

Belgian Cancer Registry



PRO CARE

PROJECT ON CANCER OF THE RECTUM

PROCARE

A successful registration project

27/11/2013

www.kankerregister.org | www.registreducancer.org



Belgian Cancer Registry



PRO CARE

PROJECT ON CANCER OF THE RECTUM

General Overview

Past & Future

27/11/2013

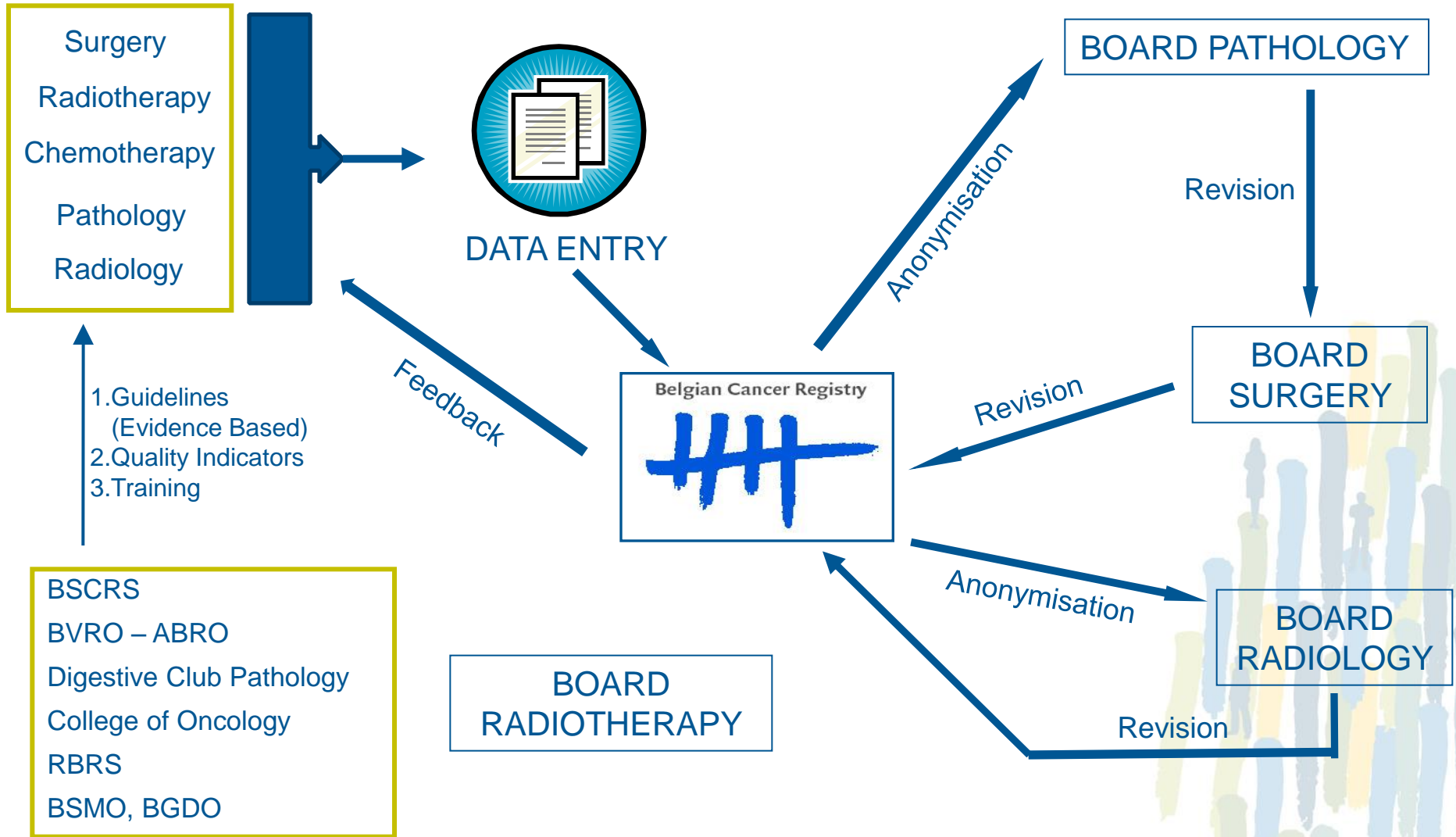
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What?

- **PROCARE = PRO**ject on **CA**ncer of the **RE**ctum
→ Multidisciplinary Belgian Project
→ Launched in 2003 → 2012 → 2015
- **Objective:**
Improve outcome in patients with rectal cancer by reducing diagnostic and therapeutic variability
- ! Basis of PROCARE = prospective (online) registration
- ! Continuous program on quality of care assessment
↳ Different disciplines

Overview Project



Financial support

- 2006-2007:



EUROCHIP

- 2007-2008:



- 2008-2012 + **2012-2014:**



- 2013-2015:**



→ End PROCARE project: **2015**



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PROCARE projects

Registration & Feedback

TME-evaluation

PROCARE RX

PROCARE RT

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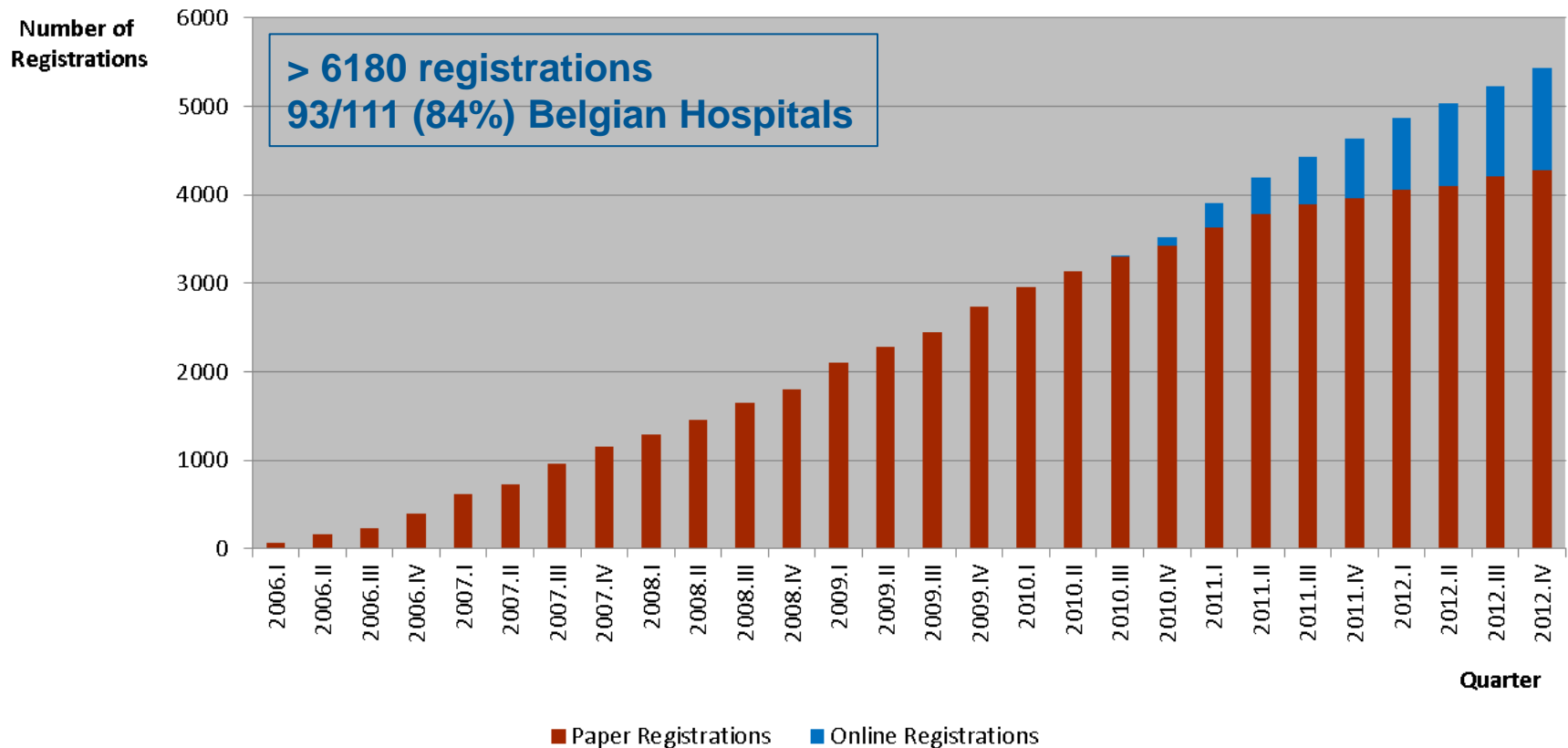
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Registration: Who? What?

- Belgian patients (INSZ/NISS)
- Treatment
 - Incl. palliative treatment
- Invasive adenocarcinoma of the rectum
 - Excl. pT0, pTis
 - Lower Limit max. 15cm
- Exclusion: synchronous tumor (i.e. 3 months related to date of incidence)
- Date of incidence from 01/01/2006

Cumulative Number of Registrations per Quarter



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

- + Physicians different disciplines / hospitals work together on 1 case
- + Easy + safe data transfer
- + eHealth-services: create user access + protect privacy of patients

Feedback: What?

{ Descriptive information
Information on 'missing data'
Quality of care indicators (QCI)

- Feedback report & definitions, graphs, survival curves
- Validation + analysis of patient data
- Once a year (December 2013-January 2014)
- Teams with > 10 registrations: **personal** feedback
- **General** feedback results on www.kankerregister.org/procare



Definitions

FEEDBACK 2012

Definitions

Version
(15/01/2013)

Realised by: David Jegou (Statistician) & Tamara Vandendael (Datamanage)
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With the collaboration of:

- Prof Dr Freddy Penninckx, chairman of the PROCARE Steering C
- Dr Liesbet Van Eycken, Director of the Belgian Cancer Registry

(y)pStage after radical surgical resection

ypStage 0

N: Number of patients in denominator with ypStage 0 or ypTisN0

D: Number of patients treated with radical surgical resection after neoadjuvant chemoradiation and for whom ypStage is not missing

(y)pStage I

N: Number of patients in denominator with (y)pStage I

D: Number of patients treated with radical surgical resection and for whom (y)pStage is not missing

Demographic Data

	N Procure	%Procure	p25	median	p75
Number of Patients registered	5459		15	41	75
SEX					
-> Number of male patients	3403	62	56	62	67
-> Number of female patients	2056	38	33	38	44
AGE					
-> Mean age	67		66	68	69.5
-> Median age	68		67	69	70.5

Feedback report
(2006-2012)

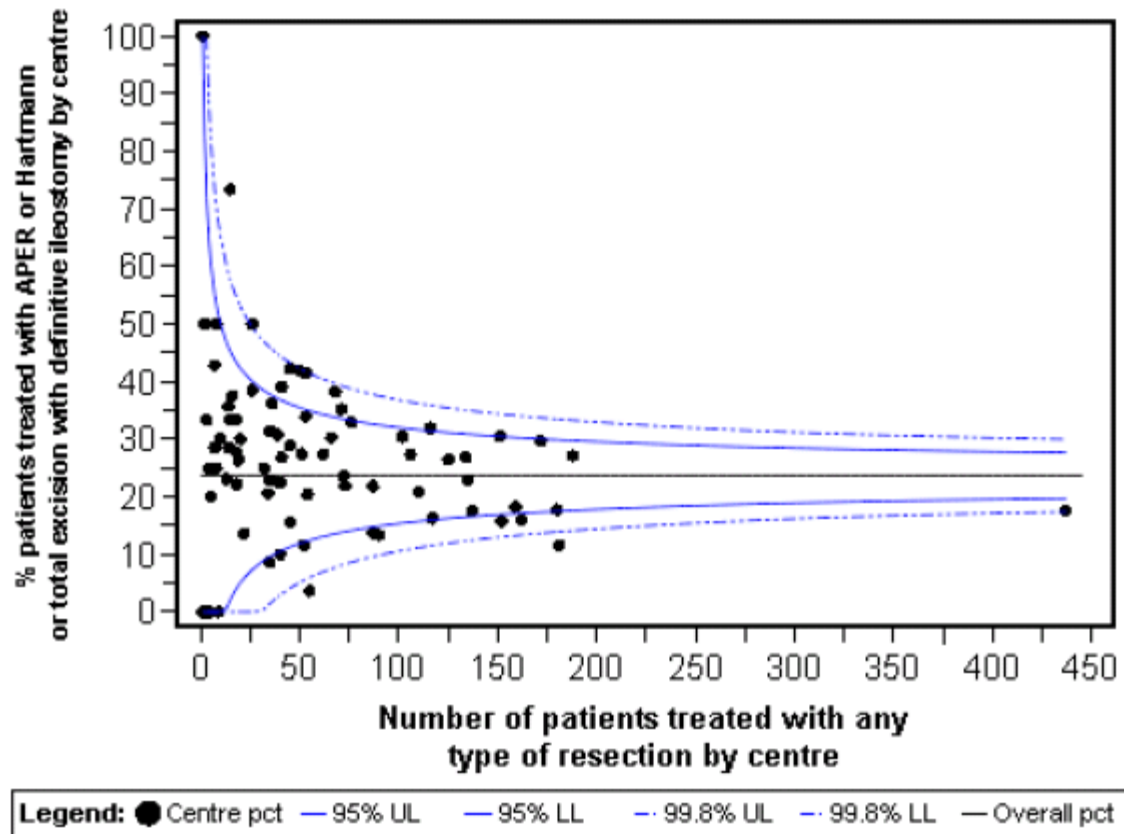
Demographic Data

	N your hospital	%your hospital	N Procure	%procure	p25	median	p75
Number of Patients registered	275		5459		15	41	75
SEX							
-> Number of male patients	183	67	3403	62	56	62	67
-> Number of female patients	92	33	2056	38	33	38	44
AGE							
-> Mean age	67		67		66	68	69.5
-> Median age	69		68		67	69	70.5

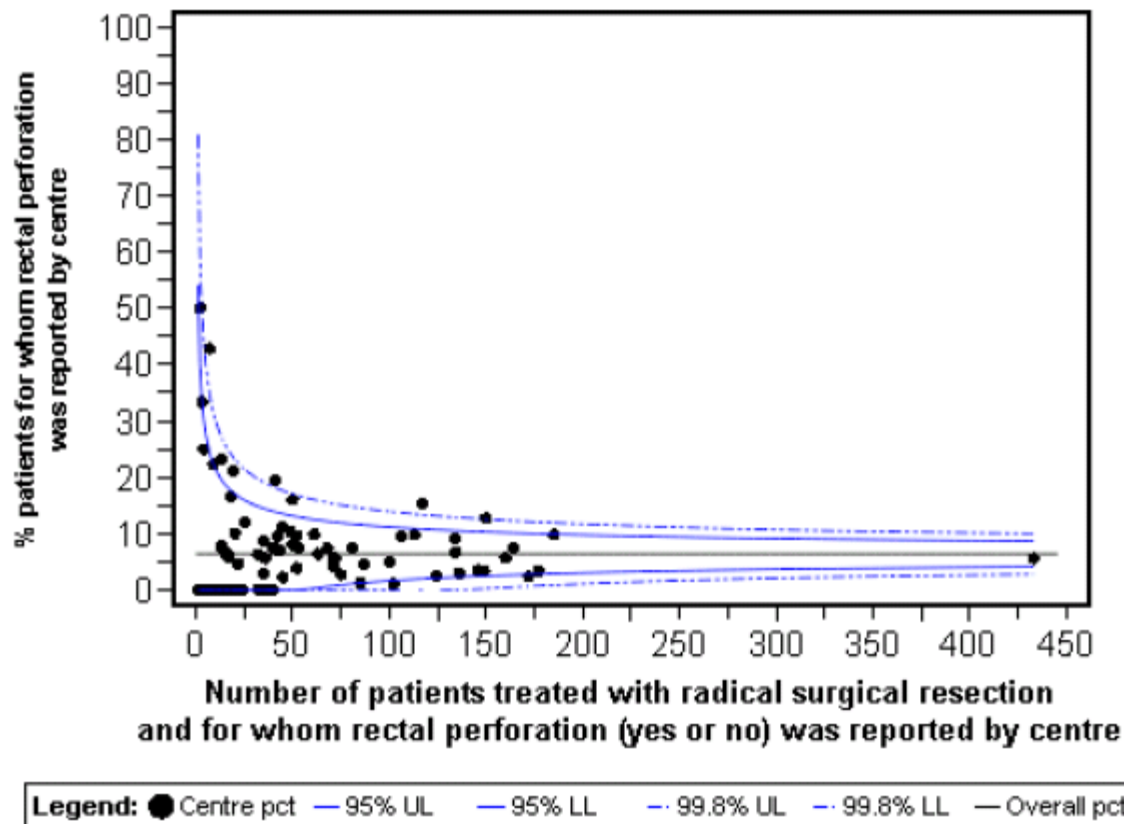


APER and Hartmann's procedure

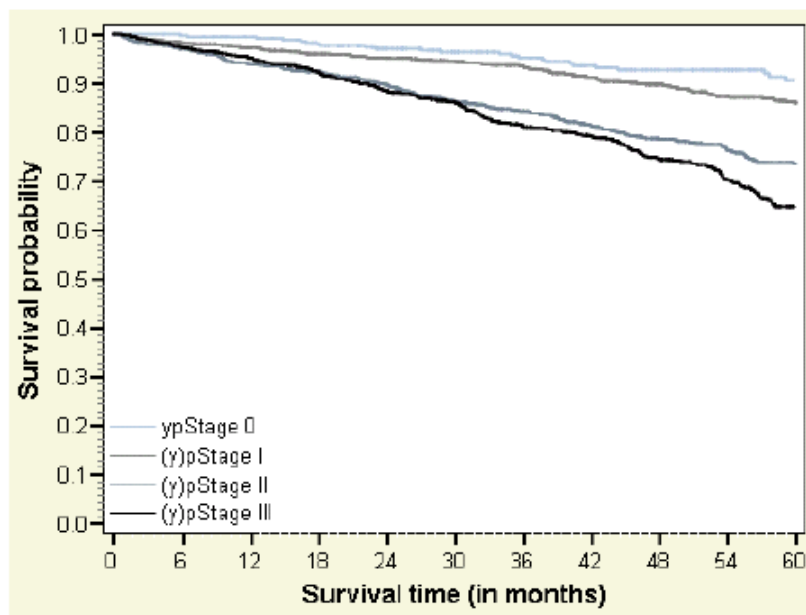
Graphs



Rectal perforation



5-Year observed survival after R0 radical resection per (y)pstage



Obs	(y)pStage	N at risk	5Y OS	Lower 95CI	Upper 95CI	P-value
1	(y)pStage 0	358	0.91	0.86	0.94	<.0001
2	(y)pStage I	1032	0.86	0.83	0.88	.
3	(y)pStage II	906	0.74	0.70	0.77	.
4	(y)pStage III	893	0.65	0.66	0.69	.

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TME-evaluation: What? How?

- What? Anonymous quality assessment of resected TME-specimens, pathological and surgical data
- How? 1) **BCR**: select + collect the anonymous material (photos, coupes)
2) **Pathology Board**: assess the quality of the resected specimen on evaluable cases
3) **Surgery Board**: final decision on the quality of the resected specimen + on adherence to guidelines
4) **BCR**: personal feedback on surgical + pathological aspects
- Phase 1 (2006-2009): 25 TME-trainers → teachings
- Phase 2 (2009-2011): non candidate trainers
- Phase 3 (2010-2013): all surgeons → to do: give feedback

TME-evaluations: Conclusion

- Guidelines rectal cancer
 - Photos fresh specimen, before inking:
 - Ventral
 - Dorsal
 - Macro-sections
- Study (publication, 2013):
 - Results local pathologists vs. expert reviewers
Demetter P, Vandendael T, Sempoux C, Ectors N, Cuvelier CA et al. Need for objective and reproducible criteria in histopathological assessment of total mesorectal excision specimens: lessons from a national improvement project. Colorectal Dis. 2013 Jul 19.

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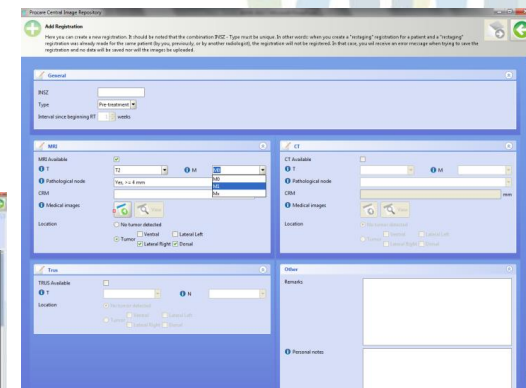
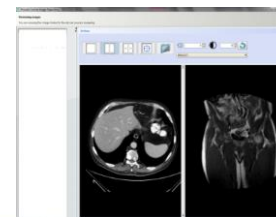
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PROCARE RX: What?

- What? Online reviewing platform for **radiologists**
- How?
 - 2nd opinion (cTN+cCRM) based on CT/MRI-images pelvis
 - Expert radiologists review **anonymous + at random**
→ Discordance?: 2nd + final review
- **Review with anonymity of patient, radiologist, hospital and reviewer**
- Status: only 21 cases (!)
→ stimulate participation

www.kankerregister.org/procare



PRO CARE RX: In Practice

- Access via Lokale Beheerder/Gestionnaire Local of the hospital
- Only for radiologists
- Save access via eHealth platform
- Manual: www.kankerregister.be/procare

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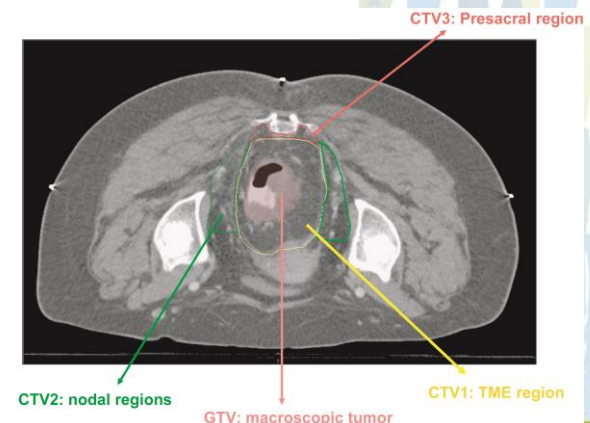
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PROCARE RT: What?

- What? Online reviewing platform **radiotherapists** (Aquilab)
- Aim? Central review **Clinical Target Volume** (CTV) and **organs-at-risk delineation** (neoadjuvant irradiation of rectal cancer)
- Status: **20** participating hospitals, **>1200** cases revised
→ Stopped
- Future:
 - Closed
 - Abstract Estro + publication
 - PROCAB RT (breast cancer)



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2012-2015

From project to structure

27/11/2013

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- From project to structure
- Project prolonged until 31 December 2014
- Conditions:
 - Minimum dataset rectal cancer
 - Via MOC- and cancer registration
 - Risk-adjusted analysis of QI
 - Feedback with benchmarking



Stichting Tegen Kanker



- Financial support until December 2015
- Statistical analyses:
 - Document variability in staging, treatment and outcome
 - Improvement of preoperative staging, neoadjuvant RT-planning and pathological staging
 - Risk-adjusted benchmarking
 - Document postoperative morbidity and mortality after radical resection



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