

Convention complex pancreatic surgery – evaluation by international experts based on final report drafted by the Belgian Cancer Registry

Date: 25 September 2023

Experts: ***Prof. Dr. Thilo Hackert***
Prof. Dr. Marc Besselink

1) Evaluation of individual performance of the 15 centres during the 3 convention years

- › 30-day postoperative mortality is not recommended to evaluate individual performance of the centres, as you can easily ‘keep patients alive’ during the first 30 days after surgery.
- › Use of 90-day mortality and in-hospital mortality (the latter also beyond 90 days) are recommended to evaluate individual performance.
 - All pancreatic surgeries together performed in a centre have to be evaluated (benign and malignant indications).
- › Recommendations towards the centres that have deviating results:
 - Request of the centres that performed significantly inferior (centres S3, S7 and S12) to reflect on their results, explain why they performed inferior, and to prepare an improvement plan for the time to come.
 - Ask the centres that performed significantly superior (S10 and S13) to present their results and try to demonstrate why/how they achieve(d) superior results.
- › An on-site audit of the centres that have deviating results is not regarded as an adequate tool to evaluate the centres. We believe that ‘policing’ is not the way to go, on the contrary, we highly recommend promoting communication between the experts and peer-teaching.

2) Evaluation of the centralization as a whole

- › We are truly enthusiastic about this realization in Belgium and encourage continuation.
- › Specific recommendations for the continuation, based on the final report:
 - Every patient with newly diagnosed pancreatic cancer should be discussed on a specialized MDT.
 - A structured follow-up protocol is to be discussed / implemented (i.e. 3-monthly CT scans in the centres for 2 years, afterwards 6-monthly) to collect disease-free survival / recurrence reliably.
 - Standardization of data-collection is necessary:
 - Pathological examination
 - Scoring of complications
 - Advise to contact DICA (The Netherlands) for tools to standardize data-collection.

- Next step is to specify on particular procedures, these specifications should be supported/agreed upon by the 15 centres:
 - Impose a minimum Whipple volume of 20 procedures per year.
 - Centres that perform minimal invasive pancreatic surgery should achieve a minimum volume of these procedures of 20 procedures per year.
 - Centres that operate on patients with locally advanced disease (NCCN definition of LA) should achieve a minimum annual volume of these indications (e.g. 12 procedures per year).