10
Proportion of women with metastatic breast cancer who received systemic therapy

Reference to:

- KCE report 150A: BC28
- Selected QCI for Vlaamse Overheid: nr. 10
- EUSOMA-guidelines

Relation to quality:

In premenopausal patients with HR+ or HR-unknown metastatic breast cancer, suppression of ovarian function in combination with tamoxifen is the first-line hormonal therapy. This recommendation is based on a meta-analysis of 4 RCTs, in which a significant survival benefit (HR 0.78, p=0.02) and progression-free survival benefit (HR 0.70, p=0.0003) was found in favour of the combined treatment.

Chemotherapy is indicated for women with hormone refractory or HR-negative metastatic breast cancer, rapidly progressive disease or symptomatic disease, or with life-threatening disease (e.g. diffuse lung or liver metastases, massive bone marrow metastases with pancytopenia). Multiple systematic reviews exist evaluating different chemotherapy regimens for women with metastatic breast cancer.

Trastuzumab with/without non-anthracycline-based chemotherapy or endocrine therapy is the treatment of choice of all HER2 positive metastatic breast cancer except in the presence of cardiac contra-indications for the use of Trastuzumab (1A evidence). Trastuzumab is only used in patients whose tumours have either HER2 overexpression or HER2 gene amplification as determined by an accurate and validated test.

Type of indicator:

Process

Limitations concerning measurability:

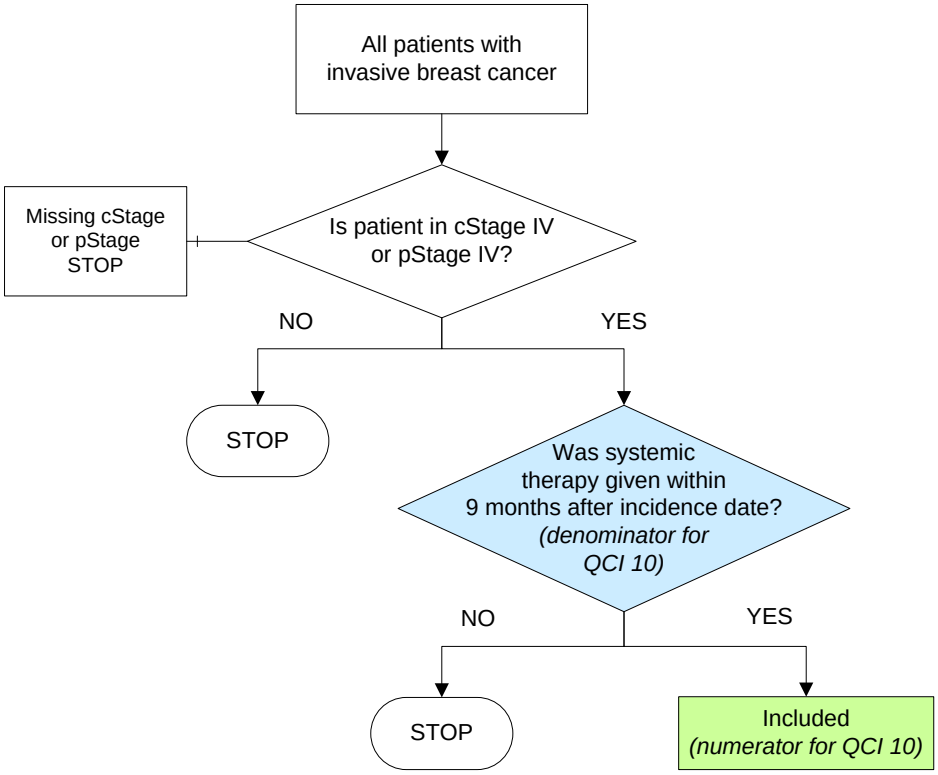
Systemic therapy might be given in a clinical trial setting. In this case we underestimate the number of patients receiving systemic therapy, since IMA data does not contain information on products administered under clinical trial setting.

Numerator (green box in flow chart):

All women diagnosed with cStage or pStage IV (use combined stage) breast cancer who received systemic therapy.

Denominator (blue box in flow chart):
All women diagnosed with cStage or pStage IV (use combined stage) breast cancer.

Flow chart (NEW PROPOSAL):



Time frames (convention: 1 month = 30 days):
Consider time frame of [-1;+9] months for systemic treatment around incidence date

Expected range:
80-100%
Bias expected due to clinical trials (see info limitations concerning measurability).

Data bases and variables:

- BCR (ICD-10=C50, incidence date, cStage, pStage, combstad)
- IMA (CNK-codes for hormonal therapy / chemotherapy / Trastuzumab)

Nomenclature selection:
Systemic treatment:

- Chemotherapy
- Hormonal therapy
- Trastuzumab

➔ See “Indicatorenfiches na bespreking 25 november 2011”