PROCARE PROJECT
MEETING of the PROCARE Steering Group
Thursday 22th February 2007.
Place: Leuven, Faculty Club, Sint Gommariuszaal (Huis van Chièvres)

AT 20.00 strict!!!

Invited:
Dr. Bertrand Claude, clbertrand@skynet.be
Dr. Bleiberg Harry, adenis@ulb.ac.be
Dr. Burnon, dany_burnon@yahoo.com
Dr. Buset, Michel_BUSET@stpierre-bru.be
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Dr. Danse Etienne, danse@rdgn.ucl.ac.be
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Dr. Van Eycken, elizabeth.vaneycken@kankerregister.org
Dr. Van Laethem JL, jvlaethe@ulb.ac.be

Also invited:
Dr. Devleeschouwer Caroline, Dr. Decaestecker Jochen, Dr. Leonard Daniel, Dr. Roels Sarah; they have contributed a lot to the evaluation of the evidence which is at the basis of the recommendations.
Mr. Peeters Gert, Dr. Vlayen Joan, Dr. Ramaekers Dirk (KCE)
Dr. Dercq JP (RIZIV/INAMI)
Dr. Van Belle (College of Oncology)

AGENDA

Welcome

Representation of RIZIV/INAMI: Dr. Dercq or his delegate will be an permanent member from the date of signature of the contract. The Council of State will formulate its advice to the RIZIV/INAMI in its meeting of today.

Representation of College of Oncology (mail from Prof. Van Belle): Scalliet P will represent the college. Peeters M and Mansvelt B are also members of the college. Perfect communication with the college is to be expected.

Representation KCE for this meeting: Mr Peeters Gert (also replacing Dr. Ramaekers Dirk and Vlayen J, both apologised)

Apologies:
Van Belle, Dercq, Vlayen, Rademaekers, Haustermans, Van Cutsem, Danse, Peeters Marc, Vaneerdeweg, Decaestecker, Bertrand, Mansvelt.

Present were: Burnon, De Coninck, Ectors, Haeck, Jouret, Kartheuser, Laurent, Penninckx, Scalliet, Sempoux, Spaas, Van de Stadt, Van Eycken; Devleeschouwer, Leonard, Roels and Peeters Gert.

Discussion of the updated RECOMMENDATIONS for the PROCARE guidelines (the major part of the KCE project):

- the recommendations with references of supporting evidence, level of evidence and grade of recommendation have been circulated 10 days before this meeting
- a score table for scoring each recommendation were send to all members of the steering group and to those invited for this meeting; it had to be returned to the KCE at the latest on Feb 19th 2007. 15 individual colleagues answered.
- A copy of the result of the individual and global scoring per recommendation as well as comments made by some colleagues is delivered to all present.
- Every recommendation reached >60% agreement (consent). However, items on which comments were given or/and those who had a score of 1 or 2 are discussed. Items with scores 4 and 5 (agree or strongly agree) were not discussed.
- The aim is to reach consensus on all recommendations during this meeting. The result of the discussion and adapted version of some recommendations were recorded.
- The summary of the discussion and the final version of the recommendations is attached to these minutes and is sent to all those invited at this meeting.

Registration at the National Cancer Registry (status and suggestions for further actions). Liesbeth Van Eycken : 525 cases have been registered from 61 surgeons (30 candidte TME trainer) from 42 hospitals. 155 cases were evaluated by the pathology and surgery board (16 candidate-trainers): 46 non-evaluable (15 PME, 29 missing material), 70 good TME quality, 39 incomplete TME.

Mailing to surgeons and oncologist with the message that every team can join the project (also as candidate-trainer) at any time (the sooner the better).
French version of the data entry form was suggested (but not yet accepted)
A new form of data entry will be made/sent after identification of the QC indicators (KCE project).
At arrival in the NCR, a confirmation of receipt of data on a new case (or pathology) will be sent.

Proposals for planning training of surgeons (Haeck, Mansvelt, Bertrand, De Coninck). 4 candidate TME-trainers fulfilled all criteria to become a TME trainer in the PROCARE project; 12 others are 'in the pipeline'). Their names will be communicated to the BSCRS by the NCR. No other form of information will be given, considering the pledge of anonymity and discretion.
Trainers will be invited by the BSCRS and BPSA and should be willing to assist fellow surgeons who ask for it in performing a TME procedure at the clinic where they work. It was agreed that assistance would be limited to maximum 5 cases per surgeon and that each trainer would act as a tutor for a limited number of fellow surgeons in order to avoid overstretching of their commitment. For this assistance the trainers will be paid 500 € plus travel expenses per case by PROCARE.
Obviously this does not preclude any other form of assistance or support that might be given to fellow surgeons (for instance surgical demonstration). Although this would be welcome in the framework of PROCARE, no financial reward can be allocated for this by PROCARE.
As soon as a sufficient number of surgeons attain the status of trainer, their names will be published on the website of the BSCRS and PROCARE.
As has been stressed previously, trainers should respect all rules of medical deontology and in particular the status as a trainer cannot be publicized or used as some form of personal profiling. Also discretion is expected as to the activities as a trainer, i.e. concerning assisted surgeons or centres.
Trainers will be asked to confirm their willingness to act as a trainer and the authorization to publish their status of trainer on the website of the involved societies and eventually in a PROCARE Newsletter.

Proposal for planning PACS platform. Scalliet. 1. We need a platform for "online" communication in radiotherapy. 2. We need a platform for second look on MRI and/or CT images.
The first need is addressed by the platform Aquilab that has been developed for that purpose precisely. What is foreseen is the development of a network for "online" review and feed-back to RT departments. Some of them (academic) have already the ability to export images and dose distributions. They can be linked upfront. Some other hospitals do not have yet the licence for exportation because when they purchased their planning system they did not foresee communication with a central database. This can be solved by these hospitals by purchasing the licence from their own constructor. Therefore, some hospitals will be linked immediately, some others later on.
What we have not done so far is an inventory of who can and cannot communicate with this export licence.
The need for second look on MRI and CT can be done by exporting the images on CD-ROM as they all do today. Nothing forbids hospitals to be connected immediately,

but the same applies, namely do they have or not a licence for export. Some have an AGFA PACS, some have a KODAK, some a TELEMIS, and so on.
In any case, the station Aquilab can handle that.
Danse will explore the possibility of supplementary financial support for the review of radiology documents (mail).

Varia

RIZIV/INAMI contract: status

Representation of RIZIV/INAMI and College of Oncology requested. Accepted.

KCE project: status. Peeters Gert. Quality of care indicators are being identified; this will be followed by linking existing databases with analysis of the (quality of the) data.

KCE Dr Vlayen: proposal and demand to study the implementation of the updated guidelines (as part of his PhD thesis) in some centers to be selected by him. Participation of each center will be on a voluntary basis. Accepted.

Dr. Leonard D on behalf of BSCRS: demand to study and report (BSW temporary results/problems; publication) the evaluation of candidate TME trainers. Kartheuser insists to add, beside the name of Daniel Leonard as "junior author",the name of the Procare project leader, Freddy Penninckx as "senior" author, as well as to add "on behalf of Procare, the BSCRS and the GI Pathology Club". The presentation will have to be sent before its submission/presentation. Accepted. It is suggested that the pathologist would also perform a study on the ‘quality of pathology’.

The next meeting will be organised when the contract with the RIZIV/INAMI is to be signed.

No other matters

Adjourn at 23.00