



## Newsletter 2014

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## FROM PROJECT TO STRUCTURE !

First of all, we sincerely thank all PROCARE-collaborators for their active participation within PROCARE and for the invested efforts to make this multidisciplinary project a real success.

The PROCARE project was launched in 2003. After 10 successful years, PROCARE was prolonged for another 2 years until the end of 2014 thanks to the financial support of the RIZIV-INAMI. This prolongation allowed (1) risk-adjusted analyses of the quality indicators, (2) feedback on benchmarking and (3) the development of a minimum dataset for the registration of rectal cancer. This means that the PROCARE registration form of 35 pages will be replaced by a registration form of 4 pages. Registration of this minimum dataset will only be possible via the web based application of the Belgian Cancer Registry.

### How to register during the final project phase?

As foreseen, the PROCARE project will stop at the end of 2014. On the 31<sup>st</sup> of December the PROCARE database will be closed meaning that the online-application will be shut down. Therefore, **all online registrations must be finished on the 31<sup>st</sup> of December 2014**. Paper registration will stop earlier: **all paper registrations should be sent to the Belgian Cancer Registry before the 10<sup>th</sup> of December 2014**, this to assure the implementation of the registrations into the PROCARE database. It can not be guaranteed that paper registrations received after this date will be registered in the PROCARE database.

Despite the effort of all PROCARE-collaborators, a burden of relevant data is still missing in the PROCARE database (see Table 1). These data are of major importance for accurate analyses and will be used as part of several scientific reports about the project. For analyses (e.g. study of local recurrence), it is important to have data as complete as possible. Therefore, we would like to motivate you and ask to complete registrations and follow-up during the final period of the project.

For some hospitals, completing missing data could be a rather time consuming task. To reduce the workload, a **priority list** is given, taking into account the most relevant missing data.

#### PRIORITY LIST

1. Follow-up data: 1 follow-up document containing the most recent follow-up information is sufficient. Information on local recurrence and metastasis (incidence date and location) are the most important items. If no local recurrence or metastasis occurred, follow-up must be completed as well. Follow-up can be completed until 5 years after incidence.
2. Missing data: on pretreatment, surgery, post-operative data, pathology, radiotherapy and chemotherapy should be completed in the corresponding chapters.  
  
Registrations with incidence date:
3. Till 31<sup>st</sup> of October 2014: please provide as much information as possible.
4. From 1<sup>st</sup> of November 2014: no high priority, because for these registrations, it will not be possible to register the entire treatment information (e.g. surgery performed in 2015, after closure of the PROCARE database).

If desired, a **list of the registered patients**, including an overview of the missing data for your hospital can be provided. Please contact us via [procare@kankerregister.org](mailto:procare@kankerregister.org) — 02/212.08.56).

## The Future

We are pleased to announce you that thanks to the financial support of RIZIV-INAMI, a minimum dataset of 4 pages for the registration of rectal cancer via the web based application of the Belgian Cancer Registry (WBCR) is under development. This allows the transition from project to structural basis in 2015. More information will be provided in the near future.

Financial support from the Foundation Against Cancer for the period 2013-2015 allows additional analysis: (1) document variability in staging, treatment and outcome in patients with rectal cancer, (2) improve preoperative staging, neoadjuvant radiotherapy planning and pathology staging, (3) evaluate risk adjusted benchmarking and (4) document postoperative morbidity and mortality after radical rectal resection.

The collected PROCARE data will be stored at the Belgian Cancer Registry and might be used for additional analysis.



## Missing Data Evaluation

Table 1: Percentage of missing data in the PROCARE database. Red color: variables with more than 10% missing data (status 2013)

Variables	2012 (n=5459)	2013 (n=6334)	Delta (2013-2012)
<b>Documented distance</b>	13	<b>16.1</b>	3,1
<b>Tumour clinical stage</b>	14.8	<b>17.2</b>	2.4
<b>Date of biopsy or 1st consultation</b>	13.4	<b>15.9</b>	2.5
<b>Date 1st irradiation</b>	18.9	<b>19.3</b>	0.4
<b>Date last irradiation</b>	19.9	<b>20.2</b>	0.3
<b>Number of fractions</b>	17.5	<b>17.6</b>	0.1
<b>Total dose</b>	18.9	<b>18.9</b>	0
<b>Radiation compliance</b>	18.5	<b>18.8</b>	0.3
Concomitant Chemo	3.9	3.6	-0.3
<b>Mode of surgery</b>	8.3	<b>11.5</b>	3.2
Data on approach for radical resection	6.9	6.8	-0.1
Data on approach for reconstruction	8	7.8	-0.2
Perforation of rectum	7.8	7.6	-0.2
R status	0.5	9.4	8.9
<b>(y)pCRM</b>	26	<b>26.9</b>	0.9
Technique of resection	0.2	0	-0.2
Type of reconstruction	5.6	6.5	0.9
Technique of anastomosis	2.2	2.4	0.2
Stoma PME	0.4	0.4	0
Stoma TME	0	0.1	0.1
<b>ASA</b>	13.6	<b>13.2</b>	-0.4
Date of discharge	9.3	9.2	-0.1
<b>Length of distal margin</b>	14.3	<b>14.8</b>	0.5
(y)pT	6.5	6.8	0.3
(y)pN	6.3	6.7	0.4
(y)pStage	6.2	6.4	0.2
<b>Adj chemo for (y)pStage III,R0</b>	83.5	<b>67.1</b>	-16.4
<b>Adj chemo for (y)pStage II-III,R0</b>	85.1	<b>72.8</b>	-12.3

## PROCARE Feedback

The annual PROCARE feedback (2014) will be sent in the beginning of 2015.

In addition, a more extensive final PROCARE feedback will be prepared later in 2015.

## PROCARE RX

PROCARE RX, the online review platform for radiologists (second opinion on cTN and cCRM based on CT- and MRI-images) will be shut down on the **31<sup>st</sup> of December 2014**. Despite all efforts, the platform has been rarely used.



PROCARE-team: Dr. Liesbet Van Eycken (not on the picture), Mrs. Tamara Vandendael, Mr. David Jegou, Mrs. Kim Vande Loock, Mr. Geert Silversmit, Mrs. Nancy Van Damme, Prof. Dr. Freddy Penninckx (not on the picture)

## PROCARE Highlights

- Complete follow-up and missing data
- 10<sup>th</sup> December 2014: STOP paper registration
- 31<sup>st</sup> December 2014: STOP online registration
- 31<sup>st</sup> December 2014: STOP PROCARE RX

## Contact Information

Belgian Cancer Registry  
 Koningsstraat – Rue Royale 215 b7  
 1210 Brussel – Bruxelles  
 Belgium  
 Tel: 02/212.08.56  
 Fax: 02/250.10.11

With the financial support of:



[procare@kankerregister.org](mailto:procare@kankerregister.org)

[www.kankerregister.org/procare](http://www.kankerregister.org/procare)