

European High Resolution studies: patterns of care for breast, colorectal, lung cancer, skin melanoma and NHL patients

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Objectives

The High Resolution studies collect more clinical information than those routinely available to cancer registries (CRs) for random selected cancer cases, aiming to study patterns of care and adherence to evidence based guidelines for diagnosis and treatment.

The present study analyses in 6 GRELL countries [Belgium, France, Italy, Portugal, Spain, Switzerland] one indicator of standard treatment for patients (≥ 15 years) with cancer of the breast (BC), colon (CC), lung (LC), skin melanoma (MEL) or NHL diagnosed in 2009-14.

Materials and methods

The following indicators were considered for the CRs with $< 30\%$ of unknown information in the analysed variables:

- Neo-adjuvant chemotherapy (CT) in 1301 stage III BC cases
- Adjuvant CT in 2757 stage II/III CC cases who underwent surgery
- Curative surgery in 458 stage I-II non-small LC (NSLC) cases
- Sentinel lymph node biopsy (SLNB) in 898 cases with ≥ 1 mm MEL
- Targeted therapy (TT) in 272 follicular (FL) and 531 diffuse large-B cell (DLBCL) lymphoma, after excluding cases with watchful waiting decision.

Results

22% (17 out of 19 CRs: 8% Italy-39% Portugal) of stage III BC underwent neo-adjuvant CT

41% (15 out of 17 CRs: 25% Switzerland-46% Italy) of stage II/III surgically treated CC received the adjuvant CT.

67% (5 CRs: 56% Portugal-74% Switzerland) stage I-II NSLC underwent curative surgery

66% (7 out of 8 CRs: 51% Italy-74% Portugal) ≥ 1 mm-Breslow MEL underwent SLNB

81% (5 out of 6 CRs: 71% Italy-84% Spain) FL and 76% (66% Italy-85% France) DLBCL underwent TT.

Conclusions

Differences in the adherence to clinical guidelines persist in Europe, likely attributable to different availability of resources and health systems organisation. Updated analyses will be carried out at the end of data update and correction.

Preference:

Oral presentation