International Quality of Cancer Care

Recent retrospective cooperative population based reports (EUROCARE-5) highlight that for some cancers improvements are achieved over time for all European regions, not for all cancer though.

Moreover, there is still considerable variation in treatment and outcome of cancer in European regions. (R. De Ángelis, Lancet Oncol. 2014 Jan)

Hence, there is no international structure to prospectively collect data on cancer outcome between European countries. There is currently, no standardized collection of incidence and mortality of patients diagnosed with cancer in Europe. All data presented in large epidemiological reports form an important fundament for improving cancer performance, however are frequently based on estimated numbers.

Clinical audit structures are known to improve quality of cancer care, for example we would underline the advances in rectal cancer care. Read more on page 2.

First International Watch & Wait Database almost ready to launch

EURECCA in collaboration with Champalimoud foundation are currently developing a prospective web-based database. Patients will be asked to participate in the observational research project using the International Watch & Wait Database (IWWD) for patients with complete response of the tumour after chemo-and or radiotherapy for rectal cancer. ‘A novel non-surgical approach’ is considering organ preservation in rectal cancer management.

Promising results have been reported earlier, long term prospective data collection will at present be realized.

Centers of excellence that have been pioneering in the Watch and Wait strategy will be starting in the pilot phase. Among others; Maastricht University, the Netherlands, Memorial Sloan Kettering Cancer center, US, Habr Gama Institute, Champalimoud foundation, Portugal, Brazil, Karolinska Institute, Sweden, The Christie NHS Foundation Trust, UK and Leiden University.

Informed consent, call of agreement and the website are almost available to share and form as a tool of quality assurance for this specific patient group.

Executive Board of the IWWD project are Prof G.L. Beets, Dr N. Figueiredo, Prof C.J.H. van de Velde, Prof A. Habr-Gama, Prof J. Gama, Dr R.O. Perez.
International Quality of Cancer Care

Patients recruited to participate in clinical trials are less than 1% of the whole patient population, selection bias and commercially driven stimuli might influence national guidelines unequally.

We need to know better what therapies are beneficial for our patients by developing robust prospective clinical audit structures.

EURECCA, acronym for European Registration of Cancer Care, is challenging since 2007 to improve cancer care using a collaborative platform of epidemiologists, health care providers and patients. High quality cancer care should be accessible to all stakeholders. We will keep you informed about our activities in 2015!

Meet us in Vienna at the 34th ESSO Liverpool 2014

The 34th ESSO Congress in partnership with BASO 2014 was held in Liverpool from 29 to 31 October 2014. It was our honour to have the opportunity to have several scientific symposia labelled as EURECCA symposia.

Updates from the tumour site groups of colorectal cancer, upper GI, Hepato-pancreatico-biliary cancer and breast cancer, and a EURECCA board meeting were organized.

Several international EURECCA analyses were presented. The following projects showed their preliminary analysis of the colorectal group: “The use of adjuvant chemotherapy in stage II colon cancer”, “The use of adjuvant chemotherapy in rectal cancer”, “International comparison of treatment and survival for the oldest elderly (80+) with colorectal cancer”.

Moreover, data were presented by the upper GI group on the international comparison of patients undergoing esophageal or gastric surgery with curative intent between 2011 and 2012. The results of the international questionnaire to unravel the clinical care pathways of these patients were presented by Dr Messager.

EURECCA was visible as quality network on behalf of ESSO’s gratitude.

ECC in September 2015.

News from project groups will be circulated soon!

Petra Boelens, CEO
EURECCA

Cornelis van de Velde, Founder EURECCA

34th ESSO Liverpool 2014

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Meet us in Vienna at the

E-Education Program

Uniform high-quality cancer care is a prerequisite to optimum treatment outcomes and an acceptable quality of life in patients with colorectal cancer (CRC). In order to ensure this, healthcare professionals (HCPs) should have easy access to the most updated data about the disease pathology, diagnosis, treatment and long-term care with the ability to compare, evaluate and if necessary improve their own performance data vs those from other regions and countries. Meeting this vital need, the European REGistry of Cancer Care (EURECCA) and the European colorectal cancer community are collaboratively launching a milestone initiative in cancer care via the development of an eLearning curriculum accessible to all. Endorsement by the ESSO Educational committee.

Petra Boelens, CEO
EURECCA

Cornelis van de Velde, Founder EURECCA

“Consider participation in the International Watch and Wait Database, for patients with rectal cancer completely responding to neoadjuvant therapies and omitting rectal resection”
Elderly patients with colon cancer in EUROPE

A significant proportion of the colorectal cancer patient is over the age of 80 years at diagnosis. Not recruited in most clinical trials, the most optimal treatments are largely unknown. International comparisons could provide clues to the most optimal strategy in older patients. Four population-based national cohorts from Denmark, Sweden, Belgium and the Netherlands including colon cancer patients of 80 years and older, diagnosed between 2001 and 2010 (Sweden 2007-2010 and Belgium 2004-2010), were compared. Both therapies per country and short and long term Relative Survival were assessed, where Relative Survival was defined as the ratio of the survival observed and the expected survival based on the matched general population in the specific countries. Overall, 34,056 patients were included in 4 countries. There were no survival differences for stage I colon cancer (p<0.001). Belgium and the Netherlands had a lower survival for stage II colon cancer (adjusted RER 1.9 (1.6-2.4) and 2.5 (2.0-3.0); p<0.001, respectively), despite a higher proportion of adjuvant chemotherapy in Belgium (p<0.001). Sweden had a better survival for stage III colon cancer (adjusted RER 0.6 (0.5-0.7); p<0.001), with equal surgery rates in all countries and a lower proportion of adjuvant chemotherapy is Sweden (0.9% versus 11.9%, 23.4% and 5.4% for Denmark, Belgium and the Netherlands, respectively). Survival was highest in Denmark for stage IV colon cancer, while surgery rates were higher for Sweden and Belgium and chemotherapy rates were highest in Belgium (surgery and chemotherapy in Belgium 21.0% versus 5.2%, 1.5% and 5.7% in Denmark, Sweden and the Netherlands, respectively). In conclusion; treatment with a higher proportion of chemotherapy was not associated with survival in stage II colon cancer in elderly. Less chemotherapy in stage III was not associated with a lower survival. More detailed analysis are necessary to reveal the clinical use of this information. Current analysis were presented at the 34th ESSO, Liverpool.

M. Messager. Variations among 5 European Countries for Curative Treatment of Resectable Oesophageal and Gastric Cancer: a survey from the EURECCA Upper GI Group

Description and analysis of clinical pathways for patients treated for oesophageal and gastric adenocarcinoma in different European countries involved in the EURECCA project

Updates


Kiderlen M et al. Treatment strategies and survival of older breast cancer patients - an international comparison between The Netherlands and Ireland.” Accepted PLOS ONE 2015


Anne Breugom International comparison patterns of care of adjuvant therapy in colon stage II. International comparison patterns of care of adjuvant therapy in rectal cancer.
**EURECCA to improve patient’s care**

All of the work of EURECCA is aiming at improving information and data flows to better understand what treatment is the best for which patient group.

Current medical decisions are evidence based and this means that conclusions of randomized trials are used for national guidelines. There is a risk of extrapolating and overstating of recommendations that might be incorrect for certain patient groups such as the elderly and patients with comorbidities. On the other hand young patients are vulnerable to all kinds of overtreatment. Prospective observational international treatment outcome-based registries are not yet existent in most countries and would give enormous insight in outcome specifics for patient subgroups that would never be recruited for clinical trials. Join EURECCA study calls and projects!

**EURECCA Vision, Mission, Goals**

| **The vision** | EURECCA aspires become the trademark for quality assurance in cancer management in Europe, and provide a dedicated infrastructure to audit patient outcome, monitor standardized cancer care and assure equal access for cancer patients to high quality care in all European countries. Synergy with the epidemiological network to collaboratively reach common goals is actively pursued to form one front. Web based dashboard with highly secured information on performance and enhancement proposals are future perspectives. |
|------------------------------------------------------------|
| **The mission** | EURECCA is achieving and assuring high quality of multidisciplinary cancer management in Europe, accessible to all patients through the development and support of an international quality assurance structure, which is an audit structure, using anonymous patient data and compliant with national and international laws. |

**EURECCA’s goal:** To enlarge the European platform and infrastructure to cooperate with national registries or audit structures, expand the coverage of cancer patient outcome data that is captured and audit the quality of multidisciplinary cancer care. Registration of outcome-based quality measurements will provide internal feed-back, benchmarking as well as transparency which will rapidly lead to improvements in cancer care.

Source: Six years plan to professionalize EURECCA