We are pleased to present you this PROCARE newsletter. First of all, we would like to thank all PROCARE-collaborators for their active participation within PROCARE.

At the end of 2012, PROCARE reached a total of 5460 registrations (Figure 1). Two new centres have started the PROCARE registration in 2012. Already 91 (82%) Belgian hospitals have registered cases for PROCARE. In 2012, 804 new registrations were received from 58 (52%) active participating hospitals. Figure 2 gives an overview of the number of PROCARE registrations in Belgium by treating hospital and by district.

We are pleased to announce that PROCARE has been prolonged until 31 December 2014 with financial support of the RIZIV-INAMI. This means that the multidisciplinary project will continue, including the prospective registration of all Belgian patients treated for invasive rectal cancer. Registration via the online platform is preferred, however, paper registration remains possible. The prolongation of PROCARE includes the following aims: (1) development of a minimal dataset to register rectal cancer (via multidisciplinary team discussion at MOC/COM and (online) cancer registration), (2) transition from project to structural basis, (3) risk-adjusted analysis of the quality indicators and (4) feedback on benchmarking.

Financial support from the Foundation Against Cancer for the period 2013-2015 will allow PROCARE to: (1) document variability in staging, treatment and outcome in patients with rectal cancer, (2) improve preoperative staging, neoadjuvant radiotherapy planning, and pathology staging and its relevance for prognostication, (3) further evaluate risk adjusted benchmarking and (4) document postoperative morbidity and mortality after radical rectal resection.
Feedback 2012

In January 2013, the PROCARE feedback report 2012 was sent out. This feedback includes 5459 patients from 91 hospitals. 73 centres received a personal feedback report (≥ 10 cases).

New in this feedback are the funnel plots, replacing the caterpillar plots, to describe the variability in outcome results. For example, figure 3 shows the average number of lymph nodes examined per centre. The unadjusted parameters are plotted against the volume of the centres. The funnel plot control limits are set at 95% and 99,8% around the overall estimate (mean or percentage).

You can find the general feedback results on our website www.belgiancancerregistry.be/procare.

TME-evaluation program

The third and final phase of the TME-evaluation program has ended. In this phase, all cases with date of surgery after 1/1/2010 were anonymized and evaluated by expert pathologists. Feedback on these final evaluations will soon be given. Publications will follow. We would like to thank all pathologists for sending us the requested material and all reviewers for their collaboration.

PROCARE RT

PROCARE RT is an online reviewing platform for radiotherapists. The aim of the project is to implement the delineation guidelines for the Clinical Target Volume (CTV) in rectal cancer patients treated with preoperative (chemo)radiation. The project finished after having reviewed more than 1200 cases registered by 20 hospitals. An abstract was submitted to the ESTRO forum, a manuscript is being written. After the successful implementation within PROCARE, the Aquilab network will now be used within a project on breast cancer, PROCAB RT.

PROCARE RX

PROCARE RX is an online reviewing platform for radiologists, asking for a 2nd opinion on cTN and cCRM, based on CT– and MRI-images of the pelvis. This very unique platform was launched in May 2010, but despite all efforts, this platform is rarely used. For 2 years, no new cases were registered. In collaboration with the radiologists, we want to give this project a new start in 2013.

PROCARE Highlights

In collaboration with the Belgian Cancer Registry, PROCARE will participate to some EURECCA studies. A paper concerning laparoscopic vs. open TME will soon be published.

In collaboration with the Belgian Cancer Registry, other studies will be published.

With the financial support of: