

PROCARE and the Belgian Cancer Registry

A tandem working in harmony

Belgian Cancer Registry



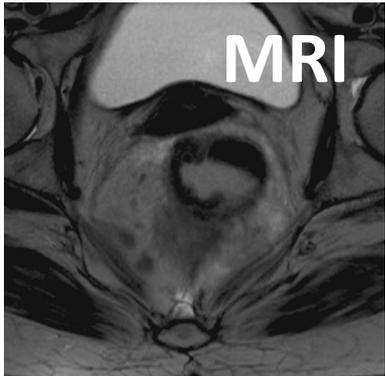
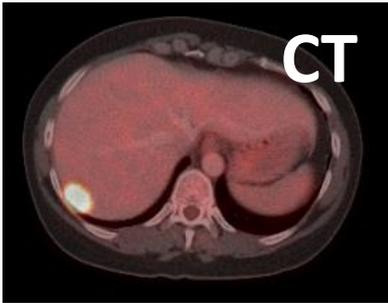
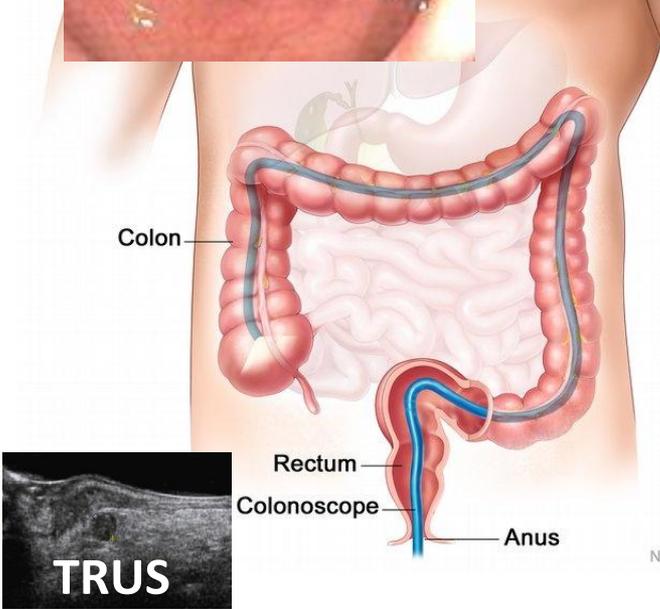
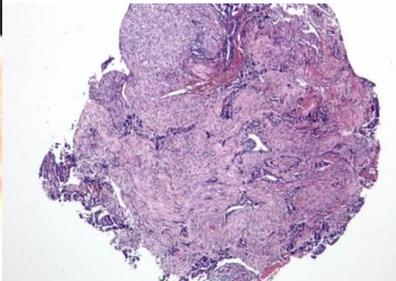
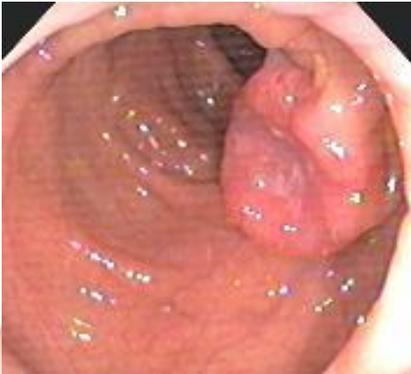
PROCARE

PROJECT ON CANCER OF THE RECTUM



Penninckx Freddy
on behalf of PROCARE

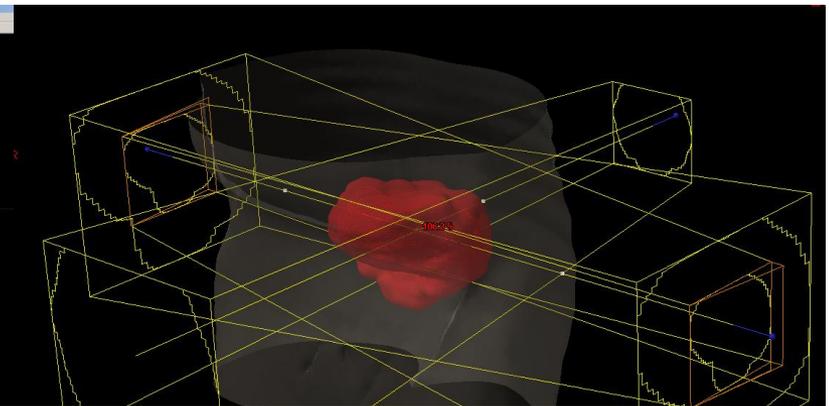
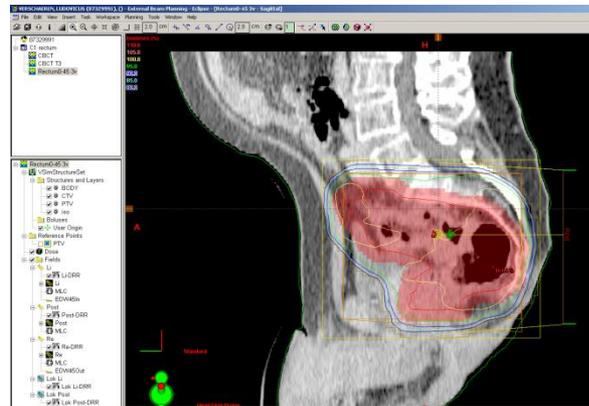
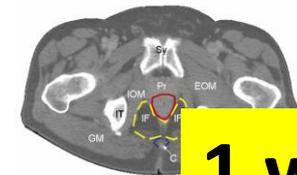
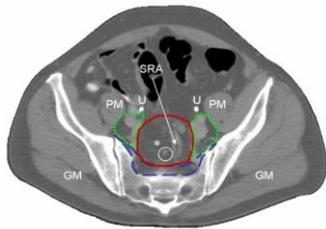
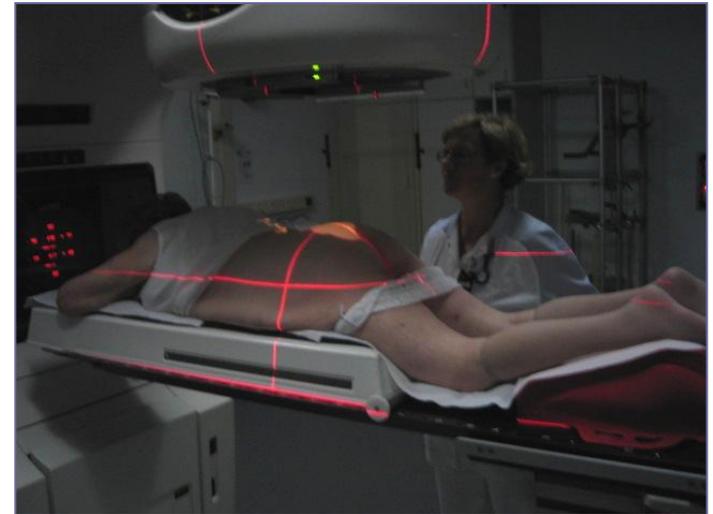
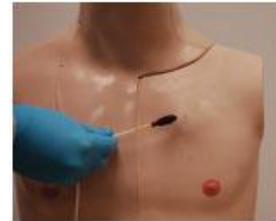
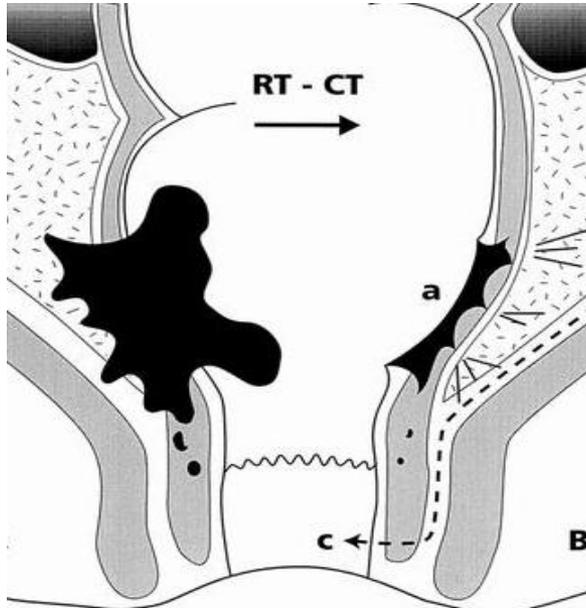
The management of rectal cancer is multimodal



4 weeks

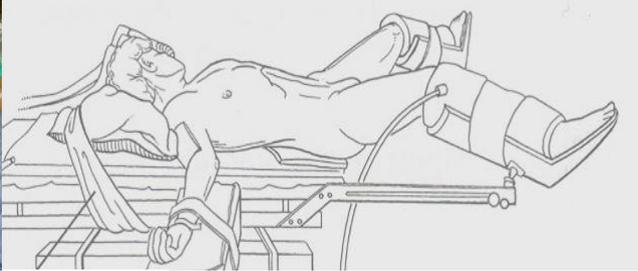
MDT meeting

The management of rectal cancer is multimodal

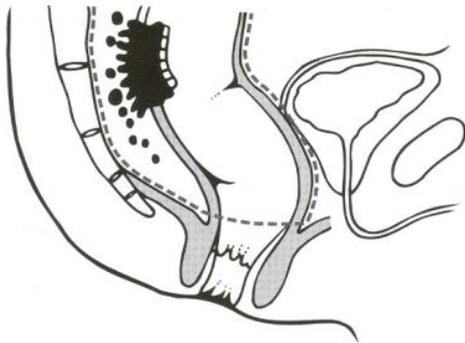


1 week (RT) or 12 weeks (RCT) to surgery

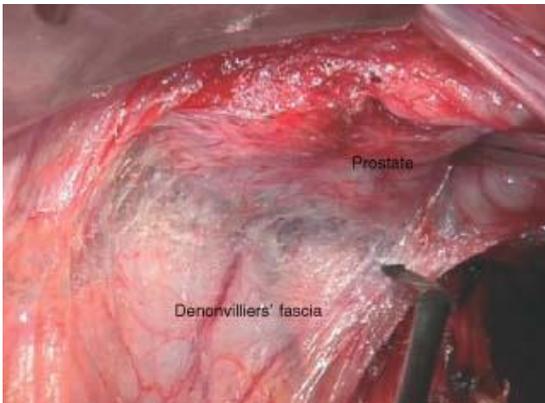
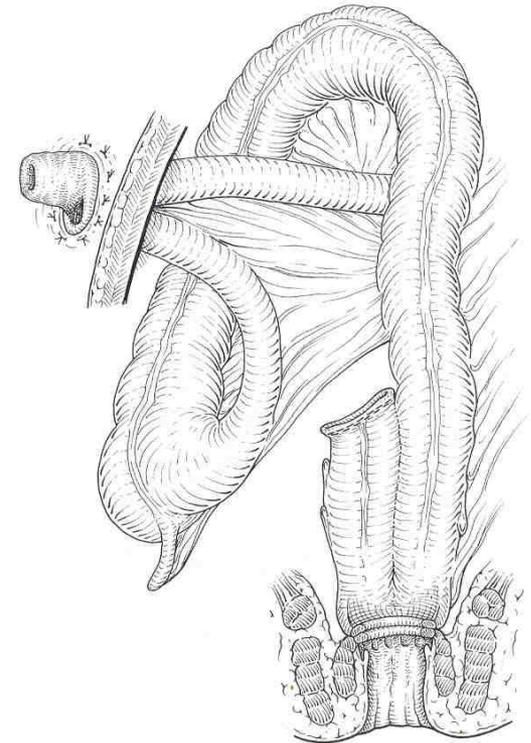
The management of rectal cancer is multimodal



**52 %
temp stoma**

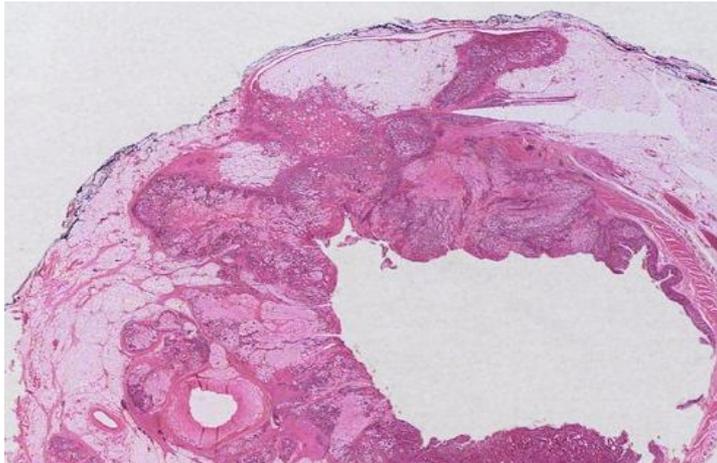


**25 %
defin stoma**



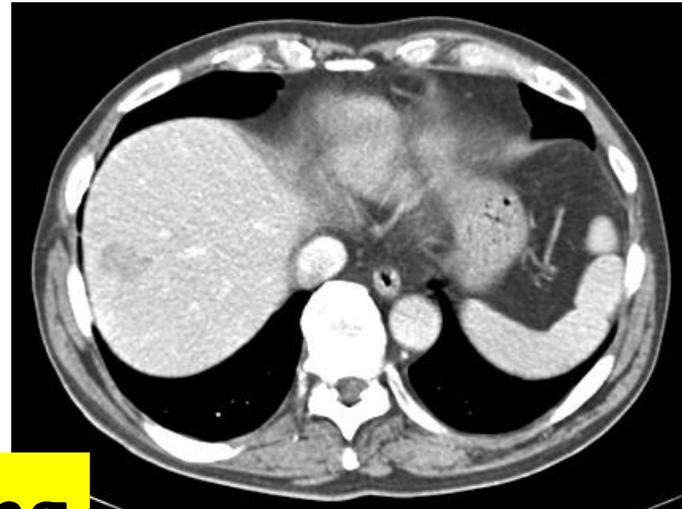
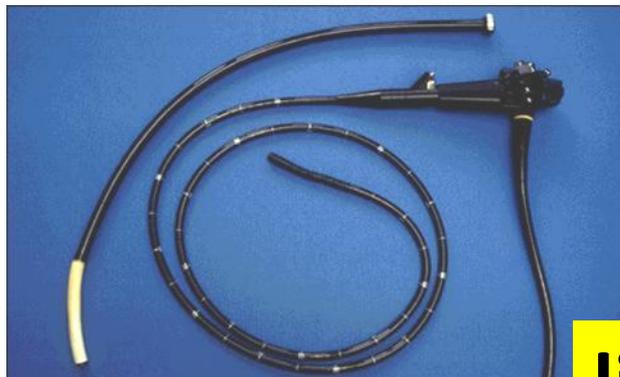
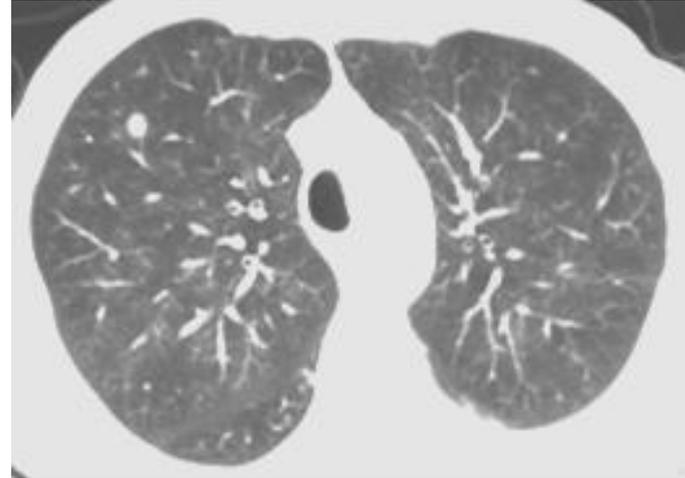
12 days

The management of rectal cancer is multimodal



6 months

The management of rectal cancer is multimodal



lifelong

PROCARE

PROject on CAncer of the REctum

- variability in diagnosis/staging and therapy
- improvement through implementation of Guidelines
- audit/feedback of QC Indicators is needed

- decrease variability & improve outcome of all patients in all centres for all disciplines

- national, multidisc., by professionals, voluntary particip., educational non-repressive risk-adjusted feedback

How PROCARE became possible

- Belgian Foundation against Cancer (2006)
- **RIZIV/INAMI (2007-2012)**
- KCE (2007, 2008, 2010)

- Steering Group (all societies)
- **Participating professionals**
- **FBCR**

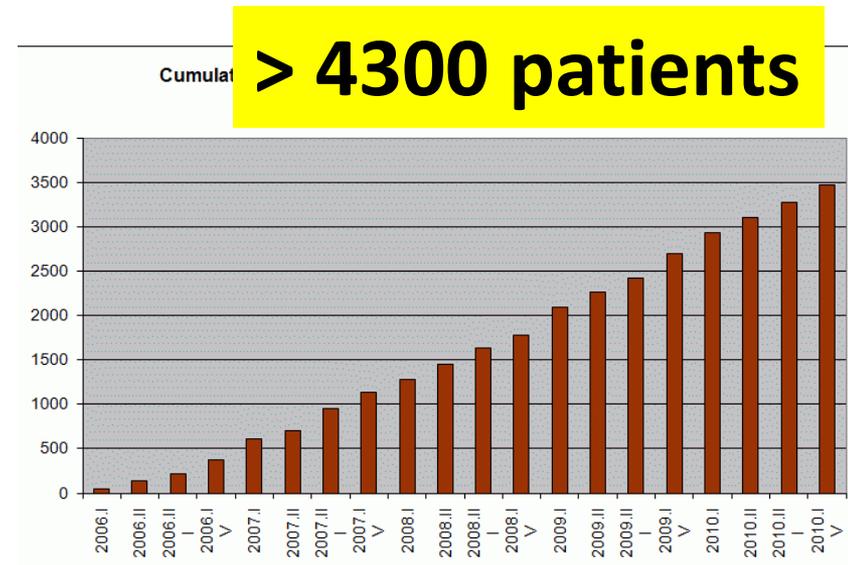
RBSSurgery (BSCRS), BSSO, BGES
BSRadiotherapy – Oncology
BSPathology (Dig Path Club)
BSMOncology, BGDO
RBSRadiology
VVGE
SRBGE
BSGIEndoscopy
BPSA
FBCR

Why the Foundation Belgian Cancer Registry?

- National
- Cancer registry
- Independent organisation
- Confidentiality

Contributions of the FBCR

- Registration (2 fte datamanagers)
 - Help in hospital
 - Support online registration
 - Data in database
 - Data 'cleaning'
- Feedback
- Organisation of training and review processes
- PROCARE website



Patient information



INSS
First name
Name
Sex

Date of birth
Medical File ID
Owning hospital Hospital Moc 2
Responsible specialist

Medical File ID: 13
 In Progress

Chapter listing



Pretreatment data entry form



Operative data entry form
 In Progress
 Hospital Moc 2

15/09/2010



Postoperative data entry form
 Owner Validation Requested
 Hospital Moc 3

15/09/2010



Radiotherapy data entry form
 BCR validation requested
 Hospital Moc 2

BCR 15/09/2010



Pathology data entry form
 Final
 Hospital Moc 2

15/09/2010



Chemotherapy data entry form

+ Follow-up



6 mo
 In Progress
 Hospital Moc 2

15/09/2010



30 mo
 In Progress
 Hospital Moc 2

15/09/2010

Procure Registration - Windows Internet Explorer
 https://spqa2.ebit.be/procareweb/ProcareRIA/procare.html
 Certificate Error
 Google

Patient information

INSS
First name
Name
Sex

Date of birth
Medical File ID
Owning hospital Hospital Moc 2
Responsible specialist

Operative data entry form
 In Progress

Activities Book

^ Was radical resection indicated but not performed?
 ^ Treatment other than or prior to radical resection
 v Radical resection

Radical resection

Yes
 No
 Clear

Planned type of resection
 Planned type of radical resection: Hartmann
 APER
 Sphincter saving radical resection
 Clear

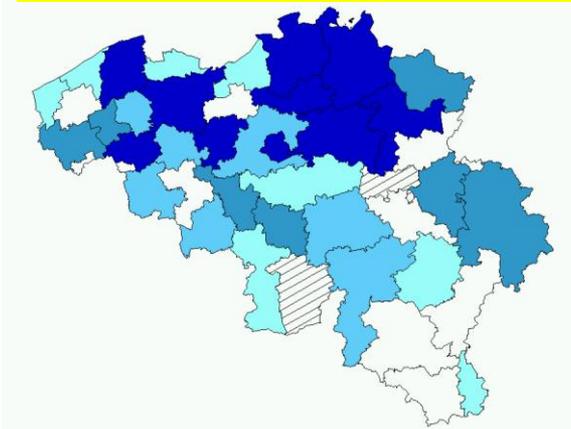
Preoperative risk factors of

ASA: [dropdown]
 Hct: [dropdown]
 [dropdown]
 [dropdown]

Person data
 Weight: [input] kg
 Height: 178 cm

Annual feedback from the FBCR with calculation of quality of care indicators

83/111 hospitals



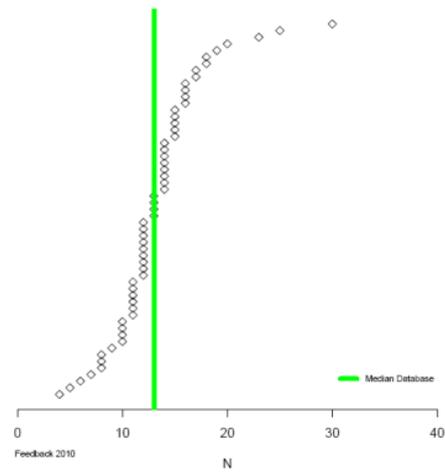
Feedback 2010

PROCARE

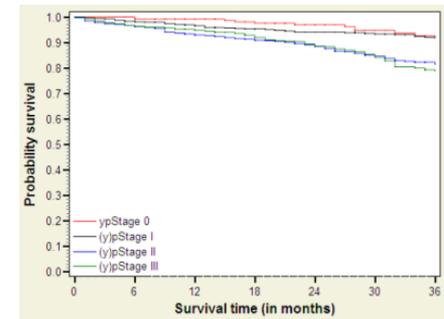
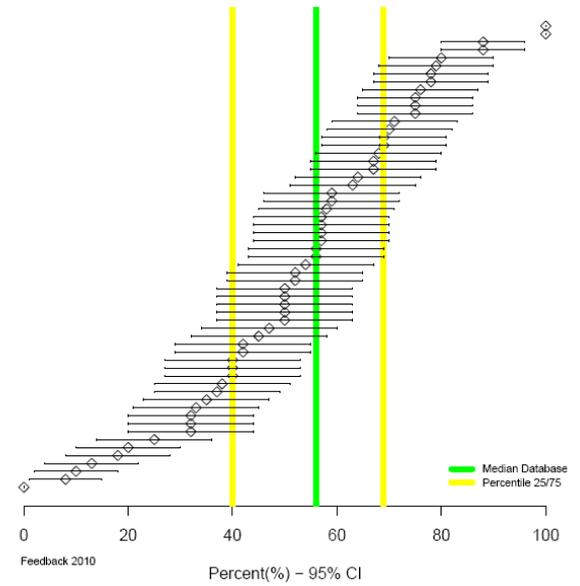
Surgery

	N	Procare	%procare	p25	median	p75
MODE OF SURGERY						
-> Elective/scheduled	2316	98.2	98.0	100	100	100
-> Urgent/emergency	51	1.8	0	0	3.1	4
-> Missing data on mode of surgery	109	3.7	0	0	0	4
APPROACH RESECTION IF RADICAL						
-> Resection by Laparoscopy	2043	70.3	59.5	87.5	100	100
-> Resection by Laparotomy	743	25.6	0	9.4	40	40
-> Resection by converted Laparoscopy	119	4.1	0	0	4.1	4
-> Missing data on approach for radical resection	30	1	0	0	0	0
APPROACH RECONSTRUCTION IF RADICAL						
-> Reconstruction by Laparoscopy	2049	71.3	54.8	85.6	100	100
-> Reconstruction by Laparotomy	729	25.4	0	9.4	33.3	33.3
-> Reconstruction by converted Laparoscopy	94	3.3	0	0	5.3	5.3
-> Missing data on approach for reconstruction	63	2.1	0	0	3	3
Q1: STATUS AFTER RADICAL RESECTION						
-> R0	2239	76.6	66	78.1	86	86
-> R1	318	10.9	0	9.6	15.4	15.4
-> R2	365	12.5	6.3	11.6	18.2	18.2
-> Missing data on R status	16	0.5	0	0	0	0
Q2: Rectal perforation						
Missing data on perforation of rectum	220	7.6	0	5.7	10.5	10.5
Distal margin involvement if radical resection for low RC	68	2.3	0	0	0	0
ypCRM possibility if radical resection						
-> For high RC	361	18.7	8.3	17.1	27.3	27.3
-> For mid RC	55	16	0	11.1	33.3	33.3
-> For low RC	131	17.3	0	15.1	25	25
Missing ypCRM	165	20	0	15.8	33.3	33.3
	721	27.3	13.6	26.4	47.4	47.4

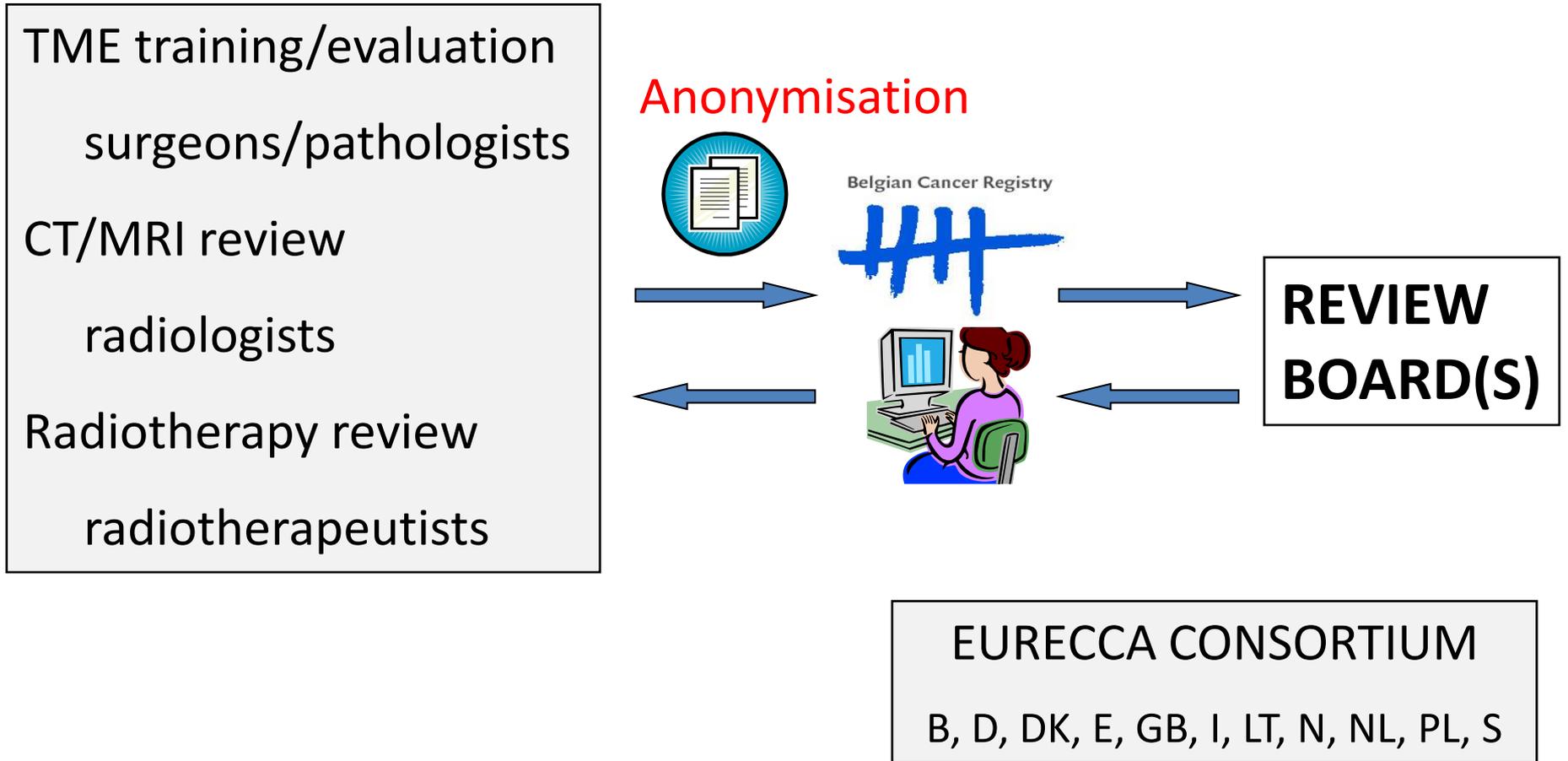
Median number of lymph nodes exam in no or short course neoad



APR/Hartmann – level tumour LOW



The key-position of the FBCR in PROCARE's training- and review processes



PROCARE website at the FBCR

http://www.kankerregister.org/ - Windows Internet Explorer

http://www.kankerregister.org/

Bestand Bewerken Beeld Favorieten Extra Help

http://www.kankerregister.org/

Home

Het Kankerregister

Statistieken

Registratie

Bijscholing

Publicaties

PROCARE

- Contact
- Presentation
- Working
- Statistics
- Publications
- Archives

Links

Online applicaties

Vacatures

Home > PROCARE

PROCARE

PROJECT ON CANCER OF THE RECTUM

Welcome to the PROCARE website

PROCARE, a multidisciplinary project on rectal cancer, presents details of how the project has been implemented since its start in 2007. You can also find more information on the website.

If you are interested in figures, you can find them under the heading "Statistics". The working of the project provides information on entry forms and the TME training procedure.

Latest news

- PROCARE Radiotherapy Reviewing**

Within the PROCARE project, in parallel with the development of treatment modalities for rectal cancer, procedures will be standardized to achieve better outcome. This standardization, with the leadership of Prof. Dr. Marc Haustermans (KUL), a central review facility will be established, reviewing the Clinical Target Volume (CTV) for radiotherapy. This work requires a specific software (Aquilab) which is being developed at the center. The Aquilab software is dedicated to the review of CT scans, an image fusing and multimodality contouring.

By 2008, 24 centers have volunteered for participation in the project. In the second half of 2009, the first 14 centers (KUL, Middelheim, UCL, KUL, CMSE Namur, ZNA Middelheim) will be part of the network to establish the review procedure. Based on the successful introduction of the review procedure, 14 other institutions have joined continually in the radiotherapy project until October 2010.

- PROCARE
- Contact
- Presentation
- Working
- Statistics
- Publications
- Archives

Internet 100%



Conclusions

- PROCARE feels 'at home' and protected at the FBCR
- The FBCR is the ideal organisation for detailed cancer registration
- Detailed registration requires support (data management & analysis)
- Professionals should be helped to improve themselves the Quality of Care

