Background
“There are two welcome side effects of population screening programmes for breast cancer. Firstly an increasing awareness of the disease which encourages symptomatic women to present with smaller tumours and secondly the establishment of specialist clinics [and Clinical Audit].”

Michael Baum, BMJ (rapid response), 2002
Clinical Audit is a quality improvement process that seeks to improve outcomes through systematic review of care against explicit criteria and the implementation of change.

NICE, UK, 2002
Public Health and epidemiological expertise from screening environment can help in implementing Clinical Audit of screen-detected cases and in transferring this information on a population basis.
GENERAL PRINCIPLES

Improve further link between screening and treatment monitoring:

- Access to specialist multidisciplinary Breast Units and Clinical Audit should be provided to all screen-detected cases

- Breast Units should work in connection with screening and include screening history among key Audit items
GENERAL PRINCIPLES

Treatment of screen detected cases: **efficacy vs avoiding overtreatment**
A digression on QT
QT is a public domain (www.qtweb.it) oncological database designed for multidisciplinary Breast Units.
Dataset and outcome measures defined in agreement with international guidelines

It evaluates in a standard way the outcome measures on diagnosis and treatment recommended by international guidelines (European Guidelines for Quality Assurance in Breast Cancer Screening and Diagnosis, EUSOMA).
Outcome measures

Outcome measure PO1 - PRE-OPERATIVE DIAGNOSIS - Positive or suspicious pre-operative cyto/histological diagnosis

Total number of cases: 291
Result: 195/280 = 69.64%
Cases with missing information: 11 (3.70% on the total)
IC 95%: 63.84% - 74.90%

\[
\frac{195}{280} = 69.64\% \quad \frac{195}{280+11} = 67.01\%
\]
Developed within EBCS Network with support of European Commission funds. It is available in six languages:

- Scheda computerizzata sulla Qualità del Trattamento del carcinoma Mamario
- Audit System on Breast Cancer Treatment
- Fiche informatique sur la Qualité du Traitement du Cancer du Sein
- Ficha sobre calidad del tratamiento del cáncer mamario
- Datenverarbeitendes System über Behandlungsqualitaet d. Mammakarzinoms
- Minoségellenorzési Rendszer az Emlorák Kezelésérol
## QT - Audit System on Breast Cancer Treatment

<table>
<thead>
<tr>
<th>Screening data</th>
<th>Preoperative assessment</th>
<th>Treatment</th>
<th>Follow-up</th>
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Screening data, Preoperative assessment, Treatment, Follow-up
Software presentation

QT (Audit System on Quality of Breast Cancer Treatment) is designed to facilitate monitoring of breast cancer diagnosis, treatment and follow-up. The audit system was developed by a multidisciplinary team from the European Breast Cancer Network, an activity sponsored by the "Europe Against Cancer Programme" of the European Commission. Outcome measures include those defined by the European Society Of Mastology (EUSOMA) and in the Third edition of the European Guidelines for Quality Assurance in Mammography Screening (2001). The Epidemiology Unit, Regional Reference Centre for Epidemiology and Oncology Prevention (CPO-Piemonte), Turin, provided project co-ordination.

QT includes several sections such as screening, assessment, surgery, pathology, radio/hormone/chemotherapy and follow-up. Each user can elect to adopt all or some of the sections.

QT has been developed by Mariano Tomatis. Previous versions have been developed by Marco Dalmasso, Gabriella Del Mastro and Angelo Tomatis.

QT has been developed in Microsoft Access 97, 2000 and XP (Microsoft Corporation trade mark). It allows data entry, creation of reports and statistical analysis. From QT data can be exported in three tables in fixed format. You can import archives from QT 2.3 using the function File - Import from the main menu.

You can find below three short presentations in power point format to download and save in your computer.

- Introduction to QT
- QT Main Features
- QT Potential Users
QT is available for projects aiming at comparing screen-detected breast cancer treatment in different settings, employing standardized data collection and analysis.
Issues discussed in the group meeting

How are screening programs linked to breast cancer care?

How vary care for screen-detected cancer and practice styles across Countries and programs?
Issues discussed in the group meeting

How are screening programs linked to breast cancer care?

Representatives from 12 Countries have reported on:
- Availability of population data on breast cancer treatment
- Availability of such data by screening history (method of detection)
  - Available parameters

It has been proposed to make a brief structured survey on this issues and publish it on the ICSN web site
How vary care for screen-detected cancer and practice styles across Countries and programs?

A study on effects: survival

On screening related issues: studying process indicators capable of capturing aspects associated with treatment appropriateness, including avoidance of overtreatment.
How vary care for screen-detected cancer and practice styles across Countries and programs?

A study on effects: survival

On screening related issues: studying process indicators capable of capturing aspects associated with treatment appropriateness, including avoidance of overtreatment.
Diagnosis and treatment of screen-detected DCIS

The group agreed to concentrate on DCIS and aim at studying parameters such as:

- Time from screening to treatment
  - Preoperative diagnosis
- Surgery on the breast and the axilla
  - Adjuvant therapy
Historical Trends (1978-2002)
Incidence, SEER 9 Registries
Breast (in situ), All Races
Female, Ages 50+

Cases per 100,000 resident population

Year of Diagnosis

Created by statecancerprofiles.cancer.gov.

Rates are age-adjusted to the 2000 US standard population by 5-year age groups.
Figure 1. Percentage of women diagnosed with DCIS who were treated with BCS, stratified by SEER site, 1983–2000.
Italian screening programmes, QT Survey

Conservation surgery in DCIS (N=2090)
Figure 59 (Table 118): Variation in proportion of non-invasive cancers that received hormone therapy
Axillary clearance in DCIS (N=2090)
Diagnosis and treatment of screen-detected DCIS

Outline of methods

- Working group
- Literature review
- Selection of parameters, detailed definitions
  - Protocol, “dummy paper”
    - Call for data

Prognostic and biological factors should be taken into account.