



MEETING of the PROCARE **STEERING GROUP**

22 April 2008

Place: RIZIV/INAMI, Tervurenlaan 211, Brussels, 8<sup>th</sup> floor Delvaux room.

**Start 20.00 strict**

**Minutes**

Invited: Van Cutsem, Van Eycken, Danse, Spaas, Claeys, Mansvelt, Kartheuser, Burnon, Bertrand, Peeters, Laurent, Duinslaeger, Ectors, Jouret, Sempoux, Polus, Penninckx, Scalliet, De Coninck and Haeck, Dercq, Vaneerdeweg, Cabooter, Melange, Pattyn, Smeets, Van de Stadt, Demetter

Participants: Van Cutsem, Van Eycken, Danse, Spaas, Claeys, Kartheuser, Burnon, Bertrand, Peeters, Laurent, Duinslaeger, Ectors, Jouret, Sempoux, Penninckx, Demetter. Also present: Thijs A (riziv/inami)

Apologized: Scalliet, De Coninck, Haeck, Dercq, Vaneerdeweg, Mansvelt, Polus, Van de Stadt

**1. Welcome** to Dr Demetter Pieter, replacing Ectors Nadine on behalf of the pathology societies in the steering group. Prof Ectors stopped her pathology activities to become director of the tissue bank in UZ Gasthuisberg. The following mail was sent on April 18 to FP: "Na overleg binnen het dagelijks bestuur van de Club voor Digestieve Pathologie wordt Pieter Demetter voorgesteld als lid van de stuurgroep als gedelegeerde van de wetenschappelijke vereniging. Dr Gert De Hertogh zal de KUL vertegenwoordigen in de groep van pathologen die de revisies uitvoeren."

**Decision:** The steering group most sincerely thanks Prof Ectors for the very great amount of energy and work spent for the project and wishes her success in her new career. Dr Demetter Pieter will replace her as member of the steering group. Dr De Hertogh Gert, pathologist at UZ Gasthuisberg, is proposed and accepted as member of the pathology review board PROCARE (Dr Demetter is already a member of this board).

**2. Minutes 29 August 2007. Decision:** approved

**3. KCE reports:** guidelines and quality of care indicators

**Remarks:**

- guidelines were finalized and published in December 2007 (cf. PROCARE website at [www.registreducancer.org](http://www.registreducancer.org) )
- quality of care indicators: the document is planned to be finalized and presented at the KCE in May/June 2008. It is requested that the pCRM should not only be mentioned but also measured and reported in mm (one of the QCI). Vlayen J is informed by Penninckx F (mail dd April 24, 2008).

**3. FBCR Procure website**

**Remarks:** all delegates appreciated the establishment and quality of the site. Mrs Frie Hermans from the FBCR is congratulated and thanked for her efforts. The website will regularly be updated, including Minutes, Newsletter, data entry set, etc.

**4. Links of all Society websites** to PROCARE website and documents (feedback from the sections/societies)

**Actions:** the delegates of the societies that have a website communicated or will communicate their webmaster to Van Eycken Liesbeth. She will make contacts to establish the web-links.

### **5. TME training** (delegates of BSCRS and BPSA)

The following mail was sent on April 22 by Haeck Luc during/after the meeting: "Wij hebben op de vergadering beroepsvereniging en Constant [Jehaes, president of the BSCRS] het volgende afgesproken:

- Akkoord voor de trainers ondanks het feit dat er slechts twee Franstalige en dan nog exclusief universitaire zijn. Het valt wel op dat naast jullie beide te Leuven enkel de collega in Aalst en drie West Vlaamse collega's in aanmerking komen.
- Via de Newsletter verstuurd aan alle deelnemers en ziekenhuizen worden de trainers bekend gemaakt met hun gegevens hoe ze kunnen gecontacteerd worden. Ik zou een ontwerp brief van Constant moeten krijgen en die, indien OK, mede ondertekenen namens de beroepsvereniging.
- Zoals vroeger medegedeeld stellen we voor om de manier van training toch open te laten, dwz: zowel trainer die ter plaatse komt assisteren en daarvoor vergoed wordt door procure (riziv) als de getrainde die assisteert bij de trainer. De voorkeur gaat naar een combinatie van beide methodes.
- Voor follow up moeten ook de gastro enterologen ingeschakeld worden. Vooral in privaat ziekenhuizen beschikt men niet over personeel om dat allemaal zelf te doen en gebeurt dit op vrijwillige basis door de chirurg of zijn secretaresse. Het zijn meestal de gastro enterologen die instaan voor de follow up (samen met oncoloog) en die moeten rechtsreeks aangeschreven worden om hun follow up door te geven. Daarom is het van belang dat de naam van de gastro enteroloog meegegeven wordt van het begin af."

### **Remarks and Actions:**

a) per April 14, 2008, 12 surgeons (10 fl, 2 fr) had fulfilled the criteria to be TME trainer. There are 17 candidate TME trainers (8 fl, 9 fr) 'in the pipeline'. The actual trainers are: Dr. Franky Vansteenkiste AZ Groeninge Kortrijk, Dr. Lieven Allaert Jan Yperman ziekenhuis Ieper, Dr. Paul Willemsen ZNA Middelheim, Dr. Freddy Penninckx UZ leuven , Dr. Andre D'Hoore UZ Leuven, Dr. Yves Van Molhem OLVrouwziekenhuis Aalst, Dr. Tom Feryn AZ St Jan Brugge, Dr. Wim Ceelen UZ Gent, Dr. Piet Pattyn UZ Gent, Dr. Paul Pattyn H Hart ziekenhuis Roeselaere, Dr. Jean Van de Stadt ULB Erasme, Dr. Alex Kartheuser Cliniques Universitaires Saint Luc. These names were also communicated by the FBCR to Jehaes C president of the BSCRS and co-organising the training together with the BPSA) in the first week of April 2008.

b) space will be inserted on the administrative (first) page of the data entry set to provide the name/hospital of the gastroenterologist or other colleague responsible for the follow-up of the patient.;

b) Jehaes C and Haeck L will write a letter related to TME training to be inserted in the next Newsletter;

c) only the TME trainer who assists a colleague at TME in the hospital of that colleague will be remunerated (525 €) as described in the RIZIV/INAMI contract with PROCARE. No remuneration can be provided for demo-surgeries in the clinic of a TME trainer.

### **6. Radiotherapy / Radiology and PACS** (Danse, Spaas)

a) Radiology and PACS

proposal from EBIT at a setup cost of 27500 (incl 21% tax) and a recurring annual cost of 14500 €, for a total of 42000 € in the first year and 14500 € per year thereafter.

B) Radiotherapy and PACS

The radiotherapeutists want to set up a communication platform between radiotherapy departments with the AQUILAB software at a cost of 295.000 euro. It allows to exchange "contours" on the dosimetric CT scan, and to proceed with a central review. The goal is, as for the surgeons, to homogenise the practice of pre-operative irradiation by comparing the volumes proposed by each hospital to a central atlas published by K Haustermans two years ago. This should take place on-line, with a proposal for correcting the volumes on a daily basis. Reviews would be organised in UZ Gasthuisberg, Leuven and Clin St Luc, UCL, and archived at the FBCR (but the proposal of Aquilab does not cover this item).

The trouble is that the installation of the equipment of all departments vastly exceeds the budget allocated. The college of radiotherapy has about **65.000 €** to supplement the budget.

There are 25 (?) departments of radiotherapy in Belgium.

**Remarks:**

It turns out that the budget available (100.000 €) - from far - does not cover for both radiology and radiotherapy PACS.

The Aquilab proposal is: 294.017,90 € for the first year (with installation of the software for one year (eventually to be bought by each centre ?!) in all centres) and 65.409,38 € for 'maintenance costs' in the second year (taxes are included). It also includes MRI and PET image transmission from all centres. It does not cover costs for storage at the FBCR, but refers to the EBIT system.

**Decision:**

- a) because of their different technical and practical requirements, there is a need for 2 separate PACS, one for radiology review and the other for radiotherapy review.
- b) the radiology PACS : 42000 € approved for the first year. However, the Procure budget of 11000 € for the second year does not cover the estimated costs. Also, from the third year on PROCARE has no budget for 'recurring annual costs'. Dr Danse will further work on the EBIT dossier.
- c) the radiotherapy PACS: Haustermans K, Scalliet P and Spaas P will meet to further discuss and come to final decisions related to this topic.
- d) 6900 € from the KCE/PROCARE budget are in 'reserve' and can potentially be used for the PACS system (as well as for web application at the FBCR).

**7. PROCARE database:** evolution of entries and summary of problems (Van Eycken)

**Information:**

**PROCARE database status 06/02/2007 and 14/04/2008**

	0/02/2007			14042008		
surgeons	59	44 nl 15 fr		106	70 nl 36 fr	
number of cases	515			1375		
hospitals	42	31 nl 11 fr	7 brx 4 wal	61	42 nl 19 fr	8 brx 11 wal
candidate trainers	29	21 nl 8 fr		29	18 nl 11 fr	
trainer				12	10 nl 2 fr	
no candidate trainers	30	23 nl 7 fr		65	42 nl 23 fr	

The evolution during the last year was very good. Also, the number of participating hospitals increased, in particular in Wallonia.

No major problems were reported, although a 'boost' e.g. by means of a Newsletter and feedback would be very opportune in order to increase the submission rate (that decreased slightly in recent weeks).

**8. Database analysis and form of feedback** (attached proposal in mail dd March 20, 2008). Subject for KCE project on "benchmarking and feedback" ?

**Decision:**

- a) the updated document is attached to these minutes. Feedback will consist of : a) percentage of missing (not reported) essential data, b) general data and c) quality of care indicators (as developed in the KCE/PROCARE project). No comments on the results of individual centres will be given during 2008 and 2009.
- b) a project can be proposed to the KCE about 'How to perform benchmarking and how to give feedback'. Members of the PROCARE steering group or their delegates will only act as experts, they will not contribute to the research and writing of the report (as was the case for the PROCARE guidelines and – much less – for the QCI). Data from the PROCARE database will not be used within the project, but the steering group will apply the methodology developed in this KCE project afterwards. Indeed, sound methodology for benchmarking (e.g. taking into account voluntary participation of centres versus population-based data) and feedback would be very welcome and could be applied in many other similar/comparable projects. PS added May 29 2008 by Penninckx F: no suggestion for this project was sent to the KCE. It could be done next year after having tested feedback using the sub a mentioned lists. To be rediscussed next year (before May 2009).

### **9. International benchmarking**

**Remarks:** the Swedish and Norwegian databases (population-based!) seem to be most suitable, but international benchmarking will start only after collection of 2 yr follow-up data (i.e. at the earliest in 2009)

### **10. Updated data entry form**

Timing of implementation. **Decision:** July 1, 2008. **PS** added May 29, 2008 by Penninckx F: the final conclusions and suggestions from the QCI report by KCE/PROCARE will have to be taken into account. The final version of this report is expected by the end of June 2008, thus not allowing enough time for implementation. Planned date for launch is August 1<sup>st</sup> 2008.

### **11. Report of the financial committee**

a. KCE support : 30.000 of the 75.000 € are available. The allocation to the respective contributors was agreed. Payment is postponed until the global sum is available (to limit administrative burden). It is expected to be available in June 2008. Penninckx mails to Peeters G of the KCE.

b. RIZIV/INAMI support: 436.750 € available for this first year

1. 200.000 € will be transferred to the FBCR as planned in the budget. Approved.
2. the pathology review board has already done a lot of work (reviews of TME's from candidate trainers). Jouret will make a proposal for use of the disposable budget, taking into account the fact that also TME's from non-candidate surgeons will be reviewed in the future (at random).
3. PACS for radiology. 42.000 € approved in principle for EBIT-platform for radiology review; however, costs in the second year and thereafter are not (or not fully) covered by the budget. Danse will finalise this together with Van Eycken and inform the financial committee.
4. PACS for radiotherapy. No final decisions made. The proposal from AQUILAB by far exceeds the budget. Scalliet, Haustermans and Spaas will meet in May and make a proposal, taking into account the available Procure budget (and potentially other support). They will inform the financial committee.

### **12. Planned presentations and publications**

Van Eycken (GRELL): presentation

Penninckx (Tripartite ASCRS): presentation

Leonard (x): manuscript on evaluation of candidate TME trainers

X ?: manuscript(s) on (parts of) evidence based guidelines and QCI (?)

**Decision:** approved

**Remarks:** cfr. also minutes dd August 29, 2007: papers based on part(s) of the KCE/PROCARE project can only be published after publication of the KCE report (guidelines published in December 2007, QCI not yet) and after informing the KCE (that will accept in principle); cf. contract with KCE. The authors' affiliation to their respective clinics etc. can be mentioned as usual. The authors' list should end with 'on behalf of PROCARE, a multidisciplinary Belgian Project on Cancer of the Rectum'.

### **13. Newsletter**

a) who will coordinate? Van Eycken Liesbet accepted to coordinate. **Decision:** approved. Thus, all drafts should be send to her by e-mail.

b) who will write what and when?

Who: any member of the steering group is invited to contribute and, in some way, has the duty to keep his colleagues informed about the progress of the project and present solutions for problems as they occur

What

- the situation about the number and names of participating centres and registered patients (cf. decision August 29, 2007)
- the situation and the names of the trainers for surgery

- the collaboration with KCE
  - every society/section represented in the steering group should keep his members informed through the PROCARE Newsletter (of course, not excluding other means).
  - .../...
- c) distribution from where to whom?
- the FBCR will send the Newsletter to all participants, and
  
  - the FBCR will send the Newsletter to the webmaster or secretary of all participating societies, who in turn will inform all their members (also those who may not yet participate in the project).

**14. Period of next meeting. Decision:** first half of October 2008.

15. Varia

Most sincere thanks to Ectors N for all her efforts and collaboration in the first draft of the guidelines, the KCE/PROCARE project, co-organizing workshops for pathologists and surgeons, the pathology TME review board.

**Adjourn 22.00**