PROCARE, PROject on CAncer of the REctum
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PROCARE, PROject on CAncer of the REctum

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Introduction

- **PROCARE = PROject on CAncer of the REctum**
  - Multidisciplinary Belgian Project
  - Launched in 2003 → continues (at least) until summer 2012

- **Objective:** Improve outcome in patients with rectal cancer by reducing diagnostic and therapeutic variability

- ! Basis of PROCARE = prospective (online) registration
- ! Continuous program on quality of care assessment
I. PROCARE data entry

Cumulative Frequency of Registrations per Quarter

Number of Registrations

Paper → Online

www.kankerregister.org
Physicians from different disciplines and different hospitals can work together on 1 case
Easy and safe transfer of data
eHealth-services to create user access and to protect privacy of patients
I. PROCARE data entry

84/111 (76%) hospitals → 3736 registrations (status on 31/01/2011)

89% Flanders

75% Brussels

55% Wallonia

www.kankerregister.org
II. Feedback

- Descriptive information, information on missing data and quality of care indicators
- Feedback report & definitions, graphs, survival curves

- Validation + analysis of patient data
- Once a year

- Teams with > 10 registrations: **personal** feedback
- **General** feedback results on [www.kankerregister.org](http://www.kankerregister.org)
III. TME-evaluation program (1)

- **What?** Anonymous quality assessment of resected TME-specimens, pathological and surgical data

- **How?** 1) The **BCR** selects + collects the anonymous material
  - Photos of the **fresh** specimen before inking (!)
  - Photos of macro sections
  - Micro slices
  - Pathology Protocol
  - PROCARE pathology checklist

  2) The **Pathology Board** assesses the quality of the resected specimen on evaluable cases

  3) The **Surgery Board** performs a final decision on the quality of the resected specimen and on adherence to guidelines

- **Outcome of the review?** Personal feedback on surgical and pathological aspects
III. TME-evaluation program (2)

- **Phase 1**: Candidate trainers → 25 TME-trainers → TME-teachings

- **Phase 2**: At random evaluation

  - 525 cases selected
    - 252 cases (48%) prepared for the Pathology Board
      - 84 (34%) evaluable
        - Assess quality on resected specimen
      - 222 cases (42%) not reviewed because of incomplete material
        - 71 (28%) non evaluable
        - 97 (38%) not yet evaluated
      - 51 cases (10%) not (yet) arrived at the BCR
        - Photos of the fresh specimen before inking (!)

Status on 31/1/2011
IV. PROCARE RX

- **What?** Online **radiology** reviewing platform

- **How?**
  - Ask for 2nd opinion on cTN and clinical Circumferential Resection Margin (cCRM), based on CT- and/or MRI-images of the pelvis
  - Expert radiologists review **anonymously and at random**
    → if discordance: second and final review

- **Review with anonymity of patient, radiologist, hospital and reviewer**

- **Status:** only 18 cases (!) (status 31/01/2011)
  → participation should be encouraged

www.kankerregister.org
V. PROCARE RT

- **What?** Online *radiotherapy* reviewing platform (Aquilab)
- **Aim?** Central review to homogenize the *Clinical Target Volume* (CTV) and *organs-at-risk delineation* of neoadjuvant irradiation
- **Status:** 18 hospitals participate, >300 cases reviewed
Conclusion

Material: photos, slices

DATA ENTRY

BOARD PATHOLOGY

Revision

Anonymisation

BOARD RADIOLOGY

Revision

Anonymisation

Participate to this promising project!

Board
Surgery
Radiotherapy
Chemotherapy
Pathology
Radiology

Evidence Based
Guidelines
- Quality Indicators
- Training

BSCRS
BVRO – ABRO
Digestive Club Pathology
College of Oncology
RBRS
BSMO, BGDO

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