QUALITY INDICATORS OF CLINICAL CANCER CARE (QC3) IN THE TERRITORY OF CANTON TICINO: PRELIMINARY RESULTS IN COLORECTAL CANCER

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INTRODUCTION

International studies on Quality of Cancer Care (QoCC) since the 90’s showed a constant and continuous improvement of the delivered oncologic care and a consequent spread of the advanced specialist care on the territory. The most of the studies were developed on a regional basis as well as our project: this helps to increase the enrolment of the involved physicians and it shares a common basis about the sanitary laws and the territorial characteristics. The aims of the present study are to produce evidence-based quality indicators (QIs) of colorectal cancer, whom application could allow an immediate change in the diagnostic-treatment process, that could be translated in a short-term benefit for patients.

METHODS

The QC3 project is a population-based, prospective study, implemented on a three-year time period (2011-2013) on the territory of Canton Ticino. From the Ticino Cancer Registry we extract the patients and the cases regarding the above considered pathologies, treated both in the regional public and private hospitals; we include in the study all the patients > 18 years old. Data about the cases included in the study are collected mainly from pathological reports and from patients’ files. QIs are derived from a comprehensive literature search on PubMed/MEDLINE of relevant peer-reviewed articles. A first QIs selection is performed using a 2-step modified Delphi process, involving a dedicated working group of local health care providers to obtain expert opinions in a systematic, anonymous and individual validation. A second QIs selection is performed by an independent international multidisciplinary cancer-specific Advisory Board, in order to get an additional evaluation and to define a final approved list of QIs.

RESULTS

In Tab. 1 we describe the characteristics of the CRC cases incident in 2011 (n=243). In Tab. 2 is represented a selection of the final QIs. For each QI is described its own denominator, i.e. the population on whom the QC is calculated, the results expressed in YES (QIs satisfied), NO (QIs not satisfied) and MISSING (data not present in the whole medical documentation examined). Furthermore, for each QI is indicated the literature used to define it (G= guidelines; R= reviews; M= meta-analysis; PBS: population-based studies; CCS: case-control or cohort studies).

CONCLUSIONS

The study is instrumental to draw a population-based picture of the QoCC currently in use in the territory of Canton Ticino and to open new perspectives on quality-related issues in oncology. The prospective design allows the production of up-to-date results, reproducing the currently used pattern of care. The population-based design implies the inclusion of the elderly patients usually excluded from randomized clinical trials. Moreover, in a second step, for each QI the minimum and requirement at a regional level will be proposed.