

4a

Proportion of women with invasive breast cancer discussed at the multidisciplinary team meeting compared to incidence date

4b

Proportion of women with DCIS discussed at the multidisciplinary team meeting compared to incidence date

Reference to:

- KCE report 150A: BC5
- Selected QCI for Vlaamse Overheid: nr. 4

Relation to quality:

The multidisciplinary approach was considered to be an efficient, cost-effective way to taking care for breast cancer women. The benefits of the multidisciplinary team approach included increased survival, increased patient satisfaction with care, improved perception of management of care, and increased access to information, including psychosocial and practical support. Specific nomenclature codes for a multidisciplinary oncologic consultation are available since February 1st 2003.

Type of indicator:

Process

Proposal:

It might be interesting to also determine the proportion of DCIS patients discussed at MDT meeting. Therefore, it is proposed to create an indicator 4a and 4b for patients with invasive cancer and DCIS respectively.

Limitations concerning measurability:

None, since incidence period 2007-2008 is considered.

Numerator (green box in flow chart):

- **4a:**

All women diagnosed with invasive breast cancer discussed at the MDT meeting within 2 months after incidence date, by stage.

- **4b:**

All women diagnosed with DCIS discussed at the MDT meeting within 2 months after incidence date, by stage.

Denominator (blue box in flow chart):

- **4a:**

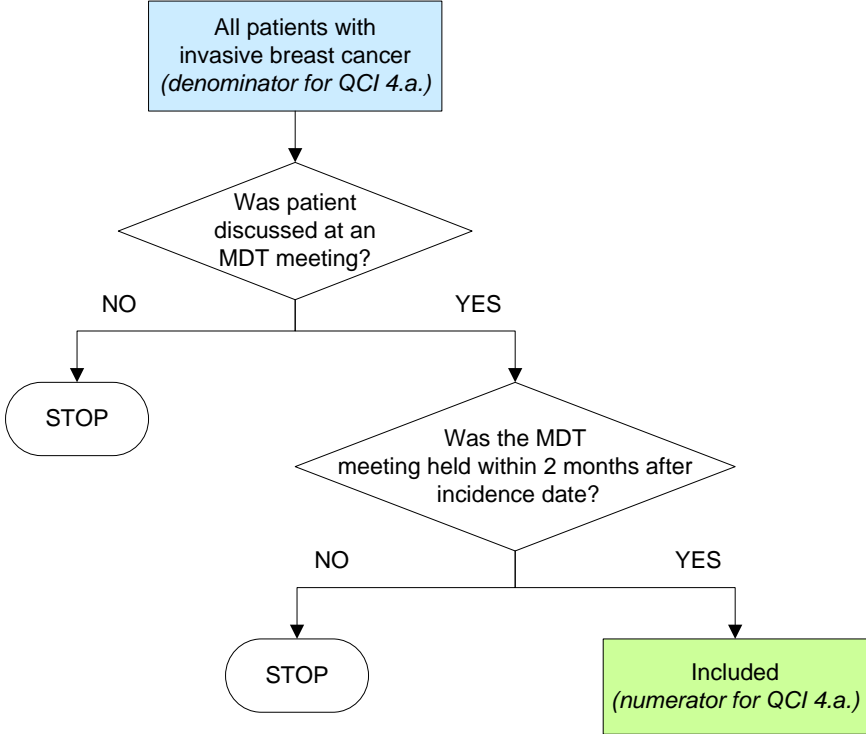
All women diagnosed with invasive breast cancer, by stage.

- **4b:**

All women diagnosed with DCIS, by stage

Flow chart (NEW PROPOSAL):

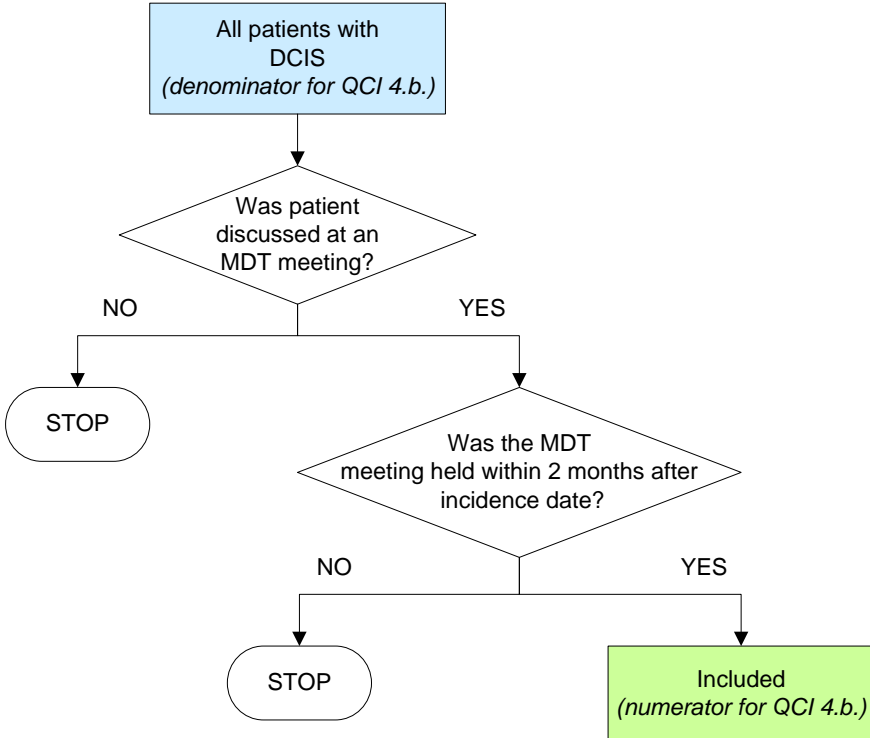
4a) Invasive breast cancer:



Expected range for invasive breast cancer patients:

90-100%

4b) DCIS:



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

Consider MDT within [-1,+2] months around incidence

- Remark: Patients who were not discussed at MDT, will be further explored. For these patients it will be checked whether MDT took place after surgery or whether MDT was done more than 2 months after incidence date (see indicator bis6).

Numerator (sum of green boxes in flow chart bis):

- **4a.bis6:**

All women diagnosed with invasive breast cancer discussed at the MDT meeting within 3 months after incidence date or within 3 months after first surgery, by stage.

- **4b.bis6:**

All women diagnosed with DCIS discussed at the MDT meeting within within 3 months after incidence date or within 3 months after first surgery, by stage.

Denominator (blue box in flow chart bis):

- **4a.bis6:**

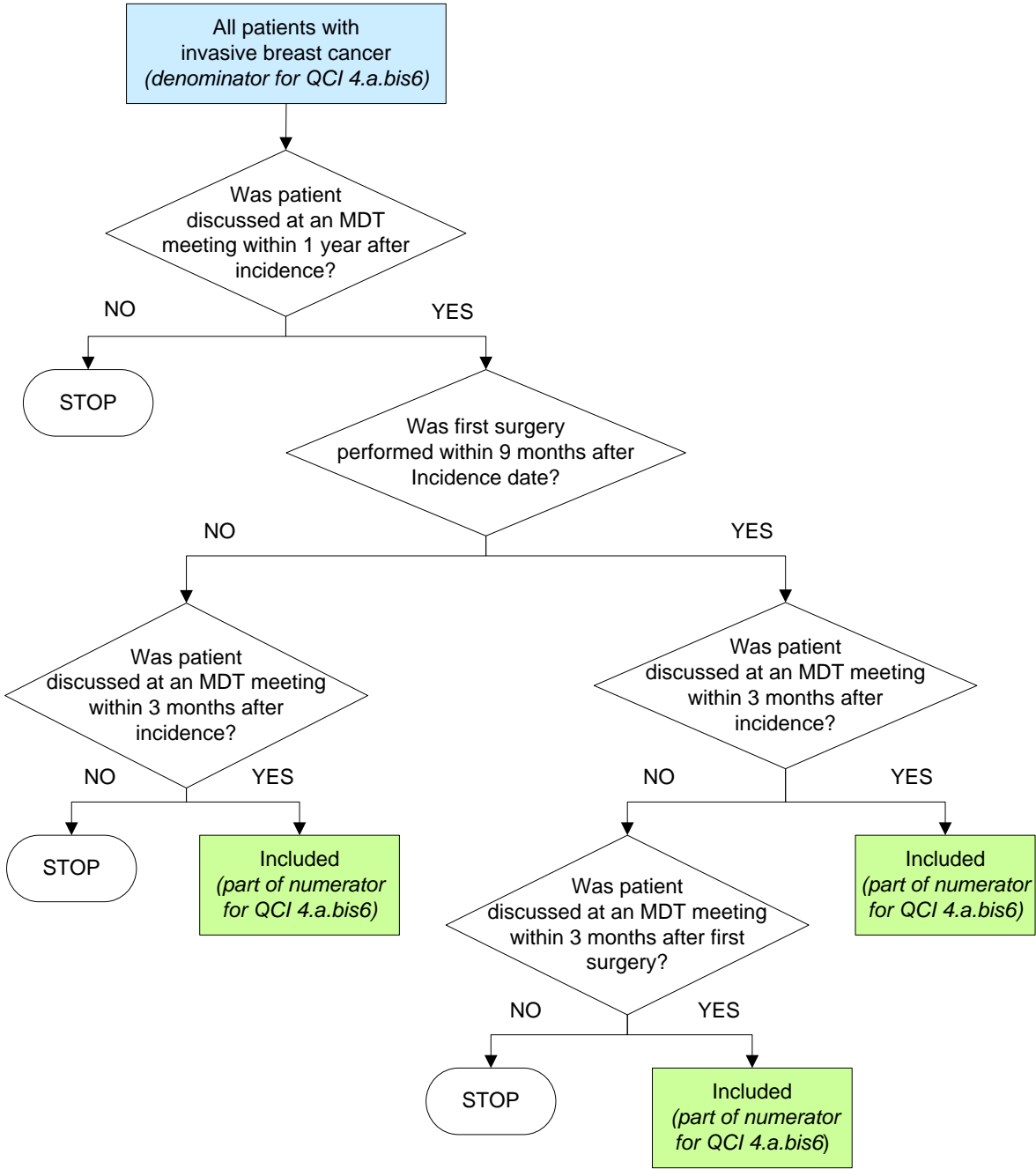
All women diagnosed with invasive breast cancer, by stage.

- **4b.bis6:**

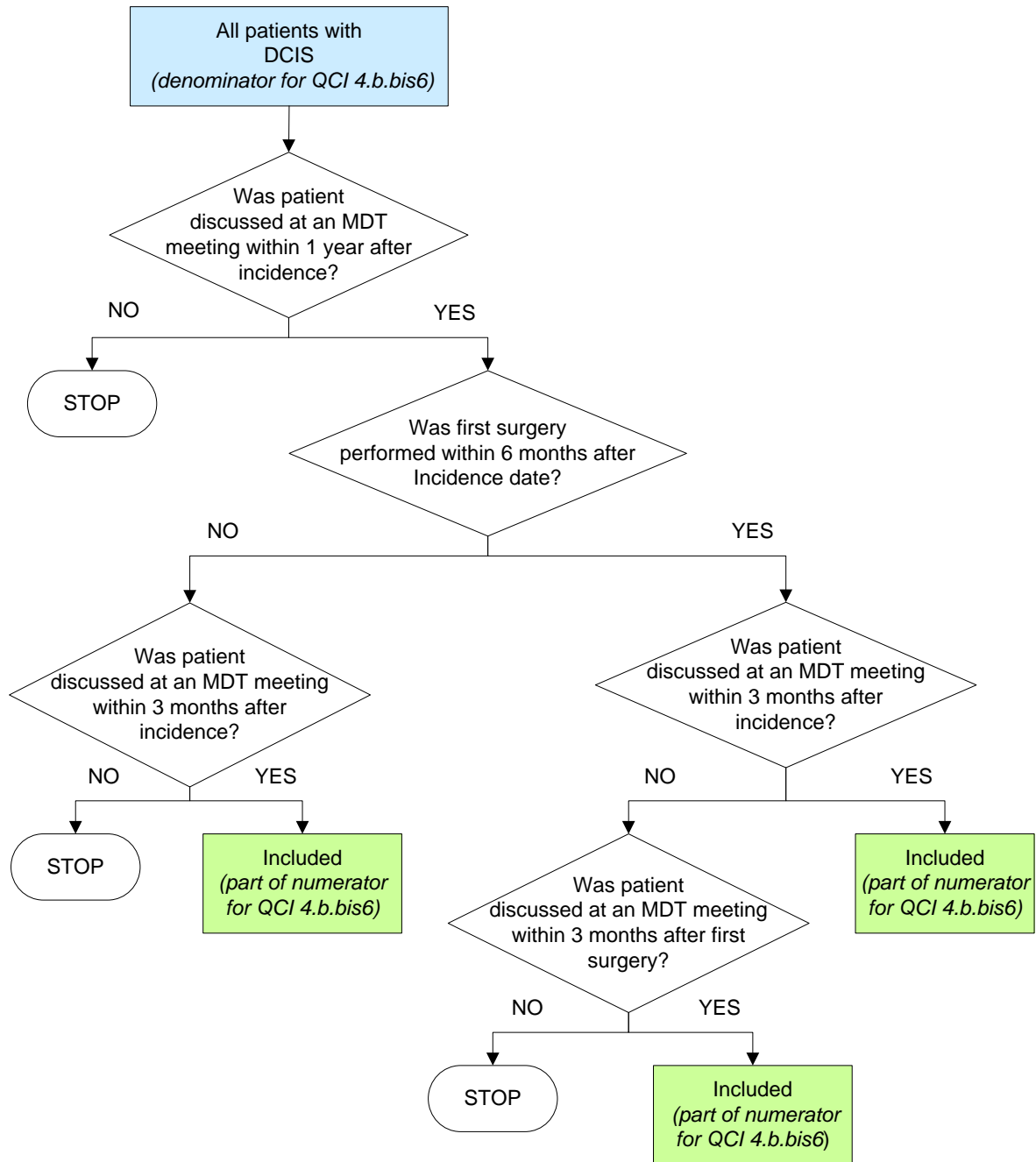
All women diagnosed with DCIS, by stage

Flow chart BIS:

4a.bis6) Invasive breast cancer:



4b.bis6) DCIS:



Data bases and variables:

- BCR (ICD-10=C50, incidence date)
- IMA (nomenclature codes for MDT)

Nomenclature selection:

New nomenclature for MDT available since 2010, but not yet included in IMA-database (expected in 2013).

➔ See “Indicatorenfiches na bespreking 25 november 2011”

Additional analysis:

- Sub-analysis by stage: in table format
 - cStage
 - pStage
 - combined stage
- Sub-analysis by age category: in table format
 - ➔ The age categories defined in the KCE-report 150A are <40, 40-49, 50-59, 60-69, 70-79, >79