



Original Research

Time trends (2006–2015) of quality indicators in EUSOMA-certified breast centres



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Abstract *Aim of the study:* The European Society of Breast Cancer Specialists (EUSOMA) has fostered a voluntary certification process for breast centres to establish minimum standards and ensure specialist multidisciplinary care. Prospectively collected anonymous information on primary breast cancer cases diagnosed and treated in the units is transferred annually to a central EUSOMA data warehouse for continuous monitoring of quality indicators (QIs) to improve quality of care. Units have to comply with the EUSOMA Breast Centre guidelines and are audited by peers. The database was started in 2006 and includes over 110,000 cancers from breast centres located in Germany, Switzerland, Belgium, Austria, The Netherlands, Spain, Portugal and Italy. The aim of the present study is assessing time trends of QIs in EUSOMA-certified breast centres over the decade 2006–2015.

Materials and methods: Previously defined QIs were calculated for 22 EUSOMA-certified breast centres (46122 patients) during 2006–2015.

Results: On the average of all units, the minimum standard of care was achieved in 8 of 13 main EUSOMA QIs in 2006 and in all in 2015. All QIs, except removal of at least 10 lymph nodes at axillary clearance and oestrogen receptor–negative tumours ($T > 1$ cm or N+) receiving adjuvant chemotherapy, improved significantly in this period. The desirable target was reached for two QIs in 2006 and for 7 of 13 QIs in 2015.

Conclusion: The EUSOMA model of audit and monitoring QIs functions well in different European health systems and results in better performance of QIs over the last decade. QIs should be evaluated and adapted on a regular basis, as guidelines change over time.

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1. Introduction

Cancer survival is a key measure of the effectiveness of healthcare systems. The EURO CARE-5 study, a large retrospective cooperative study of population-based cancer survival in Europe, has recently shown persistent differences between countries for cancer survival, although in general outcomes are improving [1]. These findings can be partially explained by differences in the local organisation of healthcare, stage at diagnosis, accessibility of qualified care, cancer biology, lifestyle and general health between populations, diagnostic intensity and screenings approaches, physician and patients' treatment preferences. Although many of these disparities are not easy to alter, poor adherence to guidelines may be an important and manageable factor involved. Several studies at both sides of the Atlantic have shown that in general only 60–70% of patients receive the evidence based recommended breast cancer

care [2–6]. Therefore, it seems there is a worldwide need for tools to improve the quality of care in daily clinical practice.

Measuring quality of clinical processes can be done on different levels (national, regional or on a hospital basis) and can be assessed using a mandatory or voluntary system [7]. In all cases, an adequate database for data extraction and an established system of regular audit, feedback and benchmarking is of major importance. The European Society of Breast Cancer Specialists (EUSOMA) has started a voluntary certification process, in an attempt to improve the clinical performance of dedicated European breast centres in 2003 [8–13]. It has selected indicators to be used for certification purposes. These clearly defined quality parameters are monitored continuously, and on an annual basis, feedback is given to the certified units to optimise adherence to evidence-based guidelines and treatment results. Comparing the evolution of quality indicators

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