

2a

Proportion of invasive breast cancer women with cytological and/or histological assessment of malignancy before FIRST surgery

2b

Proportion of invasive breast cancer women with cytological and/or histological assessment of malignancy in the absence of surgery

Reference to:

- KCE report 150A: BC13
- Selected QCI for Vlaamse Overheid: nr. 2
- EUSOMA-guidelines

Relation to quality:

A lesion considered malignant following clinical examination, imaging or cytology alone should, where possible, have histo-pathological confirmation of malignancy before any surgical procedure takes place (1C evidence). This confirmation performed respecting a sufficient delay before surgery allows to have patient's fully understanding and consent.

Type of indicator:

Process

Limitations concerning measurability:

None

Numerator:

- **2a** (solid green box in flow chart):

All women diagnosed with invasive breast cancer undergoing cytological and/or histological assessment before surgery.

- **2b** (dotted green box in flow chart):

All women diagnosed with invasive breast cancer who did not undergo surgical intervention and had cytological and/or histological assessment.

Denominator:

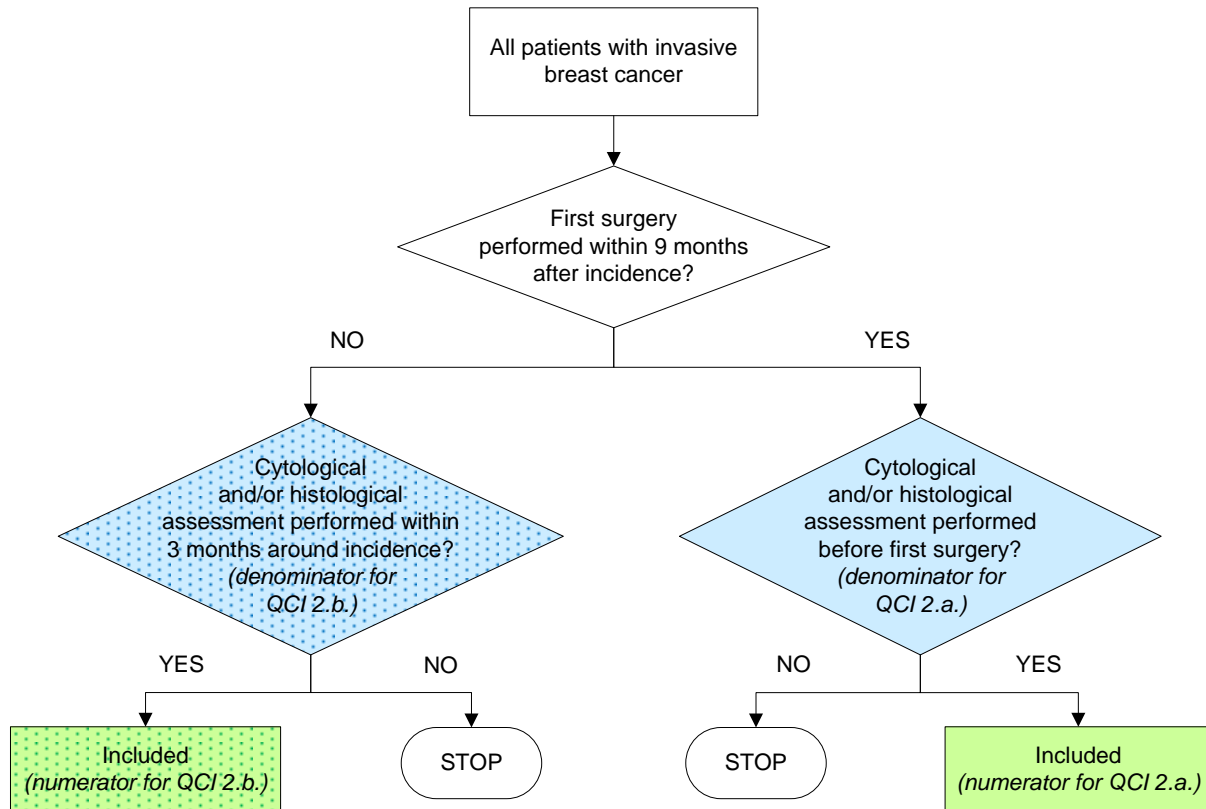
- **2a** (solid blue box in flow chart):

All women diagnosed with invasive breast cancer, who underwent surgery.

- **2b** (dotted blue box in flow chart):

All women diagnosed with invasive breast cancer, who did not undergo surgical intervention.

Flow chart (NEW PROPOSAL):



Time frames (convention: 1 month = 30 days):

- Consider first surgery within [-1;+9] months around incidence
- Consider cytological/histological assessment within:
 - 3 months around incidence for patients without surgery
 - Incidence-1month and date of first surgery (excluded)

Expected range:

80-95%

Data bases and variables:

- BCR (ICD-10=C50, incidence date)
- IMA (nomenclature codes for surgery, cytological and histological assessment)

Nomenclature selection:

➔ See "Indicatorenfiches na bespreking 25 november 2011"

➤ Remark:

In nomenclature, specific codes exist for the pathological examination of the tissue of cells, as well as for taking the sample. Proposal is to make this distinction also in the flow chart and the presentation of the results.

➤ Surgery:

- Breast conserving
- Mastectomy