

Federaal Kenniscentrum voor de Gezondheidszorg Centre Fédéral d'Expertise des Soins de Santé Belgian Health Care Knowledge Centre

QUALITY INDICATORS FOR THE MANAGEMENT OF UPPER GI CANCER

J. Vlayen, C. De Gendt, S. Stordeur, V. Schillemans, C. Camberlin, F. Vrijens, E. Van Eycken, T. Lerut



Background

Upper gastrointestinal cancer: oesophageal + gastric cancer

2010: > **2300** new cases in Belgium

High burden: 5-year relative survival

Guidelines 2012: Highly specialized care



Objectives

Primary

- Develop set of quality indicators
- Test measurability with available Belgian data

Secondary

- Measure the quality indicators
- Judge quality of care (national + hospital)

Ultimate

Improve quality of care



Selection process

Sources

2012 Guidelines: N=54

Literature: N=30



Two-step selection

Step 1: Relevance

Step 2: 3 Additional criteria



Final selection

Oesophagus: N=15

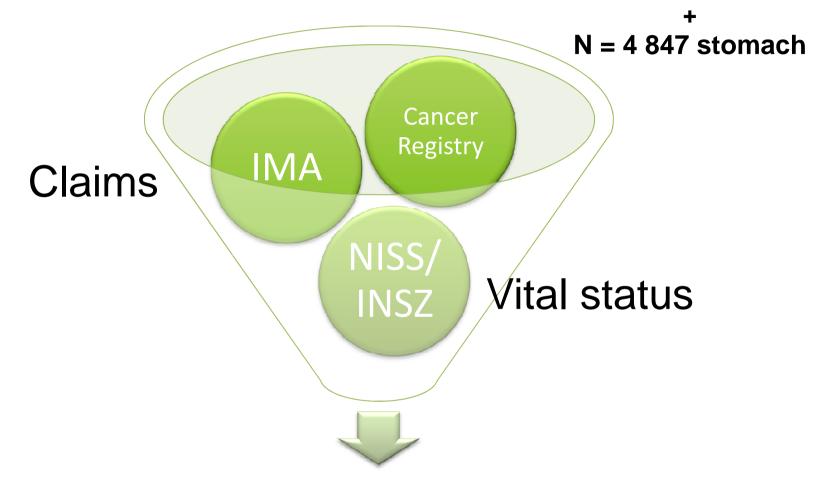
Stomach: N=14





Data sources

N = 5 813 oesophagus



Coupled database 2004 - 2008



13 measurable indicators Oesophagus: national

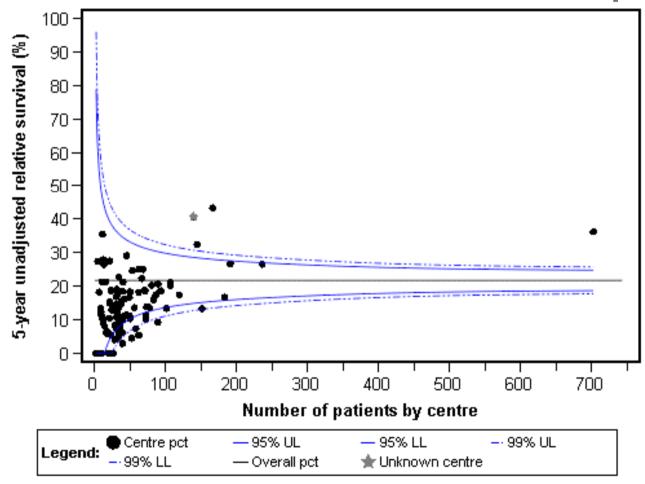
Indicator	Results 2004-2008
Staging CT	88.3%
Palliative support	44.0%
Treatment in high-volume centre	34.7%
30-day mortality	4.8%
Relative 5y survival	
Men	21.7%
Women	21.6%

13 measurable indicators Stomach: national

Indicator	Results 2004-2008
Staging CT	84.5%
Palliative support	44.0%
Palliative chemotherapy	42.0%
Treatment in high-volume centre	4.7%
30-day mortality	5.6%
Relative 5y survival	
Men	28.4%
Women	31.4%



Variability of care 5-year relative survival: oesophagus





Volume and outcome

No centralisation between 2004 and 2008

Differences in case-mix according to volume

Clear volume-outcome relation

No explanation provided by process indicators



Unknown cancer stage

Oesophagus: 28.9%

Stomach: 34.9%

Reporting variability across centres \rightarrow volume for oesophageal cancer

5 indicators not useable

Disparate administrative data

 Multidisciplinary oncologic consultation (both cancer types)

Disparate definitions

- Neoadjuvant treatment (both cancer types)
- Primary chemoradiotherapy (oesophagus)



Strengths & limitations



STRENGTHS

- Population-based study
- Validation by 6 hospitals



LIMITATIONS

- Missing information: 11 indicators not measurable
- Co-morbidity, socio-economic status
- Unknown stage

Recommendations (1) To the Minister of Public Health

Quality system

- Individual feedback
- Quality improvement

Centralisation

• Results of report form basis for discussion

MOC/COM

 Reimbursement conditional on compulsory registration of cancer stage and essential predefined variables



Recommendations (2) To the Belgian Cancer Registry

MOC/COM registration

- Intention of treatment
- Co-morbidity
- Recurrence
- Lymph node status
- Resection margins

Volumeoutcome relation



Recommendations (3) To the health care providers

Evaluate

- Evaluate individual results
- Compare
- Engage in quality improvement process

Define



Colophon from KCE reports 200

- Titel: Quality indicators for the management of upper gastrointestinal cancer
- Author(s): Joan Vlayen (KCE), Cindy De Gendt (Stichting Kankerregister), Sabine Stordeur (KCE), Viki Schillemans (Stichting Kankerregister), Cécile Camberlin (KCE), France Vrijens (KCE), Elizabeth Van Eycken (Stichting Kankerregister), Toni Lerut (KUL)
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