Globale en multidisciplinaire kwaliteitszorg rond borstkanker

Didier Verhoeven

Antwerpen, 16/9/2022



Wat is kwaliteit van zorg?

Mate van overeenkomst tussen "wenselijke" en "feitelijke" zorg Verschillende benadering

humaan: diensten in functie noden

realistisch: diensten in functie financiële haalbaarheid

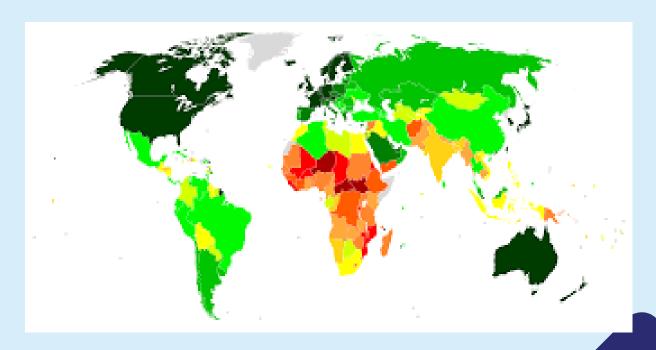


Hoe meten: "Kwaliteit van leven"

WHO (HDI)

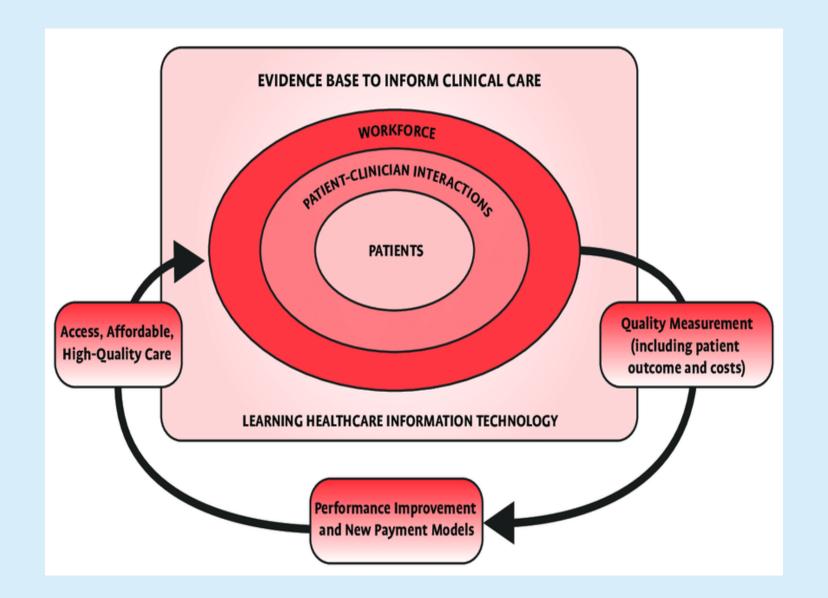
Human Development Index

Levensverwachting
Onderwijs
Levensstandaard (BNP)



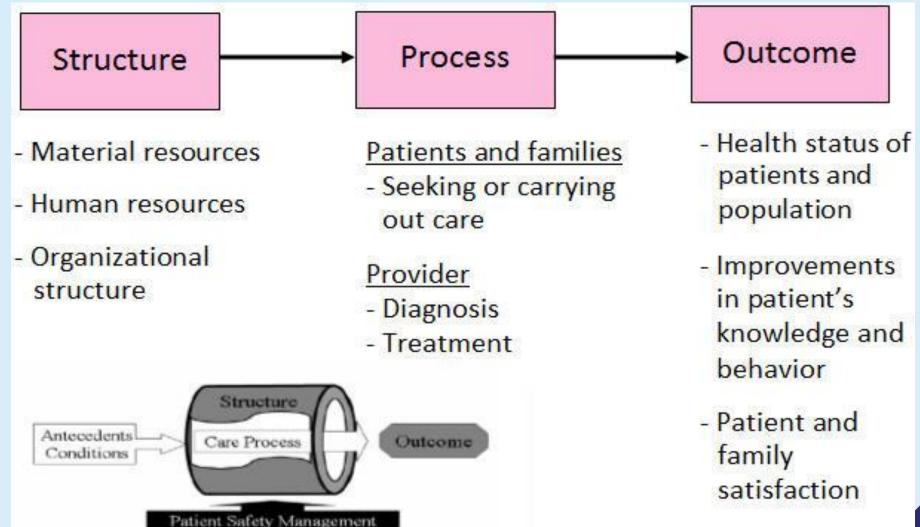


Improving Quality of (cancer) care





Kwaliteitsindicatoren



Struktuurindicator: Multidisciplinaire zorg

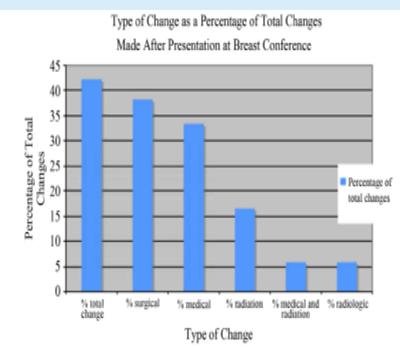


Figure 1. Type of treatment modification as a percentage of total change made following discussion at breast conference. Total 42% of all cases presented received changes to treatment following discussion at breast conference (38.2% surgical, 33.3% medical, 16.6% radiation, 6.8% both medical and radiation and 4.9% radiologic).

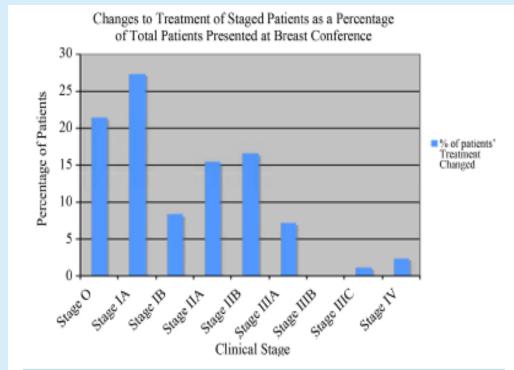
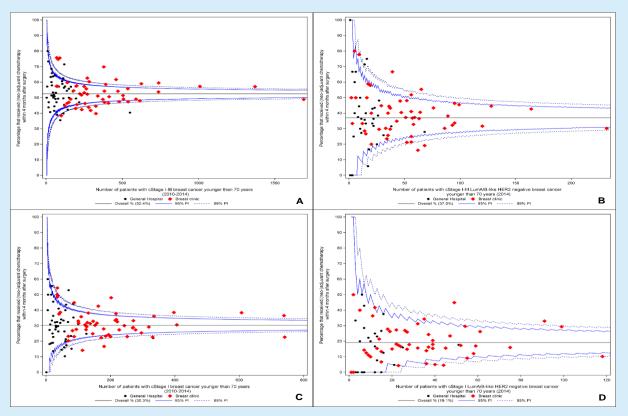


Figure 2. Changes to treatment of staged patients as a percentage of total patients presented at breast conference. Changes in Stage 0 patient treatment total 21% of total changes. Stage IA: 27%; Stage IB: 8%; Stage IIA: 15%; Stage IIB: 17%; Stage IIIA: 7%; Stage IIIB: 0%; Stage IIIC: 1%; Stage IV: 2%.

Proces indicatoren

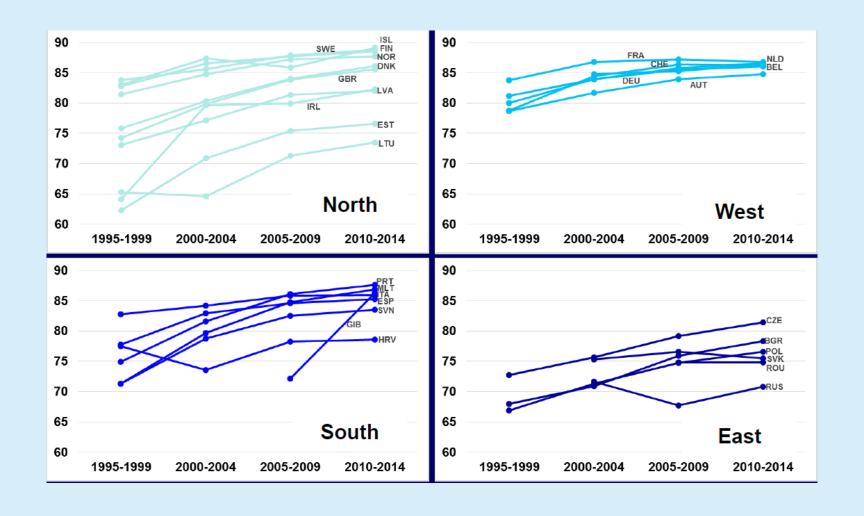
Assessment of potential process quality indicators for systemic treatment of breast cancer in Belgium: a population-based study

Figure 2 a,b,c&d – Proportion of patients with breast cancer younger than 70 years that received (neo)adjuvant chemotherapy in clinical stage I-III (a), clinical stage I-III Luminal A/B-like HER2 negative (b), clinical stage I (c) and in clinical stage I Luminal A/B-like HER2 negative breast cancer (d)





Outcome indicator: OS - Internationaal





Strategisch model (E.Teisberg)

UNDERSTAND SHARED HEALTH NEEDS OF PATIENTS

DESIGN SOLUTION TO IMPROVE HEALTH OUTCOMES

INTEGRATE LEARNING TEAMS

MEASURE HEALTH OUTCOMES
AND COSTS

EXPAND PARTNERSHIPS

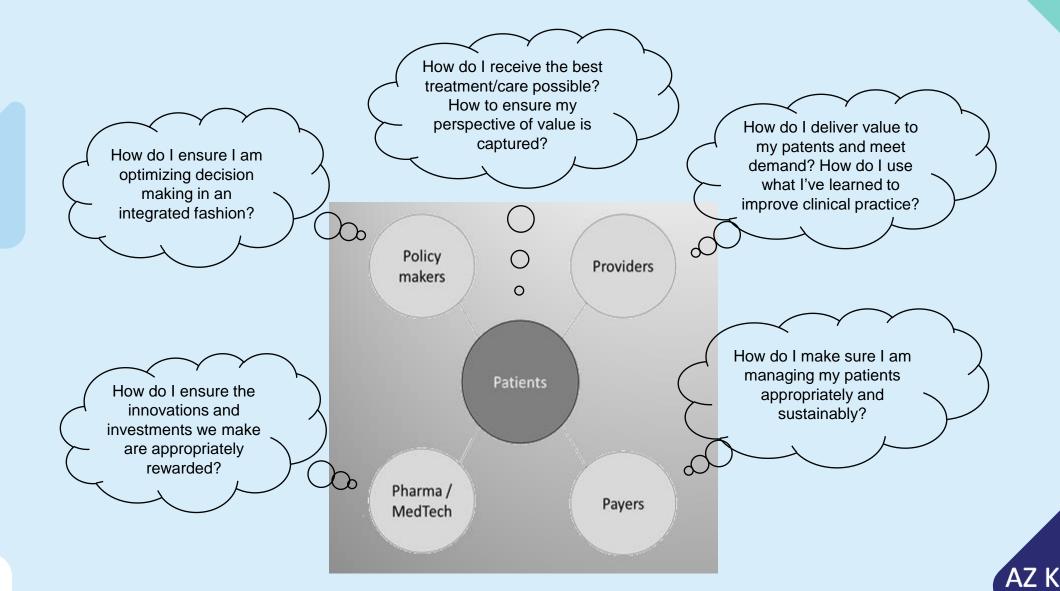


Value-based health care





Perspectives of Value Based healthcare



voluit voor zorg

Naar een globale visie voor borstkanker

New frontiers for fairer breast cancer care in a globalized world

Awareness and understanding breast cancer, with medical facilities near to our patients are essential for all women. Happy the Breast Cancer Hub can participate bridging the gap between developed and developing countries.

Lopamudra Das Roy, India/US





ValueBased | Dragons HealthCare 2021

If you think every women has the right for quality breast treatment

If you think value of breast care must be promoted

join our initiatives, support our demand for a fair breast cancer care and a new open access publication available for all.

Sabine Siesling, The Netherlands

60% of cancer cases and 75% of deaths from cancer will occur in low and middle income countries in the next two decades. We will need 277.000 extra surgeons to deal with

Groesbeck Parham, Zambia, US, WHO

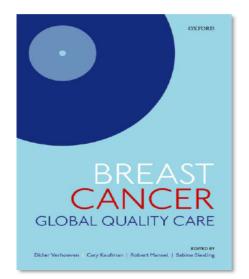






Breast cancer is the most common cancer in women in 140 countries. Incidence is rising and survival varies widely world-wide. Glad I could participate in this project by providing the most up-to-date estimates of populationbased survival from the CONCORD programme. These are the best outcome indicators of the overall effectiveness of health systems in managing breast cancer.

Claudia Allemani, UK



Last ten year we dedicated to our initiative for a fairer breast cancer care in a globalized world. An exciting time of collaborations for better care for women with breast cancer worldwide.

Our faculty of more than 130 experts coming from 30 countries from the five continents are interacting to provide most recent insight.

The aim of our project is to make guidelines to deliver quality breast care around the globe. Special focus is put on developing the highest possible quality within local financial and resource limitations. Last year our book: "Breast cancer: Global Quality care", published by Oxford University Press was launched and became a worldwide appreciated reference recommended by ASCO. It was the start of a journey, with publications, virtual conferences and interviews to put the topic continuously on the political agenda. Some messages:

Didier Verhoeven, Belgium







Breast cancer as a health issue

The most common cancer in women in 140 of 184 countries

Incidence is projected to reach 2.2 million by 2035

5-year survival reached 85% or more in many countries, but global variation remains wide

Early diagnosis and access to effective treatment are crucial



What can pragmatically be done to improve breast cancer early detection

- Public awareness on signs and symptoms of breast cancer and the benefit of early detection is the first step to implementing an early detection programme.
- Early detection in LMICs is more about downstaging clinical disease rather than looking for asymptomatic disease with screening
- Early detection with a combination of breast awareness and CBE to downsize tumours linked with Rx.
- Ch Yip et al., Cancer Control 2017 http://www.cancercontrol.info/cc2016/improving-breast-cancer-outcomes-in-asia/



Disparity in breast cancer care

Global surveillance of cancer

"I believe that the fight against cancer, rather than focussing on specific, spectacular news, should aim at viewing the overall global comprehensive picture.

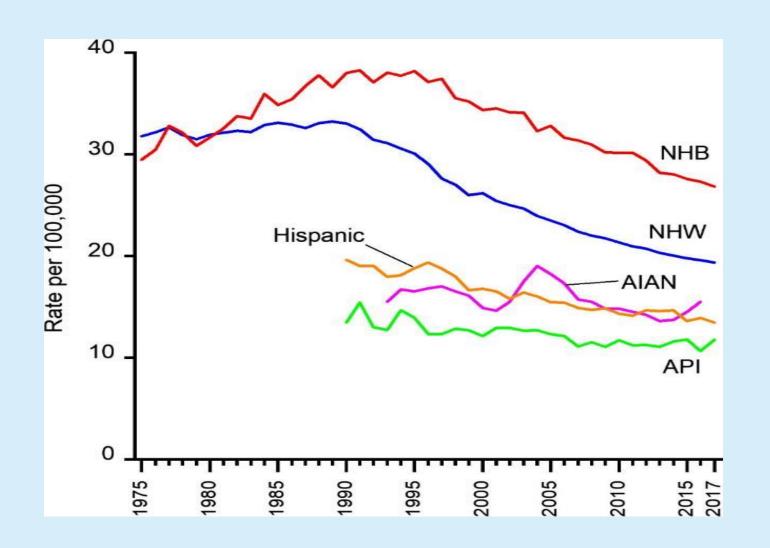
"We should monitor trends if we want to improve that reality."

Dr Tabaré Vázquez, oncologist President of Uruguay (2005-10, 2015-)

World Cancer Leaders' Summit, Shenzhen, China, 19 August 2010

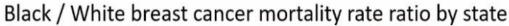


Mortality of breast cancer - SEER data

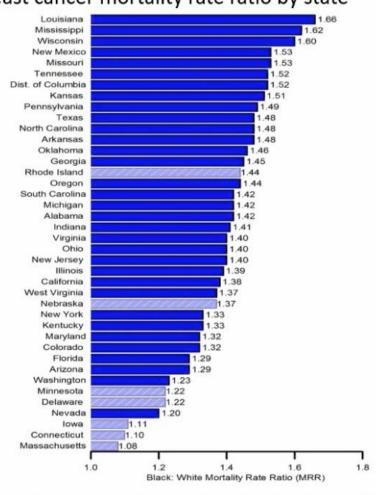




Black/White BC mortality ratio by state - 2017

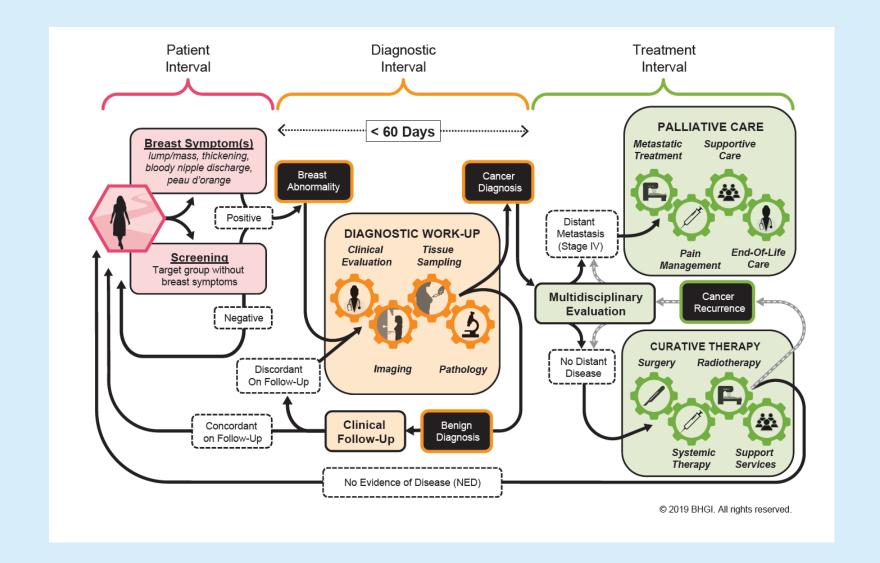








Global breast cancer Initiative/B. Anderson





Recommendations

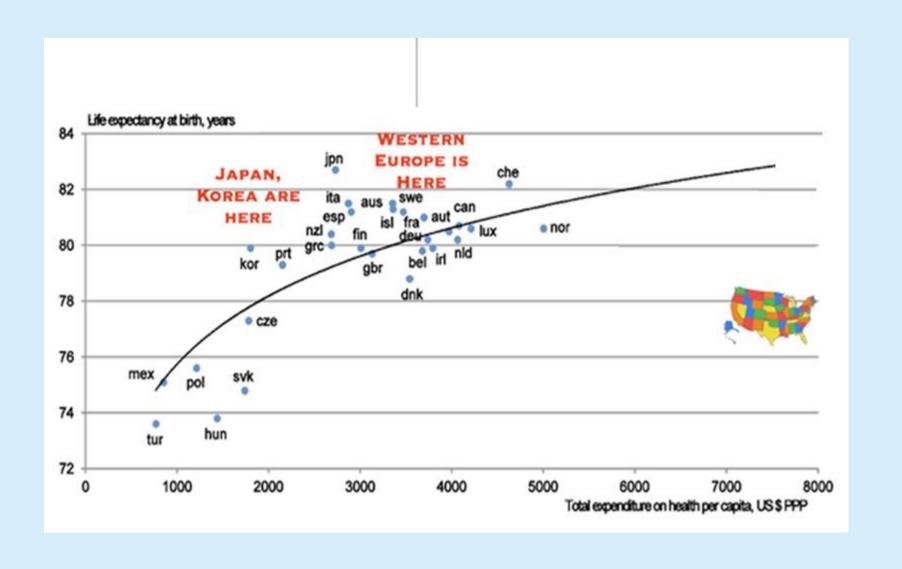
- Cancer registries are needed
- National cancer plans
- Training for physician and non-physician staff
- Public awareness and early detection
- Clinical breast examination versus screening
- Coordinated multidisciplinary environments
- Systems for coordinated tissue sampling and pathology services
- Barriers to access cancer drugs need to be addressed I
- Resource-sensitive strategies



The Breast Health Global Initiative

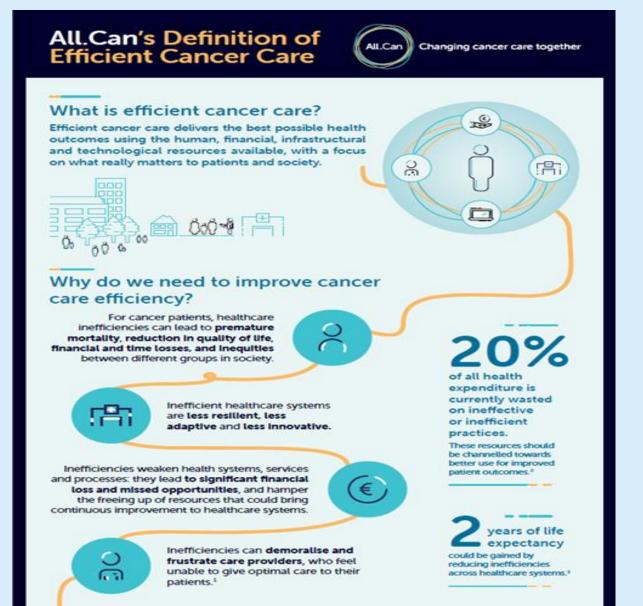


Life expectancy in function of expenditure (OECD, 2013)



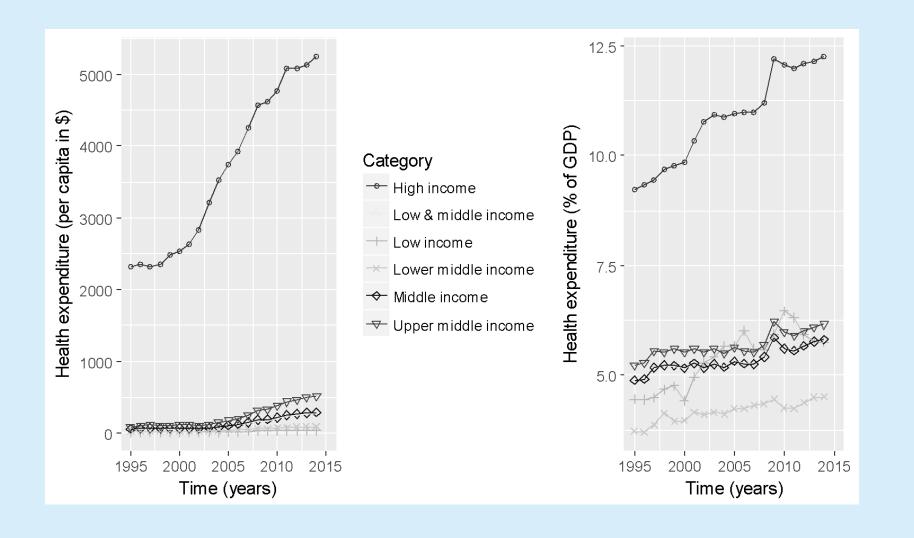


Efficiente zorg



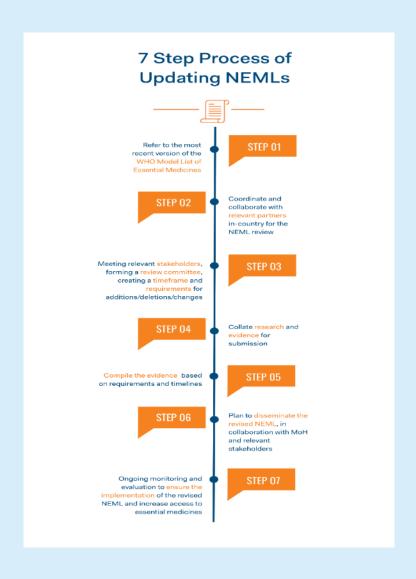


Evolution health expenditure



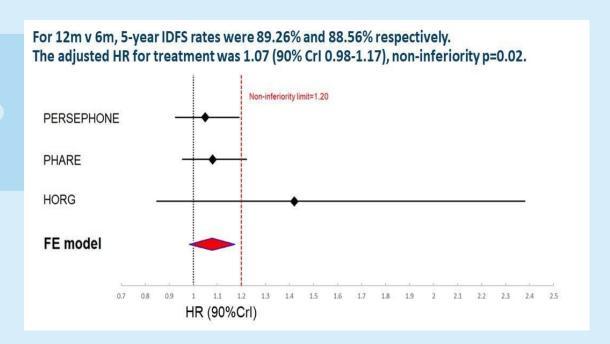


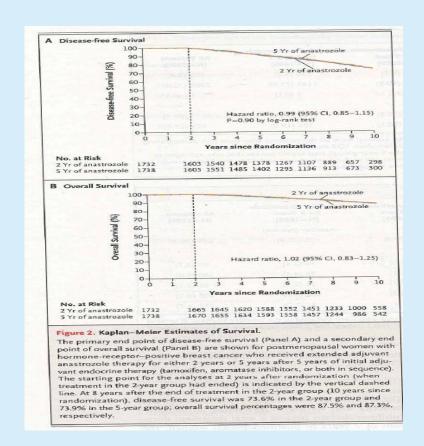
WHO: Essential Medicine List





Overtreatment and overdiagnosis







8. Take home messages

Organizatie van zorg is fundamental

Borstklinieken "meest efficient"

De patiënt, niet de instelling staat centraal

Introductie van VBHC, waarbij waarde belangrijker is dan volume

Debat tussen maatschappij, overheid en industrie

Multidisciplinaire zorg

Holistische visie



Toekomstplannen



THE LANCET

Breast Cancer Commission Summer Meeting The Møller Institute, 28 – 30 June 2022





Project eCANCER



Ensuring quality care for breast cancer patients globally

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Dr Didier Verhoeven - University of Antwerp, Antwerp, Belgium

Dr Didier Verhoeven speaks to ecancer about the evolution of breast cancer care and how quality care can be maintained around the world.

He describes how breast cancer care has changed over the years, but notes that patients in developing countries may not have equal access to the latest treatments.

Dr Verhoeven describes the importance of working in a multi-disciplinary team and the key components that contribute to quality care.

He also explains how inequalities in breast cancer care can be reduced and how governments and local authorities around the world must work together to ensure breast cancer care remains at the top of the international agenda.

To learn more about this topic Dr Verhoeven's book 'Breast Cancer: Global Quality Care' is available <u>here</u>.

