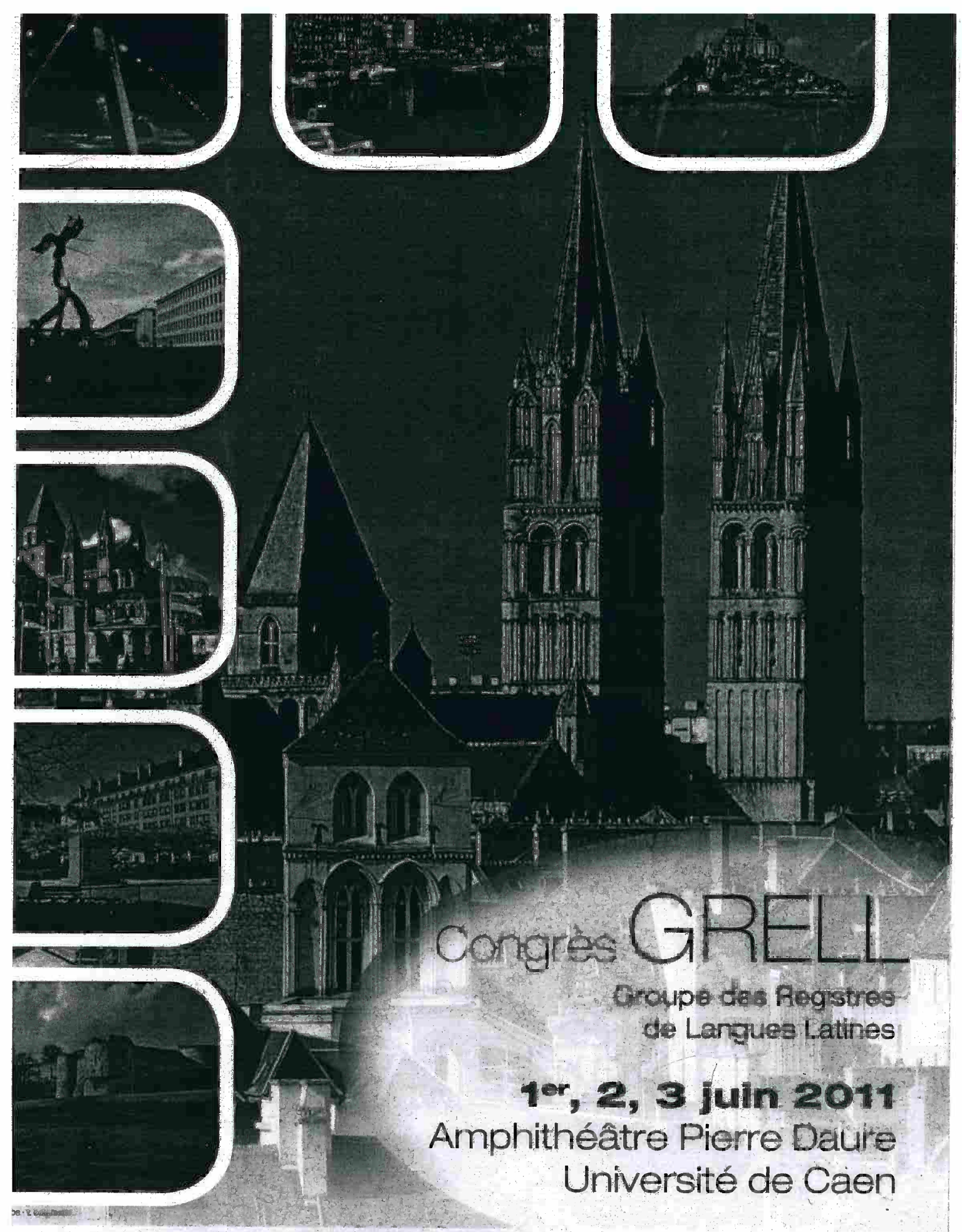

Congrès GRELL

Groupe des Registres de Langues Latines

1er, 2, 3 juin 2011

Amphithéâtre Pierre Daure
Université de Caen

P_07

QC_3 STUDY: INDICATORS OF QUALITY OF CANCER CARE IN SOUTHERN SWITZERLAND

Valentina Bianchi Galdi[1]; Alessandra Spitale[1]; Luca Mazzucchelli[2]; Andrea Bordoni[1]

[1]Ticino Cancer Registry, Institute of Pathology, Locarno, Switzerland, phone: +41 91 816 08 26, fax: +41 91 816 08 29 – valentina.bianchi-galdi@ti.ch
[2]Institute of Pathology, Locarno, Switzerland

INTRODUCTION

Studies on quality of cancer care (QoCC) at the population-based level have been implemented in some regions in Europe, but they are still scarse. A prospective descriptive population-based study focused on three major oncologic pathologies will be conducted in Canton Ticino in a 3-year time period.

OBJECTIVES

To identify a panel of specific QoCC indicators, minimum requirements and targets, in order to assess the QoCC offered in Canton Ticino; to promote a culture of QoCC among health-care providers; and to obtain in the long term improved patient outcomes.

PATIENTS AND METHODS

QoCC indicators will be defined by three cancer-specific local Working Groups representing all major disciplines, and an external Advisory Board, and will refer to all incident cancers of colon-rectum, prostate and ovary/uterus occurring between 2011-2013 in Canton Ticino. A pilot study on colorectal cancers in 2009-2010 already identified some indicators of diagnosis/pathology and surgery.

RESULTS

An extract of the pilot study results concerning 428 colorectal cancers (303 colon, 125 rectum) is the following: proportion of patients with microscopical diagnosis [96.7% (colon); 100% (rectum)]; proportion of patients with defined tumour histotype according to WHO in the biopsy / surgical resection [97.6% (colon); 100% (rectum)]; proportion of surgical patients (within 6 months since diagnosis) [87.5% (colon); 67.2% (rectum)]; proportion of patients with defined tumour site in the biopsy / surgical resection according to WHO [99.3% (colon); 89.6% (rectum)]; proportion of surgical patients with known resection margins [96.2% (colon); 95.2% (rectum)]; proportion of surgical patients with linfadenectomy [99.3% (colon); 96.4% (rectum)]; proportion of surgical patients not undergoing neo-adjuvant therapy with more than 12 lymph nodes examined [84.4% (colon); 84.1% (rectum)]; mean number of examined lymph nodes in surgical patients not undergoing neo-adjuvant therapy [18.8±8.3 (colon);

16.6±7.2 (rectum)]; time (days) from biopsy to surgery in surgical patients not undergoing neo-adjuvant therapy [15.2±18.1 (colon); 27.4±36.2 (rectum)].

DISCUSSION AND CONCLUSIONS

The implementation of this prototype will contribute to start a process of standardisation of care, based on the evidence-based medicine. It will demonstrate that for each QoCC measure it is possible to define minimum requirements and targets at the population-based level, creating a comparable platform for other Cancer Registries initiatives. The QoCC approach, based on up-to-date incidence years, will allow a quickly translation of results into the clinical daily practice.