

Final evaluation report convention complex surgery pancreas – recommendations formulated by the Belgian Pancreatic Cancer Group (BPCG)

November 2023

The following statements that are unanimously supported by all centers.

- The BPCG believes the first 3-year convention period on complex pancreas surgery has been successful. As compared to the period before the convention, the 30d-mortality during the convention period decreased from 4.3% to 2.6% (p 0.016) and the 90d-mortality from 7.3% to 5.6% (p 0.08). Therefore the BPCG recommends to further extend the convention for another 3-year period.
- Since the 90d-mortality wasn't reduced significantly and mortality rates were the highest in the (total) pancreaticoduodenectomy group, the BPCG recommends to increase the minimal number of pancreaticoduodenectomy procedures to at least twenty (20) per center per year.
- The BPCG encourages the RIZIV/INAMI to provide resources to centers in order to standardise 1. Medical imaging to evaluate resectability, and 2. Pathology evaluation and reporting of surgical resection margins and lymph node status.
- Unfortunately, there are major differences in the interpretation and the reporting of postoperative complications. The BPCG encourages the RIZIV/INAMI to complete as soon as possible the audit and the evaluation of the centers on this matter.
- Patient reported outcome measures (PROMS) and patients reported experience measures (PREMS) should be considered of added value as well as quality of life measurements. Outcome registration and follow up of patients should be longer than 3 months after surgery.
- The time interval between diagnosis and treatment is not necessarily a quality parameter. It should be determined which tumors, indications, procedures this is defined for.
- All peri-ampullary tumors should be discussed at MC-pancreas, including those who are not considered for surgery.
- The future evolution of minimally invasive surgery in the centers should be looked at very closely.
- The current status and the future evolution of neoadjuvant systemic therapy in the centers should be looked at closely.