

Brussels, November 8, 2005

Dear colleagues,

The PROCARE project is ready to start with data-entry from surgeons who are candidate-trainer/instructor !

During the year 2005 several workshops, postgraduate courses or seminars have organised on rectum cancer in the context of the PROCARE project.

The joint surgery-pathology workshops of May and June 2005 were followed by round table discussions. It was clear that, although involved in the PROCARE project and wanting to improve their surgical performance in rectal cancer treatment, part of the surgeons will opt for a peer to peer approach or self-training rather than supervision by a qualified trainer. Thus, the possibility of training and supervision (i.e. assistance) by a qualified trainer will be offered to the participating surgeons on a voluntary basis.

Taking into account all information available, the board of the Belgian Section of Colorectal Surgery (BSCRS) decided that:

- (a) All surgeons will be offered the possibility to act as a trainer. The registry records of the candidate – trainers will be entered in a database at the Cancer Registry from October 2005 on. All records will be kept and analyzed at the Cancer Registry.
- (b) After a first period of 3-4 months, the data will be communicated anonymously to the Board of the BSCRS who will decide on the qualification of the candidate – trainers. Criteria will be:
 1. 10 consecutive specimens required
 2. Paramount importance will be given to pathology. Amongst other, there should be photographic evidence of the specimen provided. Special attention will be given to the distance between the tumour and the circumferential margin (CRM) as well as the distal section margin (anal skin) in case of abdomino-perineal resection (APR).
 3. In the final evaluation by the Board the whole record of the patient will be taken into account .
- (c) The names of the approved trainers will be made available to all surgeons through the newsletter and the BSCRS website.
- (d) There will be a continuing evaluation, i.e. the candidates who did not enter 10 specimens at that time will be evaluated in subsequent meetings of the Board.

[Since pathological evaluation is of paramount importance in the evaluation of the surgical procedure, it is essential that all specimens should be processed according to the agreed standards.](#)

May we also stress that in the final evaluation, the whole record of the patient will be taken into account. It is therefore important that all information should be recorded according to the data entry forms.

The PROCARE workgroup will supervise and control all privacy aspects related to data on any person (patient, surgeon, pathologist, etc) mentioned in the data used. These data will be kept secret by the Cancer Registry and the PROCARE workgroup, except to individual physician(s) who want to receive feedback on their own results after analysis.

In attachment you will find the data entry forms to be filled in completely (except for follow-up data) by **all surgeons who would like to become trainer/instructor** and who are willing to assist any of their colleagues at TME surgery on a decentralised basis (i.e. in the hospital where the patient would normally be treated).

So, please, send your data forms on consecutive patients with rectal cancer to the Cancer Registry by surface postage at the attention of Dr. Van Eycken E (cfr. infra). We feel it would be best that, for this phase of the project, surgeons are responsible for the completeness of the data form.

Thanking all of you that are going to participate !

On behalf of the PROCARE workgroup
Prof. Dr. F. Penninckx, chairman

On behalf of the BSCRS
Dr. D. De Coninck, president

On behalf of the BSPathology (Digestive Pathology Club)
Prof. Dr. N. Ectors
Dr. A. Jouret

On behalf of the BSRadiotherapy-Oncology
Prof. Dr. K. Haustermans
Prof. Dr. P. Scalliet
Dr. Ph. Spaas

On behalf of the Private Foundation Belgian Cancer Registry,
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