

# A European Union Approach to Harmonizing and Quality Improvement of Breast Cancer Care

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**ABSTRACT:**

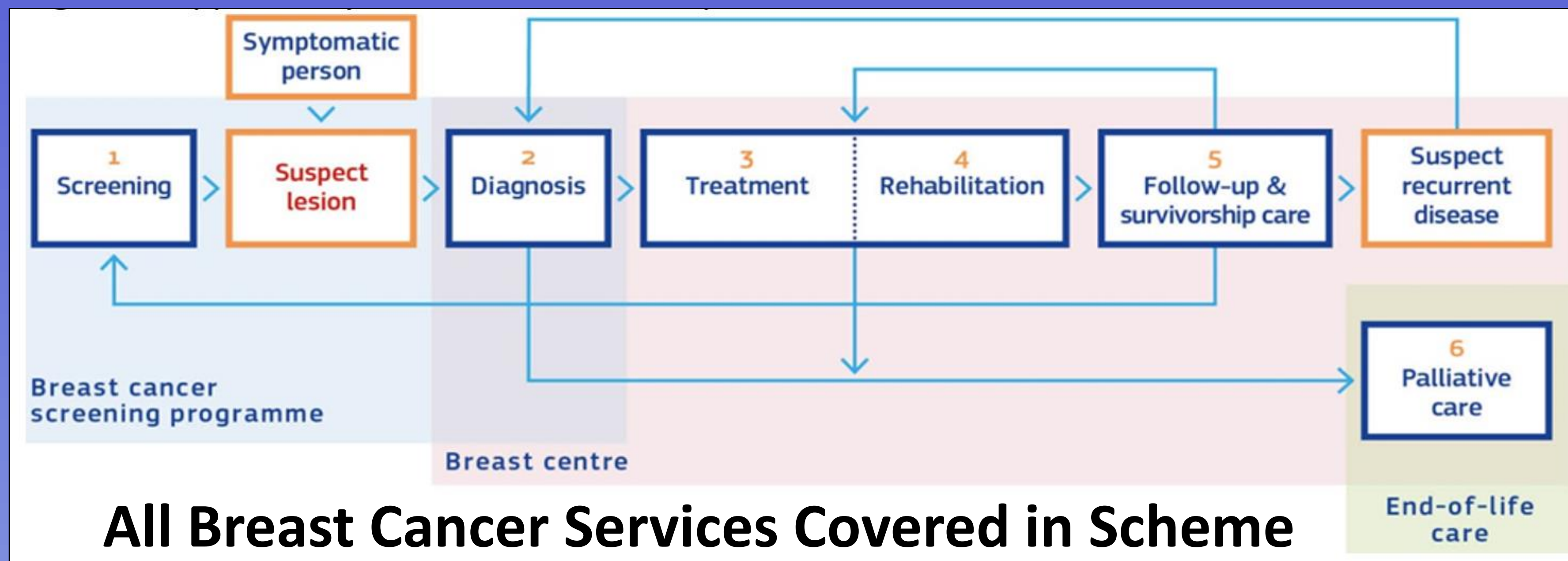
**Background / Objectives:** In 2004, the European Parliament passed a resolution stating that any EU citizen diagnosed with breast cancer could obtain treatment at any other EU State. Thereafter it became clear that the level of breast cancer care was quite uneven throughout the EU. A resolution was passed that a quality program be developed over 3 years that could be voluntarily engaged by the EU States. There existed European Guidelines for breast cancer screening and diagnosis but there were none for Breast Cancer Treatment Services. This three year program will be completed in early 2019 which this report will cover.

**Methods:** The European Commission Initiative on Breast Cancer (ECIBC) requested expert and lay volunteers to participate in the two committees: the Guidelines Development Group (GDG) and the Quality Assurance Scheme Development Group (QASDG). The GDG would write an updated version of the existing screening and diagnosis guidelines while the QASDG would develop a scheme including quality metrics for the remainder of the breast cancer journey after diagnosis. Meetings were held three times per year at the Joint Research Centre (JRC) premises in Ispra Italy starting in 2015. Each committee had just over 30 people on them, including physicians, nurses, administrators and other clinicians, lay representatives and administrators of the JRC. Each committee developed research questions (PICO) which were sent to external sources for research and answers in a very structured manner. When quality measures were considered, a durable Delphi method of assessment was utilized to make final determinations as to value of any particular quality metric. Dr. Kaufman was the only American on the 32 member QASDG committee.

**Results:** The program is at its last two meetings, ending in February 2019. At this time the draft of the breast cancer journey has been determined. Multiple quality potentials were identified and many have been accepted (see <https://ecibc.jrc.ec.europa.eu/>). Each quality indicator has been vetted via Delphi Rounds. The GDG has established several quality guidelines which include age appropriate screening advice as well as diagnostic guidelines. The full extent of their results will be forthcoming 3 months from this writing. The QASDG has a three pronged effort. They first collected data on requirements and care processes. Thereafter, in Delphi rounds, the requirements/indicators were either voted in or out. Thereafter, pilot testing of quality indicators will be performed. There were about 62 quality indicators agreed upon. The QASDG identified some indicators for surgical care. Breast Centers should have at least two surgeons. All surgeons should care for at least 50 new breast cancer patients per year. The full complement of support services should be available at breast centers including breast care nurse (navigators) as well as psychosocial support (psycho-oncologist). Multiple members of the breast center are identified to be available on a regular basis. We hope to update this poster after the February completion of this three-year program.

**Conclusions:** The European Committee has developed a mature program of screening and diagnostic guidelines as well as a structured quality assurance scheme with multiple quality indicators along the breast care journey. It is expected that multiple EU states will endorse and incorporate the ECIBC set of guidelines that will give harmony to the EU breast cancer treatment system.

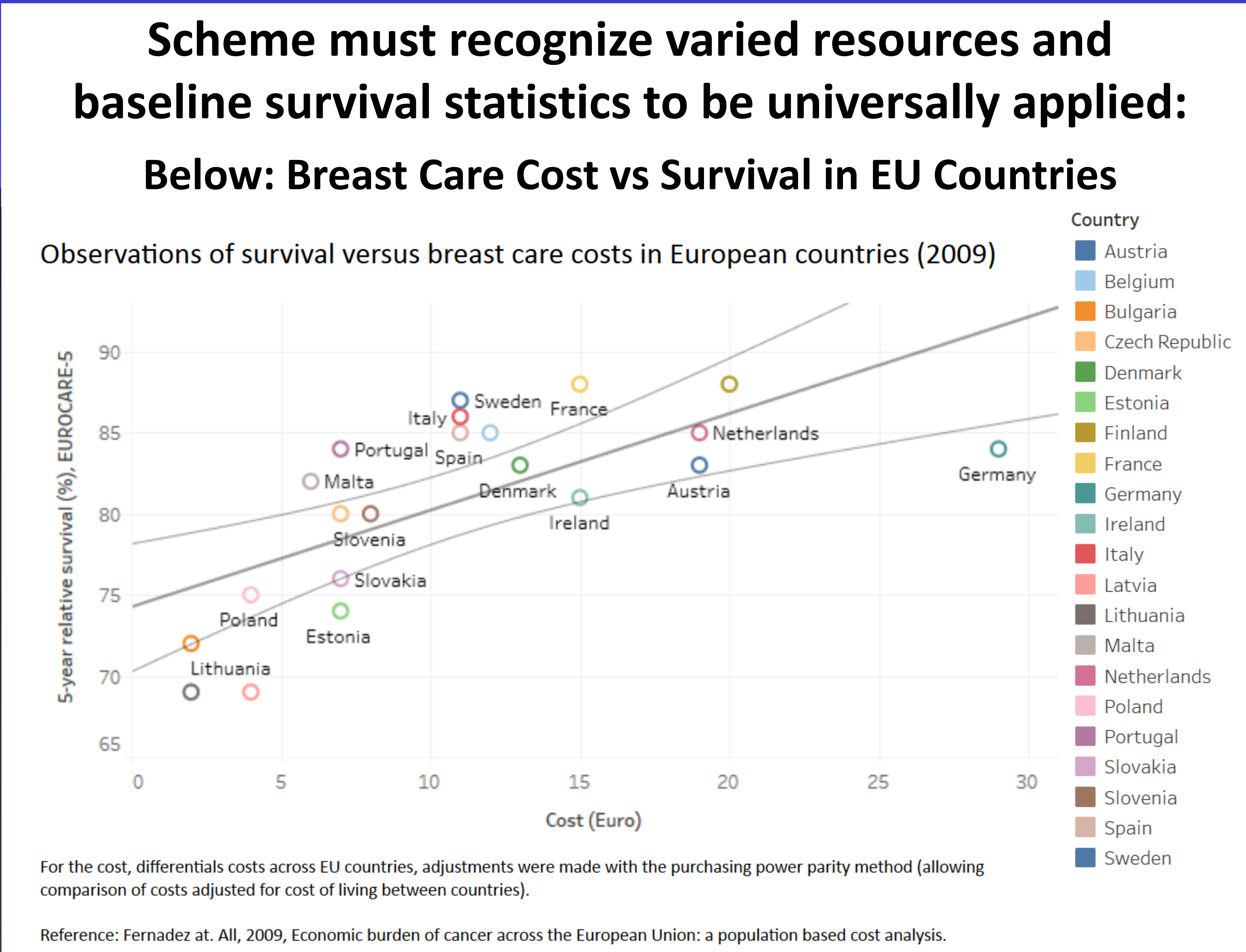
**GOAL: European Commission Initiative On Breast Cancer (ECIBC)**  
ECIBC is a person-centred initiative to improve breast cancer care. We are developing the most up-to-date evidence-based recommendations on screening and diagnosis, with a platform of trustworthy guidelines for the whole care pathway.



**Sample Recommendations from European Breast Guidelines**

- At what age should women attend an organised mammography screening programme?
- How often should women attend an organised mammography screening programme?
- What tests should be used to screen for breast cancer in women with dense breast tissue?
- What is the optimal strategy to invite women to organised breast cancer screening programmes?
- Should a decision aid be used for informing women about the benefits and harms of breast cancer screening?
- What type of guidance should be used when performing a biopsy in women with calcium deposits in their breast?
- What test should be used for diagnosis in recalled women due to suspicious lesions at mammography screening?
- Should clip marking be used for surgical therapy planning in patients with breast cancer lesions?
- What threshold of oestrogen and/or progesterone should be used to provide endocrine therapy in women with invasive cancer?
- How should screening mammographies be read?

Found at: <https://ecibc.jrc.ec.europa.eu/recommendations/>



- Applying the European Breast QA Scheme**
- 1) Applies to breast Cancer Services from screening to follow-up to end-of-life
  - 2) A manual is in production to define the requirements for breast cancer services
  - 3) A comprehensive set of quality indicators has been developed which will be used to confirm established requirements are being met
  - 4) The 4 quality domains for indicators include:
    - a) clinical effectiveness,
    - b) Facilities, resources and workforce,
    - c) Personal empowerment and experience,
    - d) Safety