Performance of candidate TME instructors : preliminary results of the PROCARE project.

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Background
Decentralised side-by-side TME instruction, on a voluntary basis, by qualified instructors is planned as part of PROCARE. Criteria to become a TME instructor were set by the BSCRS. Every candidate instructor was asked to send data of consecutive TME resections to the NCR (National Cancer Registry) together with pathology material for review by a board from the GI Pathology Club. The NCR anonymizes all data and gives feedback to candidate instructors per case, after review and final decision (pass-fail) by a panel from the board of the BSCRS.

Aim
To review the performance of candidate instructors regarding epidemiological data of the patients, type of surgery, pathological results and final decision of the BSCRS.

Methods
Prospectively and anonymously registered patient data (data entry form) and pathology review data of candidate instructors were extracted from the PROCARE database and analyzed at the NCR.

Results
Between January 2006 and February 2007, 525 patients were registered. The median number of patients is 9.5 [1 – 40] and 5 [1 – 26] per candidate instructor and non candidate instructor, respectively. Cases (n=155) of 16 candidate instructors have been reviewed by the pathological and surgical boards. Seventy (49.2%) cases were judged as “pass”, 39 (28.6%) as “fail”, and 46 (22.2%) were not evaluable. The only reason for “fail” was incomplete TME. Most reasons for the non-evaluable status were: insufficient material for review, partial mesorectal excision. Amongst the evaluable cohort, there were 69 men and 40 females, mean age 66 years. Mean body mass index (BMI) was 25. Mean distance to the anal verge was 5.0 cm. Univariate prognostic factors of bad performance were: BMI in male patients (p=0,012), abdominoperineal resection (p=0,019), rectal tumor at <5 cm (p=0,018), laparoscopic resection (p=0,036). Age, sex, T-stage and neoadjuvant therapy did not significantly influence surgical performance.

Conclusions
Preliminary results are similar to those of other multicenter prospective trials regarding the rate of incomplete TME. Prognostic factors of bad performance, such as low tumors and APR, are also comparable to previously published data. In this patient series laparoscopic approach and obesity in male patients have a negative impact as well.