

European High Resolution studies

Publication plan

approved during the HR meeting in Baveno in October 2016

- at least 1 article on breast and 1 on colorectal cancers by the end of 2017
- at least one article for each of the further cancer sites (lung, skin melanoma, and follicular and diffuse large B cell lymphomas) by mid-2018

BREAST CANCER

General paper on main indicators:

- Breast cancer molecular subtypes
- Stage at diagnosis
- Breast conserving surgery+adjuvant radiotherapy in early breast cancer
- Pre-operative chemotherapy in locally advanced tumours

Further possible analyses:

- treatment by subtype→on subsets of registries accounting for co-morbidity

COLORECTAL CANCER

General paper on main indicators:

- Surgery across European regions/countries
- Adjuvant chemotherapy in surgically treated stage II and III colon cancers, separately
- Neo-adjuvant radiotherapy in surgically treated stage II-III rectal cancers

Further possible analyses:

- One or three-year disease free survival (DFS) on subsets of registries accounting for co-morbidity

LUNG CANCER

General paper on main aspects:

- diagnostic workup (CT vs PET+CT)
- morphology (SCLC vs NSCLC; NSCLC-NOS<10%)
- EGFR in 10-12% non squamous NSCLC,
- Stage at diagnosis

Further possible analyses:

Paper on NSCLC stage I-II lung tumours:

- neo-adjuvant chemo vs adjuvant chemo vs surgery only
- their effect on overall survival (OS) and DFS
- type of treatment: lobectomy should be preferred to segmentectomy
- peri-operative mortality
- radiotherapy in non-resected patients (local relapse around 14.5%).

Paper on NSCLC stage IIIA and IIIB/IV tumours: high heterogeneity

- Age (<70 years vs ≥70 years)
- performance status (0-1, 1-2, 3-4), especially in M1 tumours
- some III tumours are resected: post-operative mortality?

Paper on SCLC (in sufficient cases)

- description of curative (for local disease - T1N0M0-) vs palliative treatment (for M1 patients):

SKIN MELANOMA

General paper on descriptive analyses on:

- anatomical and morphological subtypes
- stage at diagnosis → availability of minimal information on the pathological report for staging
- their effect on OS and DFS

Further possible analyses/papers:

- sentinel node biopsy in Breslow >1 mm tumours
- surgery and radicality in I-III tumours
- BRAF mutation and targeted treatments in non resected III-IV tumours
- their effect on OS and DFS

NON-HODGKIN LYMPHOMAS

General paper on descriptive analyses on:

- response vs progression
- all covariates that can determine outcome (remission or relapse) in DFS analysis
- targeted treatment by morphology subtype
- co-morbidity in relation to stage at diagnosis and treatment