

Master's assignment

Quality of breast cancer follow-up in top clinical hospital;
Compliance with guidelines



Naomi Roelofs
S0065382

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1e supervisor: Dr. S. Siesling
2e supervisor: Dr. J.M. Hummel
External supervisor: Ir. A.B.G. Kwast

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Summary

At this moment breast cancer is the leading cause of death for women with cancer (RIVM, 2009) and is therefore a hot topic. Yearly more than 13.000 women develop breast cancer and need the care of breast cancer specialists of a mamma policlinic in the Netherlands. The mamma policlinic of top clinical hospital MST, Medisch Spectrum Twente, delivers primary treatment to the patient and offers a follow-up period of at least five years. No data on this follow-up period for patients treated breast-saving with adjuvant radiotherapy was available to determine the quality and effectiveness of the follow-up. The main research question in this study was therefore :

What is the quality of the breast cancer follow-up of the MST mamma policlinic, in terms of compliance with guidelines, recurrence rates and survival rates, of breast cancer patients who received curatively breast-saving therapy for a mamma carcinoma in 2003 or half 2006-2007 and monitored at the MST, and which factors influence the quality of the breast cancer follow-up?

In total 136 patients have been selected, 48 patients and 88 patients who were diagnosed with breast cancer in 2003 and in 2006-2007. Patients diagnosed in 2003 have received five years of follow-up, which is the period of time that is suggested by guidelines. Patients diagnosed in 2006-2007 have received care from a nurse practitioner who was implemented in the breast cancer care in 2006. Expected was that the nurse practitioner has influenced the follow-up period. These two groups are compared to discover differences between patient groups as well as in the follow-up period of practices.

Five guidelines have been described which were valid for patients diagnosed in 2003 or in 2006-2007. The MST agreed upon the ONCON, Oncologisch Netwerk Chirurgen Oost Nederland, guideline, but the results showed that the NABON guideline, Nationaal Borstkanker Overleg Nederland, was followed. The patient characteristics show that patients diagnosed in 2003 were younger at the time of diagnosis, received chemotherapy more often, were confronted less often with positive lymph nodes at the diagnosis and seem to have inherited breast cancer more often than patient who were diagnosed in 2006-2007. The determination of compliance with the NABON guideline by the MST resulted in the conclusion that the MST did comply with the basic guideline suggestions; number of consults, diagnostic images and physical examinations. The number of additional diagnostic examinations is higher and number of Bi-Radsscores added to diagnostic images is lower than suggested by the guideline. The time between consults was short, especially between the two main specialism's in the breast cancer follow-up; surgery and radiotherapy. The factors that have a relationship with guideline compliance are patient characteristics, tumour characteristics and follow-up aspects. The recurrence rate of the patients included in this study is 1%, which is conform the guideline suggestion of a maximum percentage of 5%. Five patients in total have died during the five and two years of follow-up. Overall the MST did comply with the NABON guideline.

Differences between the two patient groups can possibly be explained by the number of follow-up years, new treatment options and improvement of guideline implementation. Interesting is that the internist was not implied in the breast cancer follow-up program, though this specialist frequently meets with the patient. The nurse practitioner seems to be implemented in the follow-up practice not as well as was expected. The recurrence rate is of the MST patients is conform the guideline

maximum of 5%, but might be biased. Efforts can be made on three aspects, namely internal communication (within the mamma team) and external communication (with other actors involved in the patient care, like the general practitioner or the internist) by involving the concerned disciplines in the follow-up period, patient's compliance with guidelines and specialist's compliance with guidelines.