QC₃

Pilot Study

Qualità delle Cure nella lotta Contro il Cancro

SAKK Summer Semi-Annual Meeting NICER General Meeting

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Dr. med. Valentina Bianchi GaldiTicino Cancer Registry
www.ti.ch/cancer





- Research on the Quality of Cancer Care (QoCC) throughout the last decade demonstrated that increases in the knowledge of treatments with proven efficacy do not directly translate into the optimal delivery of such treatments to patients.
- ➤ QoCC can vary substantially depending on the particular medical condition, with deficits in the adherence to recommended processes for basic care being frequently observed.
- > Accumulating evidence suggests that *underuse* and *overuse* of care may occur for patients with cancer.

Introduction





Report "Ensuring the Quality of Cancer Care" – Institute of Medicine's NCPB (National Cancer Policy Board)

"...Based on the best available evidence, some individuals with cancer do not receive care known to be effective for their conditions. The magnitude of the problem is not known, but the NCPB believes it is substantial ..."

Hewitt M, Simone JV, National Cancer Policy Board et al. Ensuring Quality Cancer Care. Washington DC: National Academy Press 1999.

Introduction





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COMMENTS AND CONTROVERSIES

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SPECIAL ARTICLE

A Process for Measuring the Quality of Cancer Care: The Quality Oncology Practice Initiative

Michael N. Neuss, Christopher E. Desch, Kristen K. McNiff, Peter D. Eisenberg, Dean H. Gesme, Joseph O. Jacobson, Mohammad Jahanzeb, Jennifer J. Padberg, John M. Rainey, Jeff J. Guo, and Joseph V. Simone

Background





- <u>Diagnosis evaluation</u>: the selection and proper application by clinicians of diagnostic testing and interpretation to maximize the probability of an accurate diagnosis and stage;
- Initial therapeutic management: the selection and proper application by clinicians of clinical treatments that optimize the outcome of care, including surgery and adjuvant therapy;
- Management of treatment toxicity: the selection and proper application by clinicians of evidence-based processes of care that minimize the probability of adverse effect related to treatments;
- Post-treatment surveillance: the selection and proper application by clinicians of diagnostic tests to detect recurrence of disease or late complications of treatment, and the assessment of survival.

Malin JL et al. JCO 2006;24:626

QoCC Monitoring System





- Project KFS 02668-08-2010 OncoSuisse
- Zonta Club of Locarno (Gynaecological tumors)
- Swiss Academy of Medical Sciences (Lung tumors, 2012-2013)
- 1st QoCC study in Swiss
- Prospective study
- Population-based study
- To be conducted on a 3-year time period (01.01.2011-31.12.2013)

> Tumors studied:

- o Colon/rectum
- o **Prostate**
- o Ovary/Uterus
- o Lung (2012-2013)

> References:

- o State of the Art
- o ESMO Guidelines 2010
- NCCN Guidelines v. 1.2011 (prostate, uterus), 2.2011 (ovary, colon/rectum)
- o CAP Guidelines 2009-2011
- o EAU Guidelines 2010

Study Characteristics





- to measure and report on QoCC, by specific indicators, of three tumour localisations: colorectum, prostate and ovary/uterus;
- to define and implement standards of care, based on the evidence-based medicine of diagnostic and treatment modalities, for each QoCC measure, in terms of minimum requirements and targets;
- to promote a culture of QoCC among health care providers;
- to obtain in the long term improved patient outcomes.

Aim of the Study





- Analysis of the standard implemented oncology activity in Southern Switzerland
- Involving the local health providers (Working Groups) representing all major disciplines (epidemiology, statistic and clinical experts in pathology, radiology, surgery, radio-oncology, oncology) in the definition and validation of the indicators and standards of care (Delphi Process)
- Definitive validation of the quality indicators and standards of care with the help of an external Advisory Board (Delphi Process)
- Collection of data by the existing Ticino Cancer Registry
- Analysis of data by the Ticino Cancer Registry
- Discussion of data with the local health providers and the experts (evaluation and auto-evaluation) in itinere
- Measure of the impact of this operation in the diagnostic and treatment quality of the oncologic patient by continuous monitoring and trend analysis of the same parameters in the following years

Study Design





- Population of 332′736 ab. (2008)
- ➤ Colorectal Cancer: ~220 pts./year
- ▶ Prostate Cancer: ~240 pts./year
- ➤ Ovarian/Uterine Cancers: ~70 pts./year
- >TOTAL: ~1590 pts./3 years

Patients Enrollment





- The study will produce up-to-date quality indicators and results, allowing an immediate change in the diagnostic-treatment process, that could be translated in a short-term benefit for patients (without waiting years for results)
- The study will help to define and implement standards of care, based on the evidence-based medicine of diagnostic and treatment modalities, for each QoCC measure, in terms of minimum requirements and targets at a regional level
- The study is based on expertise and active involvement of local health care providers thus increasing quality, acceptance and translation of results into the daily clinical practice
- The study is population-based and concerns both public and private settings, ensuring so a real description of a regional care system without selection bias and results will be useful and comparable as target value for other similar studies at the national and international level
- The study represents a long-term project, thus permitting trend evaluations and allowing possible future evaluation of other cancer sites

Conclusions

Aknowledgements







Ticino Cancer Registry

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Thank you for your kind attention!



All Together Against Cancer!