

**BELGIAN RECTAL CANCER PROJECT**  
**Minutes of the meeting of Monday 20 October 2003 at 20.00**  
**Leuven, Faculty Club, Huis van Chièvres, Sint Gommariuszaal**

Participants: Kartheuser A, Penninckx F, Vaneerdeweg W, Bruyninx L, Spaas Ph, Scalliet P, Ectors N, Jouret A, Bleiberg H, Humblet Y, Van Cutsem E, Laurent S, Op de Beeck B, Peeters M, Cabooter M,

Apologies: Van de Stadt J, Duinslaeger M, Claeys D, Pattyn P, Van Beers B, Rahier J, Busset M, Melange M, Van Laethem JL

1. Welcome with summary of aim and state of the project.

The slides presented at the previous meeting will be sent by e-mail.

Correspondence will be by e-mail only (except when not feasible).

The list and **e-mail addresses** of the participants in the workgroup for the project will be sent by e-mail. The list will be updated in the future.

2. Report from the Associations/Sections

2.a) on their intention to **collaborate** in the project (y/n)

The boards of the BSCS (section of colorectal surgery), pathology and digestive pathology club and radiotherapy agreed. The boards of medical oncology, digestive oncology, radiology, gastroenterology and endoscopy will meet in the near future; their representatives expect a 'fiat'.

2.b) comments on **guidelines** for rectal cancer

The draft of the BSCS has been (wrongly) available to the public (patients). The draft has been distributed to all participants (and will be sent again by e-mail).

The final draft should be made and accepted by all disciplines involved and its authorship will refer to the organisations involved (no names of persons).

The final draft will somehow be a 'summary' of the manual that has to be written for the main project. Therefore, the 'writing' committee of the manual will also produce a draft of the guidelines.

3. The project

3.a) name of the project ('logo')

Suggestions: BeReCaP, NaPReC, ProCaRe, ReCaBeNaP, ReCaNaP, ...?

Decision remains to be taken.

3.b) redaction of the **manual for the main project**

The manual of the Dutch TME project will be sent (surface post) to those who did not receive it. It will/can serve as an example, but, has to be updated and complemented certainly.

A 'task force' (writing committee) was proposed and installed. Of course, they are free to collaborate with any colleague they want.

- colorectal surgery: Kartheuser A
- pathology: Jouret A
- radiotherapy: Haustermans K
- oncology: Bleiberg H, Van Cutsem E
- radiology: Op de Beeck B
- gastroenterology: Peeters M and JL Van Laethem
- endoscopy : M Buset

Coordination and editorial work will be done by Penninckx F

**Deadlines for the guidelines and the manual:**

- before 25 December 2003 the task force members send their contribution to PF**
- before 31 December 2003 PF sends the edited draft1 to the whole workgroup**
- discussion on both documents at next meeting on 5 January 2004**

3.c) Redaction of joint letter to the membership (to be sent with main protocol?)

Task for the presidents of each society/group/sections involved to inform the respective membership about the project. The aim as well as the multidisciplinary and national approach will be highlighted.

A short questionnaire may be inserted informing about the individual/team intention to collaborate.

**4. Exploring the prospect of a datacenter**

Proposals: EORTC or National Cancer Registry or Belgian Federation against Cancer

Decision postponed (on agenda of 5 Jan 2004)

Every participant can explore any of these or other opportunities and report on next meeting.

A delegate of any of these suggested datacenter will not be invited at next meeting.

**5. Exploring the possibilities of financial support**

Ministry of Health: Dr Meeus has been suggested. Spaas Ph will explore.

INAMI/RIZIV: who? (e-mail address(es)  
mutualities (NI and Fr sections!)

CM NI: Dr Justaert

CM Fr: ?

SM NI: Dr. Peeters G

SM Fr: ?

LM NI: ?

LM Fr: who?

Independ NI: who?

Independ Fr: who?

Belgian Fed. against Cancer: Dr Vandersteichel (?) suggested (e-mail)

Vlaamse Liga tegen Kanker (e-mail addresses)

All of these instances will have to be informed in the future. One delegate per institution will be invited at future meetings, but not yet next meeting. First, the manual must be (almost) finished. At next meeting the workgroup will bring up suggestions, addresses and e-mails, and will decide.

**The general physicians and the public will not be informed about the project before there is a guarantee of the financial feasibility of the project !!!**

**6. Listing of study projects and/or research protocols**

A clear distinction must be made between the manual (and guidelines) of the main project (that has to be applicable everywhere, i.e. in (almost) all centers treating rectal cancer), and sub-projects requiring specific protocols (and an informed consent if randomised comparison or research project).

In order to be able to 'use' the manual of the main protocol in the context of asking grants, the president in collaboration with the chairman of the sci comm of each assoc/section will send a list of ideas to Penninckx F **at the latest on 30 November 2003**. PF will integrate the proposals (only to eliminate identical proposals) and e-mail the list to the working group 1 or 2 days later.

Per 'idea' a typewritten proposal of 20 lines will be made, containing: title, aim, patients to be selected (or excluded). Recent and selected references may/should be added.

The writing committee of the manual will (try to) integrate what can be integrated in the manual of the main project.

The study projects will be discussed at next meeting (5 Jan 2004).

4. Date for next meeting: all participants agreed with Monday 5 January 2004. The place will remain Faculty Club, Huis van Chièvres, Sint Gommariuszaal. Start of the meeting at 20.00 exactly. Adjourn at 23.00 at the latest.

Agenda:

- a) Guidelines draft1
- b) manual draft1
- c) sub-projects (clinical or research)
- d) varia
- e) date next meeting and colleagues to be invited

5. Adjourn at 22.30.