

BELGIAN RECTAL CANCER PROJECT  
**MEETING of Monday 13 September 2004**  
**Place: Leuven, Faculty Club, Bisschopszaal (main buiding!!)**

**20.00 – 22.20**

Present:

Ceelen Wim (replacing Pattyn Piet)  
Danse Etienne, razdiologist UCL (replacing Prof Van Beers and Op de Beeck B)  
De Coninck Daniël  
Duinslaeger Marc  
Ectors Nadine  
Haeck Luc  
Haustermans Karin  
Kartheuser Alex  
Mansvelt Baudouin  
Monsaert Els (replacing Peeters Marc)  
Penninckx Freddy  
Scalliet Pierre  
Van Cutsem Eric  
Van Eycken Liesbeth  
Vande Stadt Jean  
Vaneerdeweg Wouter

Apologies:

Bleiberg Harry  
Claeys Donald  
Humblet Michel  
Jouret Anne  
Spaas Philippe

1. **Guidelines – final version** (final version without layout e-mailed to workgroup members today).
  - a. High quality electronic copies of the logo/emblem of several participating societies/sections/associations are not available . P. 2 will be filled with the list of all participating sections etc in bold.
  - b. A PROCARE website will be created. Scaillet P will help Van Eycken L to ‘install’ the ‘domain’. The site will further be used for Newsletters etc. Links to website (incl. Basic), and vice versa, have to be established. Penninckx will send a copy of the definitive version of the guidelines to Van Eycken L and Scaillet P (by surface postage).
  - c. About 250 copies of the guidelines will be printed. Estimated cost is 1300 EUR. Penninckx F will prepay the invoice, but hopes to recover this sum later.

d. To whom to be sent : cf. sub 4.

2. **Financial estimates** (document e-mailed several days before the meeting) .

- a. Methods of implementation. Claeys D sent an e-mail on 12/9/2004 with a proposal that is extensively discussed and accepted grosso modo. The principles that will be followed are: 1/ the BPSA and BSCS will organise the sequence of implementation of the project (Kartheuser A and Haeck L); 2/ the project will be implemented by the multidisciplinary team taking care of rectal cancer in each hospital; 3/ one surgeon per one hospital will be instructed; 4/ the first 'wave' of surgeons/centers to be instructed will be the 14 board members of the BSCS if they and their center is interested to participate in the first 'wave'; if not interested, a center will be replaced by another center from the same province with high volume practice; 5 procedures with an instructor could not be systematically necessary, and should be considered a maximum in case of problems during the two first procedures. The first operation with the expert could be performed by the expert himself. Each time it is possible, one surgeon should be trained (and evaluated) by the same expert (as to avoid discussions about details which could vary from one expert to another); 4/ the second 'wave' will consist of 14 surgeons/centers or more (up to 28?), to be instructed by surgeons/teams from the first 'wave'; selection will be performed by the BPSA and will be based on willingness to collaborate, geography (province) and volume; 5/
- b. Cost estimate adjustments.
  - i. Ectors N mailed some adjustments related to pathology training and costs/instructed specimen handling today (De Coninck D will integrate them in the global cast/benefit estimate)
  - ii. Danse Etienne, just introduced in the workgroup by Van Beers M, is asked to take urgently care of the methods and costs for training radiologists and costs of review.
  - iii. Costs for PhD trainees will be covered by the FWO and/or other grants. These costs should not be included in the financial estimate of the project.
  - iv. 2 datamanagers, one flemish, one frence speaking, have to be provided during the first 3 years; afterwards 1 datamanager with some qualification in data analysis has to be provided. They will work in the central datacenter (at the NCR/IMA) under supervision of Van Eycken L.
- c. This PROCARE working group may/will be further organised with a specific grant of the FNRS/FWO (Scalliet P will take care of this).

3. **Prospective dataset.** To be discussed and decided:

a) 2 datamanagers (1 Fr, 1 NI) for the datacenter (NCR+IMA) for 3 years ; they will help in data acquisition in the participating centers, as needed; for yr 4,5 and 6 of the project 1 'analyst' has to be provided (cf. supra)

b) a detailed dataset (first draft e-mailed on 14/9/2004) will be used during the 3 years of the project. This workdocument has to be discussed further.

#### **4. Communication**

a) At about October 1<sup>st</sup> 2004, a letter of the individual societies (president) cosigned by the president of the BPSA (or VBS/GBS?) will be sent to their membership (general info on the multidisc project, no surgeon/center will be excluded but voluntary participation required; explanation of method of progressive implementation of the project (cf. decision taken sub 2); multidisc guidelines in attachment (no booklet)

b) At about November 1<sup>st</sup> 2004, a letter of Procure workgroup will be sent to the Chief MD of the 112 hospitals (general info on the multidisc project, no center will be excluded but voluntary participation required; multidisc guidelines in attachment (no booklet); asking for the names and e-mail addresses of the chairman of the MOC or the chairman of the dig onco group, and the name and e-mail address of the surgeon(s) involved in the treatment of rectal cancer in that hospital(s).

#### **5. Dates for meetings on**

a) 23 November 2004: organisation of workshops by BPSA; manual incl. prospective dataset; video(s), cdroms surgery, pathology, radiology?, radiotherapy; and finances.

b) 14 December 2004: results of retrospective study and prosp studies

#### **6. Varia : none**