

Logistics on Organ Preservation: now and in the future

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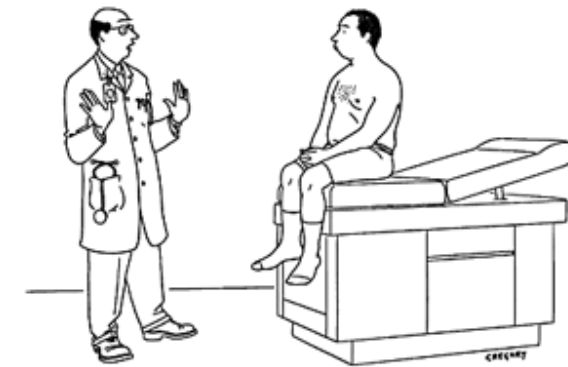
***5th World Rectal Conference
On Organ Preserving Perspectives
LUMC, Leiden, November 20th-21st***



Challenges to define the optimal treatment

1. Response assessment
2. Prediction of oncological and functional outcome of both organ preservation and rectal resection
3. Treatment in accordance with patients preference
4. Offering the treatment regardless point of entrance

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"Whoa—way too much information!"

Spread the news



John the Evangelist

Spread the news of organ preservation



Angelita Habr Gama

Spread the news of organ preservation



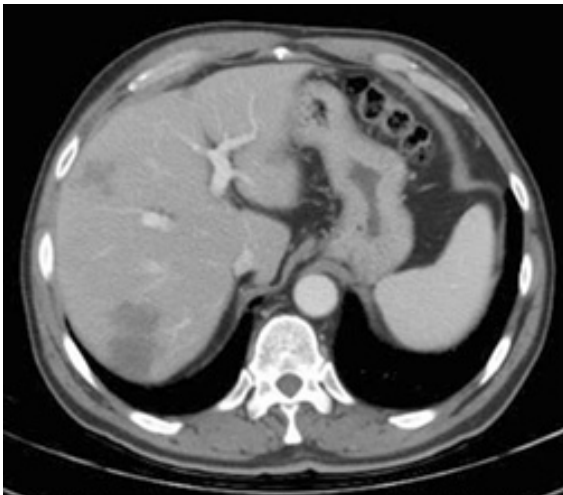
Geerard Beets

Slow adaption: liver resection voor CLRLM

Resection is the golden standard

Responsible for cure in selected patient

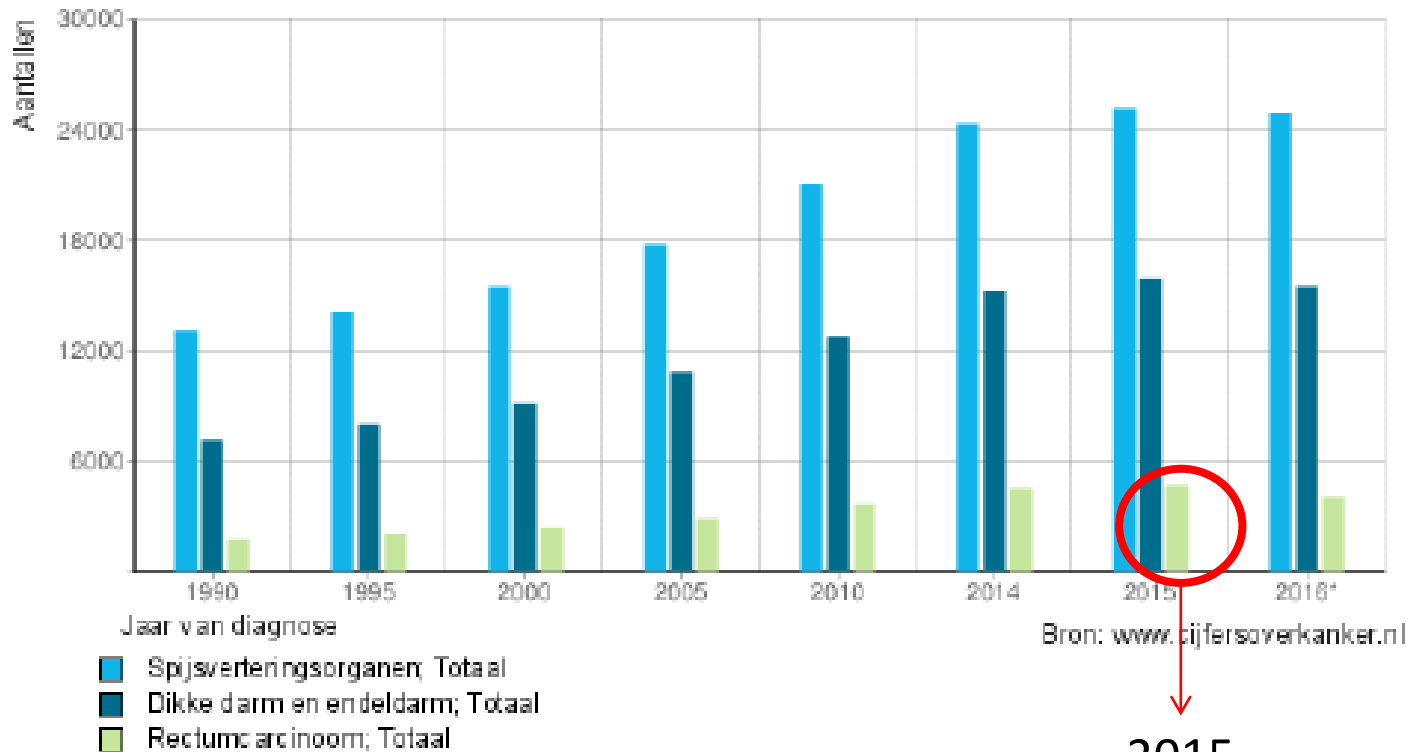
Early days: only 25% of possible candidates for resection were referred



This CT image shows metastatic lesions within the right lobe of the liver.

K.P. de Jong et al. NTVG 1989

Possible candidates for wait&see in the Netherlands



2015

N = 4700

20% cCR of CRT subset

Offering patients organ preservation: challenges

1. Awareness among professionals



2. Patient selection: identifying, expertise

MRI

Endoscopy

Digital examination

3. Experimental treatment

vs.

Result of SDM



Black box



Current practise: wait&see, TESAR, Star-Trec

1. Candidates are referred to LUMC:

Patient info by fax, CD-ROM



Review in LUMC, when in doubt rectoscopy by selected gastro-entriologists

Double check with NKI-AvL in Amsterdam

Patient included in prospective registry

In case of regrowth back to referring hospital

Early rectal cancer:



Radicale lokale excisie **T1-2 N0 M0** rectumcarcinoom?

Randomisatie

**Adjuvante
chemoradiatie**

(4-8 weken na lokale excisie)

Intensieve follow-up

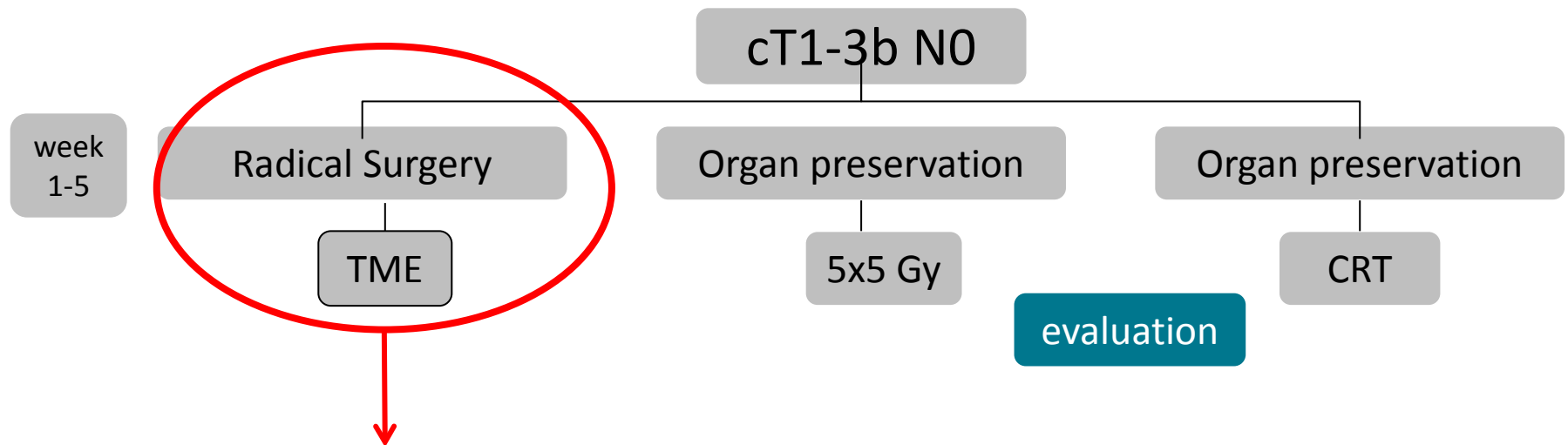
**TME
Chirurgie**

(4-8 weken na lokale excisie)

Reguliere follow-up



Wait&See (?)



Standard arm in study center

- CRF's
- Standardized and similar follow up in all treatment arms

Getting the trial running

Approval medical ethical committee local hospital

Insurance

Funding extra investigations required by study

Clinical trial agreement

BROK

Mandatory Course on legislation and organisation of clinical research



MDT: Video Conference within the region

1. Interpretation radiological and endoscopic findings
2. Many participants, few experts
3. Definite answer on organ preservation after careful revision



Comprehensive Cancer Network

Definition:

partnership between medical professionals/hospitals aiming for optimal oncological care

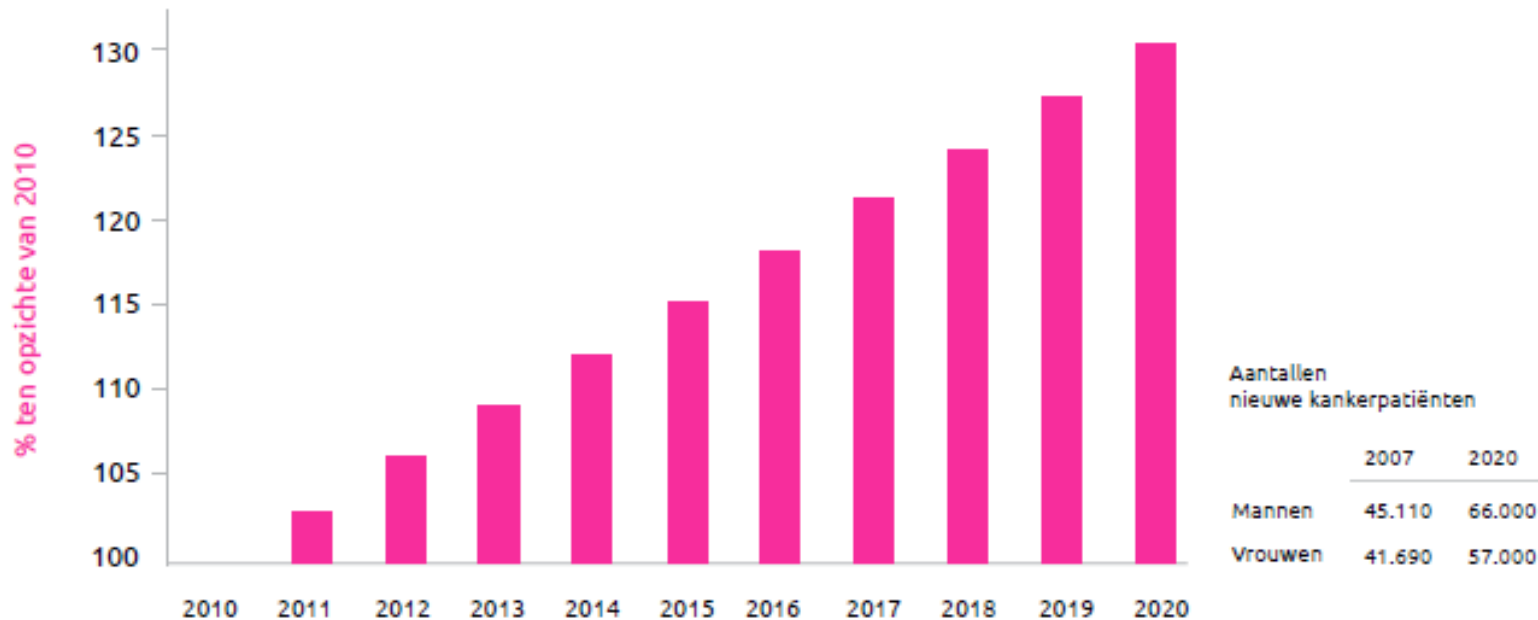
Agreement on patient flow, quality assurance and treatment evaluation

Merger of patient care and research (fundamental, translational and clinical)



Koersboek 2015-2020, Taskforce Oncologie

Increase in cancer incidence and concomitant complexity



Rise in:

- Multidisciplinarity
- Treatment options
- Survival and need for aftercare

CCN: benefits for patients and stakeholders

Increase in quality (better outcome, low morbidity and mortality)

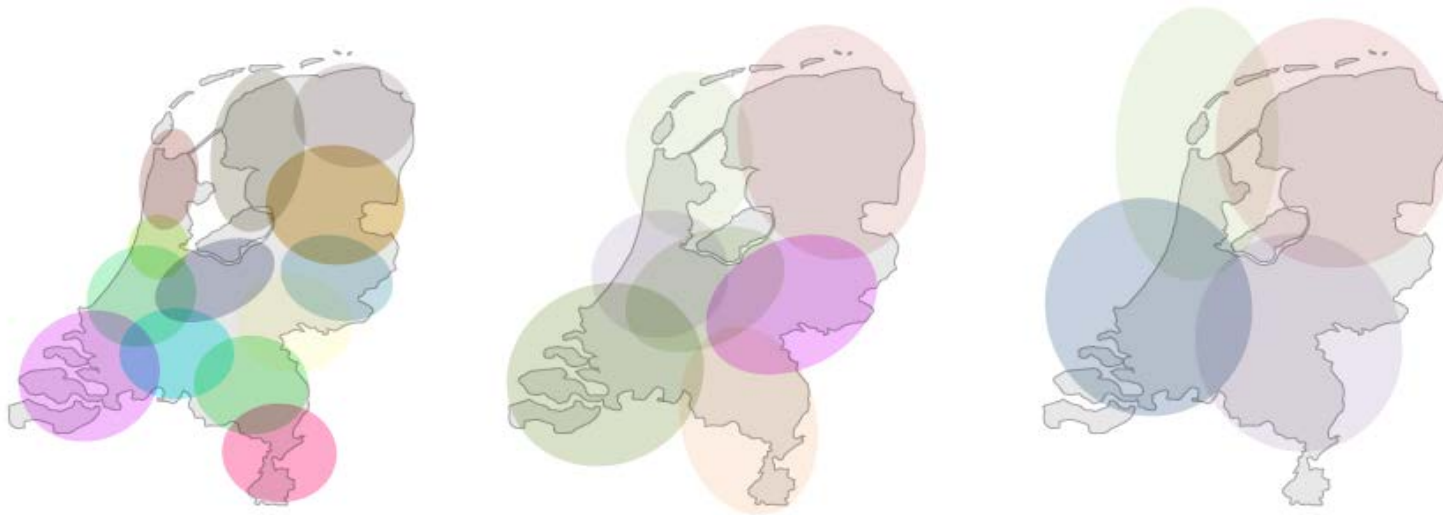
Right treatment at the right place

Lowering treatment variation

Regional visibility

Bundling of research activities

Transparency for trainees



Complex – low volume

Colorectal cancer: complex?

right hemicolectomy for cT2 carcinoma

HIPEC-locally advanced rectal carcinoma-***organ preservation***

Threats for CCN

Poor data exchange, ICT

Reluctance to deviate patient flow
volume norms
loosing expertise



Value Based Health Care (VBH)

$$\text{Value} = \frac{\text{Quality}^*}{\text{Payment}^\dagger}$$

* A composite of patient outcomes, safety, and experiences

† The cost to all purchasers of purchasing care



Thank you very much

