Breast cancer policies and breast cancer services in the Netherlands.

EU QA scheme in the Netherlands: one size might not fit all?

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Prof. Ruud Pijnappel, MD, PhD
Professor of Breast Radiology UMC Utrecht
Chair Dutch Reference Centre for Screening,
Breast cancer in the Netherlands

• Breast cancer incidence is rising
  - non-invasive: 371 in 1990 to 2.548 in 2015

• Survival is increasing
  - 77% of the patients diagnosed in the period 2004-2007 are still alive 10 years after diagnosis.

• 128,538 persons having had a breast cancer diagnosis are alive in 2015 (10-year prevalence)
Breast cancer early detection

- National breast cancer screening program
  - since 1990
  - once every 2 years
  - women between 50-70 years old and was expanded to the age of 75 from 1999 onward.
  - mammography of the breasts
  - screening radiologists
  - partly in mobile units
  - after suspect mammography referral to the hospital
Breast cancer services

- Breast cancer is diagnosed, treated and have follow-up in one of the 92 hospitals in the Netherlands

- National Breast Cancer Network Netherlands (NABON)
  - Multidisciplinary network
  - National guideline with recommendations on: diagnosis, treatment and follow-up
  - Quality improvement

![NBBCA](https://placekitten.com/100/100)
NABON Breast cancer Audit

Aim: to monitor the quality of breast cancer care

• since 2011
• multidisciplinary group consisting of:
  - clinicians involved in breast cancer care
  - patient advocacy
  - health insurers
• indicator set
  - multidisciplinary
  - 25 indicators
Indicators on screening
NBCA in practice

• Supported by
  - Dutch Institute for Clinical Auditing (www.clinicalauditing.nl, DICA)
  - Netherlands Comprehensive Cancer Organisation (www.iknl.nl, IKNL)
    IKNL hosts the Netherlands Cancer Registry (since 1989)

• Hospital can register themselves or through IKNL (75% of the hospitals through IKNL)
• IKNL will start collecting 5 years follow-up in 2017
The Netherlands Cancer Registry: since 1989
registered data and calculated indicators are discussed every quartile with the clinicians and after approval the data is send to the DICA

Ones a year the indicators are send to the Transparencity portal = open to health insurers
Examples of indicators trend in time

Breast contour sparing surgery for invasive M0 breast cancer

BCS
BCS after neoadjuvant chemotherapy;
IBRT after mastectomy
Clinical auditing as an instrument for quality improvement in breast cancer care in the Netherlands: the national NABON Breast cancer Audit

Soon published in Journal of Surgical Oncology, A.C.M. van Bommel et al
European QA scheme: facilitators and obstacles (challenges)

- Facilitators
  - benchmark with other countries
  - international accreditation

- Obstacles (challenges)
  - burden of the registration > should not increase due to the EU QA scheme
  - indicators related to the standard of care in the Netherlands
EU QA scheme implementation in NL?

- All hospitals should be aware of their own profit of participating in the EU QA scheme
- The effort of participation should be rewarded a certificate or, most important, *Improved breast cancer care*

Preferably the NBCA (including the patient coalition and insurance companies), should advocate the scheme in the Netherlands, which is more easy in case the indicators are overlapping with the NBCA set.
How?

• Limit the registration burden
  - ‘less might bring more’

• Fit in the existing structure
  - join forces with Cancer registry if possible

• Not all indicators should be compulsory
  - one size might not fit all (Nation oriented approach)

Patient oriented approach