlands

E. Kapiteijn, H. Putter*, C. J. H. van de Velde and cooperative investigators of the Dutch ColoRectal Cancer Group

The DUTCH model

In each participating hospital the first five TMEs were supervised by an instructor surgeon



PROCARE

Candidate trainers

CANDIDATE TRAINER

BELGIAN CANCER REGISTRY
Anonymization
Collection of material (pathology)
Pathology report

PATHOLOGY REVIEW BOARD
Photographs of TME specimen
Anterior, posterior, slices
Micro slices (TN, CRM)
Review conclusion

BSCRS committee
Review CRF
Pathology review
P/F conclusion

BSCRS
Nomination by President

TRAINER

PROCARE

CANDIDATE TRAINERS - BSCRS criteria

- Regular or mildly irregular TME specimen
  - Macroscopic photographs, (microscopic review)
- Six out of 10 consecutive cases
- Maximum 15 cases
- « Mooving window »

PPPFPPFFPFFFPPF

PROCARE

Procare trainers

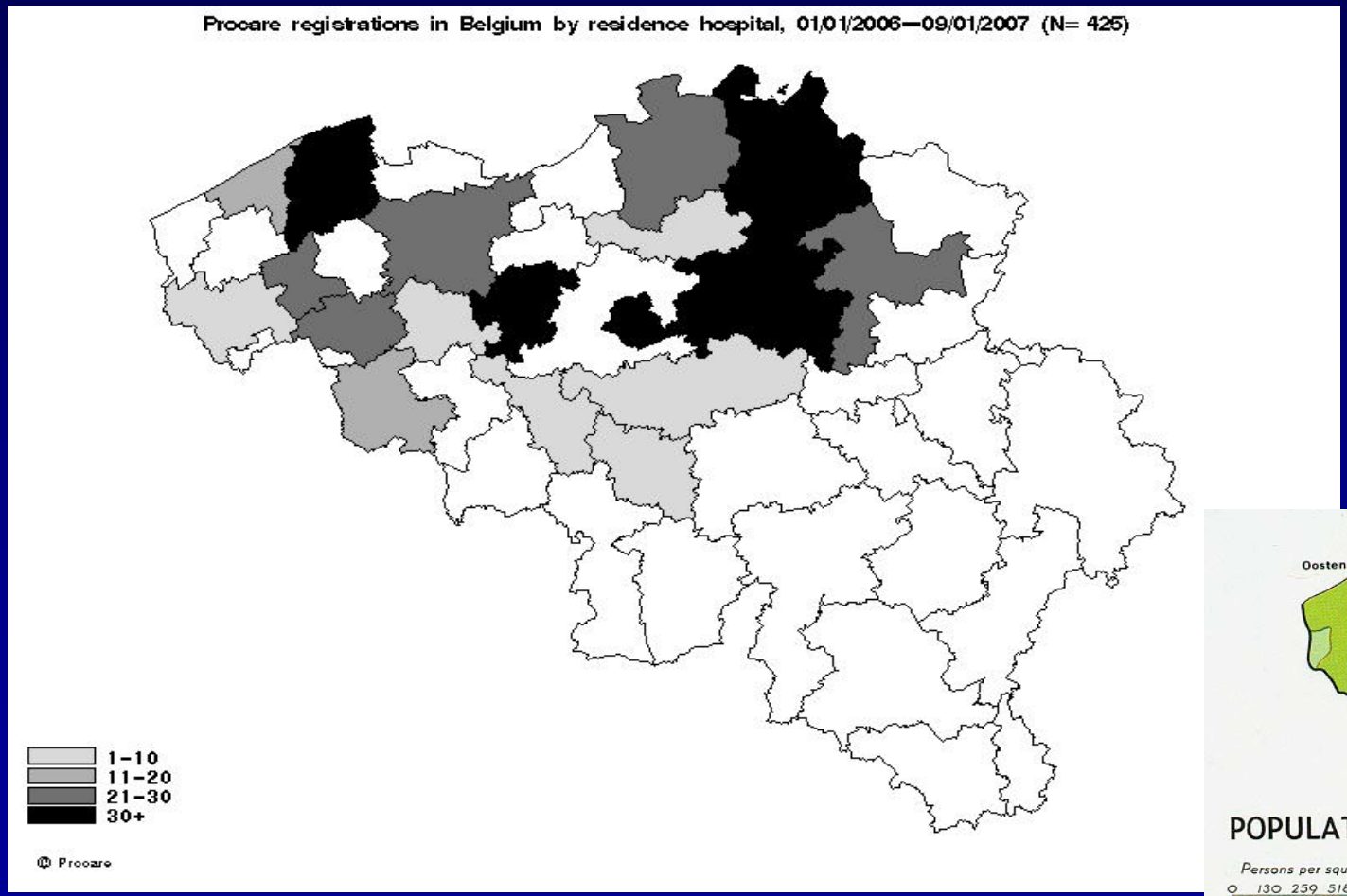
	No candidate trainers		Trainers	
Dutch	65	93	15	21
French	28		6	

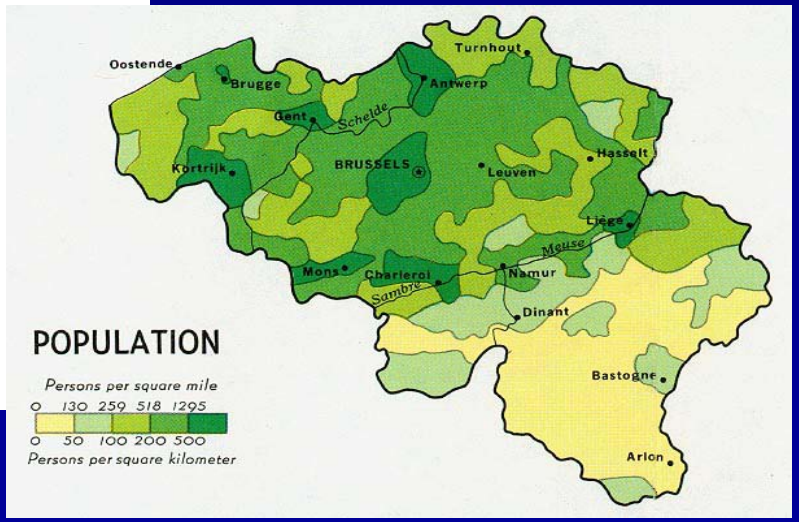
PROCARE

P. Premières évaluations de l'enregistrement

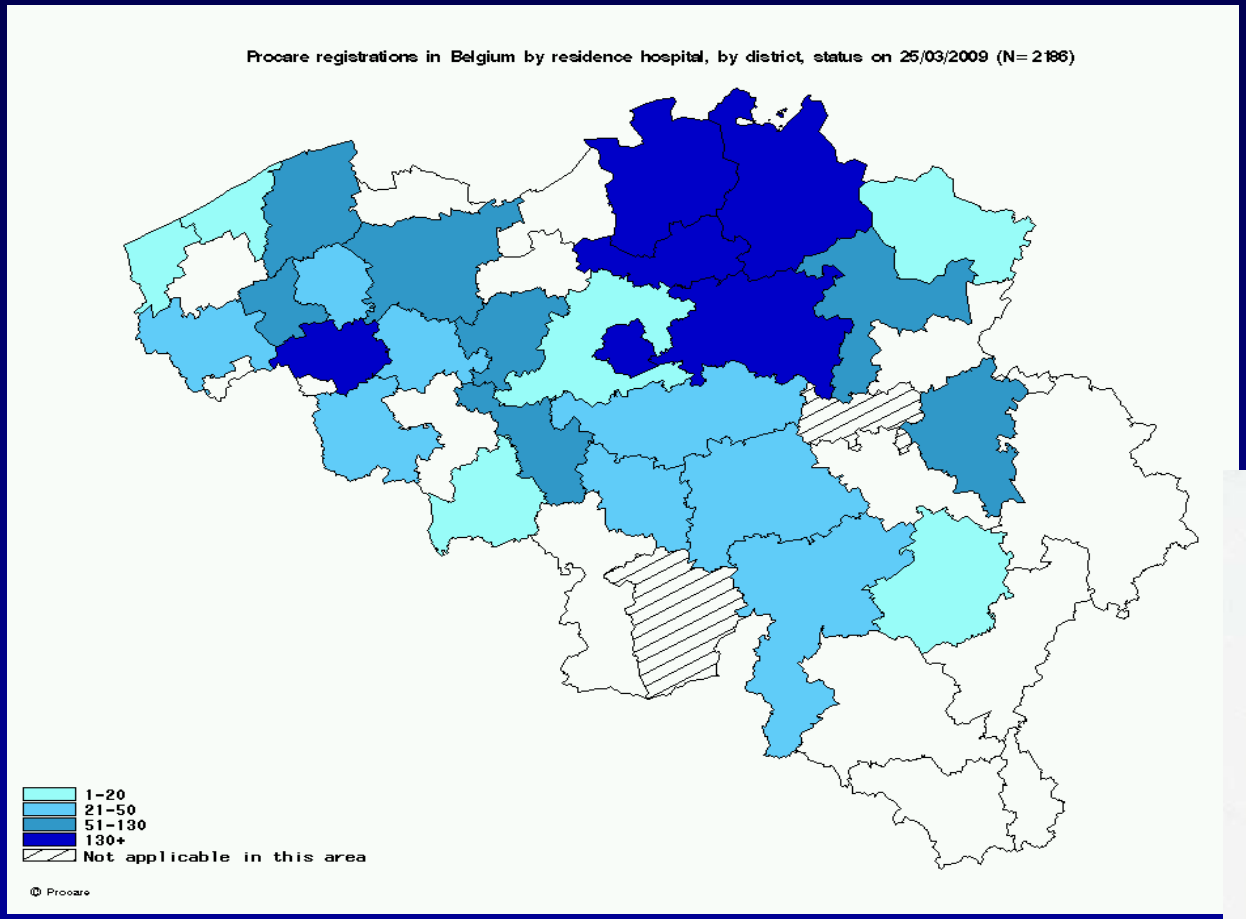
PROCARE

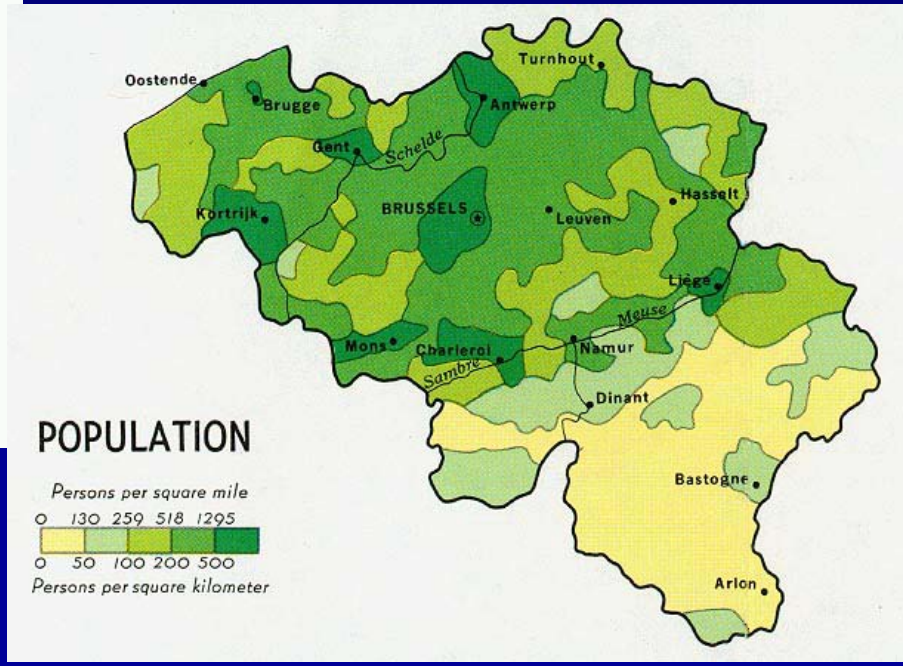
Registration: status 05-01-2007





PROCARE


Procare registrations in Belgium by residence hospital, by district, status on 25/03/2009 (N= 2186)
1-20
21-50
51-130
130+
Not applicable in this area
© Procare

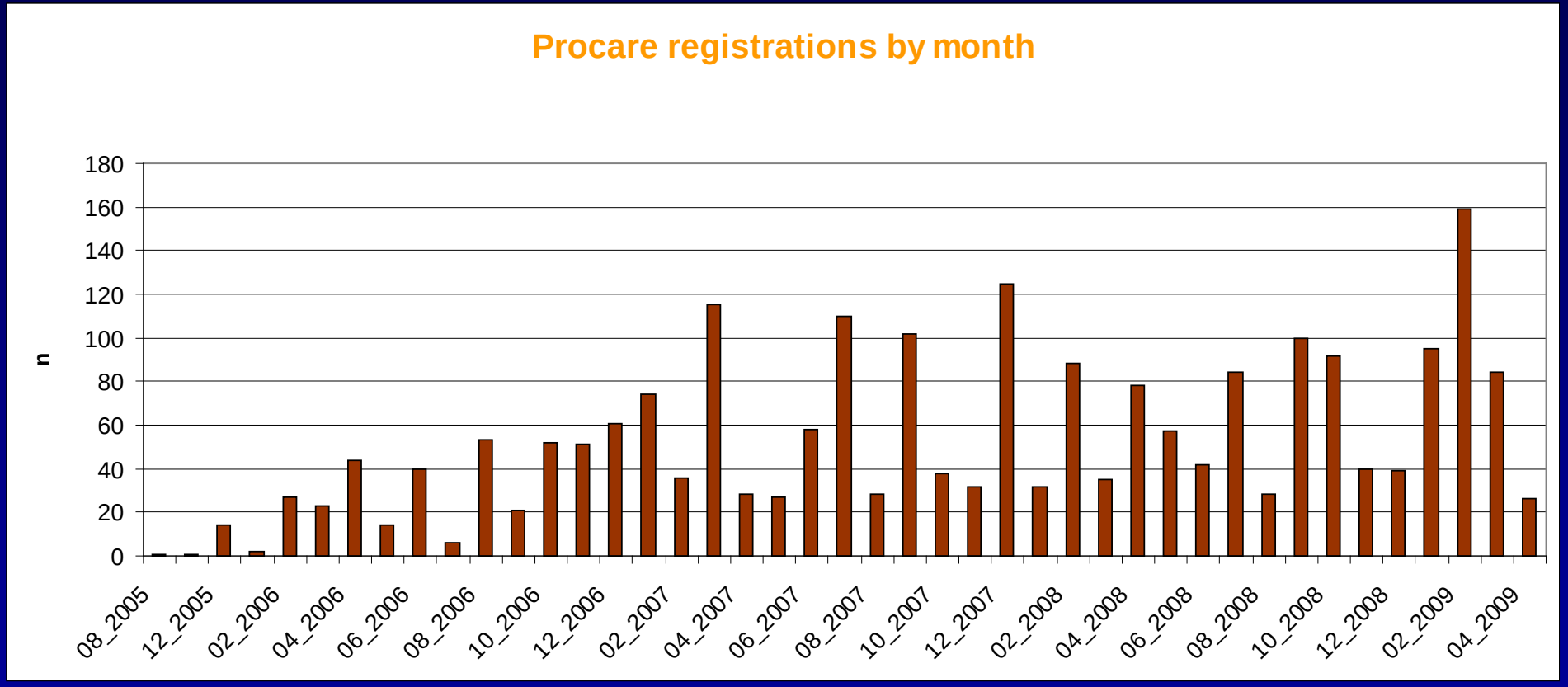

Oostende
Brugge
Turnhout
Antwerp
Gent
Schelde
Kortrijk
BRUSSELS
Leuven
Hasselt
Liège
Meuse
Mons
Charleroi
Namur
Sambre
Dinant
Bastogne
Arlon
POPULATION
Persons per square mile
0 130 259 518 1295
0 50 100 200 500
Persons per square kilometer

PROCARE

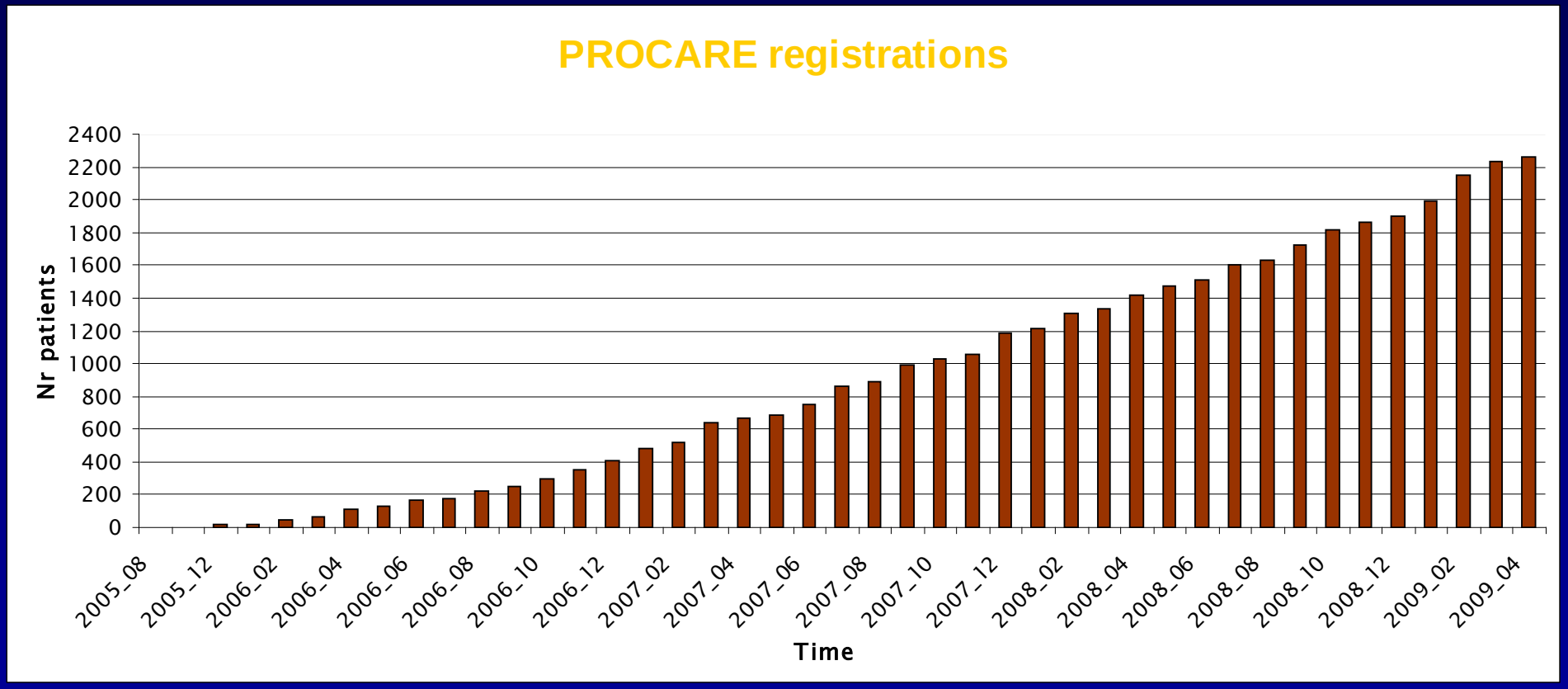
Procare registrations

	Hospitals		Surgeons		Cases
Dutch	49	70	87	137	2333
French	21		50		

PROCARE


Procare registrations by month
n
180
160
140
120
100
80
60
40
20
0
08_2005
12_2005
02_2006
04_2006
06_2006
08_2006
10_2006
12_2006
02_2007
04_2007
06_2007
08_2007
10_2007
12_2007
02_2008
04_2008
06_2008
08_2008
10_2008
12_2008
02_2009
04_2009

PROCARE


PROCARE registrations
Nr patients
2400
2200
2000
1800
1600
1400
1200
1000
800
600
400
200
0
2005_08
2005_12
2006_02
2006_04
2006_06
2006_08
2006_10
2006_12
2007_02
2007_04
2007_06
2007_08
2007_10
2007_12
2008_02
2008_04
2008_06
2008_08
2008_10
2008_12
2009_02
2009_04
Time

PROCARE

PROCARE

Q. Premières analyses des indicateurs de qualité

PROCARE

	PROCARE N	PROCARE %	PROCARE p25	PROCARE median	PROCARE p75
Registration					
Number of patients registered	1249		8,5	14	31,5
Part 1: Quality of care indicators					
A. Quality indicators related to pretreatment diagnosis and staging					
Documented distance from anal verge	1168	96,8	99	100	100
CEA before any treatment	1057	84,6	77,75	90	100
Complete large-bowel imaging	947	98,4	100	100	100
TRUS + CT and/or MRI	416	33,3	7	21,9	39,25
Reported cCRM in cStage II-III	211	27,8	0	9,1	20
Median time first contact to treatment (days)					
global	24		19,5	25	31
first treatment: surgery	20		15	21	29,5
first treatment: (C)RT	26		21	26	37,5
first treatment: palliative C(R)T	22		15	22,5	36,5

PROCARE

	PROCARE N	PROCARE %	PROCARE p25	PROCARE median	PROCARE p75
Registration					
Number of patients registered	1249		8,5	14	31,5
Part 1: Quality of care indicators					
B. Quality indicators related to neoadjuvant treatment					
Short course RT in cStage II-III	65	9,2	0	0	7,1
Long course (C)RT in cStage II-III	470	66,4	50	70	83,3
Long course (C)RT in cStage II-III within (planned) timing	447	95,1	100	100	100
Surgery 6 to 8 weeks after (C)RT in cStage II-III	273	61,9	40	50	71,4

PROCARE

	PROCARE N	PROCARE %	PROCARE p25	PROCARE median	PROCARE p75
Registration					
Number of patients registered	1249		8,5	14	31,5
Part 1: Quality of care indicators					
C. Quality indicators related to surgery					
R0/R1/R2 resection					
R0 resection	791	76,1	67,9	79,3	85,7
R1 resection	93	9	0	6,7	13,7
R2 resection	155	14,9	4,5	13,5	20
Intra-operative rectal perforation	87	7,9	0	5,3	14,3
APR and Hartmann's procedure	278	24,4	16	25	38,5
Major leakage of the anastomosis	42	5,1	0	0	8,6
In hospital mortality	35	2,9	0	0	6,3

PROCARE

	PROCARE N	PROCARE %	PROCARE p25	PROCARE median	PROCARE p75
Registration					
Number of patients registered	1249		8,5	14	31,5
Part 1: Quality of care indicators					
D. Quality indicators related to histopathologic examination					
Use of report sheet (since 1/2007)	394	92,7	93,8	100	100
Quality of TME (since 1/2007)	145	43	0	43,7	74,6
Distal tumour-free margin mentioned	816	96,2	96	100	100
Median number of nodes examined					
no or short course neoadj RT	13		10	12	15
long course neoadj RT	10		7	9	13
other course neoadj RT	8		4,75	10	14
course type missing	12		6	9,8	16
(y)pCRM mentioned	799	74,2	57,1	75,7	87

PROCARE

R. Premières évaluations de la chirurgie

PROCARE

Candidate trainers

CASES n=362

- 40 candidates-trainers
- Not evaluable n=96 (27%)
  - insufficient material for review
  - partial mesorectal excision

- 266 TME specimens graded by the central review board

PROCARE

Candidate trainers

CASES n=266

TME quality	N	%
Mesorectal plane	56	21
Intramesorectal plane	124	47
Muscular plane	86	32

PROCARE

Candidate trainers

UNIVARIATE ANALYSIS	N	OR (95%CI)	*p*
1. Surgeon	266		***0,01***
2. Surgical Load	265		*0,5*
3. Age	264		*0,91*
4. BMI	221		***0,0026***
5. Gender *male vs female*	266	0,43 (0,23;0,78)	***0,004***
6. Approach			
laparotomy vs laparoscopy and conversion	266	0,43 (0,20;0,91)	***0,027***
7. Technique Resection	266		***0,0006***
APR vs SSO		3,65 (1,72;7,77)	***0,0014***
8. Lower limit *low vs high*	246	1,12 (1,02;1,25)	***0,009***
9.Tumor size (longitudinal)	160		*0,17*
10. Circumferential localisation			
Number of Quadrants involved	221		*0,4*
Ventral Localisation	215		*0,58*
Circular	215		*0,44*
11. cT stage	257		*0,1*

PROCARE

Candidate trainers

MULTIVARIATE ANALYSIS		OR (95%CI)	*p*
1. Surgeon			***0,04***
2. BMI			*0,1*
3. Gender	*male vs female*	0,467 (0,229;0,950)	***0,029***
4. Approach *laparotomy vs laparoscopy and conversion*		0,400 (0,163;0,982)	***0,038***
5. Technique Resection *APR vs SSO*		3,135 (1,163;8,403)	***0,028***
6. Lower limit INTG	*low vs high*		*0,23*
7. cN stage			*0,053*

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S. Feed-back vers tous les centres.
Information continue

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1. **Feed-back** vers chaque centre
2. La « **Newsletter** »

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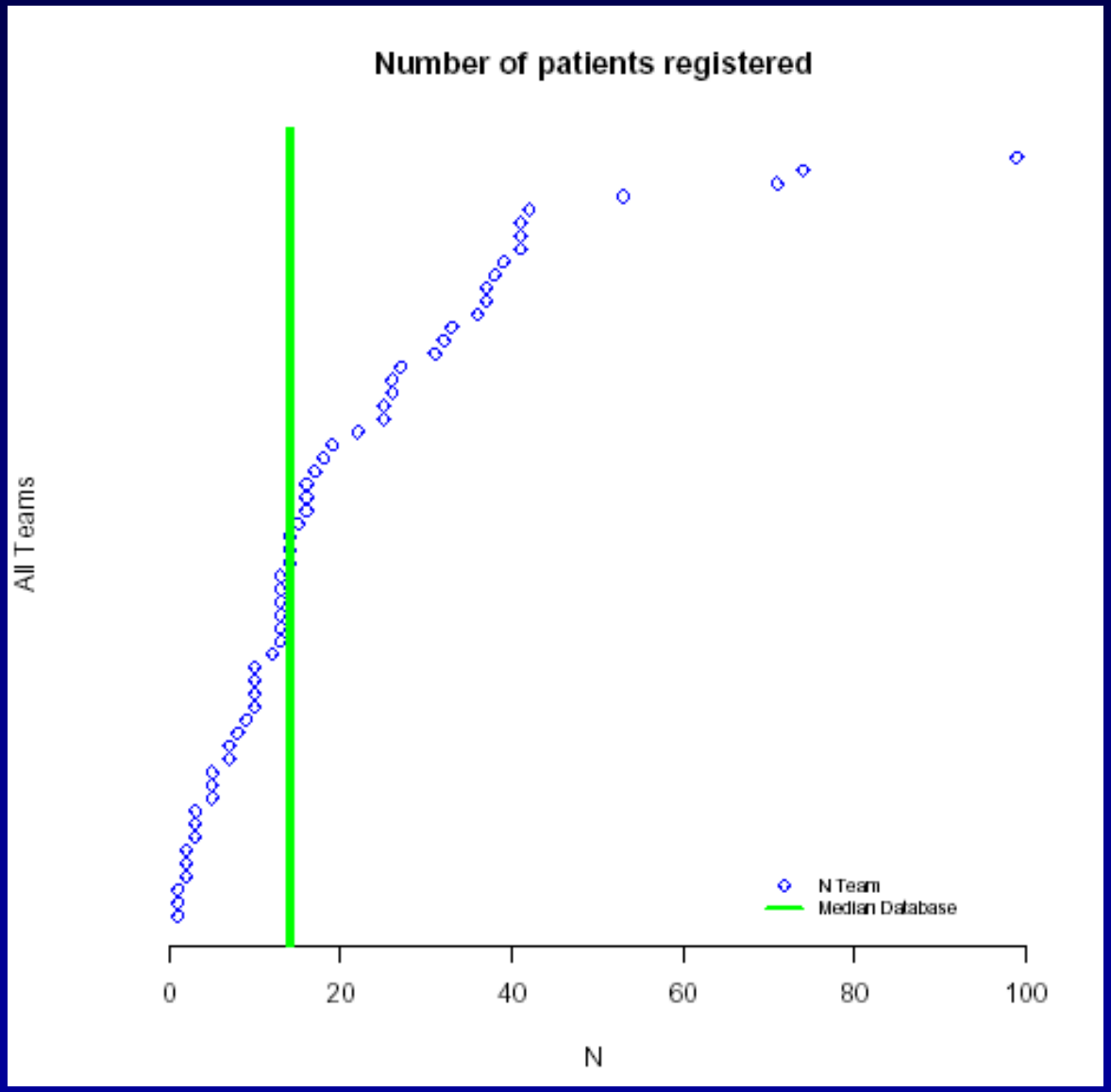
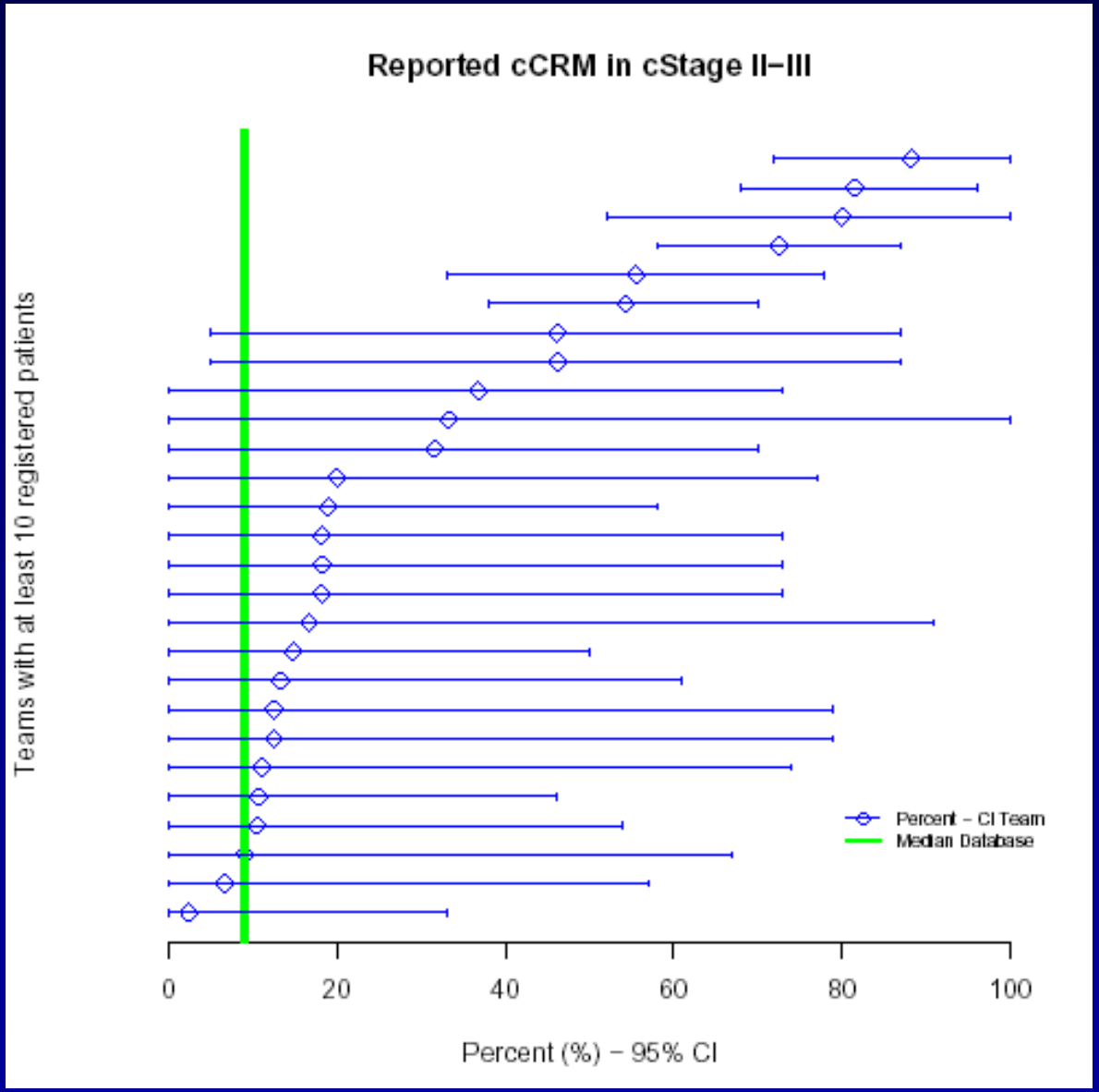
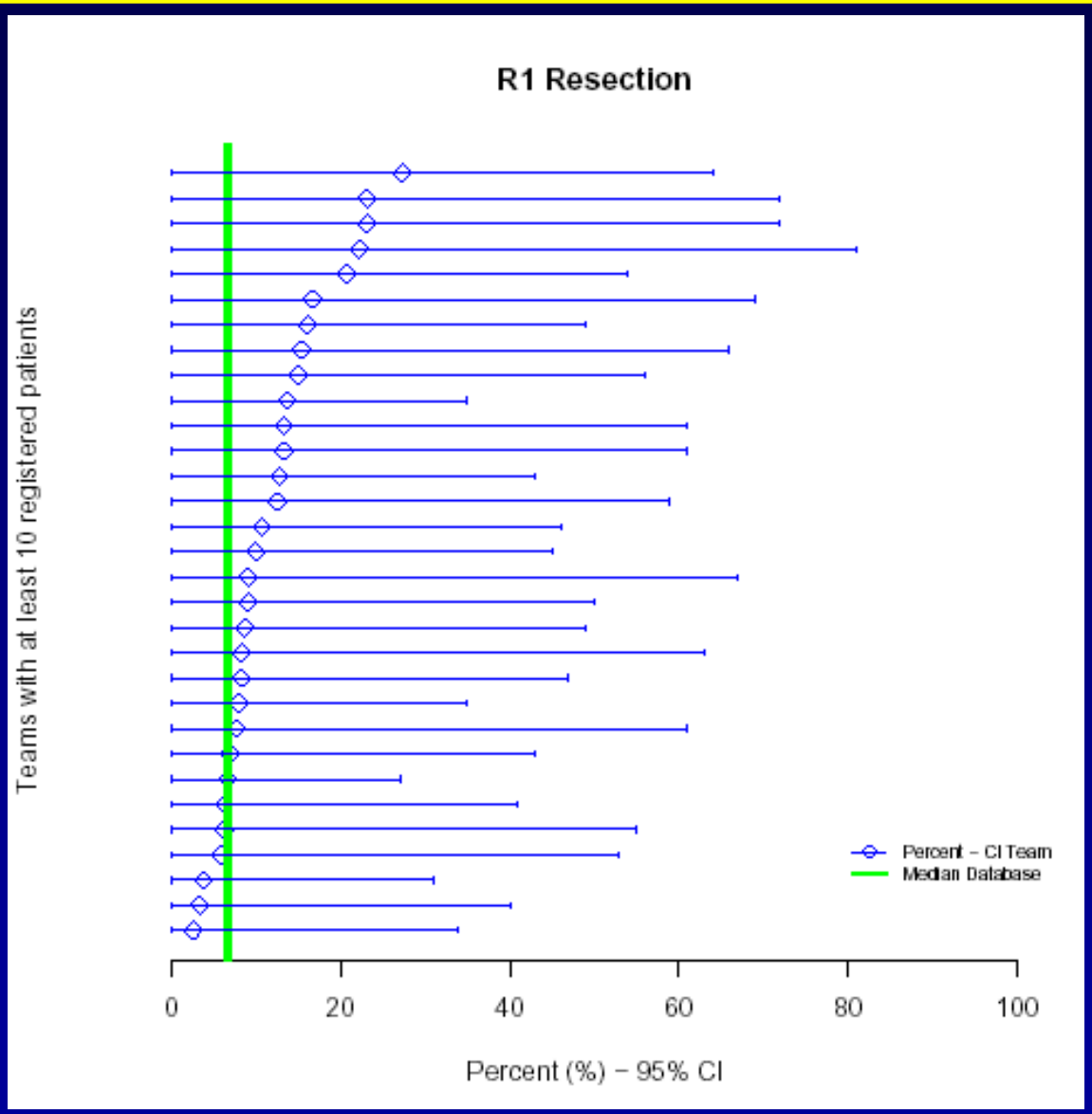

Number of patients registered
All Teams
N Team
Median Database
0
20
40
60
80
100
N

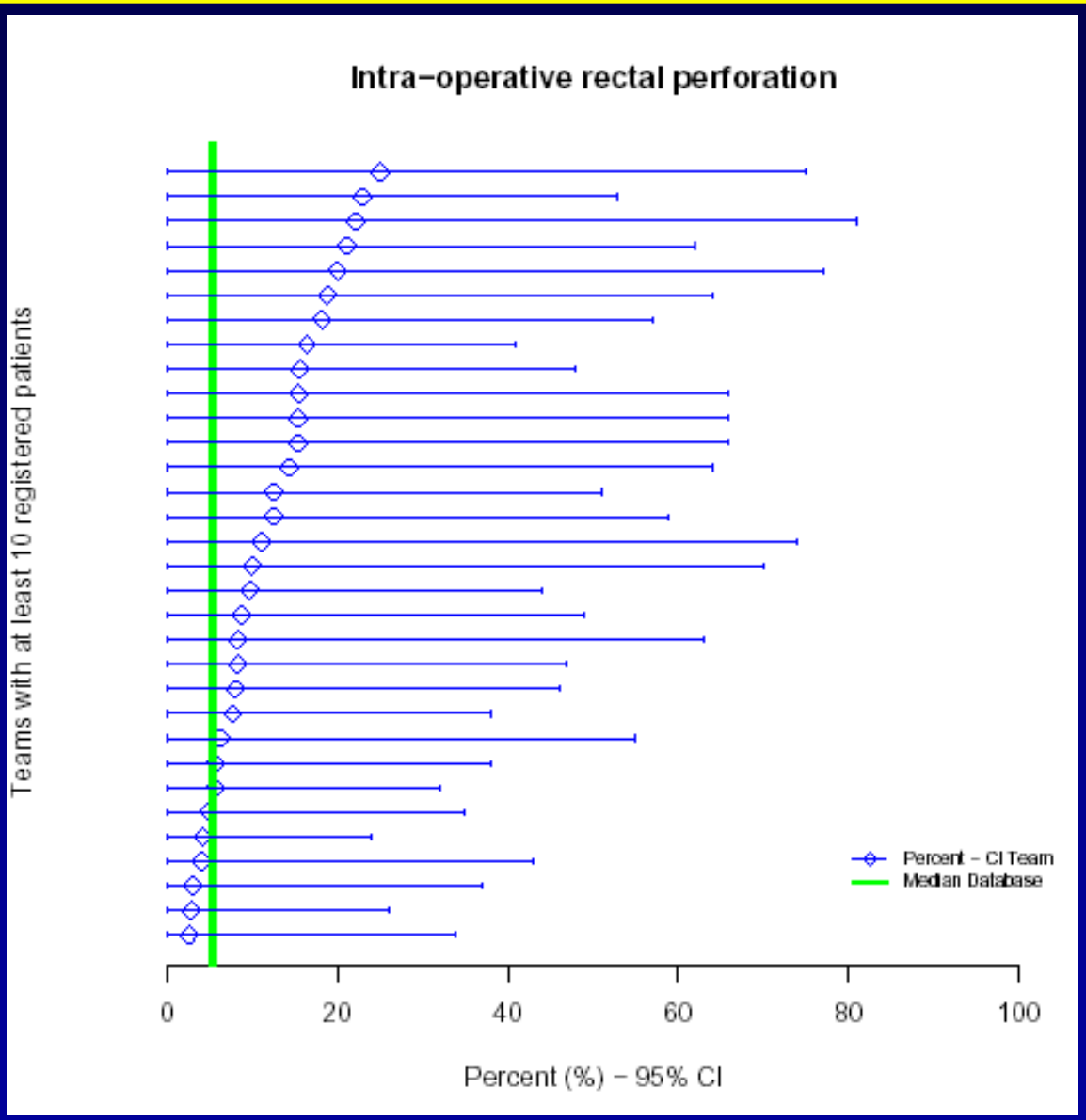
PROCARE


Reported cCRM in cStage II–III
Teams with at least 10 registered patients
Percent – CI Team
Median Database
0
20
40
60
80
100
Percent (%) – 95% CI

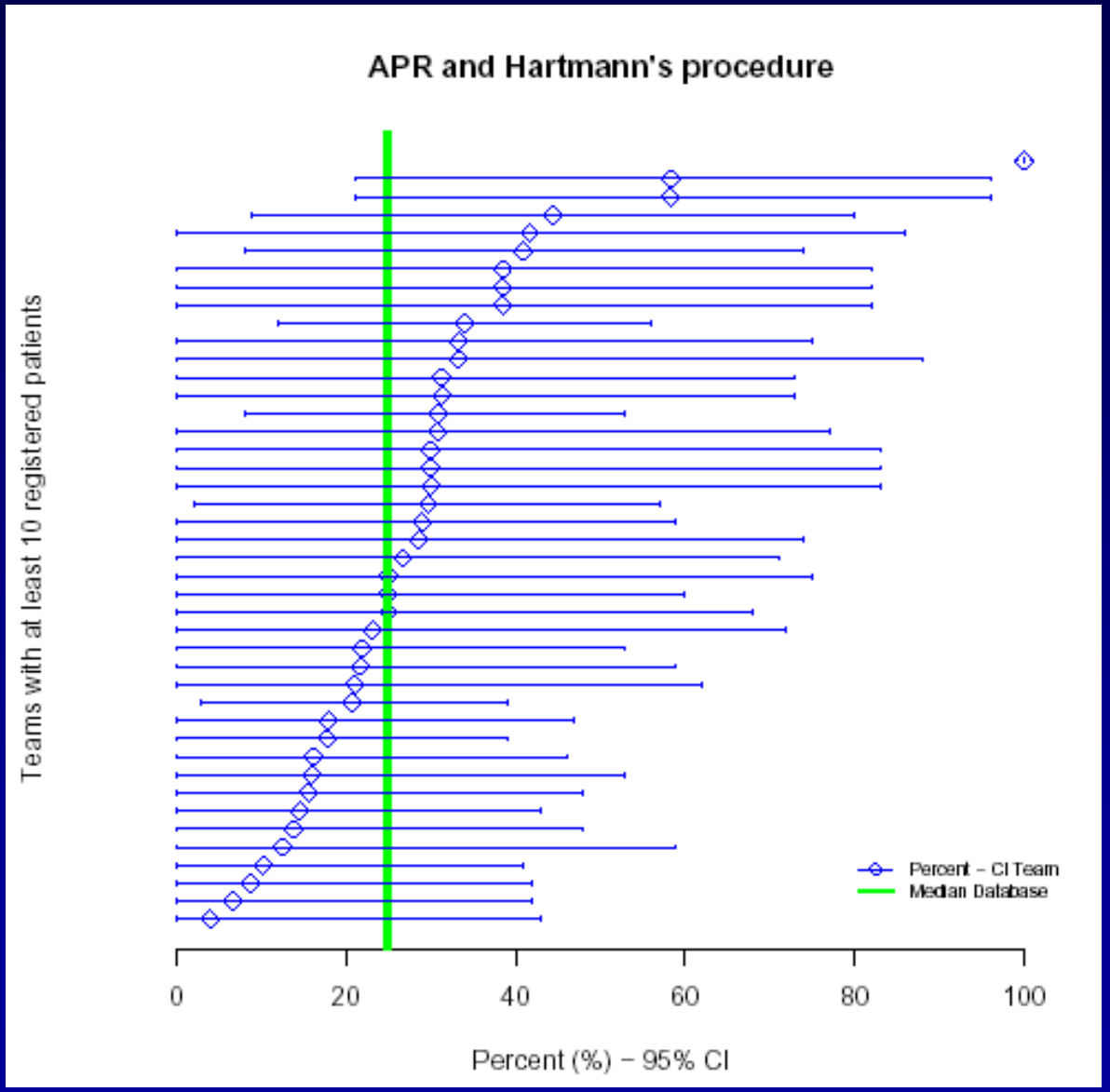
PROCARE


R1 Resection
Teams with at least 10 registered patients
Percent – CI Team
Median Database
0
20
40
60
80
100
Percent (%) – 95% CI

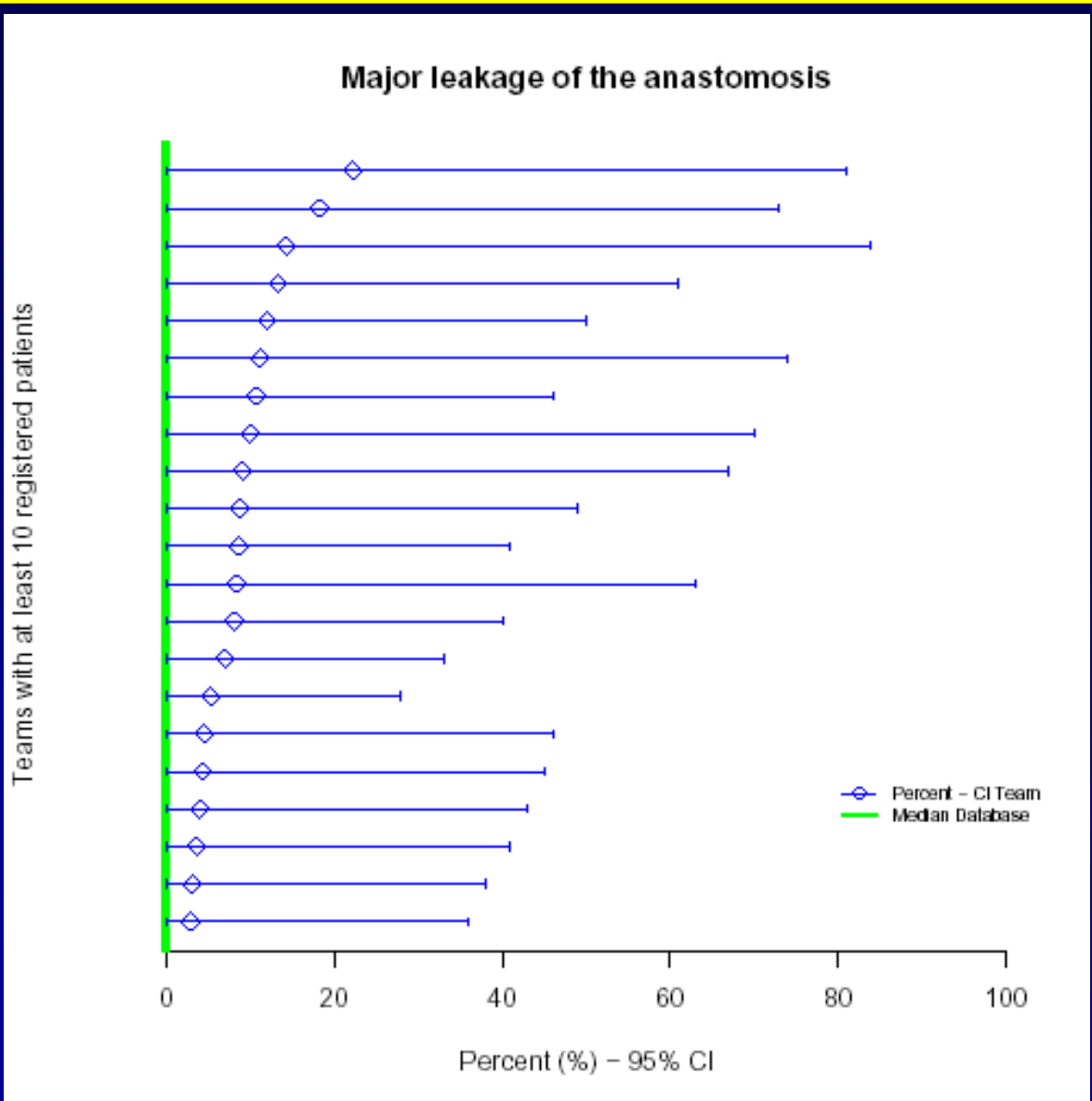
PROCARE


Intra−operative rectal perforation
Teams with at least 10 registered patients
Percent − CI Team
Median Database
0
20
40
60
80
100
Percent (%) − 95% CI

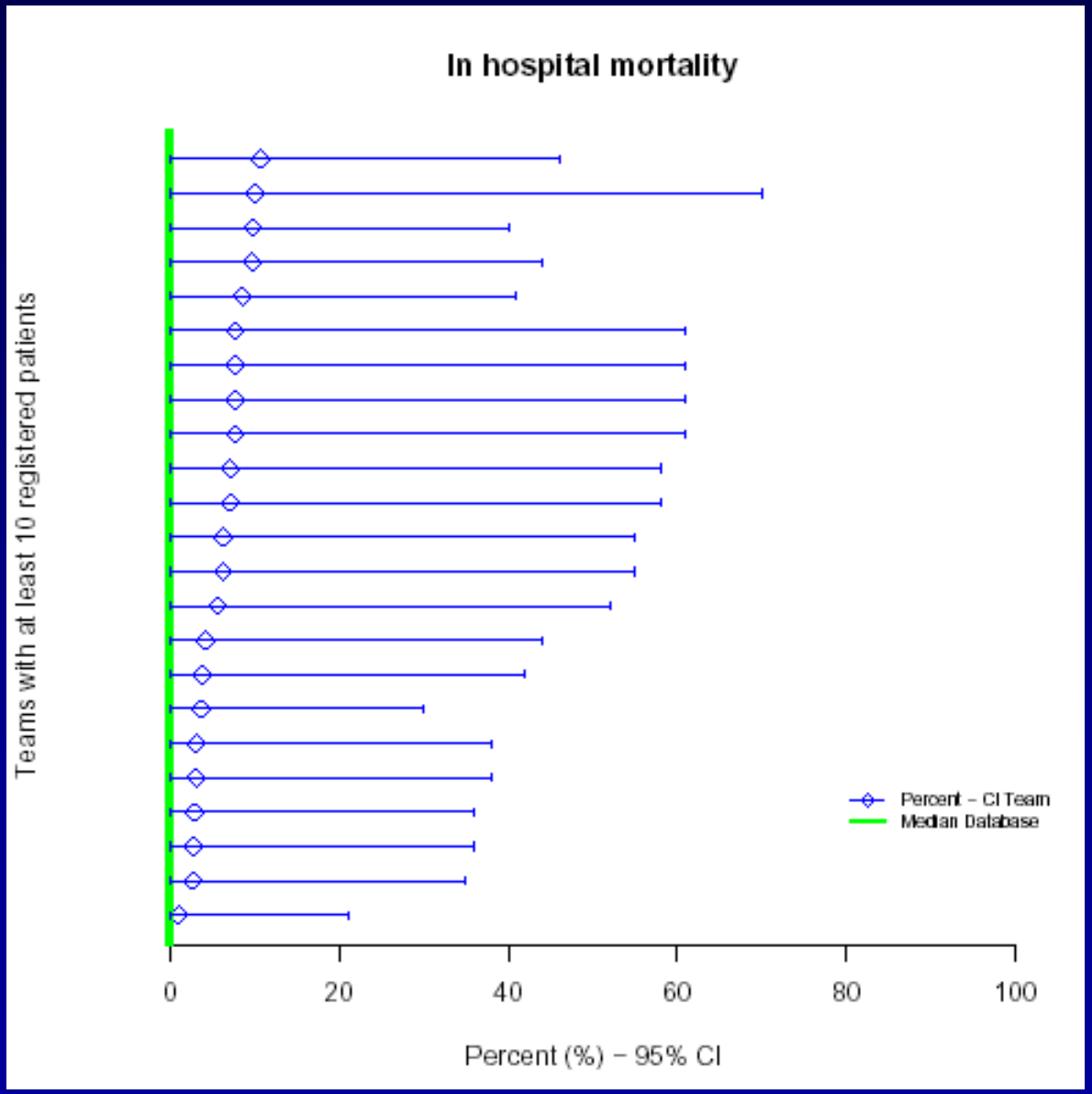
PROCARE


APR and Hartmann's procedure
Teams with at least 10 registered patients
Percent – CI Team
Median Database
0
20
40
60
80
100
Percent (%) – 95% CI

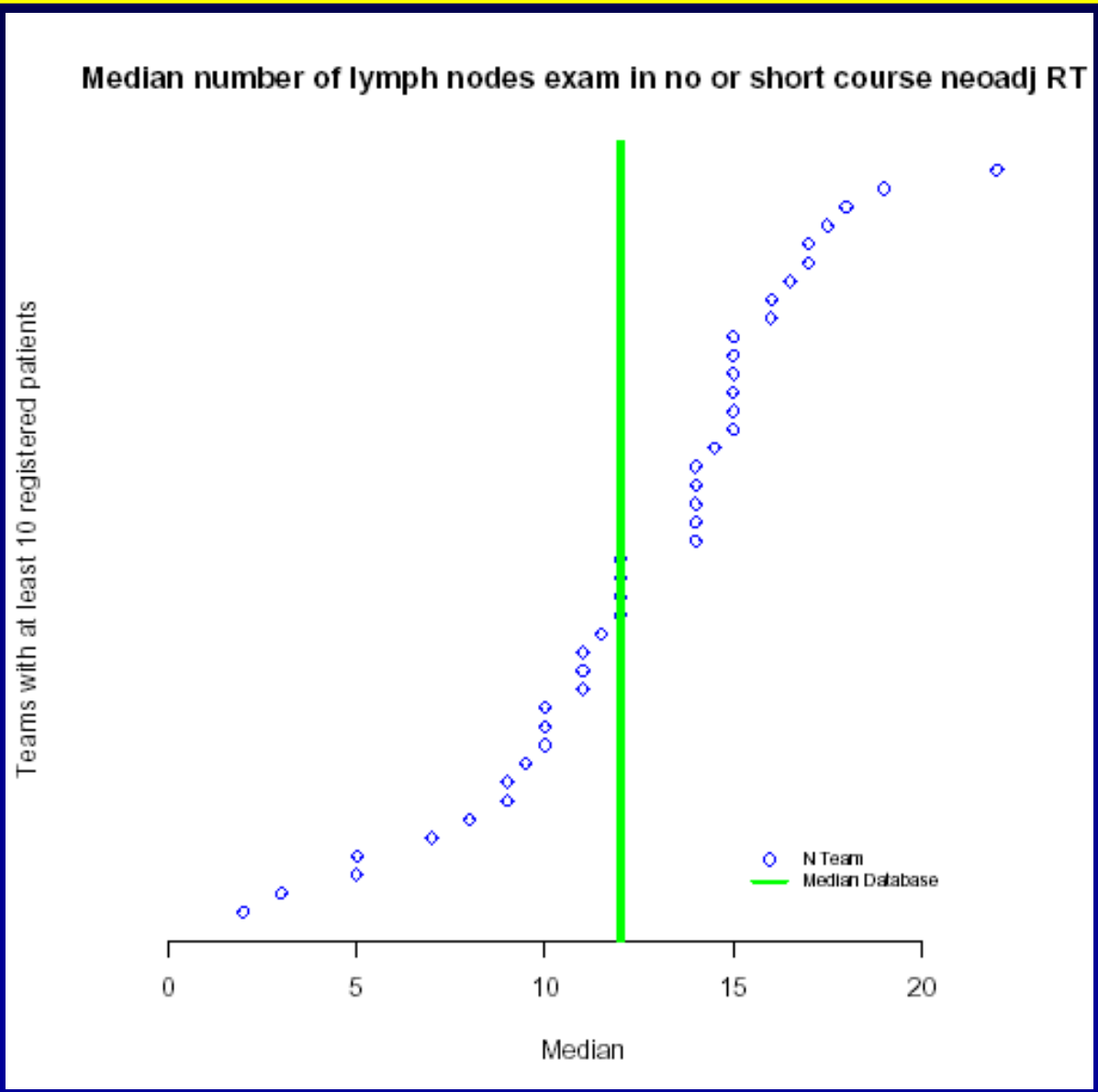
PROCARE


Major leakage of the anastomosis
Teams with at least 10 registered patients
Percent - CI Team
Median Database
0
20
40
60
80
100
Percent (%) - 95% CI

PROCARE


In hospital mortality
Teams with at least 10 registered patients
Percent – CI Team
Median Database
0
20
40
60
80
100
Percent (%) – 95% CI

PROCARE


Median number of lymph nodes exam in no or short course neoadj RT
Teams with at least 10 registered patients
N Team
Median Database
0
5
10
15
20
Median

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T. Réflexions pour le futur

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PROJECT ON CANCER OF THE RECTUM

Reflections on the first feedback and how to move on

PROCARE

U. Conclusion

PROCARE

Conclusion

Le projet PROCARE est un projet national original par la prise en charge par les médecins eux-mêmes de leur propre évaluation, de la comparaison au niveau national et de l'amélioration de la qualité des soins qu'ils offrent à leurs patients atteints du cancer du rectum.

Je vous remercie pour votre attention …

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PROJECT ON CANCER OF THE RECTUM