

Centralisation?



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No disclosures



Centralisation is inevitable

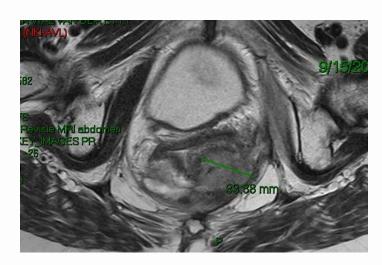


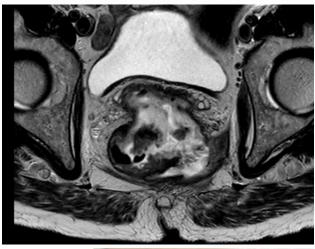
Trends

- Decreasing volume
 - Screening
- Increasing complexity
 - Different surgical options
 - Different 'neoadjuvante' options
 - Shared decision making Patient preference
 - MDT discussion?
- Team effort



Secondary surgery



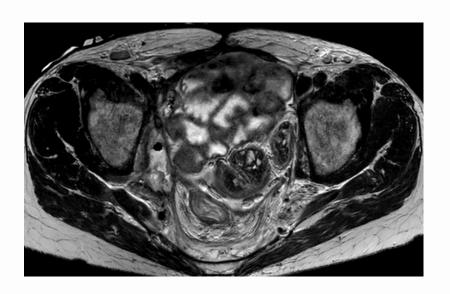








Surgery for complications









Volume – Requirements?

Dutch: 20 rectal cancer operations?



Contents lists available at ScienceDirect

Critical Reviews in Oncology/Hematology

journal homepage: www.elsevier.com/locate/critrevonc

ECCO Essential Requirements for Quality Cancer Care: Colorectal Cancer. A critical review

Geerard Beets^a, David Sebag-Montefiore^b, Elisabeth Andritsch^c, Dirk Arnold^d, Marc Beishon^e, Mirjam Crul^f, Jan Willem Dekker^g, Roberto Delgado-Bolton^h, Jean-François Fléjouⁱ, Wolfgang Grisold^j, Geoffrey Henning^k, Andrea Laghi^l, Jozsef Lovey^m, Anastassia Negroukⁿ, Philippe Pereira^o, Pierre Roca^p, Tiina Saarto^q, Thomas Seufferlein^r, Claire Taylor^s, Giampaolo Ugolini^t, Cornelis van de Velde^u, Bert van Herck^v, Wendy Yared^w, Alberto Costa^x, Peter Naredi^{y,*}

Team volume



Organ preservation

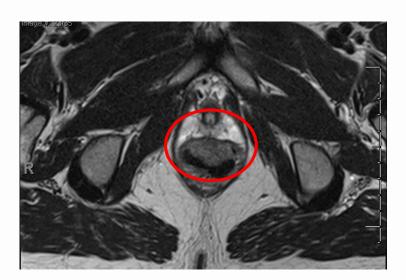
Is it really safe?

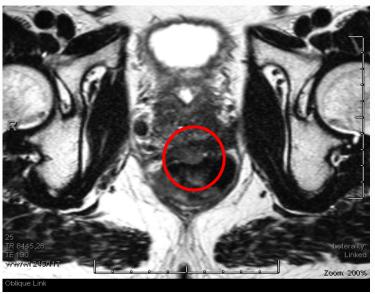
- Requires expertise
 - Discussion treatment options
 - Selection
 - Follow up

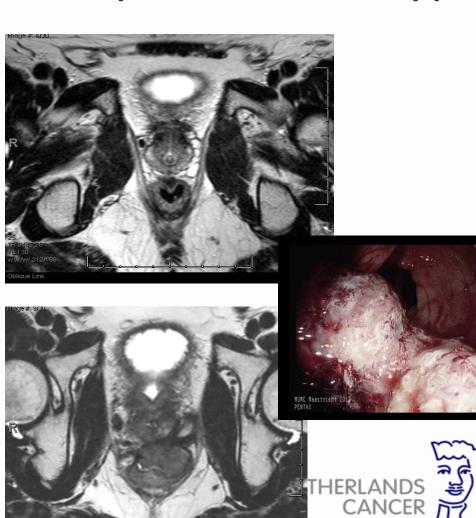
Requires good logistics



Distal cT2N0 – good response – TEM ypT2

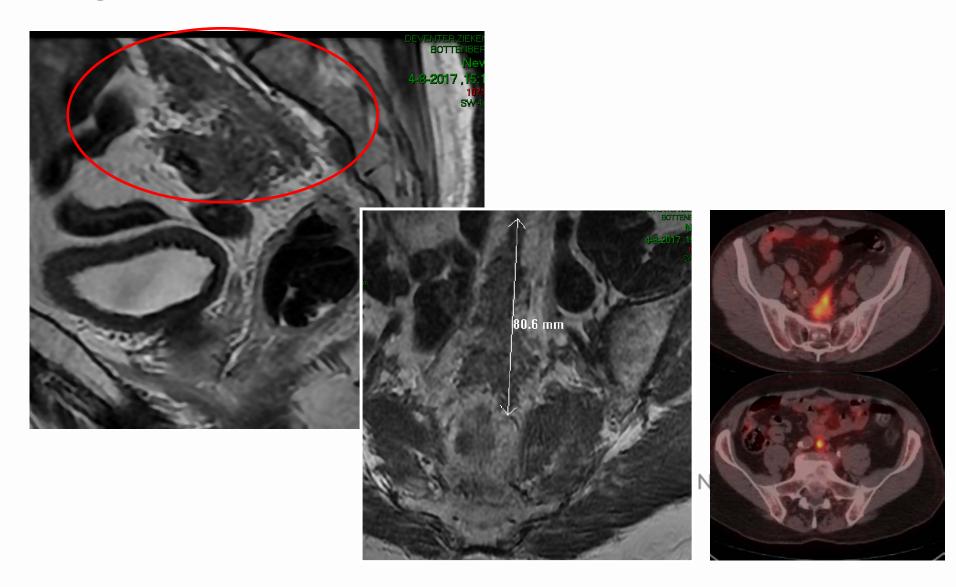






ANTONI VAN LEEUWENHOEK

High presacral extramural recurrence



Multi-center evaluatie Wait-and-See

- Prospective national implementation and registration study
- Regional expert centers
- Benefits all of us
 - Patients
 - Health care providers
 - Increase knowledge









Conclusion

Centralisation is inevitable

Rectal cancer treatment is more complex

- Potential for better outcome
- Potential for higher oncological risk
 - Experience Logistics

