

INTERNATIONAL CANCER SCREENING NETWORK

Working Group: Quality Indicators of Screen-Detected Breast Cancer Care

Copenhagen - June 4th, 2008

Coordinators:

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Background

“There are *two welcome side effects of population screening programmes for breast cancer*. Firstly an increasing awareness of the disease which encourages symptomatic women to present with smaller tumours and secondly the establishment of specialist clinics [and Clinical Audit].”

Michael Baum, *BMJ* (rapid response), 2002

Clinical Audit is a quality improvement process that seeks to improve outcomes through systematic review of care against explicit criteria and the implementation of change

NICE, UK, 2002

Public Health and epidemiological expertise from **screening** environment can help in implementing **Clinical Audit** of screen-detected cases and in transferring this information on a **population basis**

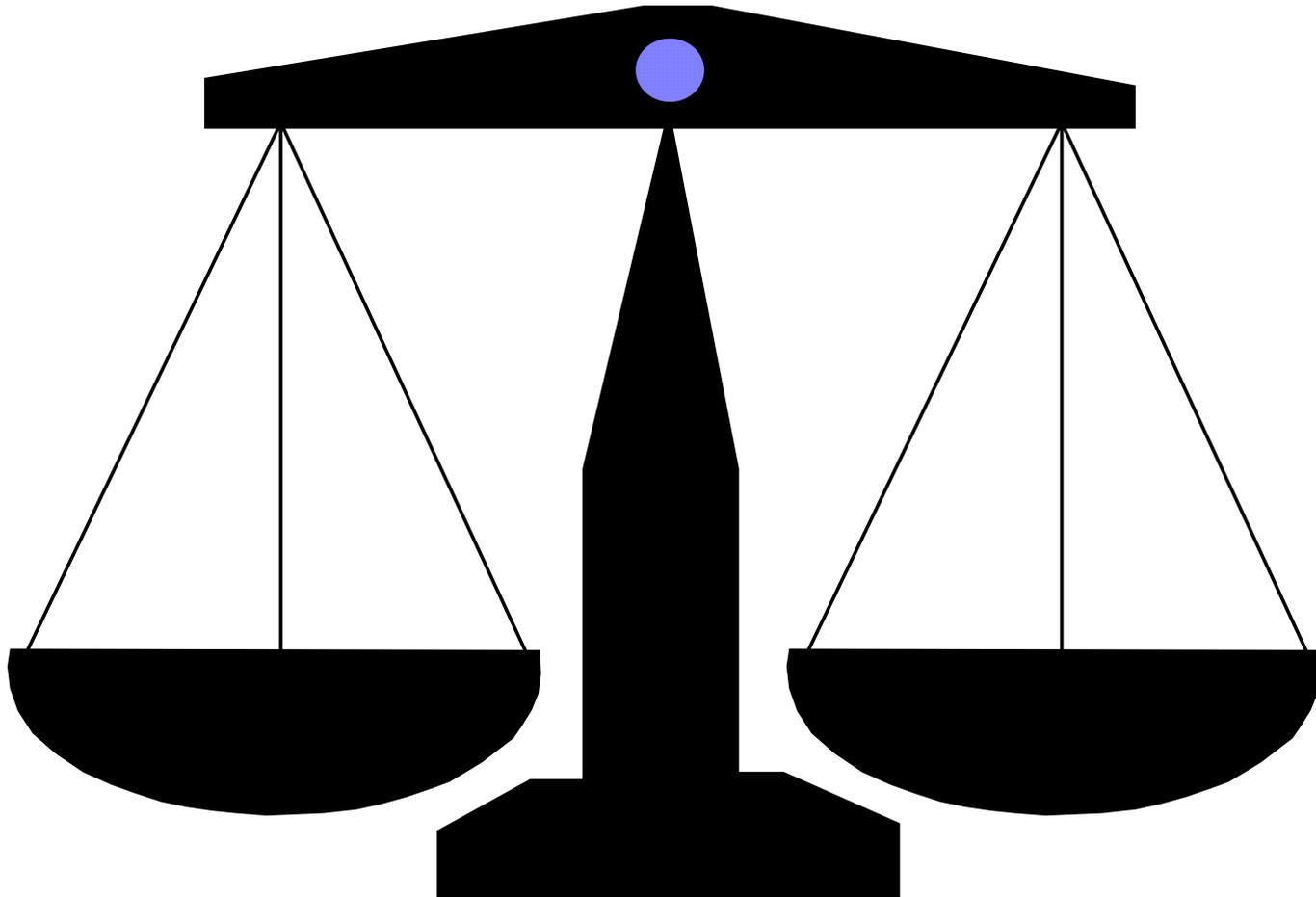
GENERAL PRINCIPLES

Improve further link between screening and treatment monitoring:

- **Access to specialist multidisciplinary **Breast Units** and **Clinical Audit** should be provided to all screen-detected cases**
- **Breast Units should work in connection with screening and include screening history among key Audit items**

GENERAL PRINCIPLES

Treatment of screen detected cases:
efficacy vs avoiding overtreatment



A digression on QT



European Breast Cancer Network
'Europe Against Cancer' Programme
EUSOMA
CPO-Piemonte

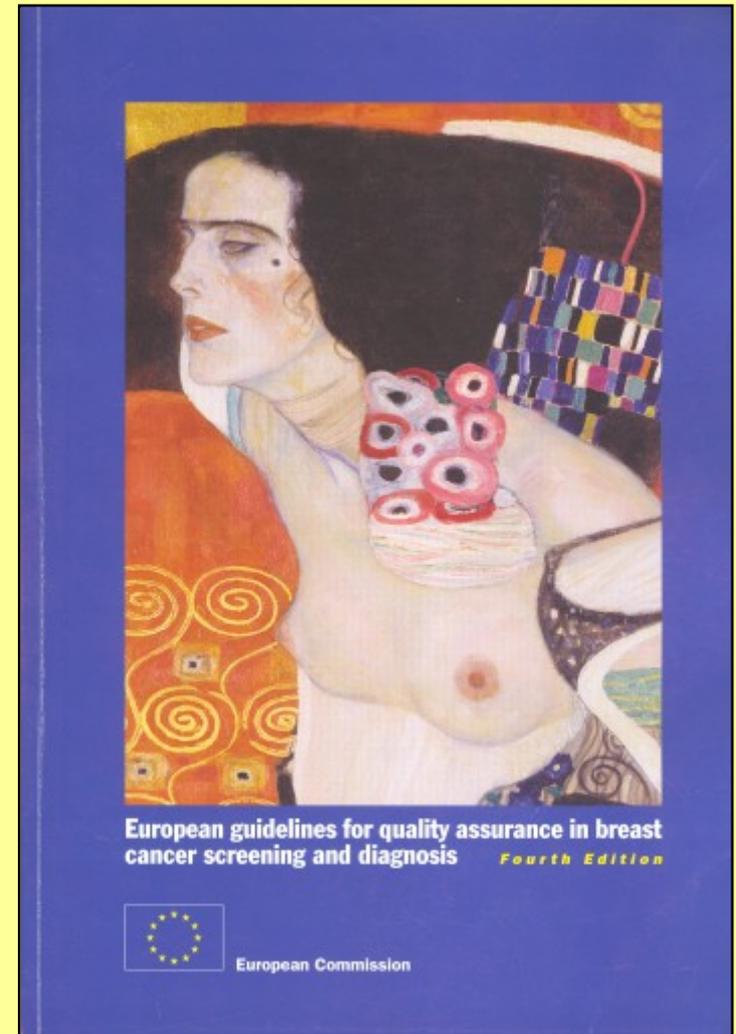
Q.T.

Audit System on Breast Cancer Treatment

QT is a public domain
(www.qtweb.it)
oncological database
designed for
multidisciplinary Breast Units

Dataset and outcome measures defined in agreement with international guidelines

It evaluates in a standard way the outcome measures on diagnosis and treatment recommended by international guidelines (European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis, EUSOMA).



Outcome measures

Calculation of indicators - QT 3.50

<input type="checkbox"/>	P01	195/280	69,64%	PRE-OPERATIVE DIAGNOSIS - Positive or suspicious pre-operative cyto/histological diagnosis
<input type="checkbox"/>	P02	140/280	50,00%	PRE-OPERATIVE DIAGNOSIS - Positive pre-operative cyto/histological diagnosis
<input type="checkbox"/>	P03	285/331	86,10%	PRE-OPERATIVE DIAGNOSIS - Non-inadequate pre-operative diagnosis
<input type="checkbox"/>	P04	140/234	59,83%	PRE-OPERATIVE DIAGNOSIS - Absolute sensitivity of pre-operative diagnosis (C5/B5)
<input type="checkbox"/>	P05	42/94	44,68%	PRE-OPERATIVE DIAGNOSIS - Specificity of pre-operative diagnosis (C2/B2) (op. only)
<input type="checkbox"/>	P06	42/95	44,21%	PRE-OPERATIVE DIAGNOSIS - Specificity of pre-operative diagnosis (C2/B2)
<input type="checkbox"/>	11	197/197	100%	Correct excision at 1st surgical biopsy
<input type="checkbox"/>	12A	39/47	82,98%	Benign biopsy specimen weight = 30 grams
<input type="checkbox"/>	12B1	7/33	21,21%	Specimen weight at first operation =30 grams

Stratify by:

Outcome measure P01 - PRE-OPERATIVE DIAGNOSIS - Positive or suspicious pre-operative cyto/histological diagnosis

Total number of cases: 291
 Result: 195/280 = 69,64%
 Cases with missing information: 11 (3,78% on the total)
 IC 95%: 63,84% - 74,90%

$$\frac{195}{280} = 69,64\% \quad \frac{195}{280+11} = 67,01\%$$

Show fields: Pertinent All

Indicate the selection criteria in the box

473/473 selected cases



Developed within EBCS Network with support of European Commission funds. It is available in six languages:



*Scheda computerizzata sulla Qualità del
Trattamento del carcinoma Mammario*



*Audit System on
Breast Cancer Treatment*



*Fiche informatique sur la Qualité du
Traitement du Cancer du Sein*



*Ficha sobre calidad del
tratamiento del cáncer mamario*

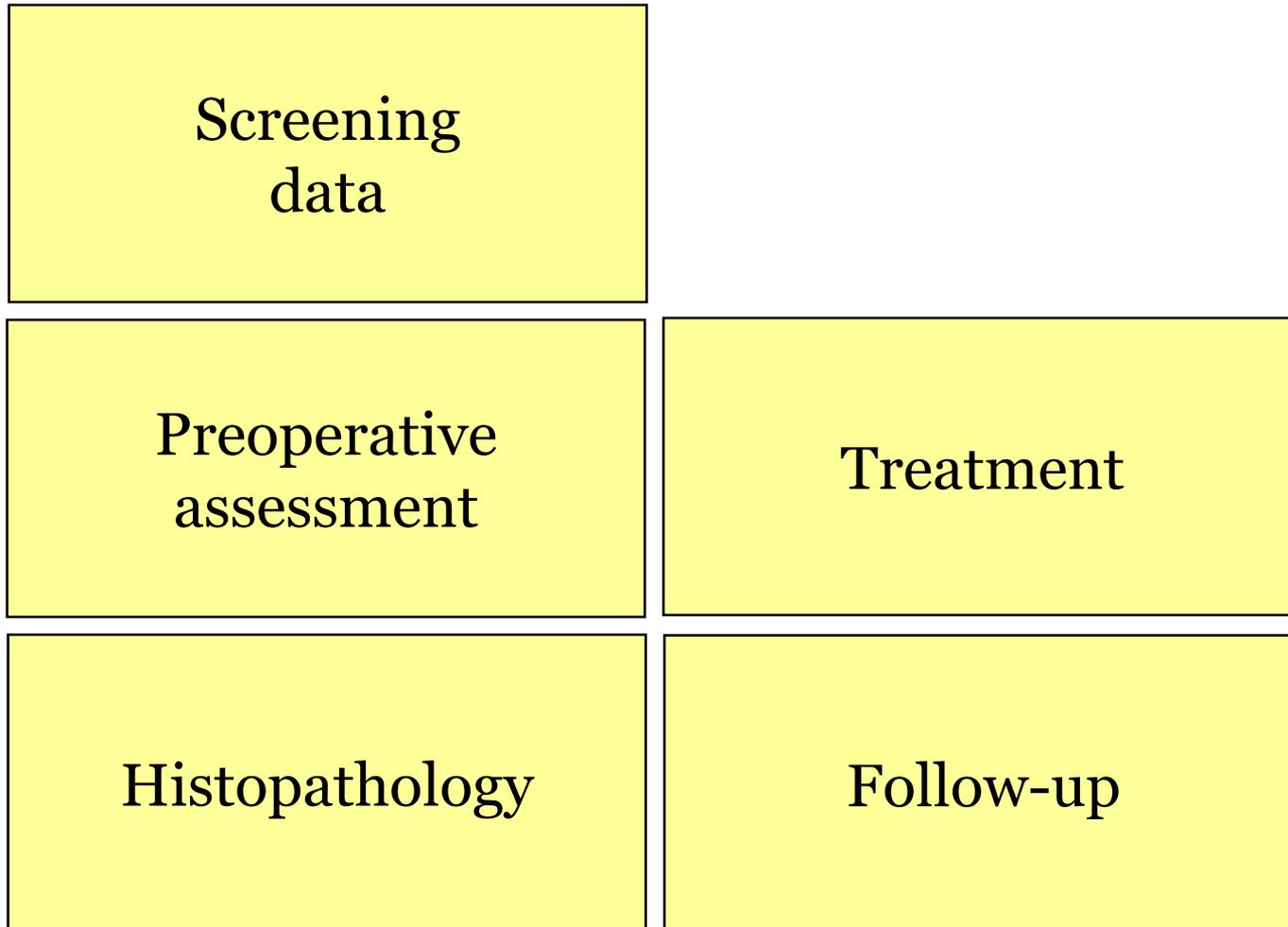


*Datenverarbeitendes System über
Behandlungsqualitaet d. Mammakarzinoms*



*Minoségellenorzési Rendszer
az Emlorák Kezeléséről*

QT - Audit System on Breast Cancer Treatment



Use within ICSN

QT is available for projects aiming at comparing screen-detected breast cancer treatment in different settings, employing standardized data collection and analysis.

Issues discussed in the group meeting

How are screening programs linked to breast cancer care?

How vary care for screen-detected cancer and practice styles across Countries and programs?

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How are screening programs linked to breast cancer care?

Representatives from 12 Countries have reported on:

- **Availability of population data on breast cancer treatment**
- **Availability of such data by screening history (method of detection)**
 - **Available parameters**

It has been proposed to make a brief structured survey on this issues and publish it on the ICSN web site

Proposals

How vary care for screen-detected cancer and practice styles across Countries and programs?

A study on effects: survival

On screening related issues: studying process indicators capable of capturing aspects associated with treatment appropriateness, including avoidance of overtreatment.

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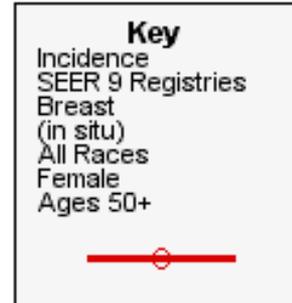
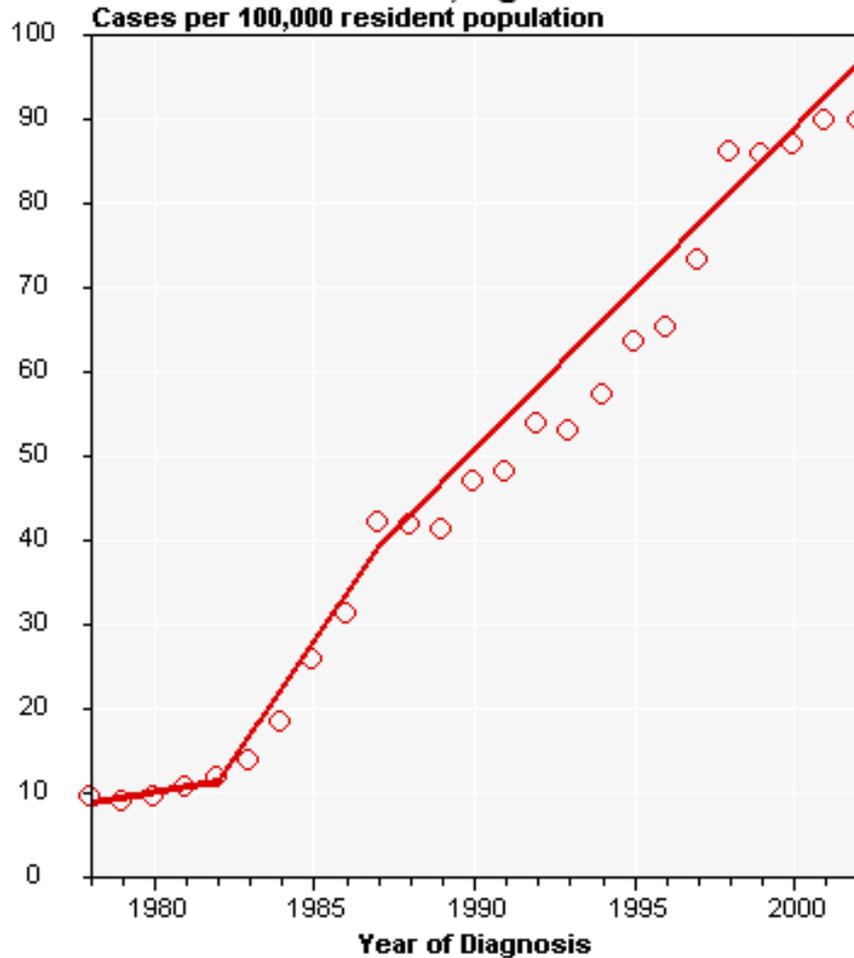
Diagnosis and treatment of screen-detected DCIS

The group agreed to concentrate on DCIS and aim at studying parameters such as

- **Time from screening to treatment**
 - **Preoperative diagnosis**
- **Surgery on the breast and the axilla**
 - **Adjuvant therapy**

Historical Trends (1978-2002)

Incidence, SEER 9 Registries Breast (in situ), All Races Female, Ages 50+



Created by
statecancerprofiles.cancer.gov

Rates are age-adjusted to the 2000 US standard population by 5-year age groups.

USA - SEER

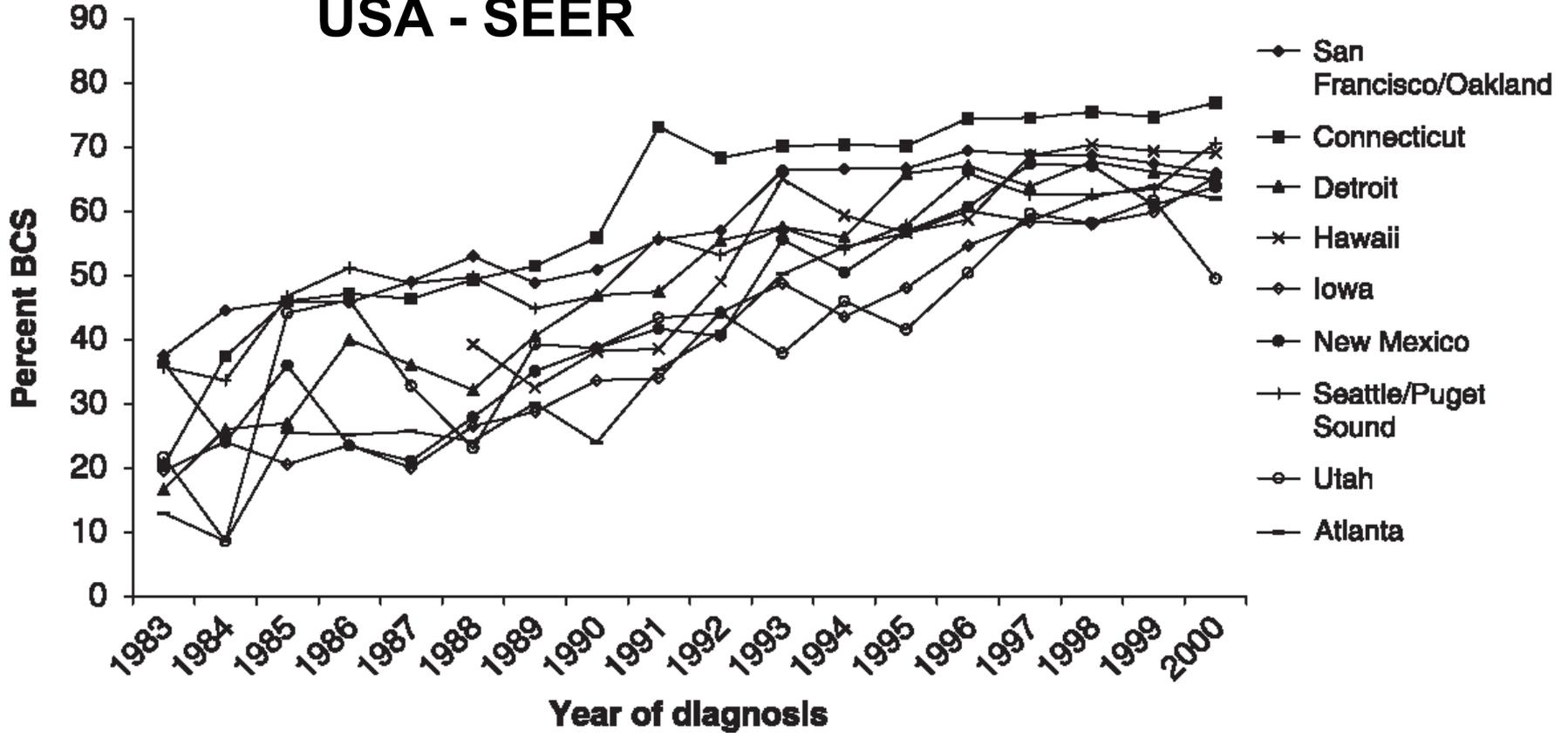
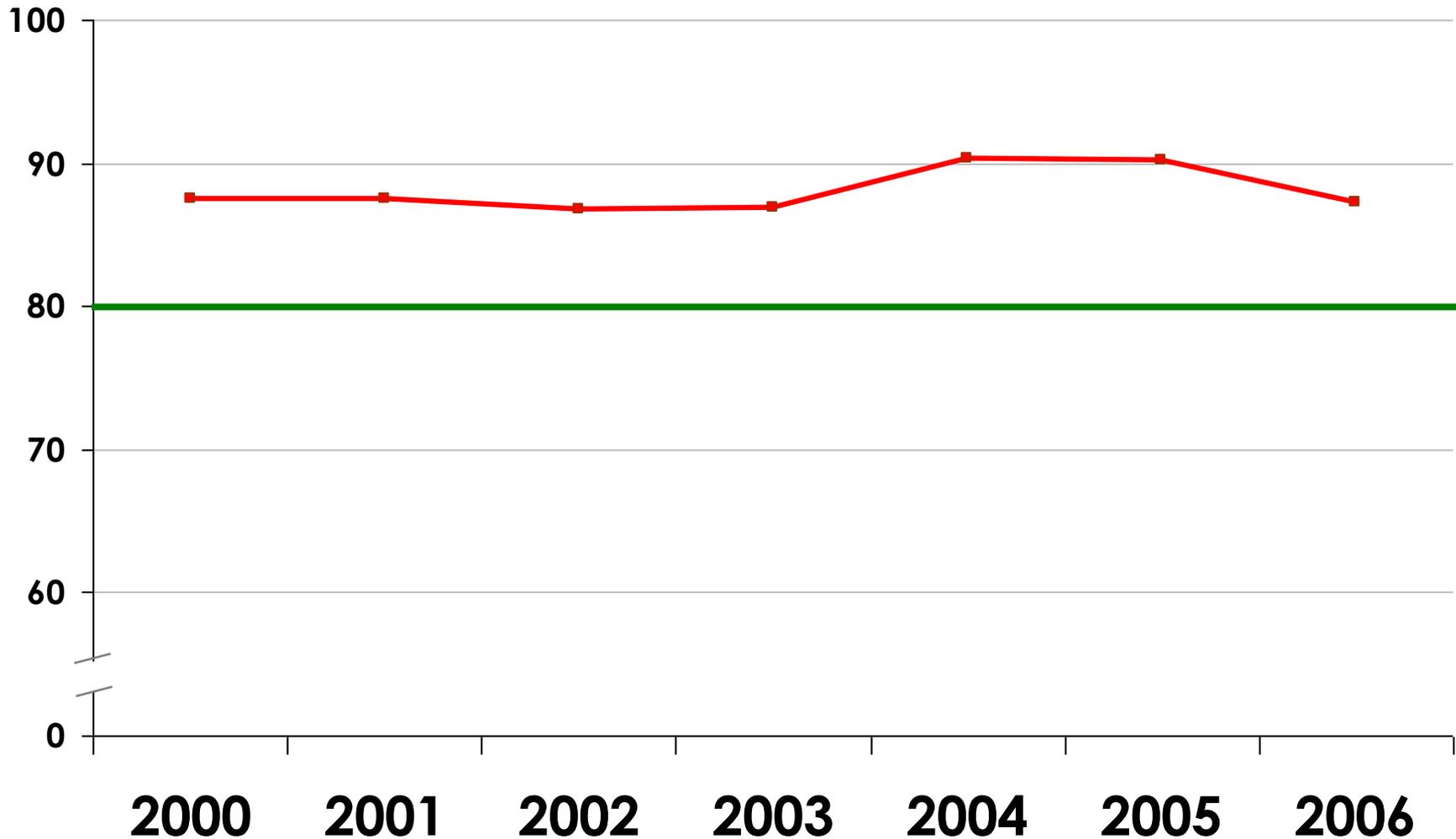


Figure 1. Percentage of women diagnosed with DCIS who were treated with BCS, stratified by SEER site, 1983–2000.

Conservation surgery in DCIS (N=2090)



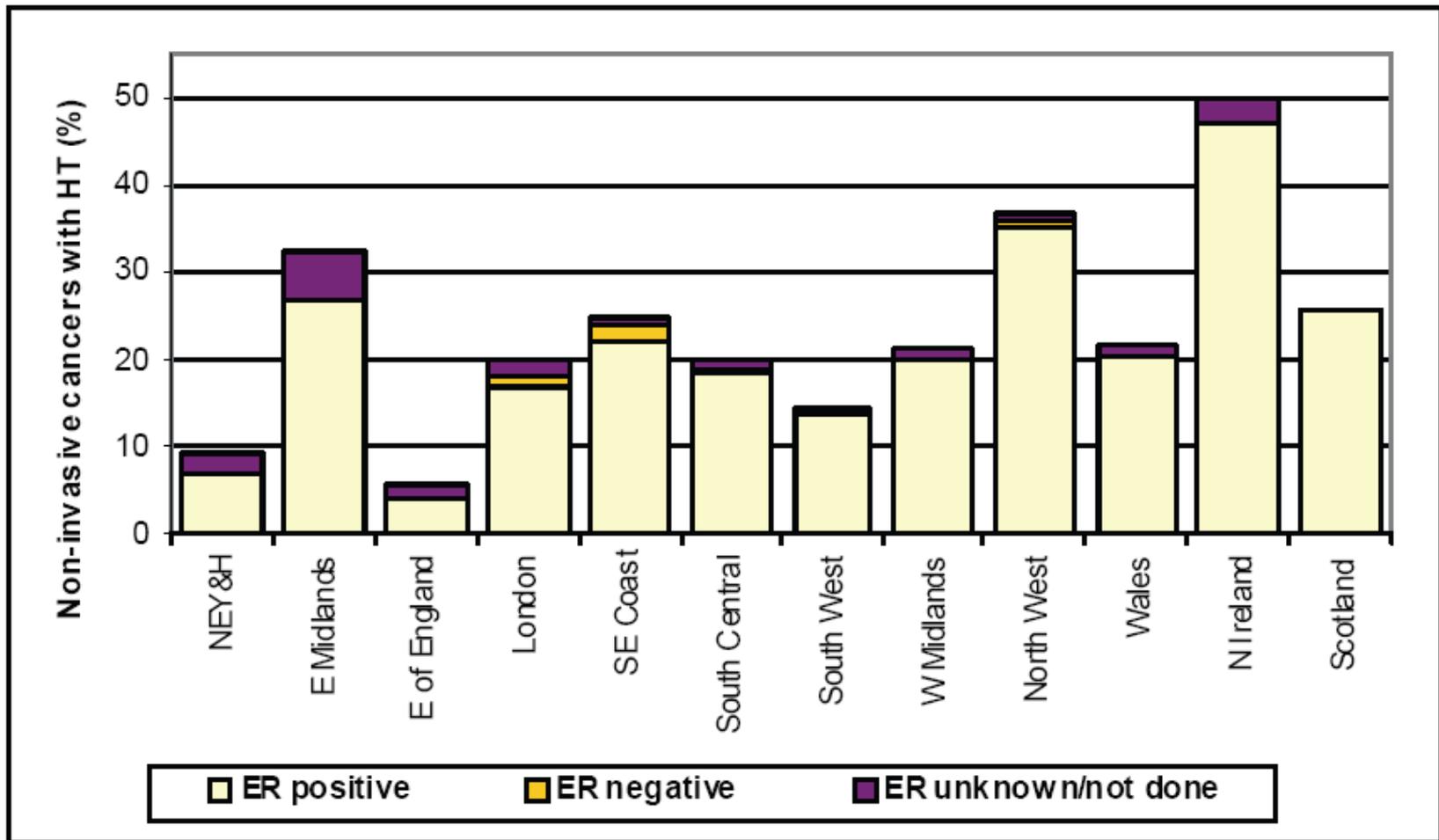
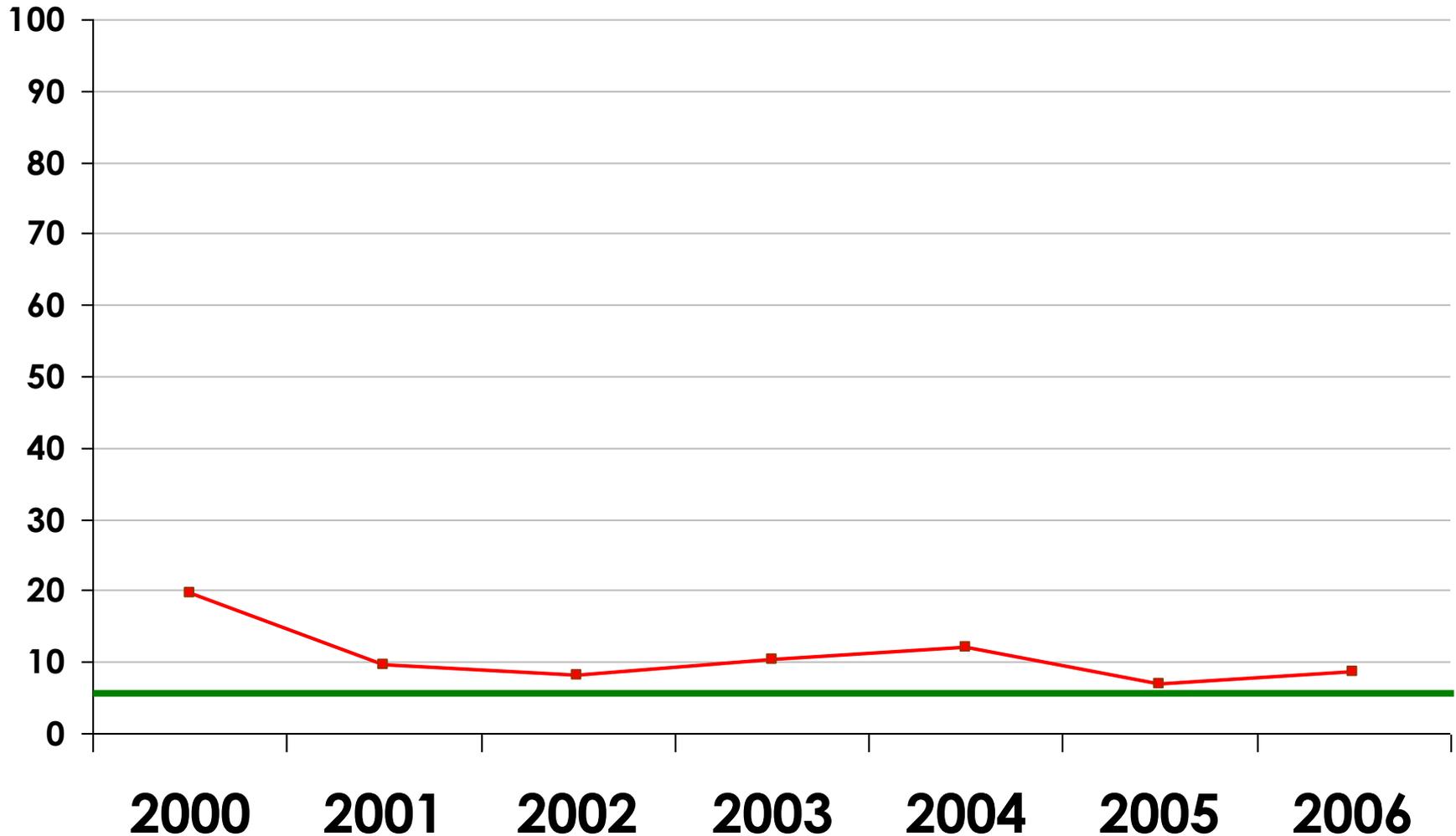


Figure 59 (Table 118): Variation in proportion of non-invasive cancers that received hormone therapy

Axillary clearance in DCIS (N=2090)



Diagnosis and treatment of screen-detected DCIS

Outline of methods

- Working group
- Literature review
- Selection of parameters, detailed definitions
 - Protocol, “dummy paper”
 - Call for data

Prognostic and biological factors should be taken into account.