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TITLE:

A Multidisciplinary Dutch Hepato Biliary Audit (DHBA): Starting the national registration of thermal ablation of colorectal liver metastases

AUTHOR(S):

M. Groothuis, L.R. van der Werf, M.C. Burgmans, D.J. Grünhagen, N.F.M. Kok, M.R. Meijerink, W. Prevoo.

BACKGROUND:

In the Netherlands, only 30% of patients with colorectal liver metastases (CRLM) is suitable for surgical resection due to tumor- or patient characteristics¹. Thermal ablation (radiofrequency and microwave ablation) has recently been acknowledged as an effective alternative technique for curative treatment of non-resectable liver metastases in the Netherlands². To monitor the quality of care for patients undergoing this treatment, all thermal ablations will be listed in a national registry. This abstract describes the expansion of the Dutch Hepato Biliary Audit (DHBA) with the registration of thermal ablations.

METHODS:

For the national registry evaluating outcomes of thermal ablation for CRLM the Dutch Society of Interventional Radiology has affiliated with the DHBA. The DHBA is a national clinical audit facilitated by the Dutch Institute for Clinical Auditing (DICA). It has been registering outcomes of liver surgery since 2013. The DHBA provides participating hospitals weekly online feedback by reporting their outcomes on quality indicators together with the national benchmark. A task force compiled with experts in treatment of CRLM defined a set of quality indicators and case mix variables (patient and tumor factors that are likely to influence outcomes) relevant for ablation procedures. These agreed upon variables regarding the process and outcome of percutaneous, laparoscopic and open needle-guided ablations and were added to the DHBA survey. Information generic for both ablation and surgical treatment types, such as patient and tumor characteristics, diagnostics, post procedural outcomes, and follow-up information on local recurrence and survival (1 month, 1, 3 and 5 year) are registered uniformly.

RESULTS:

Seven variables have been added to the DHBA survey for evaluation of the quality of ablations. Furthermore, ten variables have been added to register information at follow-up. In 2018, the outcomes of three quality indicator regarding ablations will be reported to participating hospitals. Since its start in January 2018, fifteen Dutch hospitals signed up and thirty registrar accounts were granted. A total of 47 percutaneous and 40 open ablations were registered between January 2018 and June 2018 in the DHBA by a total of 7 hospitals.

CONCLUSION:

The multidisciplinary DHBA will enable evaluation of outcomes of needle-guided ablations by reporting outcomes on quality indicators to participating hospitals. In addition, by performing outcomes research, the DHBA registry has the potential to provide insight in the application of needle-guided ablations for CRLM.

REFERENCES:

¹ Integraal kankercentrum Nederland (2014). Richtlijn Colorectaal Carcinoom. Consulted June 2018.

² Zorginstituut Nederland (2017). Standpunt Thermale ablatie bij colorectale levermetastasen. Consulted June 2018.

Full name(s)	Academic degree(s)	Institution(s)	(Address and) E-mail address
Mirthe Groothuis	MSc	Dutch Institute for Clinical Auditing	m.groothuis@dica.nl DICA, Poortgebouw Zuid, Rijnsburgerweg 10, 2333 AA Leiden.
Leonie R. van der Werf	MD	Dutch Institute for Clinical Auditing	l.vanderwerf@dica.nl
Mark C. Burgmans	MD PhD	Department of Radiology, Leiden University Medical Centre, Leiden, The Netherlands	M.C.Burgmans@lumc.nl
Dirk J. Grunhagen	MD PhD	Departement of Surgical Oncology, Erasmus MC Cancer Institute, Rotterdam, The Netherlands.	d.grunhagen@erasmusmc.nl
Niels F.M. Kok	MD PhD	Division of Surgical Oncology, The Netherlands Cancer Institute	n.kok@nki.nl
Martijn. R. Meijerink	MD PhD	Department of Radiology, VU University Medical Center, Amsterdam, The Netherlands	mr.meijerink@vumc.nl
Warner Prevoo	MD	Department of Radiology, The Netherlands Cancer Institute, Amsterdam, The Netherlands	w.prevoo@nki.nl