

EUROCHIP-II
FINAL SCIENTIFIC REPORT
ANNEX 05

**REPORT OF
EUROCHIP-2 ACTION IN
BELGIUM**

**Liaison between the Belgian Cancer Registry
and the PROCARE study**

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1. Background: the EUROCHIP project

EUROCHIP (European Cancer Health Indicators Project) is a public health project funded by the European Commission.

EUROCHIP-1 developed a list of health indicators designed to provide comparable information about the burden, risk factors, management and outcome of cancer, in order to facilitate cancer control across Europe. The indicators will contribute to a European Health Information system.

EUROCHIP-2 is to define an organisational network of collaboration that will effectively fight inequalities in cancer in Europe through improved information and knowledge on cancer. Each of the EUROCHIP National Specialist Groups indicated specific deficiencies in cancer control that should be addressed. Arising from this analysis, each of the National Specialist Groups put forward a project or action that would address one or two of these specific deficiencies.

Common actions promoted by EUROCHIP-2 in various countries were: promotion of cancer registration (both in terms of new cancer registries and in terms of increasing the cancer registry role in the cancer control field), promotion of studies on collection at population level of care and treatment indicators (delay of cancer treatment and compliance with guidelines), promotion of cervical cancer screening in Eastern Europe. For major details see the web site www.tumori.net/eurochip

2. Background: the PROCARE project

In recent years, diagnostic and therapeutic variability in rectal cancer and its prognostic implications have been documented internationally: differences in preoperative staging and implementation of neo-adjuvant therapy, quality of surgery, implementation of adjuvant therapy. For example, in order to be curative, the tumour should be removed with tumour free margins (R0-resection) while the autonomic nerves should be spared as much as possible. Moreover, total mesorectal excision (TME), with control of the lateral or circumferential margin by the pathologist, has been shown to be of paramount importance: significant improvement of outcome after rectal cancer treatment has been shown in several nationwide studies, projects and audits in which TME training was a major part of the project (Scandinavian countries, The Netherlands,...).

PROCARE stands for PROject on CANcer of the REctum. It is a multidisciplinary and national project with the aim to improve the outcome of rectal cancer treatment in Belgium. PROCARE is organised in three steps: standardisation through guidelines, implementation of guidelines and quality assurance (through registration, feedback and training).

The PROCARE [multidisciplinary guidelines \(version 1\)](http://www.belsurg.org/imgupload/BPSA/PROCARE%20GUIDELINES%20printversie82005.pdf) were available on the website www.belsurg.org/imgupload/BPSA/PROCARE%20GUIDELINES%20printversie82005.pdf of the scientific societies from 2005 on. A typical surgical and pathological report as well as an algorithm for resectable rectal cancer were included.

The targets defined by this version of the guidelines are an R0-resection in >60% of the patients, an abdominoperineal resection rate of <30%, postoperative mortality <4%, a local recurrence rate (LRR) of <10% at two years, an overall two



year survival of 80% after R0, and an improved survival also in advanced disease (metastatic rectal cancer). These guidelines were re-evaluated and adapted between May 2006 and June 2007 on an evidence based methodology. The revision of the guidelines was done in collaboration with the Centre of Excellence (Belgian Health Care Knowledge Centre: http://www.kce.fgov.be/index_en.aspx?SGREF=5211). They describe the actual standard for preoperative investigation, preoperative radiotherapy and chemotherapy, elective surgery, emergency treatment, treatment of metastatic rectal cancer, pathology procedures, adjuvant therapy, follow-up and outcome. The official 2nd version of the Belgian guidelines has been published in December 2007 (http://www.kce.fgov.be/index_nl.aspx?ID=0&SGREF=5260&CREF=10467). Quality indicators from the literature will be derived from the guidelines and will be calculated (April 2008).

Approximately 1800-1900 patients present with rectal carcinoma in Belgium each year. They are treated by approximately 113 teams (hospitals). Although a correlation between volume and outcome has been described for several pathologies, including rectal cancer, PROCARE aims to a decentralised training for all interested teams providing care for patients with rectal cancer.

Implementation of the multidisciplinary guidelines is based on information of all individual physicians involved in rectal cancer treatment, Multidisciplinary Oncology Committees (MOC) chairmen and hospital leaders. Participation in PROCARE is based on a voluntary basis. Informative work-sessions are regularly organised regionally, e.g. per province, by the Belgian Professional Association in collaboration with the PROCARE workgroup and the scientific societies. TME-trainer candidates are evaluated between May 2006 and December 2007 by expert boards of pathologists and surgeons. At this moment (October 2007) 9 candidate trainers throughout the country have obtained the official title of TME-trainer. Decentralised surgical and pathology instruction will be provided from 1/1/2008 on in 5 consecutive cases per centre. Instruction will be based on uniform documentation and guidelines. Preoperative staging and radiotherapy will be organised through a central scientific review committee from 2008 on.

Quality will also be assured through centralised registration at the Belgian Cancer Registry for continuous and prospective registration and monitoring (2006-2010). Regular feedback is provided through newsletters. Also, workshops are organised per region in order to instruct and inform participating teams on the progress made. Each hospital/surgeon/physician will receive a report on its own results from 2008 on (national benchmarking). It is the aim that all teams involved in the treatment of patients with rectal cancer in Belgium will participate in PROCARE.



3. The EUROCHIP-2 activity in Belgium

The Belgian Cancer Registry (BCR) participates in EUROCHIP-2 focusing on two aspects of the project: the progression of nation wide and qualitative cancer registration for cancer control scopes and evaluation of compliance with best oncology practice (for rectal cancer).

Specifically the activities of the BCR in EUROCHIP-2 are:

- 1) Implementing specific promotion activities of the PROCARE project: the spread of the information/newsletters and to promote contacts with the clinicians (liaison between the BCR and PROCARE).
- 2) Participating in a study on diagnostic and therapeutic settings (Quality of Care study, registration 2007, first evaluation/analysis 2008) which enables the cancer registry to implement the prospective registration of the rectal cancer cases and to work closely with the clinical field of PROCARE. With this study the indicator proposed by EUROCHIP “Proportion of rectal cancer patients with Dukes B or C (TNM Stage II and III) receiving pre-operative radiotherapy” within the context of ‘compliance with guidelines’ will be available in 2008.

3.1 Liaison between the Belgian Cancer Registry and PROCARE

It is the aim that all teams involved in the treatment of patients with rectal cancer in Belgium participate in PROCARE. The BCR plays an important role in the spread of the information to the clinical field. Within this context, a financial support was asked within EUROCHIP-2 for a collaborator whose main and specific tasks were the promotion of the PROCARE study to the clinicians and the maintenance of the contacts between PROCARE and the BCR.

The activities performed were:

- Contact the surgeons (by phone, emails and letters) to motivate them to collaborate in the study and to register the rectal cancer cases (results see figure)
- Follow-up on the several newsletters written by the Surgery Board
- Several visits and contacts to hospitals (seminars on Procure) (see table 1): 58 hospitals out of 111 Belgian hospitals participate in the study.
- 5/5/2006: Congress Seventh Belgian Surgical Week 4-6th May, 2006, Ostend, Thermae Palace: representation of Procure
- 3/5/2007: Congress Eighth Belgian Surgical Week 3rd May, 2007, Ostend, Thermae Palace: representation of Procure
- Creation Website Procure (available January / February 2008)

Realisations from March 2006 until October 2007: outcome of the activities Mrs Sabine Petra Van Aalderen (Eurochip-2 funds) and Mrs Mara Huysegoms (funds: Foundation against Cancer 2006-2007)

Table 1. Diffusion of PROCARE between April 2006 and October 2007

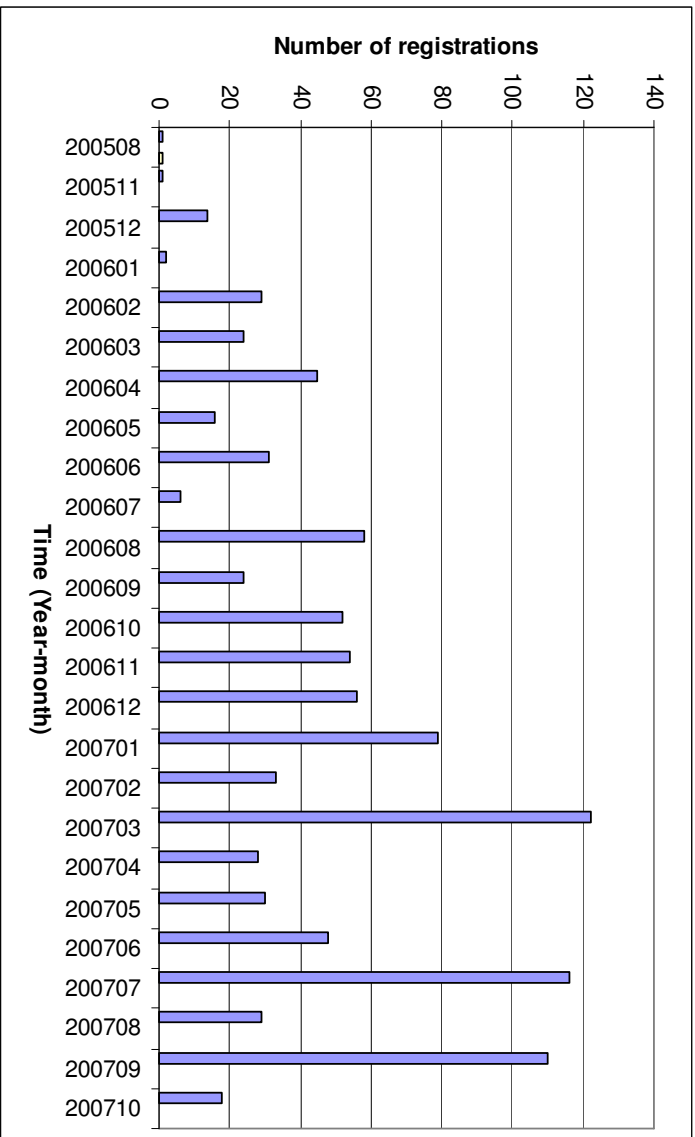
**Prospective registration Procure:
actual status (4/04/2006)**

	Total	Dutch	French
surgeons	18	16	2
number of cases	76	69	7
hospitals	15	13	2
candidate trainer	11	9	2
no candidate trainer	7	7	0

**Prospective registration Procure:
actual status (16/10/2007)**

	Total	Dutch	French
surgeons	98	63	34
number of cases	1038	768	270
hospitals	58	40	18
candidate trainer	39	26	13
no candidate trainer	55	38	17
unknown	4	0	4
TME trainer	9	7	2

Table 2 Number of Registrations from 8/2005 – 10/2007



(cumulative)

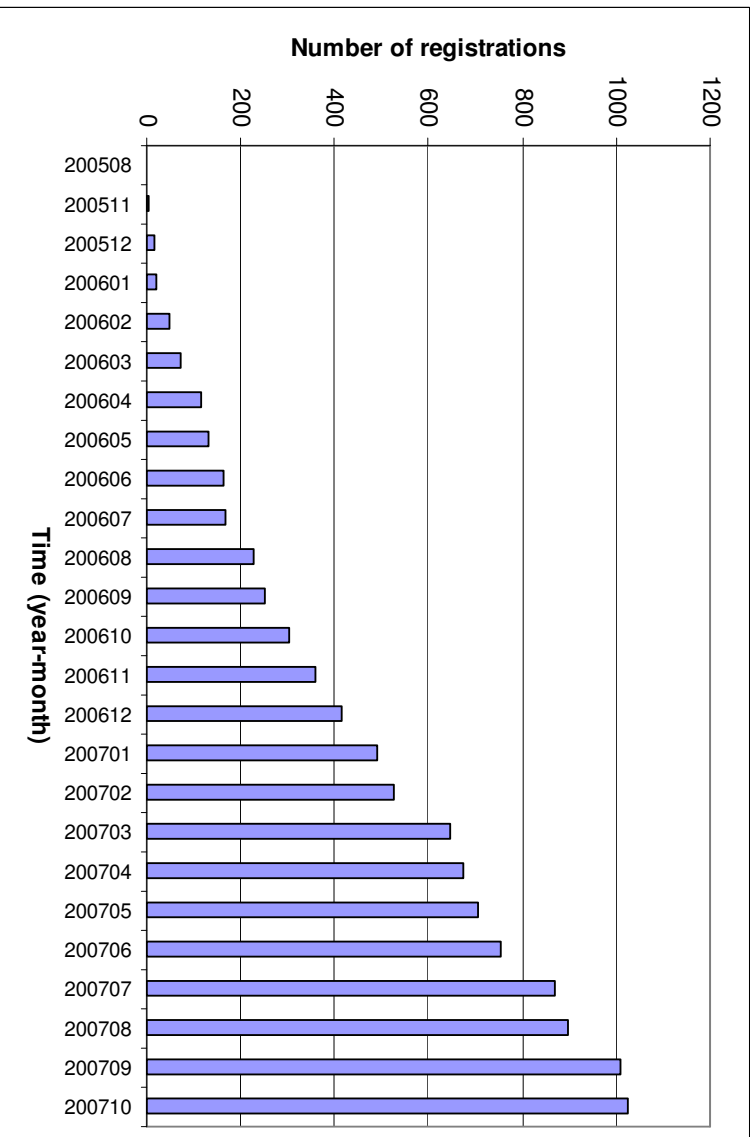
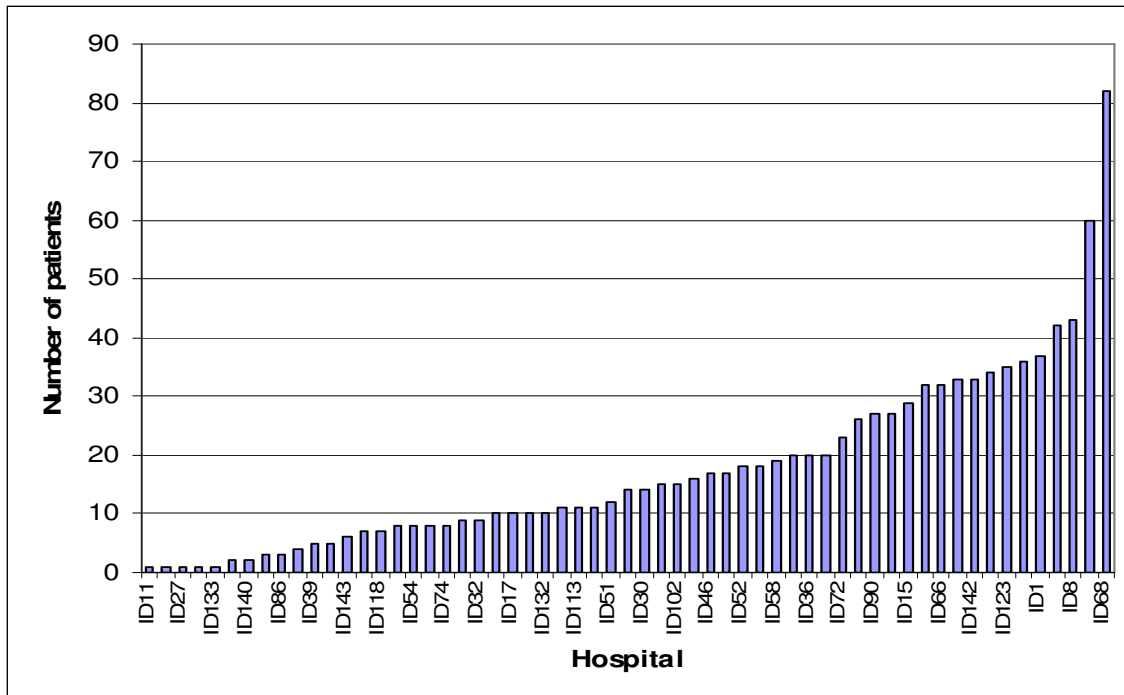


Table 2 Number of cases per hospital



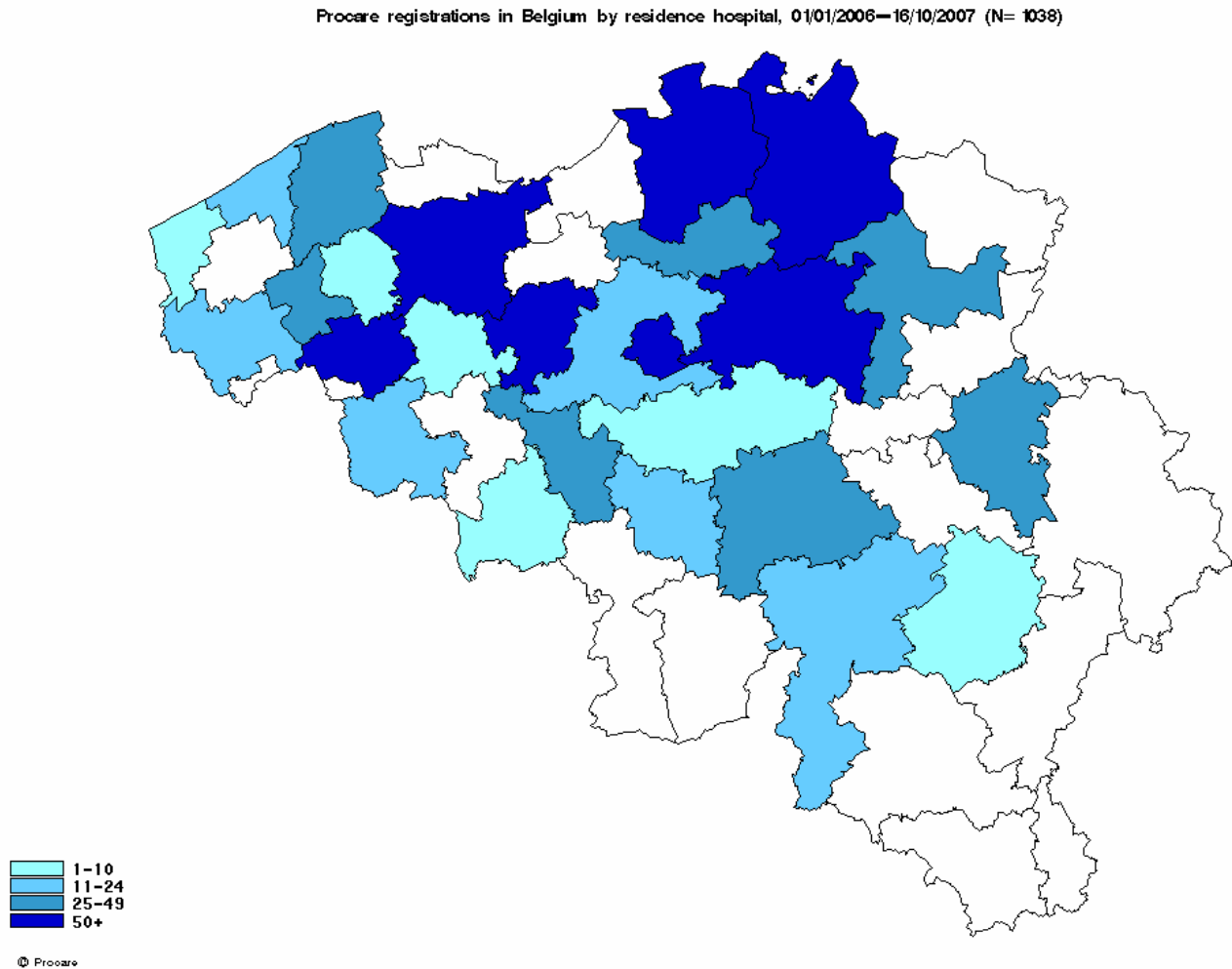
3.2 The Quality of Care study (registration phase: 2006–2011, 1st analysis 2008)

For PROCARE, BCR collects also data on quality of rectal cancer care. The data entry form is attached. At the 16th of October a total of 1.038 cases have been submitted to the BCR from 58 hospitals (40 Dutch speaking, 18 French speaking), coming from 98 surgeons of whom 39 are candidate TME trainer. The first 15 consecutive cases from every candidate trainer are evaluated by the pathology and surgery board. Six out of 10 consecutive cases must be considered as of good quality (smooth surface or mildly irregular surface) to be recognized as a TME trainer. The standards are determined by the pathology and surgery board. The number of cases submitted per month and the distribution of cases by hospital are represented in table 2. A total of 193 cases were evaluated by the pathology and surgery review boards (evaluation of the quality of the TME specimen). Nine surgeons have reached the status of 'TME-trainer'. These trainers will be at the disposal of the Belgian hospitals/surgeons who want to be trained in TME-resection (voluntary basis).

The activities of the person paid by EUROCHIP-2 in this study were:

- Preparation of the pathology and surgery reviews: contact with the pathologist to send the review material (photos, macro coupes, slides, check lists and written protocols), preparing the material for anonymous evaluation and revision, anonymisation procedure (concerted action with PROCARE data manager).
- Preparing feedback reports to the surgeons (candidate TME-trainers) (concerted action with PROCARE data manager). The report summarizes the findings of the pathology and surgery board for every TME-case.

Figure 1. Distribution of participation within the country (residence of hospitals)



3.2.1 Preliminary results Indicator 'Compliance with guidelines' EUROCHIP-2

Proportion of rectal cancer patients with Dukes B or C (TNM Stage II and III) receiving pre-operative radiotherapy: *preliminary results* 75% (based on clinical stage)



4. Conclusions

Cancer registries can play a major role in cancer control activities as they are already used to monitor cancer incidence, survival, prevalence, stage migration... They usually have a large registration network and contacts in the clinical and hospital context, they are used with data collection, quality control, data validation and analysis. The clinicians from their side want to install quality assurance protocols, clinical trials, and above all implementation of evidence based guidelines for treatment (of rectal cancer) to obtain best results in daily care.

The PROCARE study is the ideal project to evaluate the feasibility of such collaboration between the multidisciplinary PROCARE society and the cancer registry. The project aims to provide and then promote the adherence to guidelines, to 'measure' the quality indicators in time (registration project), provide training sessions for TME procedure and inform the clinicians of their proper results in comparison with the median/mean/top 10 results. The cancer registry also plays a role as a 'trusted third party', it transfers anonymous data for evaluation to the pathology and surgery board, the registry is the solely partner who knows the identity of the surgeon and hospital until the official announcement of the name of the TME-trainer.

At this moment, the study is based on voluntary participation: 58 of 111 Belgian hospitals are participating. This percentage is somewhat underestimated because a number of hospitals have collaboration programs ongoing between them. Obtaining population based participation in a Quality of Care study is not so easy. Different reasons can explain why surgeons and or hospitals do not want to participate, one of the major reasons being registration experienced as a labour intensive matter (administrative work). Another reason could be the fear from hospitals for interventions of the authorities (centralisation of rectal cancer treatment).

A set of quality indicators will be tested in 2008 using the prospective PROCARE database. The results from this quality of care registration project will be compared with data of the Belgian Cancer Registry (population data) linked with external data from the Minimal Clinical Data (hospital discharge data) and the Common Sickness Funds Agency (nomenclature of medical procedures surgery/chemo/radiotherapy/medication). A report (2008) will communicate on the feasibility and comparability of the study. Results of the two approaches will be compared and discussed; recommendations will be made for the future.



Scheme 1: Registration and evaluation procedures

