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**QC3 study: indicators of quality of cancer care in Southern Switzerland**

V. Bianchi Galdi<sup>1</sup>, A. Spitale<sup>1</sup>, L. Mazzucchelli<sup>2</sup>, A. Bordoni<sup>1</sup>

<sup>1</sup>Ticino Cancer Registry, Institute of Pathology, Locarno, Switzerland,

<sup>2</sup>Institute of Pathology, Locarno, Switzerland

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

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**Methods.** QoCC indicators will be defined through up-to-date literature following the Delphi process, and will refer to all incident cancers of colon-rectum, prostate and ovary/uterus occurring between 2011 and 2013 in Canton Ticino.

**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 (colon=96.7%; rectum=100%) and with defined tumour histotype according to WHO in the biopsy/surgical resection (colon=97.6%; rectum=100%); proportion of surgical patients (within 6 months since diagnosis) (colon=87.5%; rectum=67.2%); proportion of patients with defined tumour site in the biopsy/surgical resection (colon=99.3%; rectum=89.6%); proportion of surgical patients with known resection margins (colon=96.2%; rectum=95.2%) and with linfoadenectomy (colon=99.3%; rectum=96.4%); proportion of surgical patients not undergoing neo-adjuvant therapy with more than 12 lymph nodes examined (colon=84.4%; rectum=84.1%); mean number of examined lymph nodes in surgical patients not undergoing neo-adjuvant therapy (colon=18.8±8.3; rectum=16.6±7.2); time (days) from biopsy to surgery in surgical patients not undergoing neo-adjuvant therapy (colon=15.2±18.1; rectum=27.4±36.2).

**Conclusions.** The QoCC approach, based on up-to-date incidence years, will allow a quickly translation of results into the daily clinical practice, will favour the process of standardization of care, based on the evidence-based medicine and will create a comparable platform for other Cancer Registries initiatives.