

EUROPEAN HIGH RESOLUTION STUDIES: PATTERNS OF CARE FOR BREAST, COLORECTAL, LUNG CANCERS, MELANOMA AND NHL

Pamela Minicozzi⁽¹⁾, Liesbet Van Eycken⁽²⁾, Alain Monnereau^(3,4), Alexandra Mayer-da-Silva⁽⁵⁾, Maria-José Sánchez-Pérez^(6,7), Massimo Usel⁽⁸⁾, Milena Sant⁽¹⁾ and the European High Resolution Working Group⁽⁹⁾

(1) Analytical Epidemiology and Health Impact Unit, Department of Preventive and Predictive Medicine, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy

(2) Belgian Cancer Registry, Brussels, Belgium

(3) French Network of Cancer Registries, FRANCIM, France.

(4) University of Bordeaux, Inserm, Bordeaux Population Health Research Center, Team EPICENE, UMR 1219, Bordeaux, France

(5) Southern Portugal Cancer Registry (ROR-Sul), Portugal

(6) Escuela Andaluza de Salud Pública. Instituto de Investigación Biosanitaria IBS.GRANADA. Hospitales Universitarios de Granada/Universidad de Granada, Granada, Spain

(7) CIBER de Epidemiología y Salud Pública (CIBERESP), Spain

(8) Geneva Cancer Registry, University of Geneva, Genève, Switzerland

Background

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

The database includes patients (≥ 15 years) diagnosed with breast (BC), colorectum (CRC), lung cancers, skin melanoma (MEL), and NHL (follicular and diffuse large-B cell lymphoma) in 2009-14 from 52 CRs in 13 countries.

Methods

The present study analyses five cancer-specific indicators of standard treatment in 6 countries [Belgium, France, Italy, Portugal, Spain, Switzerland] for CRs with $< 30\%$ of unknown information in the analysed variables:

- Breast-conserving surgery and radiotherapy (BCS-RT) in 7085 stage I-IIA BC cases:
- Adjuvant CT in stage II/III CC cases surgically treated (1864 stage II and 1591 stage III cases):
- Curative surgery in stage I-II non-small LC (NSLC) (534 cases):
- Sentinel lymph node biopsy (SLNB) in ≥ 1 mm MEL (901 cases):
- Targeted therapy (TT) in NHL, after excluding cases with watchful waiting decision (1215 cases).

Results

BCS-RT: 68% (34 out of 35 [34/35] CRs: 41% Portugal-77% France) of stage I-IIA BC;

Adjuvant CT: 23% (18 CRs: 12% Switzerland-30% Italy) of stage II CC and 64% (18 CRs: 44% Switzerland-70% Belgium) of stage III CC;

Curative surgery: 65% (6 CRs: 56% Portugal-74% Switzerland) stage I-II NSLC;

SLNB: 66% (7/8 CRs: 57% Italy-74% Portugal) of ≥ 1 mm-Breslow MEL;

TT: 83% (6/7 CRs: 71% Italy-90% France) of NHL.

Discussion

Although some updating and corrections are still needed, information availability on stage work-up and therapeutic management was good. Differences in the adherence to clinical guidelines persist across Europe: resources availability, differences in health system organization and comorbidity at diagnosis could play a role. Multivariable comprehensive analyses, including comorbidity (where available), will be finalized after the conclusion of updating and corrections.

⁽⁹⁾ **The European High Resolution Working Group:** **Belgium:** E. Van Eycken (B,C,L), K. Henau (C), K. Vanschoenbeek (B,L) (*Belgian CR*); **France:** M. Velten (B), F. Binder-Foucard (B) (*Bas Rhin CR*); A. V. Guizard (B) (*Calvados general CR*); V. Bouvier (C), G. Launoy (C) (*Calvados digestive Tract CR*); V. Jooste (C), S. Normand (C) (*Côte d'Or digestive Tract CR, Burgundy*); P. Arveux (B) (*Côte d'Or gynaecologic CR*); M. Maynadié (Ly), M. Mounier (Ly) (*Côte d'Or Haematological Malignancies CR*); A. S. Woronoff (B) (*Doubs CR*); M. Robaszekiewicz (C) (*Finistère Digestive Tract CR*); G. Coureau (B), B. Amadeo (B) (*Gironde CR*); A. Monnereau (Ly), S. Le Guyader-Peyrou (Ly) (*Gironde Haematological Malignancies CR*); E. Marrer (B), (*Haut-Rhin CR*); N. Léone (B) (*Haute-Vienne CR*); B. Tretarre (B) (*Hérault CR*); M. Colonna (B), P. Delafosse (B) (*Isère CR*); K. Ligier (B), V. Démaret (B) (*Lille CR*); S. Ayrault-Piault (B) (*Loire-Atlantique CR*); S. Bara (B) (*Manche CR*); G. Defossez (B) (*Poitou-Charentes CR*); B. Lapotre-Ledoux (B) (*Somme CR*); P. Grosclaude (B), L. Daubisse-Marliac (B) (*Tarn CR*); A. Cowppli-Bony (B) (*Vendée CR*); F. Molinié (B) (*Loire-Atlantique/Vendée CR, FRANCIM*); A-M. Bouvier (C), J. Faivre (C) (*Côte d'Or Digestive Tract CR, Burgundy, FRANCIM*); **Italy:** F. Pannozzo (B), F. Calabretta (B) (*Latina CR*); R. A. Filiberti (B), C. Casella (B) (*Liguria CR, IRCCS AOU SM-IST*); G. Carrozzì (B,C,M), C. Cirilli (B,C,M) (*Modena CR*); M. Fusco (B), M. F. Vitale (B) (*Napoli 3 South CR*); F. Vitale (B), R. Amodio (B) (*Palermo CR*); R. Tumino (B,C,M,Ly), G. Cascone (Ly), G. Frasca (M), C. Nicita (B), E. Spata (C) (*Ragusa CR*); L. Mangone (B,Ly), F. Ferrari (B), P. Giorgi Rossi (C), F. Roncaglia (Ly), M. Vicentini (C) (*Reggio Emilia CR*); G. Tagliabue (B,C), P. Contiero (B,C) (*Varese CR, Fondazione IRCCS Istituto Nazionale dei Tumori*); **Portugal:** J. Bastos (B) (*Central Portugal CR*); M. J. Bento (B,C,L,M), C. Castro (B,C,L,M) (*Northern Portugal CR*); A. Miranda (B,C,L,M,Ly), A. Mayer-da-Silva (B,C,L,M,Ly) (*Southern Portugal CR*); **Spain:** E. Almar (C), A. Mateos (C) (*Albacete-Castilla-La Mancha CR*); J. Bidaurrezaga (C), M. de la Cruz (C), N. Larrañaga (B), M. J. Michelena (B) (*Basque Country CR*); A. Torrella-Ramos (B,C), C. Alberich (B,C) (*Castellón-Valencia CR*); J. M. Díaz García (C), A. I. Marcos-Navarro (C) (*Cuenca CR*); R. Marcos-Gragera (B,C,L,M,Ly), C. Carmona Garcia (C), E. Oliva-Poch (L), G. Osca-Gelis (Ly), M. Puigdemont (M), M. Puig-Vives (B) (*Girona CR*); M. J. Sánchez-Pérez (B,C,L,M,Ly), M. Rodriguez-Barranco (C,L), D.Y.L. Chang Chan (Ly), E. Molina-Portillo (B,M) (*Granada CR, CIBERESP, EASP, IBS.Granada*); E. Ardanaz (B,C,M), M. Guevara (B,C,M) (*Navarra CR, CIBERESP, IdISNA*); J. Galceran (B), F. Saladié (B) (*Tarragona CR*); **Switzerland:** C. Bouchardy (B,C,L,M), M. Usel (B,C,L,M) (*Geneva CR*)