



MEETING of the PROCARE FINANCIAL SUBCOMMITTEE and STEERING GROUP  
28 October 2008

Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8<sup>th</sup> floor **Jan Van Eyck room.**

**Start 20.00 for the Steering Group**

## **Minutes**

Invited: Van Cutsem, Van Eycken, Danse, Spaas, Claeys, Mansvelt, Kartheuser, Burnon, Bertrand, Peeters, Laurent, Duinslaeger, Jouret, Sempoux, Polus, Penninckx, Scalliet, De Coninck, Haeck, Dercq, Vaneerdeweg, Cabooter, Melange, Pattyn, Smeets, Van de Stadt, Demetter, Haustermans, Cabooter, Buset, Rahier, Bleiberg, Humblet, Van Laethem. Thijs A.

Participants: Van Cutsem, Van Eycken, Danse, Spaas, Mansvelt, Burnon, Laurent, Sempoux, Penninckx, Scalliet, Smeets, Van de Stadt, Demetter, Haustermans. Thijs A.

Apologies: Claeys, Kartheuser, Bertrand, Peeters, Duinslaeger, Jouret, Dercq, Pattyn.

### **1. Welcome**

**2. Minutes 22 April 2008.** Have been approved (cfr [www.belgiancancerregistry.be](http://www.belgiancancerregistry.be))

**3. KCE reports:** the report on quality of care indicators published in July 2008 (cf. PROCARE website at [www.belgiancancerregistry.be](http://www.belgiancancerregistry.be) or [http://www.coldfusionwebhostings.be/PSK/Upload/GENERAL//procare/PROC-final\\_document\\_QI.pdf](http://www.coldfusionwebhostings.be/PSK/Upload/GENERAL//procare/PROC-final_document_QI.pdf) or <http://www.coldfusionwebhostings.be/PSK/Upload/GENERAL//procare/Fr-qual-ind-030708.pdf>)

**3. FBCR PROCARE website** ([www.belgiancancerregistry.be](http://www.belgiancancerregistry.be)) (E Van Eycken)

3.a. Updated data entry form since 1<sup>st</sup> August 2008. It is being used for all new cases.

3.b. Web application for data entry. A ‘poll’ indicates that about  $\frac{3}{4}$  participants would prefer this method of access while  $\frac{1}{4}$  would still use submission on paper. EVE is elaborating this taking into account the specific financial support provided (directly) from the RIZIV/INAMI). The web application for data entry is planned to be launched in January 2009.

3.c. EVE proposes that the PROCARE website would be edited in English only in the future in order to save time and money. **Approved.**

3.d. The “statistics” are being updated (per 17/10/2008). This is already partly done.

3.e. The results of the analysis of the PROCARE database as per 17<sup>th</sup> July 2008 (cfr. feedback) will be put on the PROCARE website. **Approved.**

**4. TME training** (delegates of BSCRS and BPSA and E Van Eycken)

**4.a. TME trainers and candidate trainers:** pathology evaluations (C Sempoux and A Jouret). The pathology review board meets monthly. 12 TME trainers successfully finished the evaluation procedure. Another 35 surgeons are candidate TME trainers. Three to four of them are approaching the end of the evaluation procedure. However, several did not submit cases during recent months. The BCR will ask them whether they still want to go on and finish the procedure within a reasonable time laps. They should be (re)informed that evaluation is to be done on consecutive evaluable cases. **Approved.** As planned in the project, the TME specimen from all participating centres will be evaluated at random and after

anonymisation by the pathology board (as for the actual procedure). The pathologists would like to start with this aspect of the project, but give priority to and want to have finished the evaluation of candidate TME surgeons asap. The pathology review board will be informed about the intentions and commitment of the remaining candidate TME trainers so that further plans can be made, based on the available budget.

**4.b. TME training** started (E Van Eycken). It was announced in the July 2008 Newsletter. Two surgeons asked for and started TME training. One of them already finished the training.

### **5. Radiotherapy / Radiology and PACS** (Danse, Spaas)

5.a. Radiology and PACS (E Danse). The system is presented and approved. The budget is available and **approved**. The system also provides the possibility of evaluating CT and/or MRI images after neoadjuvant treatment, as well as TRUS images. Penninckx will check the latter with EBIT (S Peltot) and, if so, will inform the Scientific Societies involved in endoscopy with TRUS (Endoscopy, Gastroenterology) about this opportunity (done by e-mail to the delegates of these societies on 30/10/2008).

5.b. Radiotherapy and PACS (P Spaas, P Scalliet). Requires a specific and expensive (about 300.000 € installation and 66.000 € recurring costs) IT basis. Scalliet proposes to ask the required supplementary financial support from the Federation Against Cancer (also for recurring costs). **Approved**. The budget available in the PROCARE budget will be taken into account.

### **6. PROCARE database at FBCR:** evolution of entries (E Van Eycken)

Actually, **almost 2000 cases** have been submitted, with an increase of about 700 since February 2008, i.e. over the last 7-8 months. Very encouraging numbers indicating that about 2/3 of the estimated 1500-1600 new cases per year are submitted. It is expected that feedback, Newsletter, installation of the radiology PACS a.o. will give another boost.

### **7. PROCARE feedback and benchmarking:** (F Penninckx)

7.a. Feedback 2008 cfr documents pre-circulated on 23/10/2008. It consists of 3 parts:

- a) tables on Quality of Care Indicators (as identified in the KCE project, cfr. supra). Data of the participating team (“your team”) and of the 1249 cases completely entered in the PROCARE database per 17/07/2008 are presented
- b) graphics indicating all individual teams/hospitals and highlighting the median/average as well as the contribution/result of the participating team.
- c) a document with the definitions used and details about the methods of calculation

**It was decided and approved in consensus that**

- **analysis of the results as mentioned in the columns “your team” will not be performed for those teams/hospitals with <10 cases entered in the PROCARE on 17/7/2008. However, all will receive the analysis of the whole database. This will also be put on the PROCARE website.**

- **these first feedback documents will be sent to the participating surgeons only** (their name is known as mentioned on the first page of the data entry set). It will be asked that they forward these documents to all members of the multidisciplinary team involved in the management of RC patients in their hospital or any other hospital involved (e.g. for radiotherapy). It will also be asked to send the e-mail addresses of these colleagues to the FBCR so that they can receive this type of information directly in the future.

It was mentioned that at this time feedback can not be given to e.g. radiotherapeutists about all patients receiving radiation therapy in their respective departments. This will become possible only for those cases entered via the web application. Indeed,

information on the hospital and/or name of the RTist where RT was given is not known in the actual dataset.

7.b. Feedback 2009.

In the future, starting with 2009, feedback will be given based on updated data twice per year. For 2009 no comment will be given and more specific risk adjustment will not (cannot yet) be performed. **Approved.**

7.c. Feedback and risk adjustment: project with KCE ?

The relevance of risk adjustment at benchmarking was recognised and discussed. It was highlighted that – at no time and under no conditions – data from any specific and known hospital will be disclosed, except for the participating professionals who submitted the data. **Approved in consensus.** The FBCR cannot provide the statistical know how for risk adjustment. Penninckx will further explore the aspect of risk adjustment with statisticians. A specific project KCE/PROCARE could be planned. This would have the advantage to involve several experts, including statisticians as well as clinical professionals, including those representing the professional association. The PROCARE database could be used for ‘proof running’ (as was done for the QCI report). To be decided before May 2009 (deadline for KCE projects).

7.d. International benchmarking: can be done once about 3500 – 4000 are in the database and have been analysed.

## **8. Report of the financial committee**

8 a. KCE support : became fully available in July 2008 and payment of the respective contributors was performed as agreed at previous meeting. 1 900 € remains available.

8.b. RIZIV/INAMI support for this first year and first half of the second year is available

1. costs for datamanagers transferred to the FBCR as planned in the budget and approved in previous meeting. NB. Costs for development and installation of the web application for data entry was erroneously transferred and will be retransferred to the PROCARE banc account by the FBCR. Indeed, these costs are paid directly by the RIZIV/INAMI.
2. costs for the pathology review board members have been paid
3. PACS for radiology approved (will be paid directly by the RIZIV/INAMI from the specifically reserved budget)
4. PACS for radiotherapy: no actual decision because costs exceed the planned budget. Supplementary support from the Federation against Cancer will be asked.

## **9. Presentations and publications**

9.a. Van Eycken (GRELL): presentation done

9.b. Penninckx (Tripartite ASCRS): presentation done

9.c. Leonard: manuscript on Analysis of factors predicting TME quality (instead of ‘evaluation of candidate TME trainers’): in preparation (statistician). **Approved.**

9.d. Redaction of a manuscript(s) on (parts of) Quality Indicators (cfr. KCE report). This seems to be of great actual interest. It is proposed and **approved** that Dr Mertens Claire, PROCARE datamanager at the FBCR is asked to write this manuscript. Vlayen be mentioned as co-author. Penninckx will provide a recent publication to Mertens Cl (<http://jco.ascopubs.org/cgi/reprint/23/25/6233> and <http://jco.ascopubs.org/cgi/reprint/26/21/3631>). Done 01/11/2008.

9.e. Sempoux C – Geneve, 27/11/ 2008. Presentation on “Une sstandardisation de la prise en charge des cancers du rectum: l’expérience belge”. **Approved.** To be inserted on the PROCARE website.

9.f. It was suggested that it is of interest to the project that abstracts would be submitted for the Belgian Gastroenterology Week and the Belgian Surgical Week. Approved. Note that abstracts should be precirculated and approved by the Steering Group before submission.

**10. Newsletter** (E Van Eycken).

In July 2008 a Newsletter was edited, mailed and put on the website.

A new Newsletter will be prepared with General Results, Participation Statistics (also the list of participating hospitals will be updated, i.e. 62 participating; + 2 since July 2008), Pathology Review, Radiology Review, a.o. Van Eycken will do the editing and mailing as before. **Approved.**

**11. Any other business**

Frédéric Bérangère, RTO in Esch-sur-Alzette, sent an e-mail via Prof Scalliet on 9/10/2008:

“Comme le Professeur Scaillet vous l'a fait suivre, pensez-vous qu'il soit possible que notre centre au Luxembourg puisse adhérer au projet belge PROCARE ?”..

Penninckx answered on 9/10/2008: “Merci pour votre demande. Je vais la mettre sur l’agenda de la réunion du steering Group de ce mois. Je vous laisserai savoir le résultat. C’est une excellente idee qui aura mon support. Mais, il faudra résoudre les ‘problèmes’ en organisant par exemple un registre-soeur (cad en parallèle). Selon les principes du projet, tous les centres du GDLux devraient être inviter ET il faudra du support financier du Min Santé du GDLux (les personnes travaillant pour le registre et les frais d’exploitation doivent être payé). Aussi, tous les documents sont en anglais (mais cela ne pausera pas de problèmes, j’espère). Est-ce que vous croiez que cela est faisable et réaliste? En attendant votre réponse et suggestions. Pour le Steering Group PROCARE, Freddy Penninckx. NB Comme vous le savez probablement le projet PROCARE a un website sur le site [www.registreducancer.org/](http://www.registreducancer.org/), choisissez Fr ou Eng et puis PROCARE (dans la colonne à gauche). Le site est accesible pour tous vos confrères!”

Robert de Fays, medical director Clin du Sud Luxembourg in Arlon, sent an e-mail to Dr Dercq asking for “les documents contractuels qui permettraient aux hôpitaux du Luxembourg (NB. Province du -) très bientôt regroupés dans une Intercommunale unique de participer ensemble à une convention avec l’INAMI pour ‘des projets en matière de coordination des soins dispenses envue d’éviter ou de retarder les complications et de de traiter de manière pluridisciplinaire le cancer du rectum’...”

It is approved that Penninckx will inform Dr Dercq suggesting that these Belgian colleagues are very welcome to join the existing PROCARE project. The fact that some of the patients in the province of Luxemburg receive (neo)adjuvant treatment e.g. in Esch-sur-Alzette should not be considered a prohibiting factor. On the other hand, the Belgian PROCARE project has no financial means to support data registration for patients in the Grand-Duché de Luxembourg. Done by mail to RIZIV/INAMI only (FP 29/10/2008).

**12. Period of next meeting.** Second half of April 2009.

**Adjourn 21.30**