Quality in 2015

Petra Boelens, Department of Surgery, LUMC, Leiden

We are pleased to announce the second EURECCA Newsletter. EURECCA, short for EUropean REgistration of Cancer CAre, is founded in 2007 by Professor Cornelis van de Velde from the Leiden University. The platform is unique because it combines the forces of clinicians, epidemiologists and patient organisations to optimise patterns of cancer care in Europe. Improving cancer care, by studying the variation and searching for harmonisation is a true challenge. Fortunately the key opinion leaders in cancer medicine are becoming more and more aware of the important value of accurate population-based results in comparison to the results coming from randomised clinical trials. In both worlds disadvantages hamper the evidence to really pin down the best practices. Population based data in some countries miss tumour and treatment information to follow up on the described differences. It does cost more money to collect more data. However, it just takes time to organise that we collect standardised data in the European countries. It could be regarded as a matter of mind-set. Clinical trials, while being so extremely valuable, are only including a small subset of our patients. We always have to cautiously look for multiple confounders, and selection, language and publication bias. EURECCA tries to connect the worlds of clinical trials with population based research by promoting auditing of cancer performance.

This is always an open invitation to respond to in a constructive manner.

Activities of the Upper GI group

Bill Allum, Department of Surgery, Royal Marsden NHS Foundation Trust, London, UK

“The Oesophageal–Gastric cancer group of EURECCA is another example that it is very well feasible to share data on tumour characteristics, neoadjuvant treatment, surgical techniques and outcome between 5 European countries. It is clear that in each country different sources deliver the data, which harbours imperfections in the data collection and interpretation. The successful start, predicts that we will mature in the next edition to accomplish a better data collection internationally. With of course, first steps to be taken, defining the true endpoints that influence cancer management in patients with oesophageal and gastric cancer. We already defined a common data set between the countries; this dataset optimisation should be seen as a dynamic process to unravel the performances. Followed by harmonisation of the datasets at hand and standardized data...
Stage II colon cancer in Europe

Anne Breugom, PhD, Department of Surgery, LUMC

Although a clinically relevant benefit of adjuvant chemotherapy has been demonstrated for stage III colon cancer, the role of adjuvant chemotherapy for patients with stage II colon cancer is less clear. According to the ESMO Clinical Practice Guidelines, adjuvant chemotherapy can be considered for high-risk stage II colon cancer patients. With the current EURECCA international comparison, we aim to compare treatment and survival for patients with stage II colon cancer between European countries. We already collected data from Belgium, Denmark, Sweden, Lithuania, Ireland, and the Netherlands. We recently invited more countries to participate, with a deadline for participation of June 1st, 2015. Preliminary results were presented during the 34th ESSO congress in Liverpool. For stage IIA colon cancer, there was little variation in the proportion of adjuvant chemotherapy between the European countries. In the age groups 65 – 74 years and ≥75 years, Sweden had a better relative survival compared with the Netherlands, while Denmark had a worse survival in patients aged 75 years and older. For stage IIB colon cancer, there was large variation in the proportion of adjuvant chemotherapy, while there were no significant differences in relative survival between the countries. Definitive results should be awaited.

The elderly breast cancer patient in Europe

Esther Bastiaannet, Senior Epidemiologist, Department of Surgery, LUMC, Leiden

The aim of this new study is to determine the proportion of postmenopausal breast cancer patients diagnosed with HR+ locally advanced or metastatic disease, who will not have had prior hormonal therapy for the management of breast cancer. Specific research questions are:

1. To determine the proportion of postmenopausal breast cancer patients diagnosed with HR+ advanced or metastatic disease at primary diagnosis;

2. To determine the proportion of postmenopausal breast cancer patients diagnosed with a recurrence, staged as (HR+) advanced and/or metastatic disease, in patients with initial early stage breast cancer; and determine the proportion of patients who did not have prior hormonal therapy for the management of early stage breast cancer in this cohort;

3. What proportion of all prevalent postmenopausal women with HR+ advanced or metastatic breast cancer does not have prior hormonal treatment for breast cancer?

For this specific study, all postmenopausal hormone receptor positive breast cancer patients diagnosed between January 2000 and December 2014 will be requested and pooled.

This protocol is open for all registries, please send an email to E.Bastiaannet@lumc.nl if you are interested to participate.

"EURECCA has a special focus for elderly with cancer, due to their heterogeneity this groups is underrepresented in clinical trials and population based research “
The International Watch & Wait database for rectal cancer

Geerard Beets, Professor of Surgery, MUMC, Maastricht

We are very happy to announce the launch of the first prospective database supported by EURECCA; The International Watch & Wait Database (IWWD), for patients completely responding to chemo–radiation for rectal cancer and choosing organ preservation.

The 12th of February 2015 our website was opened. Please visit www.iwwd.org

At the present time, the 15th of April 2015, patient data of consenting patients can be entered by the first phase centers among other Maastricht University Medical Center, Habr Gama Institute Sao Paolo, Champalimoud Center of the unknown, Lisbon, and many more.

A highly secure and encrypted data server, called ProMISe is used. The company ADM is NEN7510 certified and ProMISe meets the requirements for data–safety and privacy set by international law. Due to this certification the ProMISe system facilitates the availability, integrity and confidentiality of your data. ProMISe facilitates you to store, exchange and retrieve data according to the security conditions demanded by good clinical practice.

To prospectively follow our patients in the watch and wait strategy, please contact us when you are interested to enter your patients in the database.

EURECCA and ESTRO

Among the founding fathers of EURECCA, we have to introduce Vincenzo Valentini. Professor of Radiotherapy, Rome, Italy. He was the President of ESTRO 2011 until 2014. The collaboration of EURECCA and ESTRO was initiated in 2005, where the first consensus meeting on rectal cancer was held in Perugia, Italy. The meeting was successfully organised in 2007 for the second time. In 2012 rectal and colon cancer management became both part of the Delphi consensus process. He is always devoted to quality of cancer care, has original ideas to organise the big data so that we can learn how to improve cancer care in the future. Please, see in the updates the articles written by Prof Valentini on multidisciplinary cancer care.

In most types of cancer, there is a team of specialists that work together for the best results of the treatment. Multidisciplinary team work was born and promoted to reach the ultimate goals in cancer management benefit with a minimum of harm!

Especially in rectal cancer, several studies showed that adding radiotherapy to Total mesorectal excision (TME) surgery reduced the occurrence of local relapse significantly. Nowadays, the preoperative imaging and pathologic typing of the tumour are equally as important as the treatment itself.
More on Activities of the UGI of page 1

dictionaries to become truly comparable. If datasets are comparable and population based, we will get a glimpse of the real world of treatment and outcome in this population still facing an infatuated prognosis in most cases. Especially for those that can be cured for a longer period, more personalized approaches could be designed.

Please, join project calls proposed by the Upper GI group.


More of *Breast cancer* group on page 2

**Current projects in Breast Cancer**

Update 14–4–2015 Marloes Derks, LUMC Leiden

The call for our project “Age–specific treatment strategy for breast cancer patients across Europe – on our way to ‘best practice’” is still open. We already received data from Ireland, Spain, Belgium and the Netherlands and currently 187,872 patients are included for analysis. Preliminary analysis for abstract submission for the ECC congress 2015 in Vienna is started. The deadline for data accrual for final analysis is set at the 1th of June 2015. It would be great to include more countries or regions for analysis.

Tumour site groups of EURECCA are;

1. Colorectal– Chair Cornelis van de Velde
2. Breast Cancer– Chair Riccardo Audissio
3. Upper GI– Chair Bill Allum
4. HPB – Chair Graeme Poston, Bert Bonsing
5. Prostate – Chair Theo de Reijke
6. Lung Chair Michel Wouters
7. Melanoma Chair Michel Wouter

**Publications of EURECCA of 2005–2012**


**Update of the studies of EURECCA**

Kiderlen M. "Treatment strategies and survival of older breast cancer patients – an international comparison between The Netherlands and Ireland." PLOS ONE 2015 Feb 3;10(2):e0118074

Kiderlen M, Ponti, Boelens et al. Variations in compliance to quality indicators by age for 41,897 breast cancer patients across Europe: a EUSOMA database analysis. Accepted for publication 2015

EURECCA Breast cancer

Chair Surgery Riccardo Audissio
Chair Radiation Oncology Philip Poortmans
Chair Med. Oncology Martine Piccart
Chair Pathology Giuseppe Viale
Chair Radiology Robin Wilson
Chair Patient advocacy Susan Knox
Chair Nuclear Medicine

*“The first thoughts to unite cancer care in Europe were described in 2005.”*


“The EURECCA platform has increased visibility by expanding the number of activities in the last years. The Consensus meeting on Colon and Rectum in Perugia 2012 was a success.”