

The impact of standardized structured reporting of pathology reports for breast cancer in the Netherlands.

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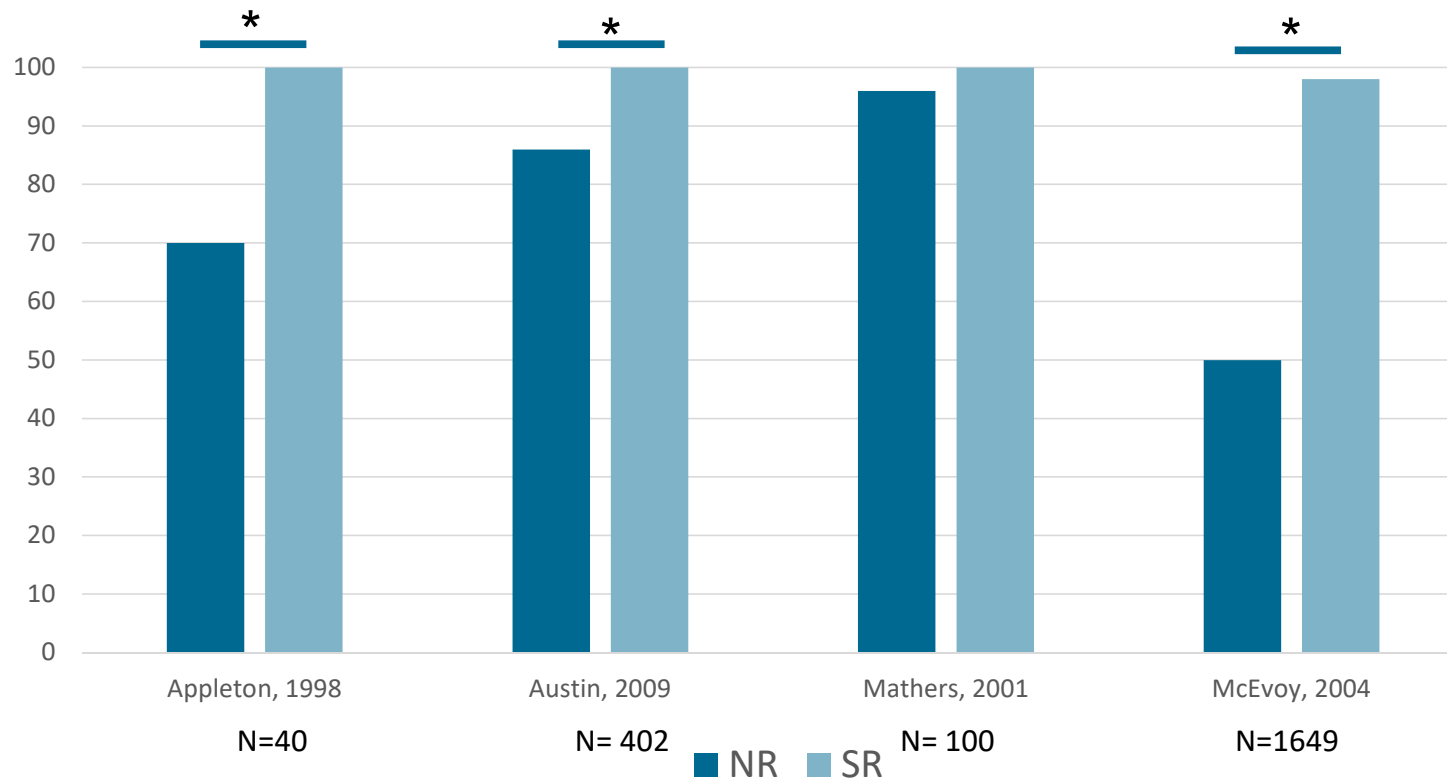
No disclosures

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Introduction

- Appropriate breast cancer care depends on accurate pathology reporting
- Adjuvant treatment of breast cancer is based on prognostic and predictive pathological parameters
- Narrative pathology reports (NR) not always contain all important parameters
- Synoptic reporting (SR) was introduced in the Netherlands in 2009
- Synoptic reporting (SR) is recommended to ensure complete pathology reports

Previous studies: histological grade



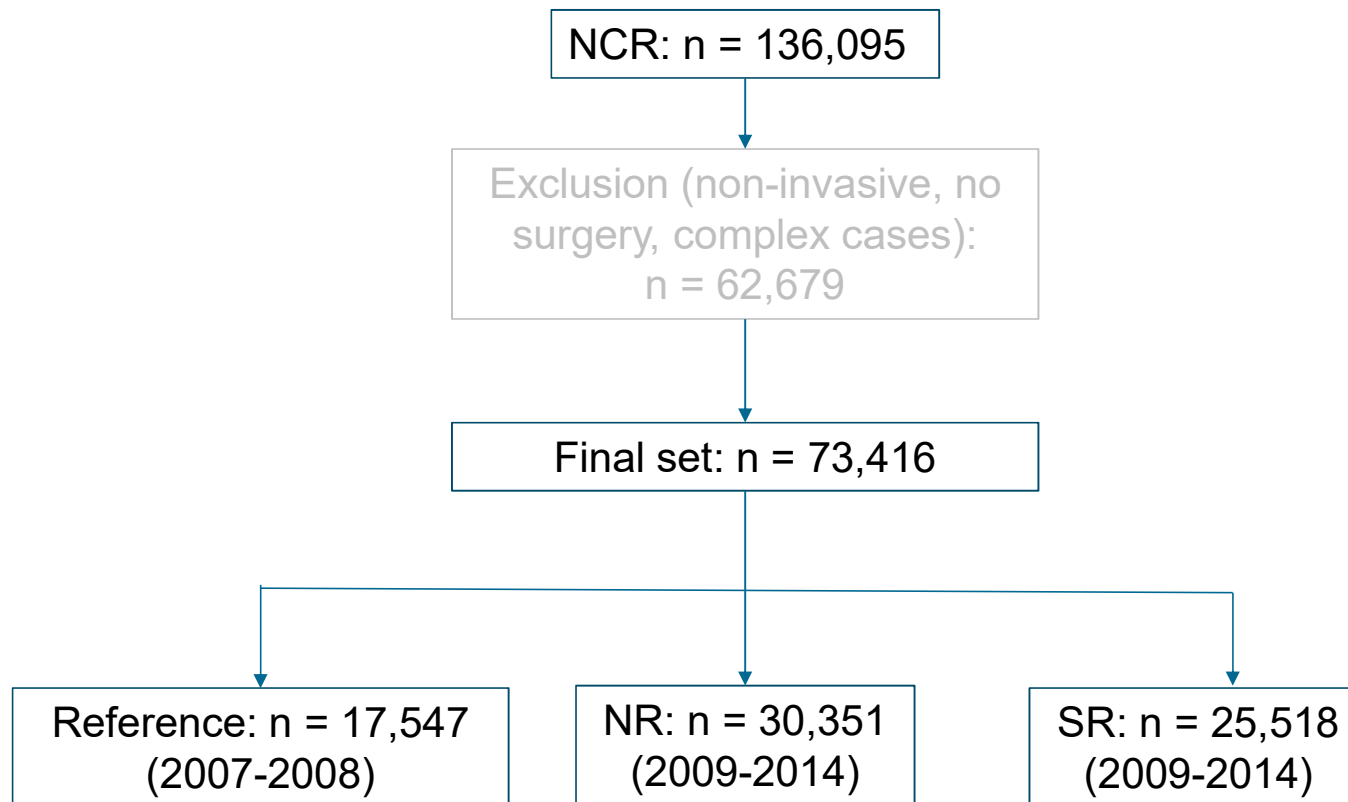
Research aim:

Evaluation of the impact of synoptic reporting on
breast cancer *care*

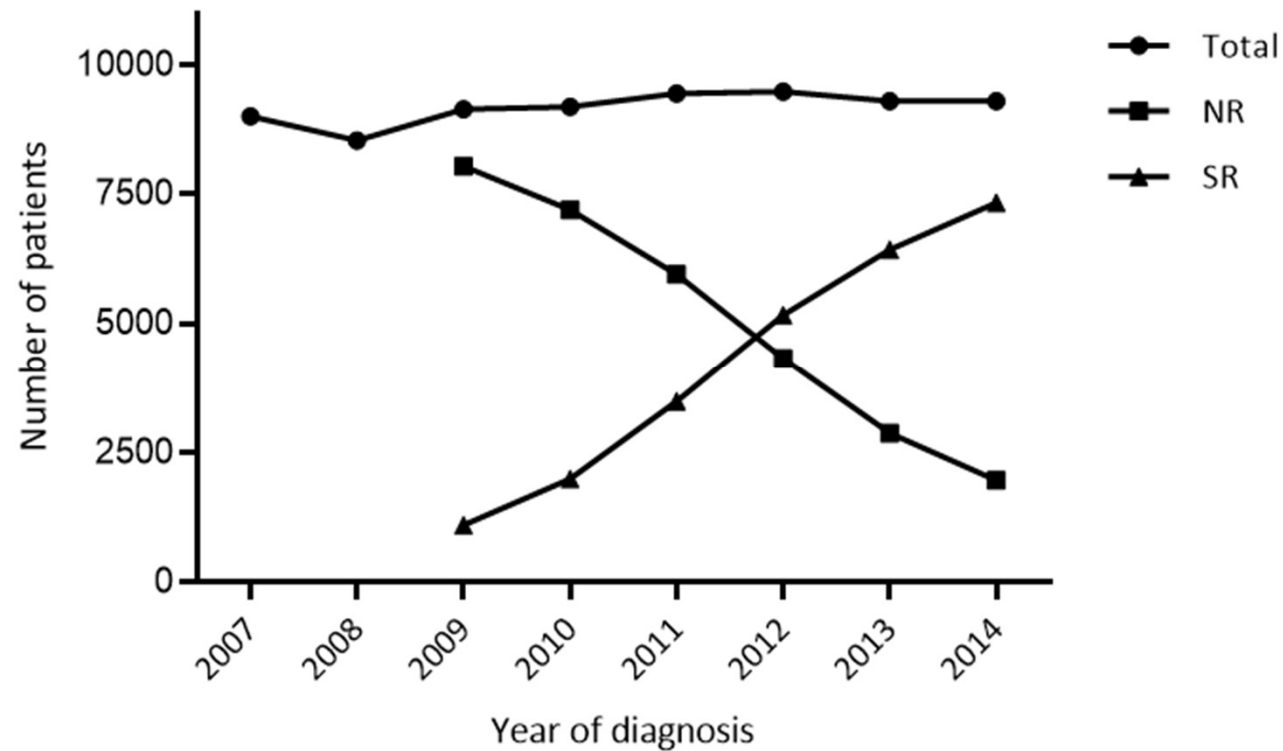
Methods

- Inclusion period between 2007-2014
- Data extraction:
 - Netherlands Cancer Registry (NCR):
 - Demographics
 - Mandatory breast cancer pathology parameters available
 - Vital status and follow-up time
 - Primary treatment
 - The national pathology database (PALGA):
 - Type of report (NR/SR)

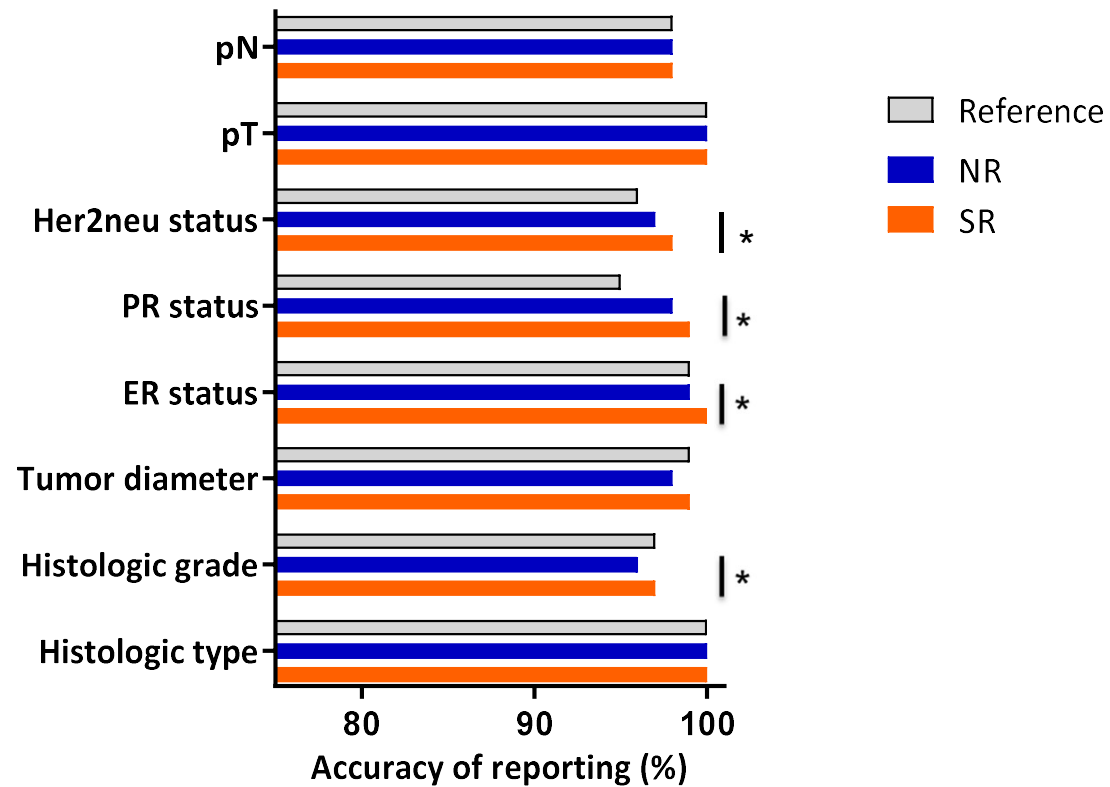
Methods: Case selection



Results: Use of synoptic reporting

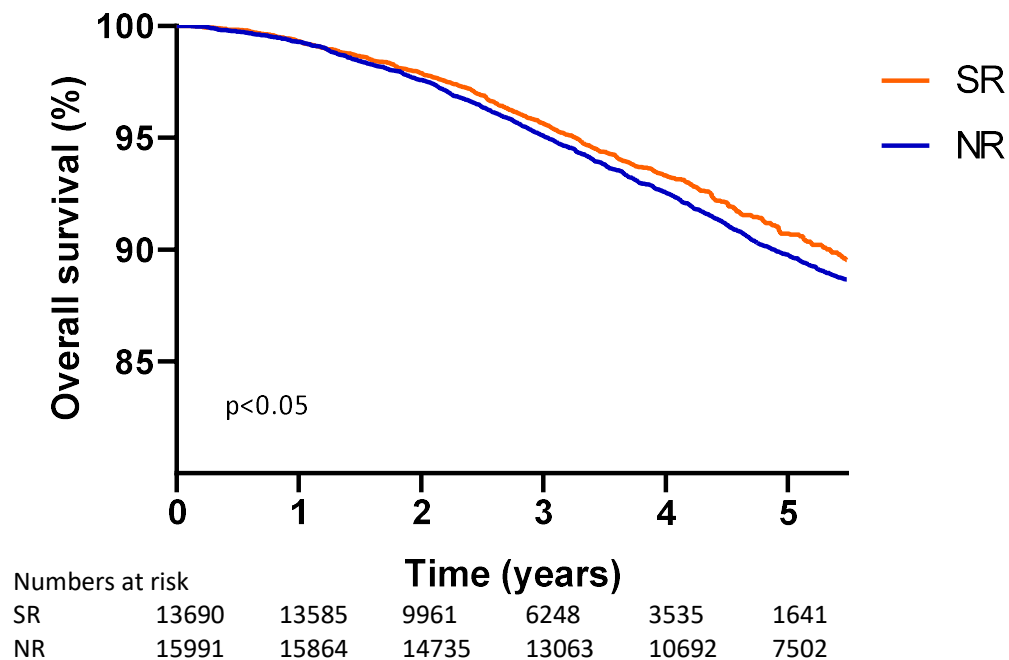


Results: Completeness



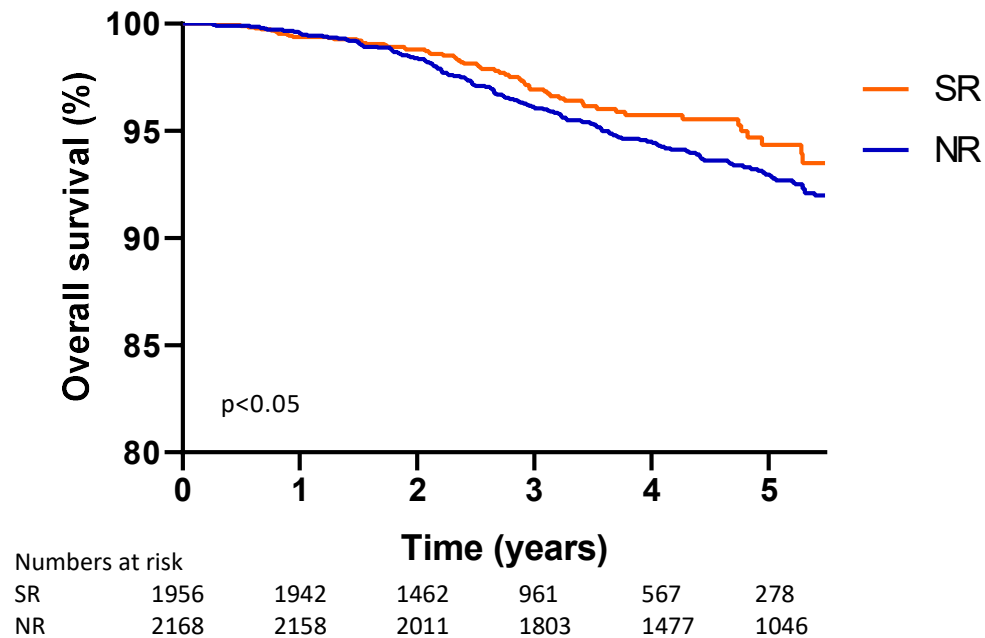
Quality of care: hormonal therapy

- National guidelines: hormonal therapy in cases of ER+ and pN1mi+
- More treatment in SR patients (95.1% versus 94.7%)
- Significant better outcome: 5-year survival 90.7% (SR) versus 89.8% (NR)



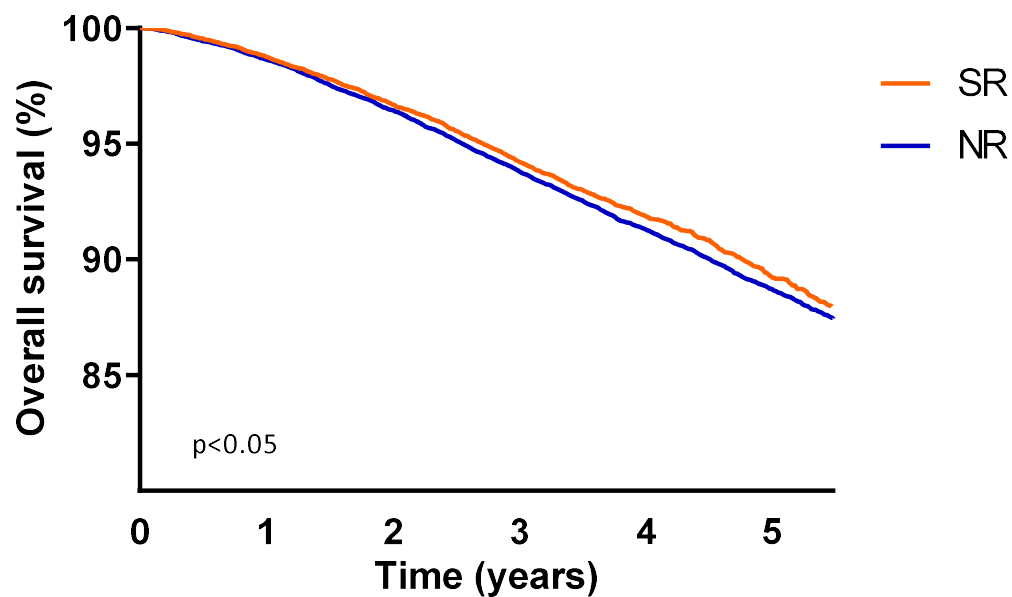
Quality of care: targeted therapy (Her2)

- More treatment in SR patients: 69.4% versus 63.1%
- Better outcome: 5-year survival 94.4% (SR) versus 93.0% (NR)



Overall survival: total cohort

- Better outcome: 5-year survival 89.2% (SR) versus 88.7% (NR)



Numbers at risk						
SR	25517	25180	18192	11481	6417	2956
NR	30350	29912	27485	24152	19617	13920

Discussion

+ Strengths:

- First study investigating the effect of SR on breast cancer *care*
- Nationwide cohort study (> 70,000 breast cancer patients)

– Limitations:

- Registration bias: NCR as data source for pathology reports
- No information of recurrences and cancer-specific mortality
- Residual confounding (e.g. comorbidities)

Conclusion

- Synoptic reporting in the Netherlands
 - Improving (already high quality) pathological reporting
 - Better completeness for relevant information
 - In line with older, smaller studies
 - Influences treatment decisions, resulting in better patient care and better survival
- Similar results have been obtained in colorectal cancer