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Investimenti e attività sanitaria assistenziale: il ruolo del PDTA e dei modelli basati sui dati

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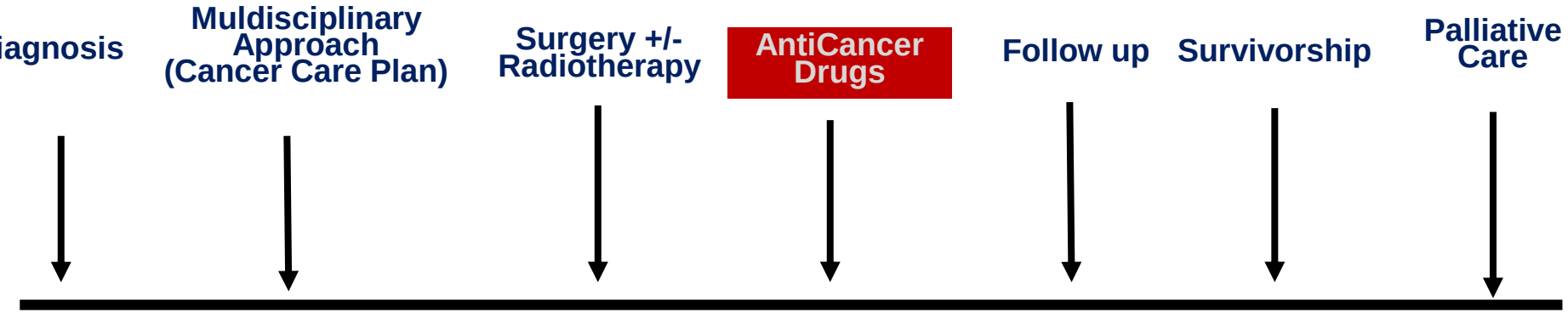
Disclosure of potential conflicts of interests

- Consultant:
  Novartis, EliLilly, AstraZeneca, Tesaro
- Honoraria:
  BMS ,Roche, EliLilly, Novartis, AstraZeneca
- Research Funding from profit organizations:
  Novartis, Roche, EliLilly, BMS, Merck-Serono
- Funding from non profit organizations:
  National Research Council, Ministry of Education and Research, Italian Association for Cancer Research, Italian Drug Agency (AIFA), Emilia Romagna Secretary of Health, Veneto Secretary of Health, University of Padova, Ministry of Health
- Founder & Chairman:
  Periplo

Patients' journey in Oncology



Delayed/inadequate surgery
Delayed/inadequate RadioRx

Intensive
Non risk-adapted
Adherence

MTB
Staging
Molecular Profile

Delayed access
Place in Therapy
Patient selection
Compliance

Setting
Guidelines
Rehabilitation
Long term Tx sequelae

Access to screening
Delayed diagnosis
Misdiagnosis

Home Care
Hospice
Care givers

Oncology Pathways & Outcome: MTB for Breast Cancer Patients

Country	Population & Nb	Primary Endpoint	Results
Scottish study[1]	14,000 women with breast cancer	BC-specific mortality and all-cause mortality	**18% reduction in BC mortality at 5 years** with multidisciplinary care
Belgian study[2]	25,178 women with breast cancer	Survival for BC by hospital volume	**Improved 5-year survival rates** in high-volume versus low-volume hospitals (**83.9% vs 78.8%,** respectively)

1. Kesson EM, et al. BMJ. 2012;26;344:e2718; 2. Vrijens F, et al. Breast. 2012;21(3):261-266.

Effects of multidisciplinary team working on breast cancer survival: Retrospective, comparative, interventional cohort study of 13,722 women

- Glasgow (area with intervention)
- Rest of West Scotland (area with no intervention)

	1990–1995 Before intervention	1995–2000 After MDT
N	7001	6721
HR (95% CI)	1.11 (1.00–1.20)	0.82 (0.74–0.91)
p-value	**0.04**	**<0.001**

A good team is as **effective** as any specific therapeutic action

HR, hazard ratio; MDT, multidisciplinary team.
Kesson EM, et al. Br Med J. 2012;344:e2718.

Kesson EM et al, BMJ 2012

Cancer in Northern Ireland before 1995

- **Fragmented** services
- **Wide variation** in treatment provision
  - For example for breast cancer, 64% of surgeons performed <10 operations/year[1]
- **Poorest outcomes** for the majority of cancers in the UK[2]
- Campbell report[1]

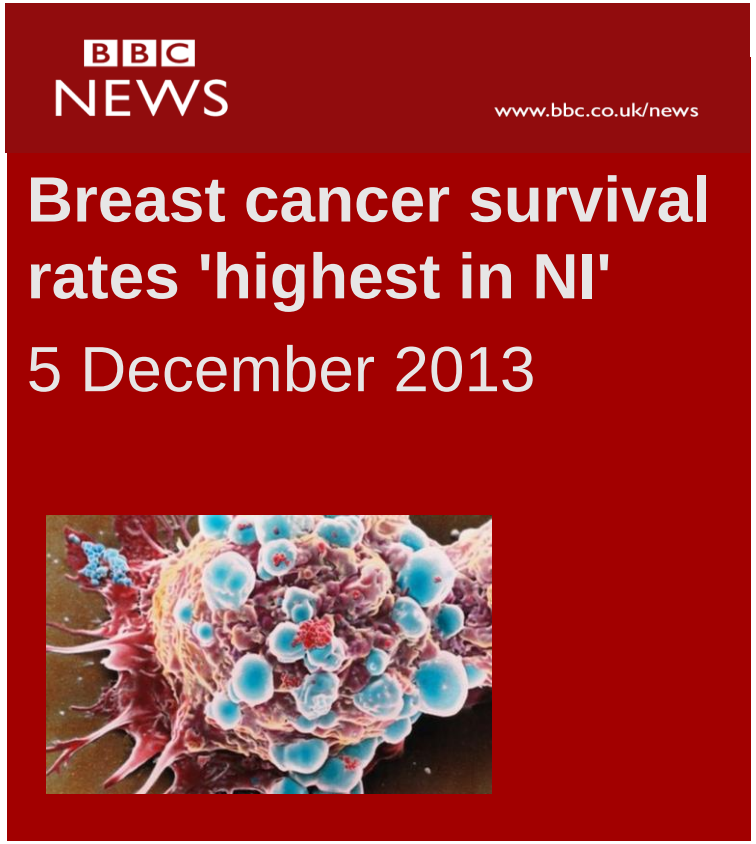
1. Cancer services – Investing for the future (Campbell Report) 1996. Department of Health and Social Services, Northern Ireland;
2. Fitzpatrick DA and Gavin AT. Survival of cancer patients in Northern Ireland 1993–1996. N. Ireland Cancer Registry;
https://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/NIrelandReports/Filetoupload,531935,en.pdf (accessed Oct 2018).

- **Comprehensive and coordinated partnership approach** to improve outcomes for cancer patients
  - **Cancer centre framework**
  - **Research-active National Cancer Registry**
  - **Cancer screening** services
  - **Research capacity**

1. Cancer services – Investing for the future (Campbell Report) 1996. Department of Health and Social Services, Northern Ireland.

North Ireland: from zero to hero

- By 2013, **survival** in NI for breast cancer was the **highest in the UK** (81.9%) compared with:[1]
  - England (79.3%)
  - Scotland (78.5%)
  - Wales (78.2%)



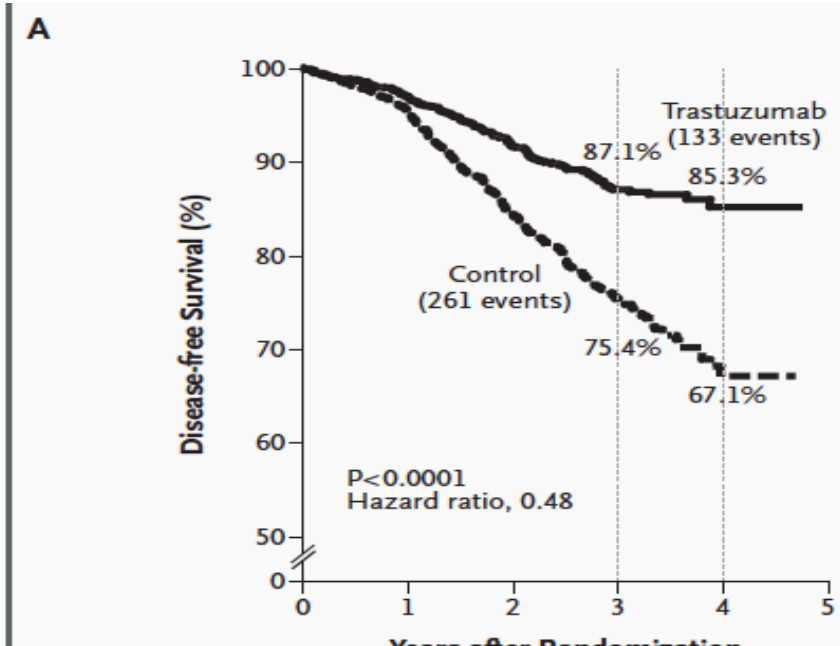
NI, Northern Ireland.

De Angelis R, et al. Lancet Oncol. 2014;15(1):23–34; https://www.ncri.ie/publications/statistical-reports/cancer-ireland-2013-annual-report-national-cancer-registry (accessed Oct 2018).

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trastuzumab plus Adjuvant Chemotherapy for Operable HER2-Positive Breast Cancer



Romond EH, et al. N Engl J Med 2005

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIALS

Trastuzumab in the Treatment of Breast Cancer

Gabriel N. Hortobagyi, M.D.

The results are simply stunning

On the basis of these results, our care of patients with HER2-positive breast cancer must change today

Clearly, the results reported in this issue of the Journal are not evolutionary but revolutionary

N ENGL J MED 353;16 WWW.NEJM.ORG OCTOBER 20, 2005

Wanting the wonder drug

Ann Surg Oncol
https://doi.org/10.1245/s10434-019-07566-7

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

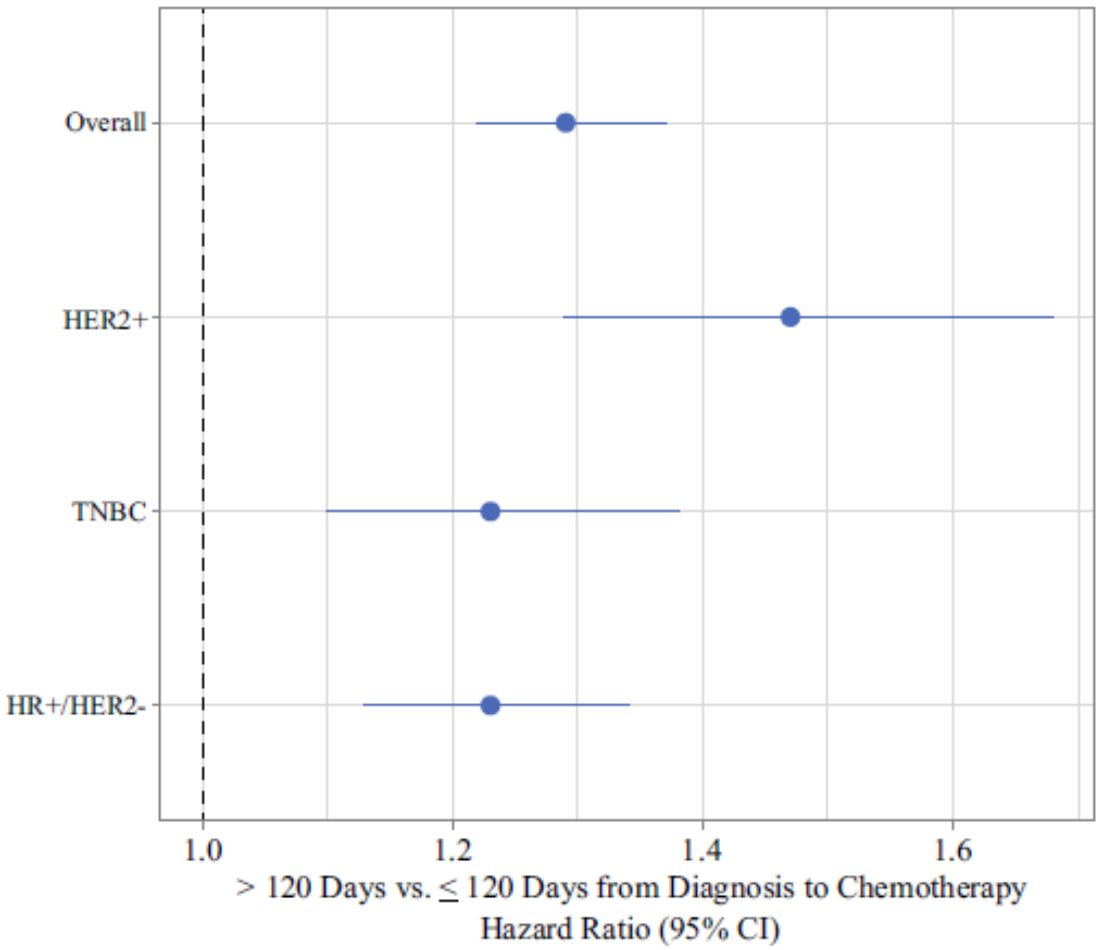
ORIGINAL ARTICLE – BREAST ONCOLOGY

Effect of Surgery Type on Time to Adjuvant Chemotherapy and Impact of Delay on Breast Cancer Survival: A National Cancer Database Analysis

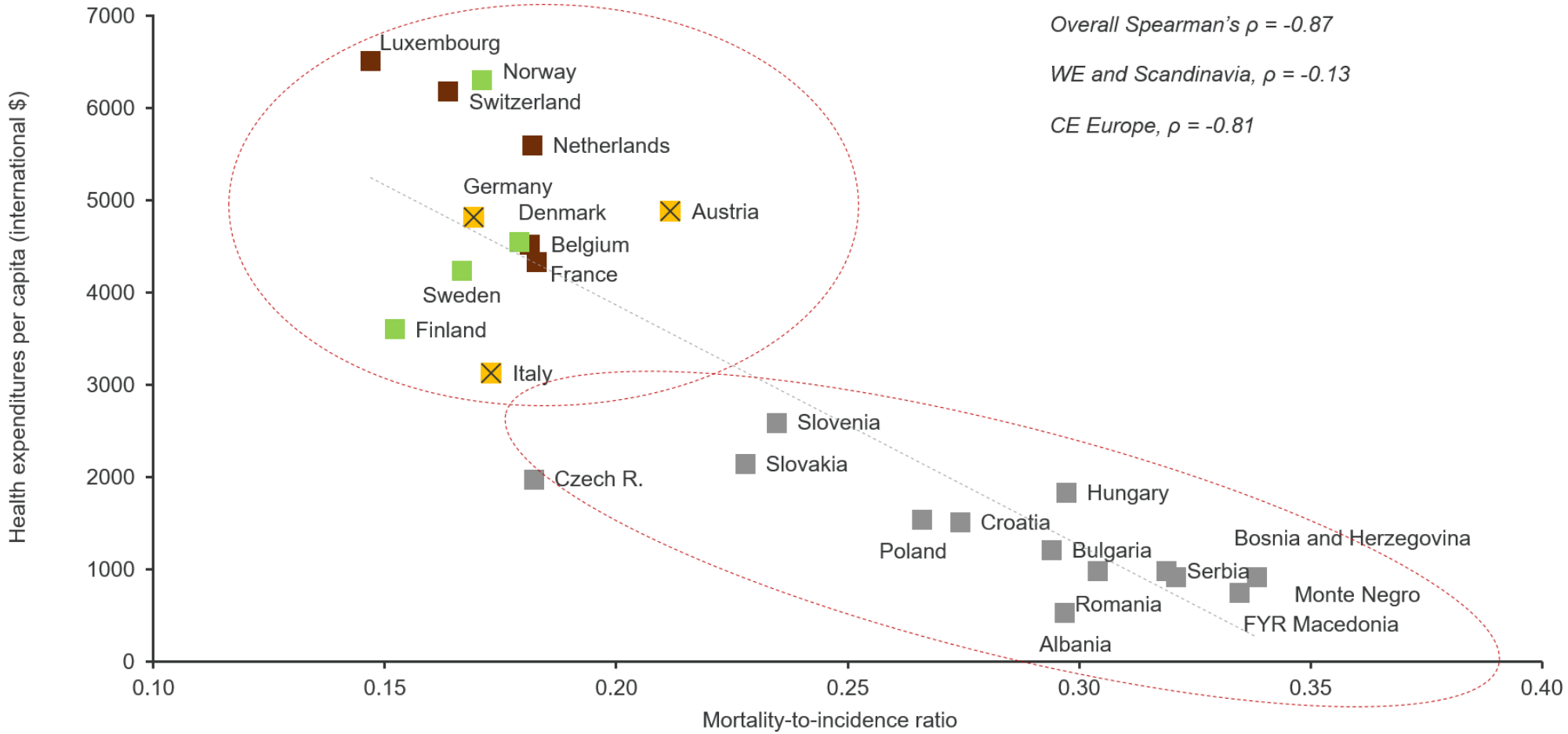
Amanda R. Kupstas, M.D.[1], Tanya L. Hoskin, M.S.[2], Courtney N. Day, B.S.[2], Elizabeth B. Habermann, Ph.D.[2,3], and Judy C. Boughey, M.D.[1]

172,043 stage I-III breast cancers from 2010 to 2014
Chemotherapy within 120 days from surgery:
89.5 % of pts

Increased risk of death if delay > 120 days:
HR 1.29 (1.22-1.37), p < 0.001;
5y OS 88.6% vs 91.1%
For HER2+ disease:
HR 1.47 (1.29-1.68)



Correlations of health expenditures per capita and mortality-to-incidence ratio: breast cancers



Vrdoljak E, et al. IMPACT data set

Rete Oncologica Veneta
Ricerca, innovazione, assistenza

PDTA BREAST (Decreto Regionale: n. 114 del 24/10/2016)

Coordinatori Scientifici

NICOLA BALESTRIERI, PIERFRANCO CONTE, ANNAMARIA MOLINO

Componenti Gruppo di lavoro PDTA DELLA RETE ONCOLOGICA VENETA PER I PAZIENTI AFFETTI DA TUMORE DELLA MAMMELLA

ALBERTO AMADORI, GIORGIO BERNA, NICOLA BALESTRIERI, FERNANDO BOZZA, PAOLO BURELLI, PIERFRANCO CONTE, LAURA EVANGELISTA, ALESSANDRO GAVA, MASSIMO GION, STEFANIA GORI, MAURIZIO GOVERNA, VALENTINA GUARNERI, LICIA LAURINO, MARCO LORENZINI, GRAZIANO MENEGHINI, ANNAMARIA MOLINO, ENRICO ORVIETO, GUIDO PAPACCIO, LUIGI PESCARINI, GIOVANNI PAOLO POLLINI, ANTONIO RIZZO, PAOLO SARTORI, SAMANTHA SERPENTINI, GIAMPIETRO STEFANI, ALESSANDRO TESTOLIN, LEONARDO TRENTIN, VINCENZO VINDIGNI, LIA ZANETTI, MANUEL ZORZI

Edizione 1:2016

Rete Oncologica Veneta
Ricerca, innovazione, assistenza

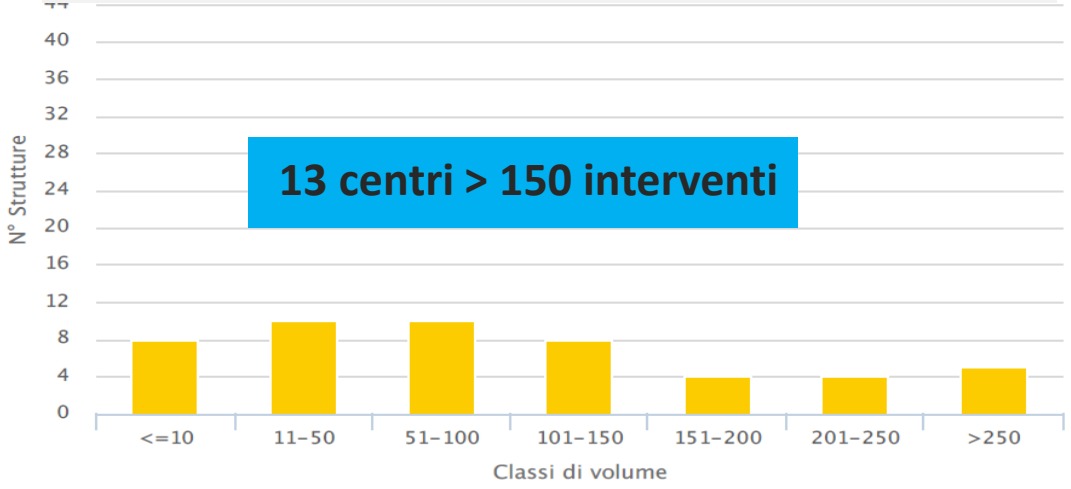
REFERRAL CENTER BREAST CANCER

IL MODELLO ORGANIZZATIVO INTEGRATO

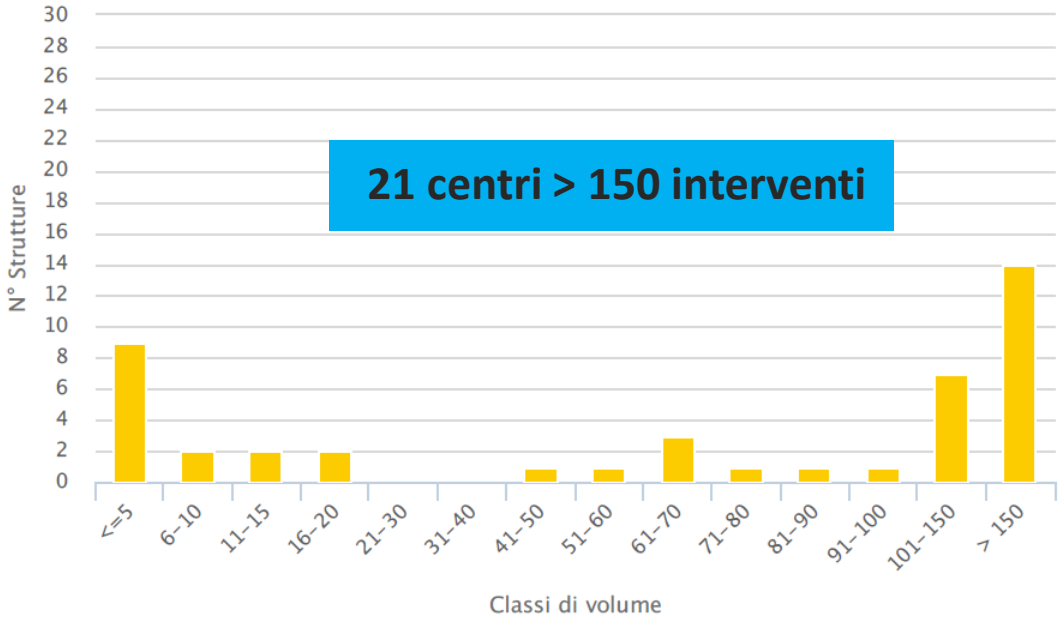
Prevenzione-diagnosi precoce- trattamento del carcinoma della mammella

DGR n.1693/2017

Ricoveri per intervento chirurgico per TM Mammella: dati 2015



Ricoveri intervento chirurgico per TM Mammella: Dati 2017



2015 Periplo Onlus

PERCORSO DIAGNOSTICO TERAPEUTICO
ECCELLENZA E INNOVAZIONE
RESPONSABILITA' DI CURA

Il Progetto PERIPLO nasce con l'obiettivo di contribuire ad elaborare percorsi diagnostico-terapeutici che, avendo al centro il paziente, consentano di coniugare efficacia, efficienza e sostenibilità.

ITT Istituto Toscano Tumori

ROL Rete Oncologica Lombarda

rete oncologica
PIEMONTE | VALLE D'AOSTA
si prende cura di te

Rete Oncologica Veneta
Ricerca, innovazione, assistenza

ROLi
RETE ONCOLOGICA LIGURIA

Regione Emilia-Romagna

REGIONE LIGURIA

Azienda Provinciale per i Servizi Sanitari
Provincia Autonoma di Trento

Working Group – Indicators of Breast Cancer Pathway

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Pagano Eva-Ciccone Giovanni (Piemonte)
Stracci Fabrizio (Umbria)
Schettini Francesco (Campania)
Russillo Michelangelo (Lazio)
Pronzato Paolo (Liguria)
Frassoldati Antonio (Emilia-Romagna)

Indicators of Breast Cancer Pathway			
	Clinicians	Its & statisticians	Available & Extractable from Data Bases
Facilities	9	2	2
Procedures	21	9	4
Outcomes	9	4	1
Appropriateness	6	3	3
TOTAL	45	18	10

Indicatori di Struttura

Volumi attività chirurgica N=16.909

Tutti i ricoveri in regime ordinario o day hospital, avvenuti in strutture italiane, con dimissione tra il 1 gennaio 2009 ed il 31 dicembre 2016, con diagnosi principale o secondaria di tumore maligno della mammella (ICD-9-CM 174, 198.81, 233.0) ed intervento principale o secondario di quadrantectomia della mammella o mastectomia (ICD-9-CM 85.2x, 85.33, 85.34, 85.35, 85.36, 85.4.x).

Region	Number of surgical hospitalizations for BC interventions (2016)	Corresponding number of patients (2016)	Females/Males	Proportion of patients aged 50-69 years
Veneto	5,849	5,120	5,085 / 35	46%
Toscana	4,101	3,966	3,927 / 39	44%
Piemonte	4,334	3,686	3,646 / 40	46%
Liguria	1,591	1,537	1,517 / 20	44%
Umbria	1,052	1,033	1,026 / 7	45%
Totale	**16,909**	**15,342**	**15201/ 141**	**45%**

PERIPLO Indicators: Results 2016

Type of indicator	Indicators	VENETO	LIGURIA	TOSCANA	PIEMONTE	UMBRIA	Benchmark
Structure	Facilities with more than 150 breast cancer surgeries/year	15/50 (30%)	4/11 (36%)	11/36 (31%)	12/44 (27%)	4/13 (31%)	
Structure	Facilities with formally established Breast Units	21	NA	NA	NA	NA	
Proces							≥ 80%
Proces							≤ 20%
Proces							≥ 90%
Proces							≥ 90%
Proces							≤ 20%
Process	Patients who underwent a follow-up bone scan in the first year following surgery	5.5%	8.8%	7.2%	8.4%	6.2%	≤ 10%
Process	Patients who received chemotherapy in the 30 days before death	6.1%	NA	NA	NA	5.8%	< 10%

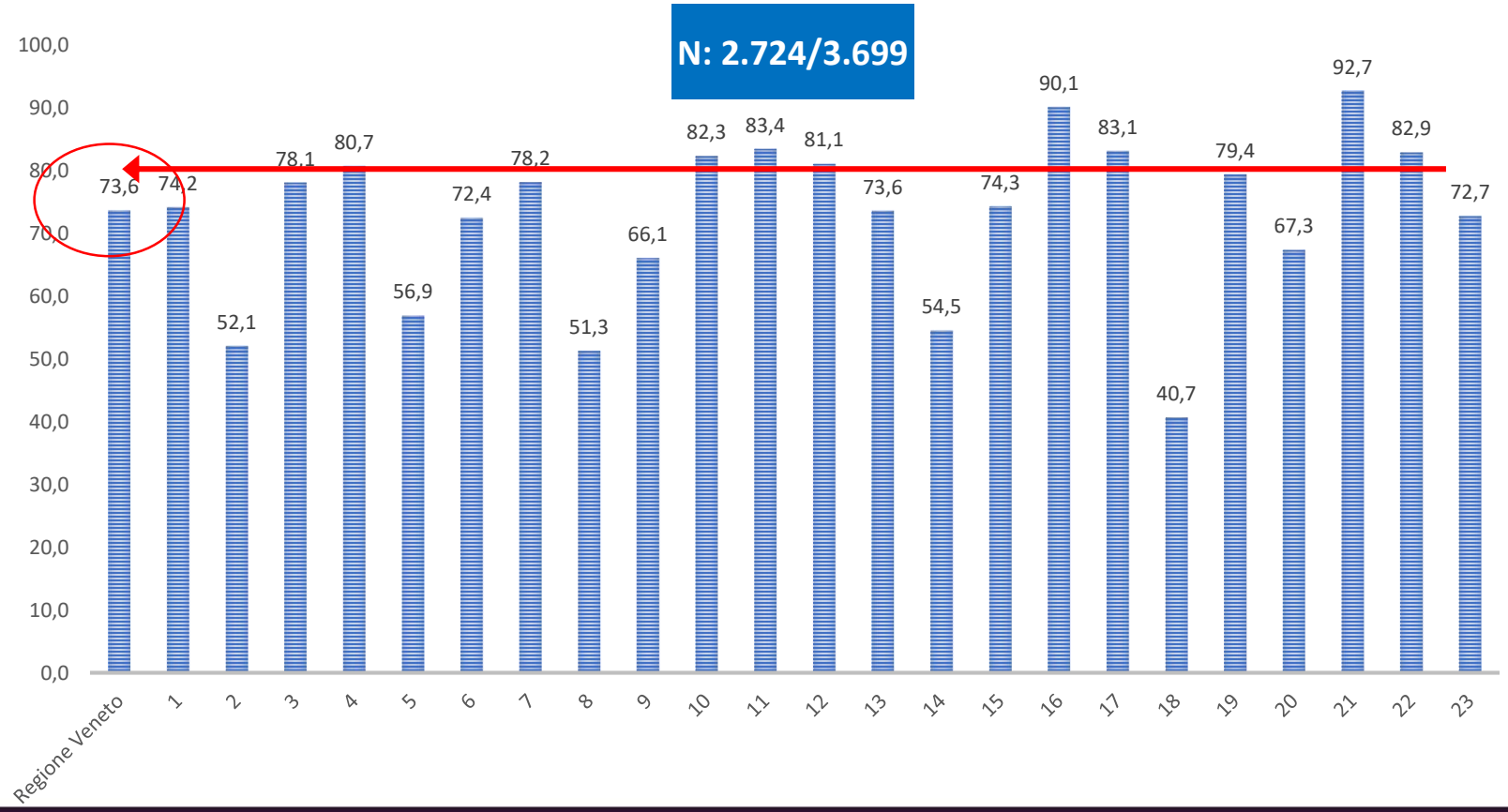
Start of Chemotherapy within 8 weeks: 66-75%

"Development and measurement of quality indicators for Breast Cancer care in five Italian regions"

Guarneri V et al, on behalf of the PERIPLO group (JOP, in press)

Veneto Region: Proportion of patients with time interval < 8 weeks from surgery to adjuvant treatment

Benchmark > 80%



LA RETE A PROTEZIONE DEL PAZIENTE ONCOLOGICO