

## Breast cancer policies and breast cancer services in the Netherlands.

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

Prof. Sabine Siesling, PhD

Netherlands Comprehensive Cancer Organisation (iKNL), Utrecht  
MIRA Institute for Biomedical Technology and Technical Medicine,  
University of Twente, Enschede, The Netherlands

25-11-2016 | [s.siesling@iknl.nl](mailto:s.siesling@iknl.nl) / [s.siesling@utwente.nl](mailto:s.siesling@utwente.nl)



# Breast cancer policies and breast cancer services in the Netherlands.

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

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



25-11-2016 |

[r.m.pijnappel@umcutrecht.nl](mailto:r.m.pijnappel@umcutrecht.nl)  
[r.pijnappel@lrcb.nl](mailto:r.pijnappel@lrcb.nl)

## Breast cancer in the Netherlands

- Breast cancer incidence is rising
  - Invasive: 8.285 in 1990 to 14.551 in 2015
  - 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)

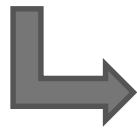
## Breast cancer early detection

- 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




**NBCA**

NABON BREAST  
CANCER AUDIT

# 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  borstkankervereniging nederland
  - health insurers
- indicatorset
  - multidisciplinary
  - 25 indicators

**NBCA**

NABON BREAST  
CANCER AUDIT

DICA

DUTCH  
INSTITUTE  
FOR CLINICAL  
AUDITING



verwijzing

- huisarts
- screening



indicators  
on screening



# NBCA

NABON BREAST  
CANCER AUDIT



## NBCA in practice

- Supported by
  - Dutch Institute for Clinical Auditing ([www.clinicalauditing.nl](http://www.clinicalauditing.nl), DICA)
  - Netherlands Comprehensive Cancer Organisation ([www.iknl.nl](http://www.iknl.nl), IKNL)

IKNL hosts the Netherlands Cancer Registry  
(since 1989)

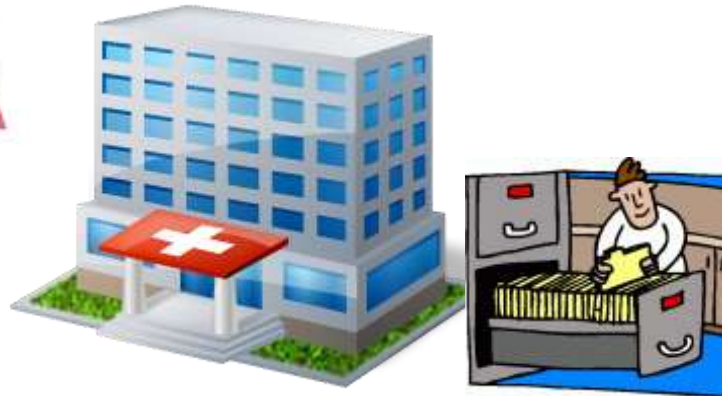
- Hospital can register themselves or through IKNL (75% of the hospitals through IKNL)
- IKNL will start collecting 5 years follow-up in 2017



# The Netherlands Cancer Registry: since 1989

## NBCA

NABON BREAST  
CANCER AUDIT



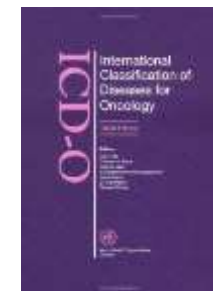
**PALGA**  
Pathology  
archive

**National  
Discharge  
registry**

**Other  
databasis**



**NCR**



# NABON BREAST CANCER AUDIT



registered data and calculated indicators are discussed every quartile with the clinicians and after approval the data is send to the DICA

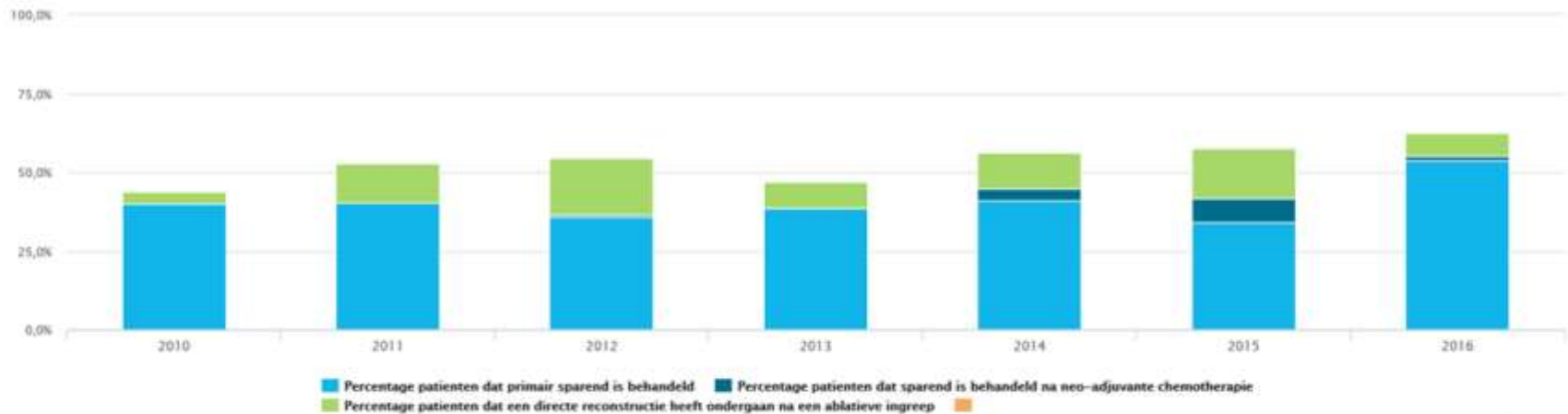
Ones a year the indicators are send to the Transparency portal  
= open to health insurers

# Examples of indicators trend in time

## Breast contour sparing surgery for invasive M0 breast cancer

Toelichting: De cijfers zijn afkomstig uit een database met betrouwbare, objectieve gegevens over incidentie, behandeling en overleving van alle gevallen van kanker: de Nederlandse Kankerregistratie (NKR). Integraal Kankercentrum Nederland (ikNL) beheert de database. Deze informatie heeft tot doel de discussie over de kwaliteit van zorg te faciliteren en is geen weergave van de verdeling van de markt.

Trend van Percentage patiënten dat een borstcontour heeft behouden na operatieve behandeling voor invasief M0 mammacarcinoom

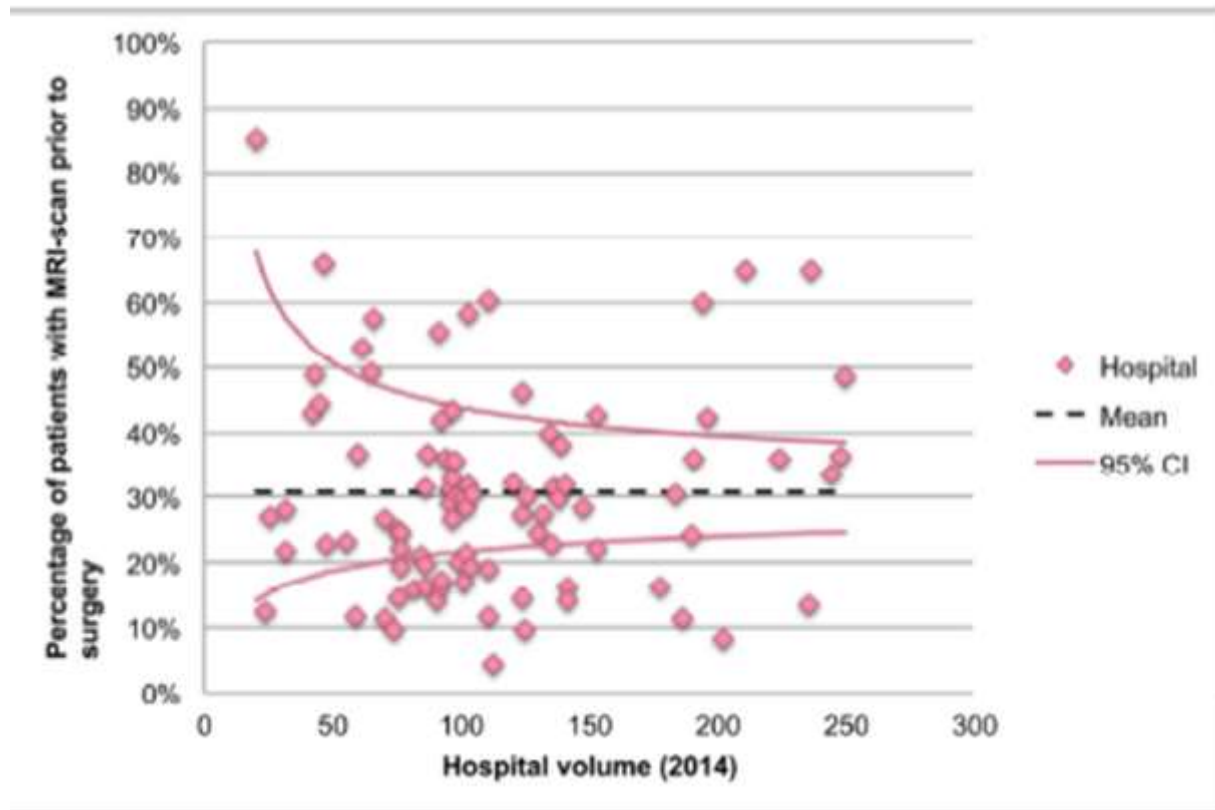


BCS

BCS after neoadjuvant chemotherapy,

IBRT after mastectomy

# Examples of indicators audit comparison



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*



[www.iknl.nl](http://www.iknl.nl)



[www.linkedin.com/company/iknl](http://www.linkedin.com/company/iknl)



[twitter.com/iknl](https://twitter.com/iknl)

**S.SIESLING@IKNL.NL**

