9a
Proportion of women who benefit from an annual mammography after a history of invasive breast cancer

9b
Proportion of women who benefit from an annual mammography after a history of DCIS

STATUS OF INCIDATOR = ON HOLD

Reference to:
- KCE report 150A: BC30
- Selected QCI for Vlaamse Overheid: nr. 9
- EUSOMA-guidelines

Relation to quality:
Mammography is the gold standard method of imaging to detect local recurrences or second primaries in the treated breast, but no evidence was identified to suggest the optimal frequency of this procedure. Yearly mammography with/without ultrasound should be used during the first 10 years to detect recurrence or second primaries in patients who have undergone previous treatment for breast cancer, including DCIS (1C evidence). In current practice, mammography is offered once yearly after treatment for breast cancer to detect ipsilateral or contralateral breast cancer.

Type of indicator:
Process

Limitations concerning measurability:
- Measurable with IMA-data, however, not enough follow-up available for patients diagnosed in 2008 (max. 1 year) since we have to look within the year after the last chemo. Currently, nomenclature until year of performance 2009 is available for the BCR.
- Bias expected due to clinical trials for chemo
- Remark meeting BCR-KCE-Vl.O: *in de indicator staat dat patiënten jaarlijks een mammo moeten gehad hebben, maar in het algoritme staat of er een mammo gebeurd is na de behandeling (is minder streng qua cut-off). Maar toch is de follow-up periode te kort aangezien de koppeling met de nomenclatuur slechts tot 2009 loopt voor patiënten gediagnosticeerd in 2008.*

- *Bovendien is er een overconsumptie van mammo's, dit wordt te vaak en te snel gedaan, maar in dit project beperken we ons voor de kwaliteit van zorg tot het feit of patiënten jaarlijks opgevolgd werden door mammo of niet.*

Proposal:

Calculate indicator 9a and 9b for invasive breast cancer and DCIS respectively.
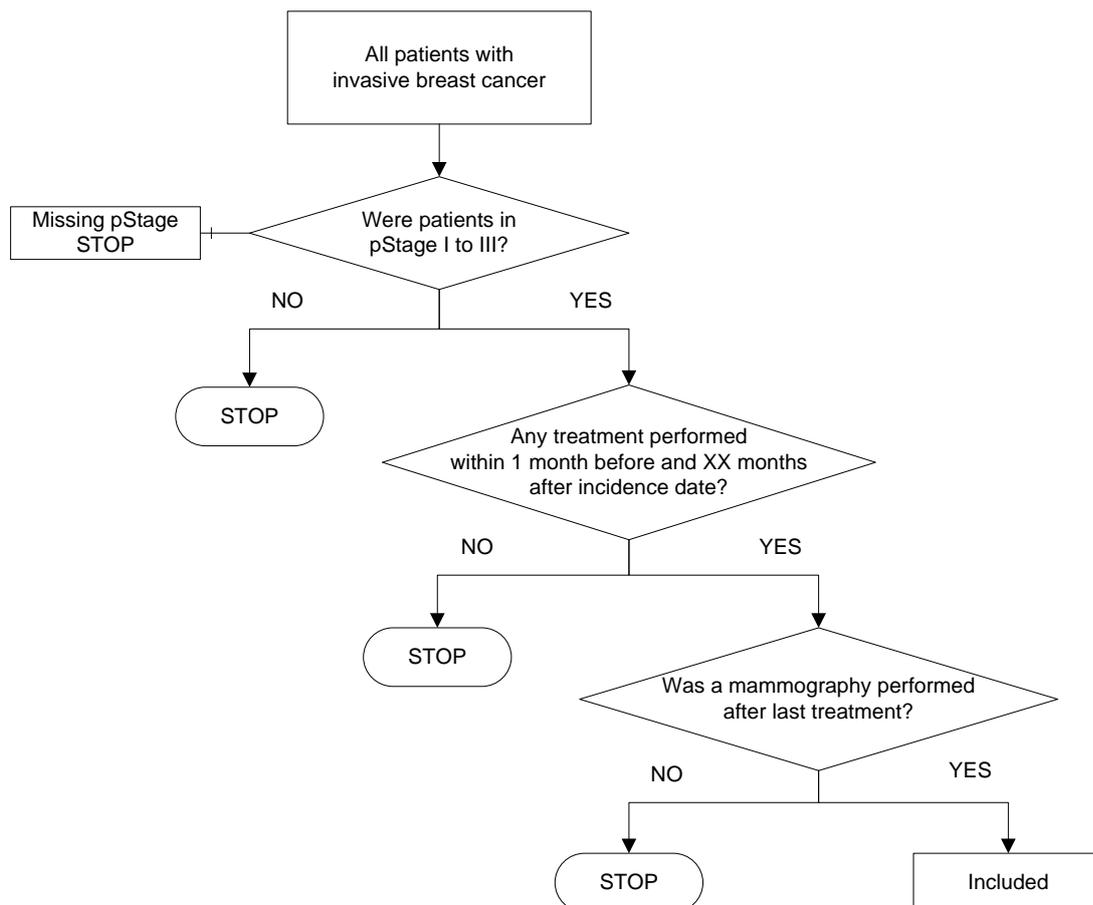
Numerator:

All women with a history of pStage I-III breast cancer who underwent an annual mammography.
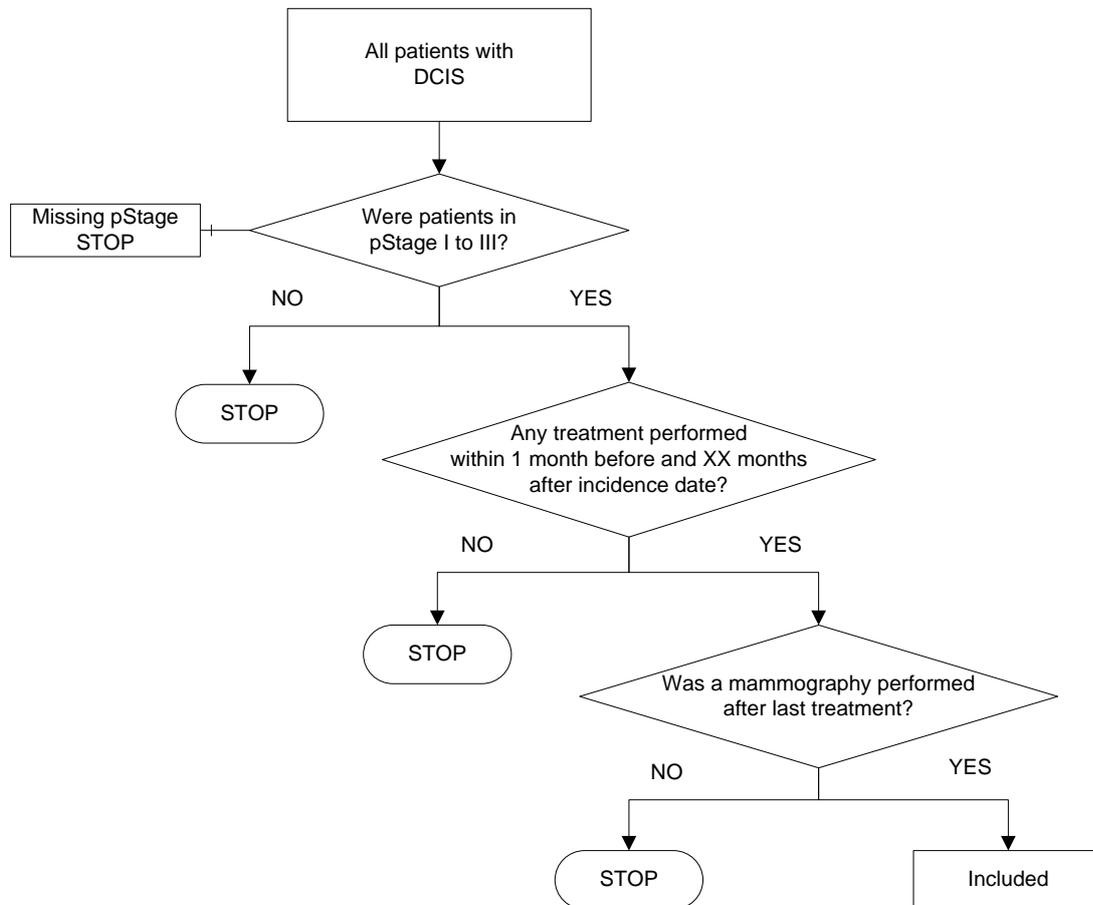
Denominator:

All women with a history of pStage I-III breast cancer.

Flow chart:

9a) Invasive breast cancer:

9b) DCIS:

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                    ┌─────────────────────┐
                    │   All patients with │
                    │        DCIS         │
                    └──────────┬──────────┘
                               │
                               ▼
┌──────────────┐        ╱─────────────────╲
│ Missing pStage│──────┤   Were patients in ╲
│     STOP      │       ╲  pStage I to III?  ╱
└──────────────┘        ╲─────────────────╱
                   NO    │           │   YES
                         ▼           │
                    ╭─────────╮      ▼
                    │  STOP   │   ╱──────────────────────╲
                    ╰─────────╯  ╱  Any treatment performed ╲
                                ┤  within 1 month before and  ├
                                 ╲ XX months after incidence  ╱
                                  ╲    date?                ╱
                              NO   │              │   YES
                                   ▼              │
                              ╭─────────╮         ▼
                              │  STOP   │    ╱──────────────────╲
                              ╰─────────╯   ╱ Was a mammography   ╲
                                           ┤ performed after last  ├
                                            ╲  treatment?         ╱
                                        NO   │           │   YES
                                             ▼           ▼
                                        ╭─────────╮  ┌──────────┐
                                        │  STOP   │  │ Included │
                                        ╰─────────╯  └──────────┘
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Time frames (convention: 1 month = 30 days):
- Define "after a history of breast cancer"
  - According to KCE-report 150A: "1 year after the last chemotherapy until a new chemotherapy is implemented. One mammography per year during 5 years"
- Define "any treatment" in flow chart: one of the following procedures:
  - Surgery
  - Chemo
  - Hormonal treatment
  - Radiotherapy

Expected range:
85-95%
Bias expected due to clinical trials for chemo (see info limitations concerning measurability).

Data bases and variables:
- BCR (ICD-10=C50, incidence date)
- IMA (nomenclature/CNK codes for treatment and nomenclature for mammography)

Nomenclature selection:
- Mammography in the context of follow-up
- Treatment:
  - ➢ Surgery (= breast conserving surgery + mastectomy)
  - ➢ Systemic treatment (= chemo + hormonal therapy + Trastuzumab)
  - ➢ Radiotherapy (external (long and short scheme) + external+brachy + brachy
- ➔ See "Indicatorenfiches na bespreking 25 november 2011"