



MEETING of the PROCARE STEERING GROUP

4 November 2009

Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8th floor **room DELVAUX (entrance via car parking St Michielscollegestraat 69).**

Start 20.00 for the Steering Group

Minutes of the Steering Group

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

Apologies: Sempoux, Haustermans, Claeys, Kartheuser, Van Laethem, Scalliet, Peeters, Haeck

Present: Van Cutsem, Van Eycken, Danse, Spaas, Mansvelt, Burnon, Laurent, Duinslaeger, Demetter, Jouret, Penninckx, Vaneerdeweg, Pattyn, Van de Stadt, Thijs A.
Mrs Vandendael Tamara and Mr Beirens Koen (datamanagers) invited.

1. Welcome

Introduction of Mrs Vandendael Tamara (replacing Mrs De Brito I) and Mr Beirens Koen, (replacing Dr. Mertens Cl), datamanagers at the FBCR.

2. Minutes 4 May 2009. Have been approved (cfr www.registreducancer.org). No remarks.

3. Participation of the members of the Steering Group in 2007-2009.

FP sent a mail to those members who could not attend any of the meetings in 2007, 2008 and May 2009 asking whether they would like to stay on board or be replaced (with approval of the board of the Scientific Society they represent).

Dr Bleiberg Harry (representing BSMO) replied. He retired and proposes to be replaced by his successor Dr Alain Hendlisz. FP asked for endorsement by the BSMO board. Dr Hendlisz replied that he is not a BSMO member (but a BGDO board member). JL Van Laethem is already representing the BGDO. "So my candidature seems lightly out of the scope for the time being."

Decision: FP has sent a mail to Dr Dirix Luc, president of BSMO asking for a delegate to replace Dr Bleiberg (done 4/11/2009).

4. PROCARE data entry set (FP) cfr documents on 'remarks', dataset of NL and UK; proposal new data entry set PROCARE precirculated by email on Oct 6th 2009.

The precirculated document (incl. adaptations for radiotherapy) were discussed. Some of the proposed items were removed in order to limit the length of the document and registration work to be done.

Comments by mail from members who could not participate in this meeting: none.

The updated set has to be mailed to all participants in the project and the database structure has to be adapted IMMEDIATELY. Both will be done for January 1st 2010.

New data entry sets will have to be used for patients with surgery or start of treatment after 1 Jan 2010.

5. PROCARE database

a. evolution of entries (EVE)

A ppt presentation was given (cfr attached document).

71/113 hospitals participate. Taking into account recent hospital fusions 66/108 hospitals participate and 42 do not. 'Reminder' letters were sent on 16/10/2009 to 177 directors/surgeons of 42 non-participating centers (with reference to PROCARE website for GL, QI, RT atlas, APO atlas, TME training etc). There have been already several positive reaction. It is hoped that within 1 year $\frac{3}{4}$ of the hospitals will participate.

Mails will be send on in November 2009 to all participating colleagues who submitted no more cases since january 2009.

b. Web application for data entry: status (EVE)

c. participation in the European Prospective Colorectal Audit (Dr Willem Van Gijn, NL). Seems to be stopped, but may restart if an EU 7th framework grant is not obtained.

d. EU 7th Framework. Status (FP). Documents submitted by the coordinator on 29 october 2009 have been mailed to the Steering Group on 29/10/2009. The decision made will be mailed asap.

6. Guidelines (and Quality of Care Indicators): an update is appropriate but it is decided to wait for the decision concerning the EU 7th Framework if project because a European version is part of that project and members of the PROCARE group will have to collaborate in that context.

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

a. TME trainers and candidate trainers: pathology and BSCRS evaluations finished. 43 candidate-trainers evaluated incl. those who were partially evaluated or stopped; 25 fulfilled the criteria (18 NL and 7 Fr).

b. TME training : 3 surgeons have been trained and another is in progress. The trainers have to be paid (FP).

A reminder about the possibility of TME training was sent together with above mentioned mails (E Van Eycken).

Anyhow, it is to be expected that side by side TME training will not reach the 'volume' that has been anticipated. Related costs are to be re-allocated (cfr. infra).

8. TME review Pathology Board

The evaluation of candidate TME-trainers is finished. Feedback to submitting pathologists done (AJ)

The pathology review board managed to have enough experts for central review of TME specimens at a higher 'rate'. They will meet 1/month (if necessary 1/3 weeks) to review 30-40 TME cases per session, starting on November 9th 2009. From then on TME's from all participating centers will be reviewed and material will be asked by the datamanagers ad random. TME's from candidate TME trainers that have been reviewed in the past will be excluded. In contrast all 5 TME's from surgeons who have been assisted by a TME-trainer will be evaluated.

The datamanager will register the (non)availability of adequate/good material for review.

The pathology board will produce an evaluation form per specimen; after review by delegates from the BSCRS that form will be sent to the pathologist and surgeon.

Update of data entry for pathology (Jouret, Demetter et al, August-September 2009). Cfr. supra.

9. Radiology and PACS (ED)

June 30th 2009 demo radiology platform at UCL (Danse E and Vos K). Actual status (ED): last changes were done. The system has been tested by 3/9 experts. The other 6 experts have to test it before this part of the project can really start. They will be reminded by ED.

EBIT and the radiology review boards might have to play an important role in the European project (cfr supra) if it is accepted.

10. Radiotherapy and PCE. Actual status (Scaillet, mail dd 27/10/2009). "We are on track". First downpayment has been done 2 months ago, and the first 4 hospitals have sent their paperwork back to Aquilab this week. The installation of these first hospitals will start soon. They will constitute the test network that will be used by Aquilab to shoot troubles before extending to the other partners. The INAMI has eventually turned down the proposal to increase the budget allocated to radiotherapy. This puts us in a slightly difficult position, as we will need to supplement from the budget of the College on radiotherapy, which is not a wealthy entity. I will try to get some additional research money from an UCL foundation, to cover for the salary of the technologist hired on the project. This person is named Eszter Hortobagyi (from Hungary). She is currently in training at KUL with Karin Haustermans for countouring of rectum cancer. The future looks bright...".

11. PROCARE feedback and 'benchmarking': (FP) the second feedback is still in progress.

Analyses are made by Dr Mertens Claire and Koen Beirens at the FBCR after major efforts to update and 'clean' the database (FP + FBCR). Feedback is expected to be available for the beginning of December 2009. Documents will be circulated to the Steering Group (FP) for remarks/feedback 10 days before they will be put on the website and sent to the participating teams (FBCR).

- a. Datamanager Isabel had to be dismissed. Has been replaced by Tamara Vandendael. Also Dr Mertens, leaving the BCR for personal reasons, will be replaced by the end of 2009 by Koen Beirens. Dr Mertens will be thanked by FP for her efforts, on behalf of PROCARE.
- b. Feedback 2009 : in progress (based on data from 2439 patients)
 - More QCI will be reported (incl. OS, DFS, LRR up to 2 yrs)
 - QCI on adjuvant treatment are handicapped by limited data on chemotherapy

- Additional sub-analysis on laparoscopic versus open TME will be performed afterwards. Also (but with lower priority) on a) performance of candidate-TME-trainers versus the others and on anastomotic leak after TME with reconstruction.
- c. Planning Feedback 2010: data on QCI only will be reported in June 2010 and the full set for feedback in December 2010.
- d. Risk adjustment: project with KCE called “Methods for benchmarking prospectively registered quality indicators of cancer treatment”. KCE accepted the project dd 29/10/2009.
Candidate-clinicians:
oncology: Van Cutsem, Van Laethem (sugg by JVDS), Laurent, Vandeneynde (UCL)
radiotherapy: Roels Sarah, Haustermans, Scalliet
pathology: Demetter (sugg JVDS), Nagy, Jouret
BPSA: Vindevoghel Koen (Waregem), Molle Gaetan (Jolimont) (gaetanmolle@skynet.be)
Surgery: Ceelen, Van de Stadt
Radiology: Danse (may be replaced if other candidate)
PROCARE database: Penninckx, Van Eycken

12. Report of the financial committee (FP)

An important part of the budget originally planned for TME on site training most probably will remain available for other related aspects of the project. As discussed and decided on May 4th 2009 these aspects are:

a) extended support for ad random TME assessment by the pathology board

500 supplementary TME's, chosen at random, to be submitted during the rest of the project, requiring (x 150 €) **75 000 €**. **Approved.**

b) Statistical consult (for an equivalent of 0.5 FTE) for analysis with risk adjustment.

The KCE study has been accepted (29/10/2009) to be performed in 2010. Hence, statistical support is warranted for 1.5 years i.e. from beginning 2011 till mid 2012 (end of project): **60 000 €**. **Approved.**

c) **Review of CT/MRI via PACS for radiology.** Costs of the system are covered by the specific grant from the RIZIV for PACS. Some limited adaptations have been made for the web application.

Decision 04/05/2009:

2 500 € for experts collaborating in training sessions; agreed. (within the planned budget)

Remuneration of 30 €/patient/reviewer; agreed. (partially within the planned budget)

Re-allocated resources:

Re-allocation of (47500 – 35000 =) **12 500 €**. **Approved.** **22 000 €** for PACS maintenance costs (11 000/year in 2011 and 2012). **Maintenance costs to be discussed (FP + JP D).**

Miscellaneous.

Support for statistical analysis related to reporting (incl. papers) on behalf of PROCARE?

Decision: PROCARE has no resources for research. Limited uni- and multivariate analysis on well structured data can be performed by Koen Beirens and colleagues at the FBCR. However, they should not take too much time and no specific reimbursement will be paid.

13. Presentations and publications

- a. Leonard: manuscript on "Analysis of factors predicting TME quality" under review since 9 August 2008 in Ann Surg (rejected by JCO in July 2009)
- b. Penninckx, Kartheuser: chapter in book on rectal cancer by the Association Française de Chirurgie
- c. plans of pathologists
 - 1. un écrit par A Hoorens(VUB) dans le Belgian Medical Oncology
 - 1. un écrit par Jouret-Mourin en collaboration avec P Demetter (ULB). A ce propos, nous allons rencontrer Liesbeth le 24 aout à 14h au registre . L'article portera sur le résultat de la relecture des lames de Procure "versant anatomopathologie"
 - 1. on peritumoral inflammation and prediction of tumor response to CRT (Pattyn/Libbrecht UGent & Geboes/Sagaert KUL et al). Financial support for statistical analysis asked. Decision: PROCARE has no resources for research. Limited uni- and multivariate analysis on well structured data can be performed by Koen Beirens and colleagues at the FBCR. However, they should not take too much time and no specific reimbursement will be paid.
- d. X Y (who is candidate ?): achievements and difficulties of PROCARE after 3 years (Colorectal Disease) ?
- e. Kartheuser A. Use of data for a lecture on Laparoscopic TME at the "J Chir Nice" on 6th-7th November 2009. OK.

14. Newsletter (E Van Eycken) planned for January 2010 containing the following items: the new data entry set, the webapplication for data entry, the pathology review of TME's at random, the central review of pretreatment staging by CT/MRI, the radiotherapy platform for communication and evaluation, ...

15. Period of next meeting. April/May 2010.

Adjourn 22.00