



Evaluating **adherence** in the Belgian hospitals to **clinical practice guidelines** published for prostate cancer

GRELL, 31 May 2019

Dr. Lien van Walle

www.kankerregister.org | www.registreducancer.org

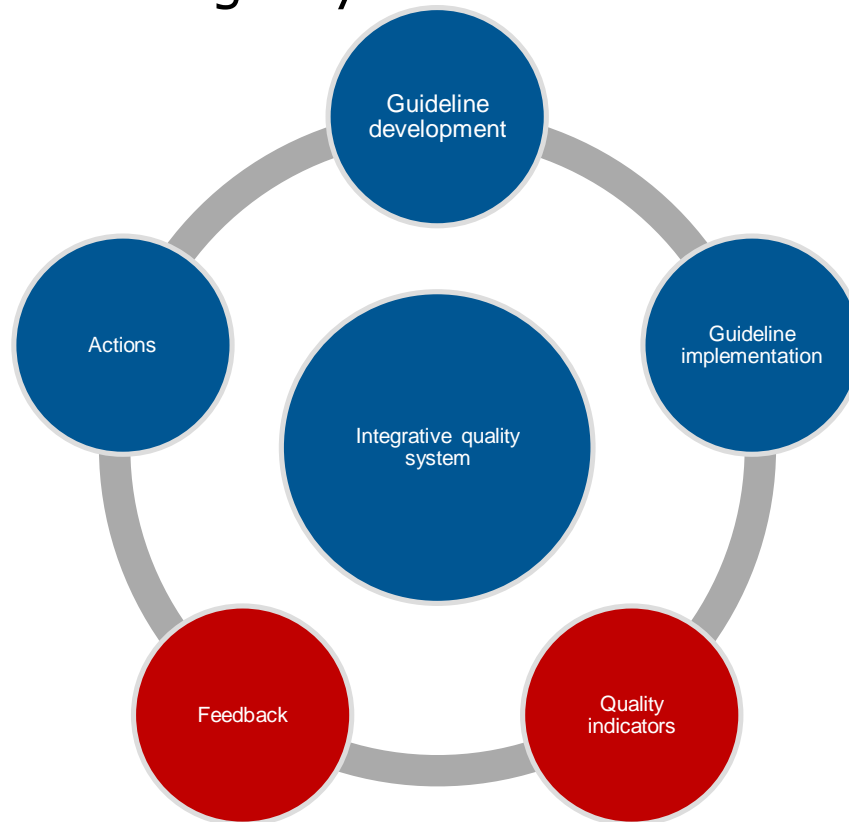


Overview

- Background
- Material & Methods
- Results
- Conclusion

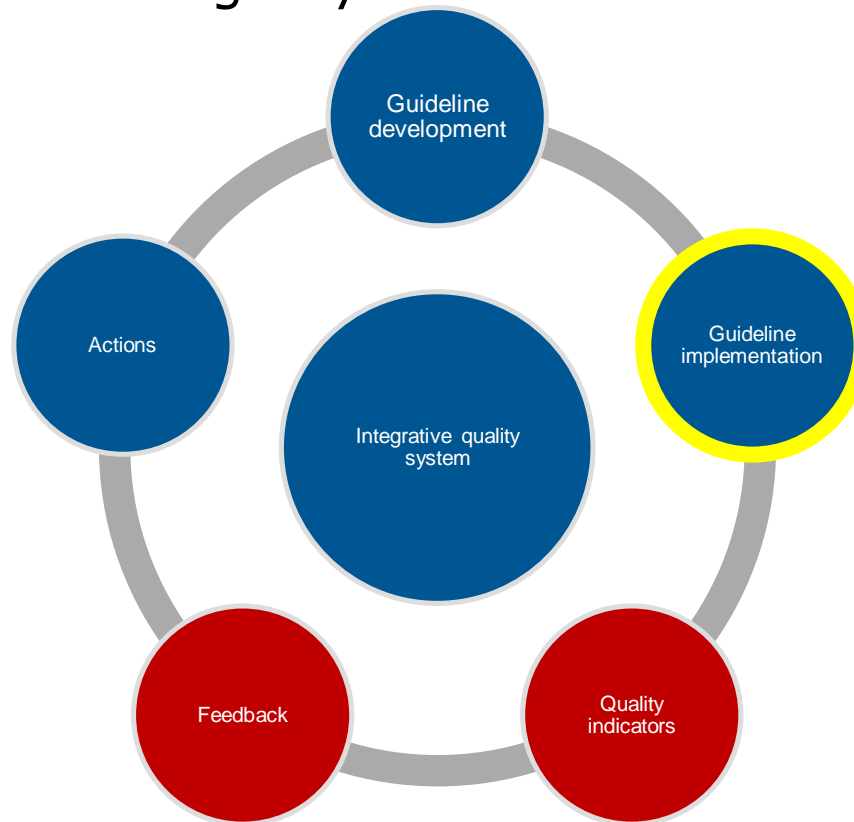
Background

- Clinical practice guidelines in oncology
- Key position of cancer registry!



Background

- Clinical practice guidelines in oncology
- Key position of cancer registry!



Are guidelines implemented after their publication?

At which rate are they implemented?

Background

- Clinical practice guidelines in oncology: prostate cancer

EUROPEAN UROLOGY 59 (2011) 61–71

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



European Association of Urology



Guidelines

EAU Guidelines on Prostate Cancer. Part 1: Screening, Diagnosis, and Treatment of Clinically Localised Disease

Axel Heidenreich^{a,*}, Joaquim Bellmunt^b, Michel Bolla^c, Steven Joniau^d, Malcolm Mason^e,
Vsevolod Matveev^f, Nicolas Mottet^g, Hans-Peter Schmid^h, Theo van der Kwastⁱ,
Thomas Wiegel^j, Filliberto Zattoni^k

Ann Oncol. 2013 May;24(5):1141-62. doi: 10.1093/annonc/mds624. Epub 2013 Jan 9.

Prostate cancer: ESMO Consensus Conference Guidelines 2012.

Horwich A¹, Hugosson J, de Reijke T, Wiegel T, Fizazi K, Kataja V; Panel Members; European Society for Medical Oncology.



Belgian Cancer Registry



Background

- Clinical practice guidelines in oncology: prostate cancer

KCE REPORT 194C
GOOD CLINICAL PRACTICE



A NATIONAL CLINICAL PRACTICE GUIDELINE ON THE MANAGEMENT OF LOCALISED PROSTATE CANCER

Mambourg F, Jonckheer P, Piérart J, Van Brabandt H. A national clinical practice guideline on the management of localised prostate cancer. Good Clinical Practice (GCP). Brussels: Belgian Health Care Knowledge Centre (KCE). 2012. KCE Reports 194C. D/2012/10.273/101.

Belgian Cancer Registry



www.kankerregister.org | www.registreducancer.org

Background

- Clinical practice guidelines in oncology: prostate cancer
- Current focus:
 - Patient centeredness in oncological care
 - Overtreatment?
- **GL1**: Proportion of no active treatment (i.e. active surveillance/watchfull waiting) in low-risk localised prostate cancer

Low-risk localised prostate cancer

Recommendation	Strength of Recommendation	Level of Evidence
In patients with low-risk localised prostate cancer, eligible and opting for a strategy with curative intent, active surveillance should be considered as a management option, taking into account patient preferences and health conditions related to urinary, sexual, and bowel function.	Strong	Low
Men with low-risk localised prostate cancer must be informed that at the present time there is no demonstrated benefit within 10 to 12 years for immediate treatments as opposed to observation.	Strong	Moderate

Background

- Clinical practice guidelines in oncology: prostate cancer
- Current focus:
 - Patient centeredness in oncological care
 - Overtreatment?
- **GL2:** Proportion of hormonotherapy alone in localised prostate cancer (any risk category)

2.4. Hormones in mono-therapy

Recommendation	Level of evidence	Strength of recommendation
Do not offer hormonal therapy as a unique treatment modality to men with localised prostate cancer (any risk level).	Moderate	Strong

Material & Methods: patient selection

- Inclusion criteria:
 - Incidence years 2004-2015
 - ICD10 C61
 - Adenocarcinoma
 - Exclusion criteria:
 - Uncertain incidence date/no national number/no administrative data/no official Belgian residence
 - History bladder cancer/multiple prostate cancer
- 98,167 patients
- Current focus localised prostate cancer: cT1-2N0M0
- 41,686 patients

Material & Methods

- Population-based
- Linkage through unique patient-identifier with:
 - Pathology reports
 - Administrative data
- Analyses:
 - National and hospital level
 - By risk category (Gleason score $<$, $=$, >7)
 - By age category (<65 , $65-75$, >75 years)
 - By hospital type (academic versus non-academic)
- Patient allocation algorithm

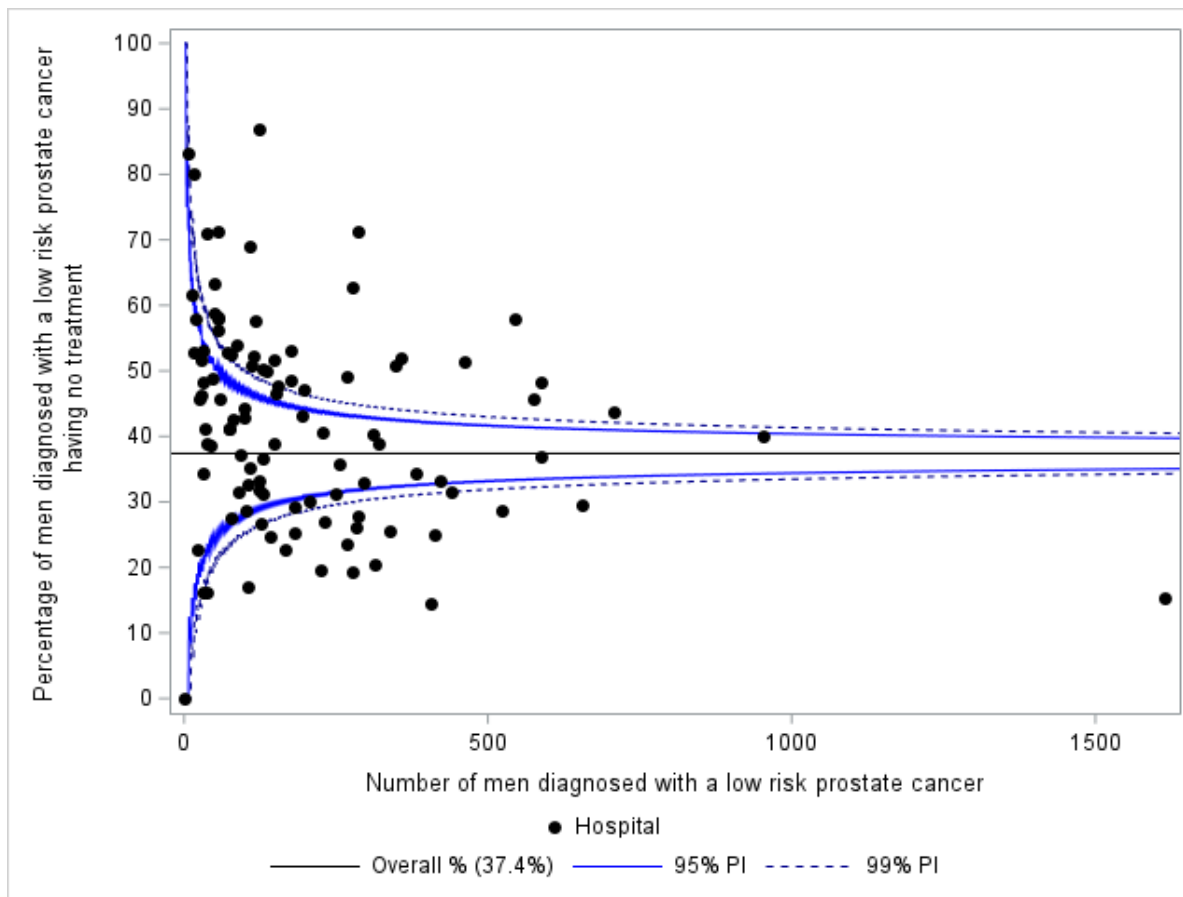
Results (GL1)

- Proportion of no active treatment (i.e. active surveillance/watchfull waiting) in low-risk localised prostate cancer

	N no active treatment	N total	%
Overall result [2004-2015]	7776	20,705	37.4
Age categories			
<65y	1982	7564	26.2
65-75y	3385	9106	37.2
>75y	2409	4035	59.7

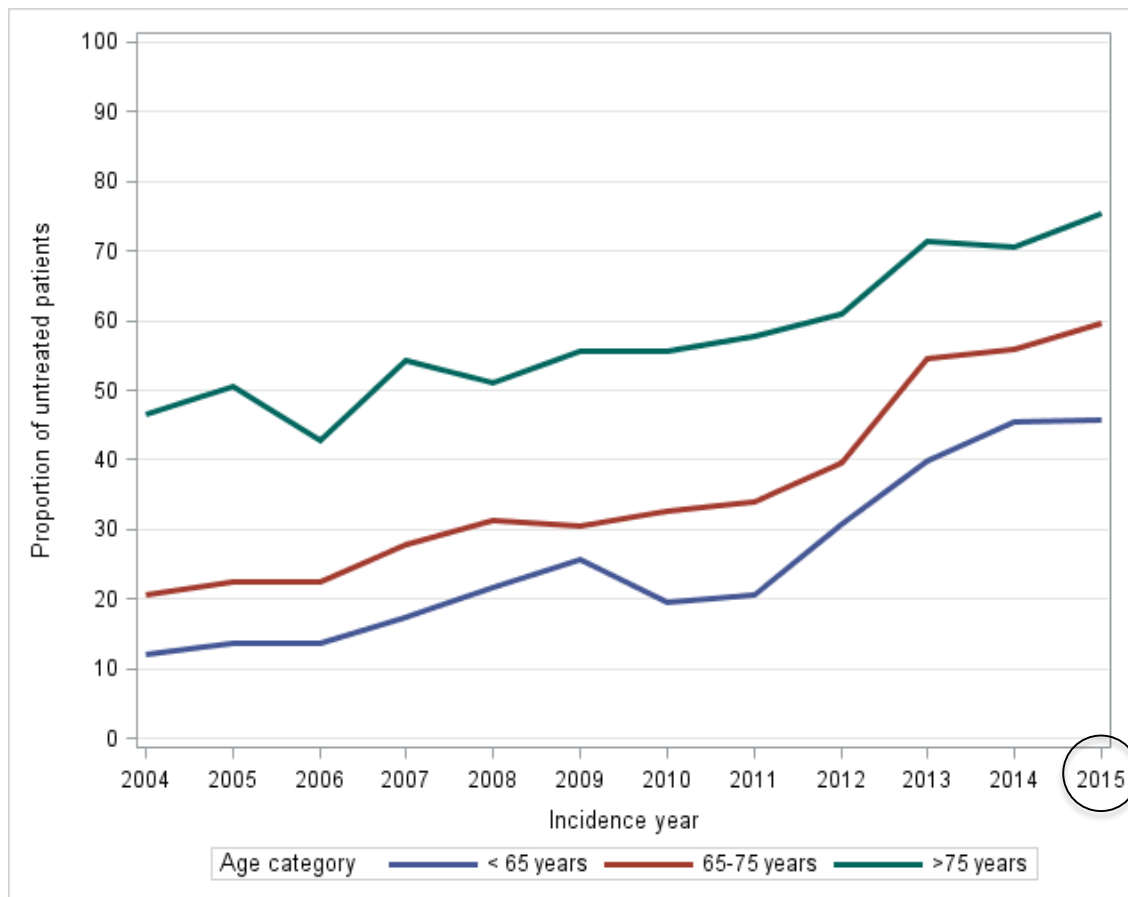
Results (GL1)

- Proportion of no active treatment (i.e. active surveillance/watchfull waiting) in low-risk localised prostate cancer



Results (GL1): impact of GL publication

- 2011: EAU
- 2012: ESMO + national GL



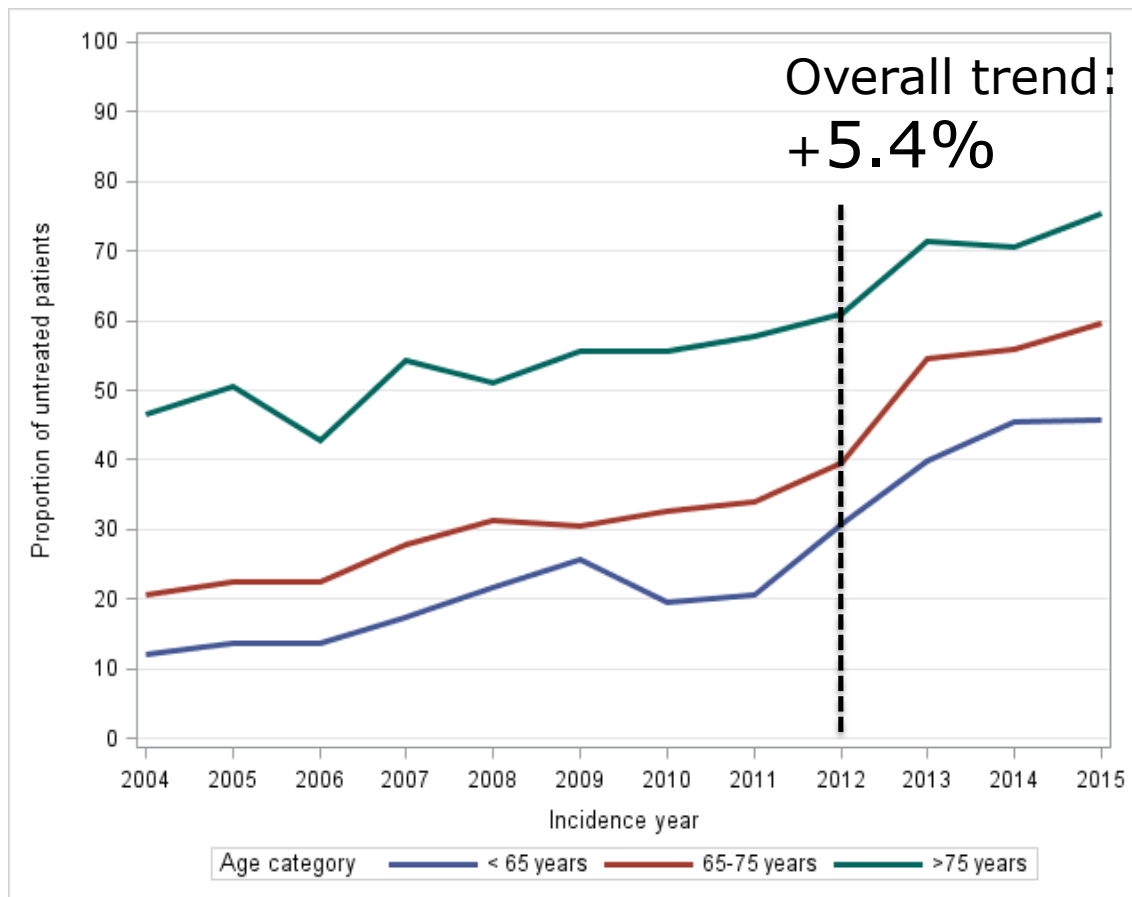
75.4%

59.6%

45.8%

Results (GL1): impact of GL publication

- 2011: EAU
- 2012: ESMO + national GL



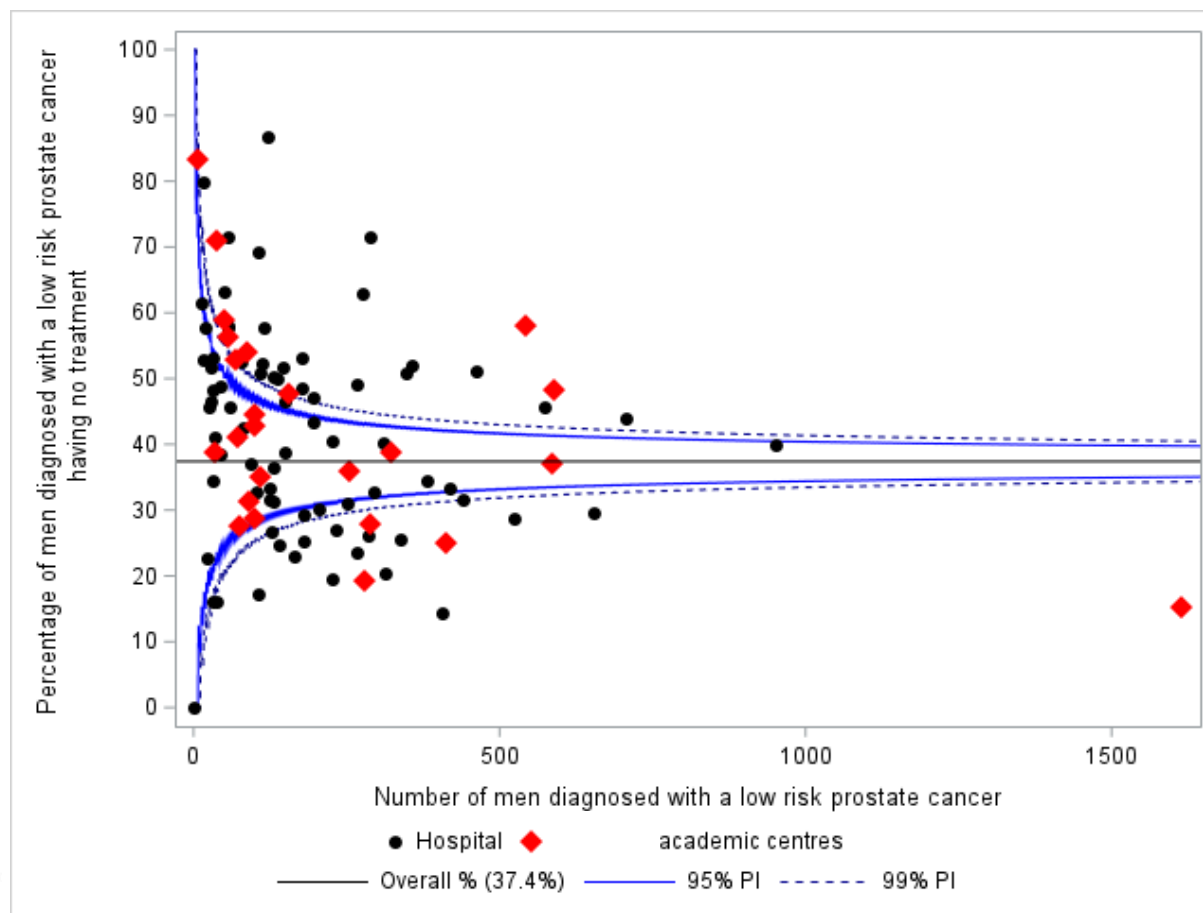
+4.1%

+5.9%

+5.1%

Results (GL1): adherence in Belgian hospitals

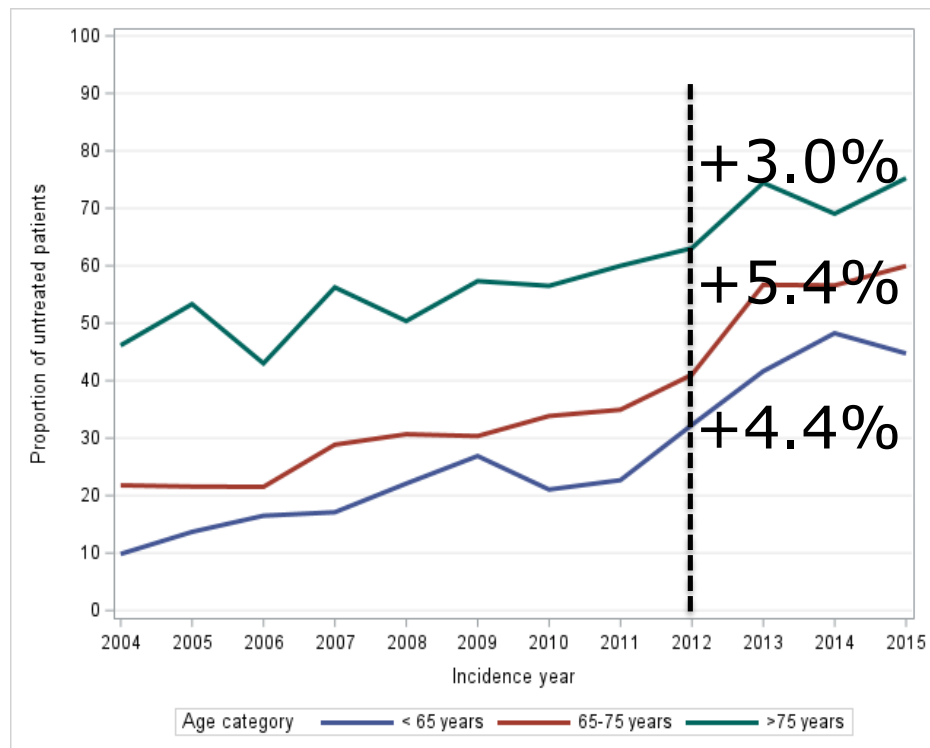
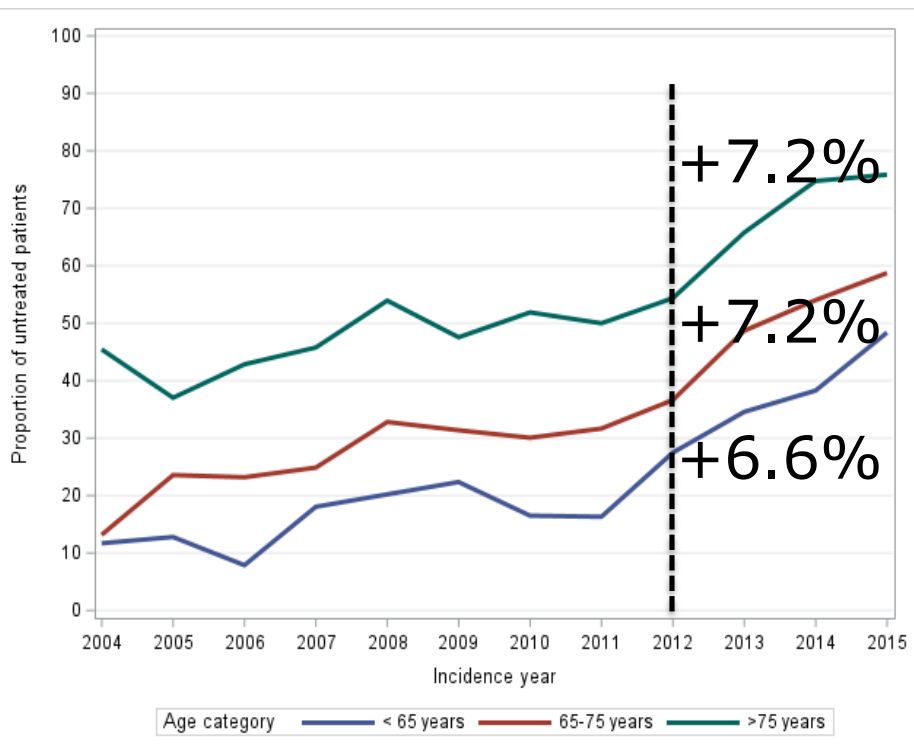
- Proportion of no active treatment (i.e. active surveillance/watchfull waiting) in low-risk localised prostate cancer



Results (GL1): adherence in Belgian hospitals

Academic centres

Non-academic centres



Results (GL2)

- Proportion of hormonotherapy alone in localised prostate cancer (any risk category)

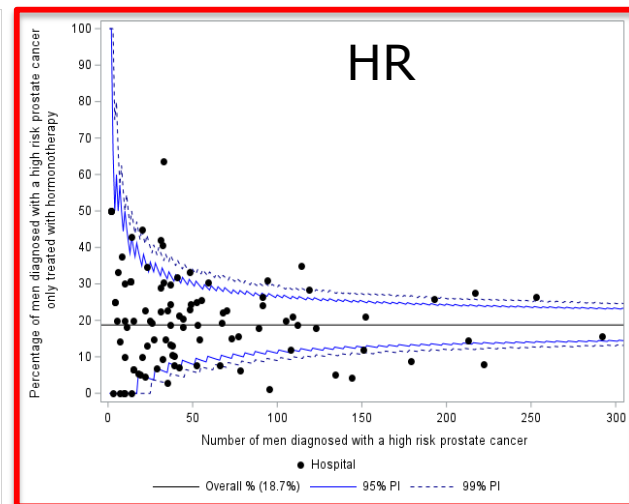
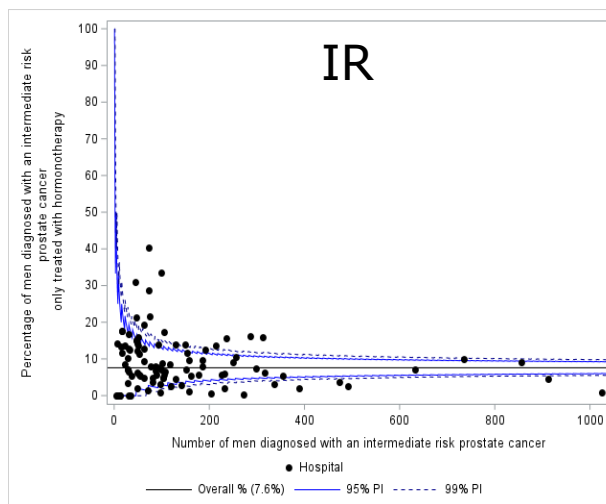
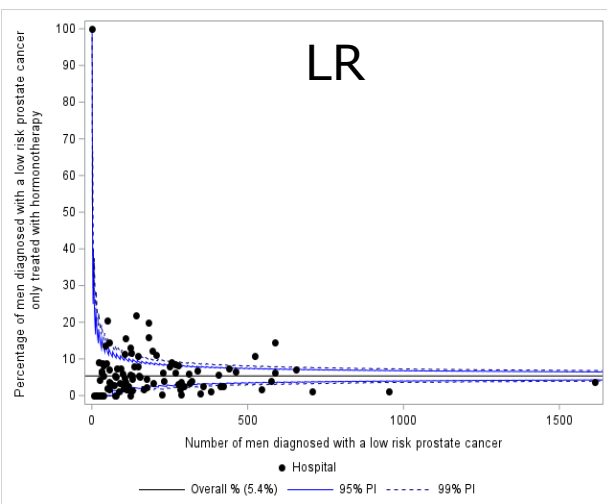
	N HT alone	N total	%
Overall result [2004-2015]	3376	41,686	8.1
Age categories			
<65y	157	14,597	1.1
65-75y	867	18,404	4.7
>75y	2352	8685	27.1
Risk categories			
Low	1121	20,705	5.4
Intermediate	1170	15,257	7.7
High	1085	5724	19.0

Results (GL2)

- Proportion of hormonotherapy alone in localised prostate cancer (any risk category)

	N HT alone	N total	%
Overall result [2004-2015]	3376	41,686	8.1
Age categories			
<65y	157	14,597	1.1
65-75y	867	18,404	4.7
>75y	2352	8685	27.1
Risk categories			
Low	1121	20,705	5.4
Intermediate	1170	15,257	7.7
High	1085	5724	19.0

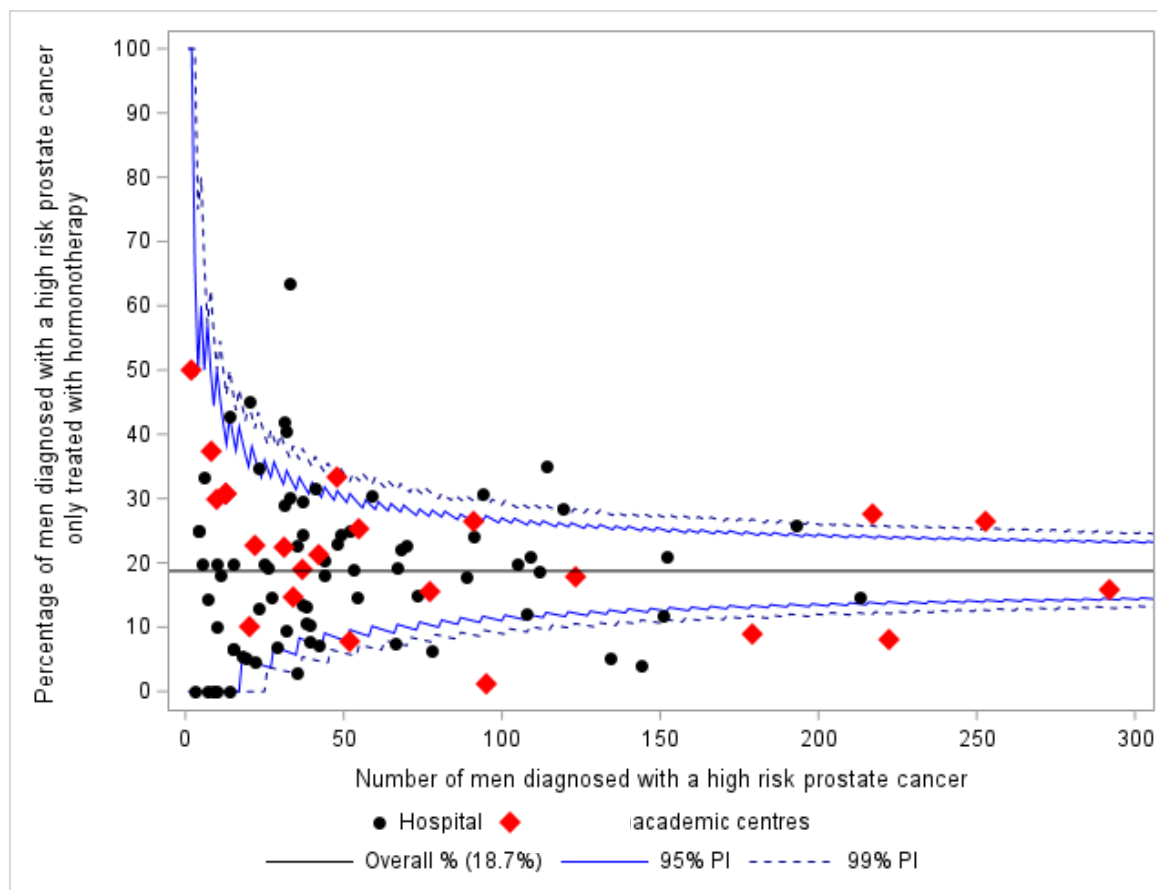
Results (GL2): inter-center variability



	N HT alone	N total	%
Overall result	3376	41,686	8.1
Risk categories			
Low	1121	20,705	5.4
Intermediate	1170	15,257	7.7
High	1085	5724	19.0

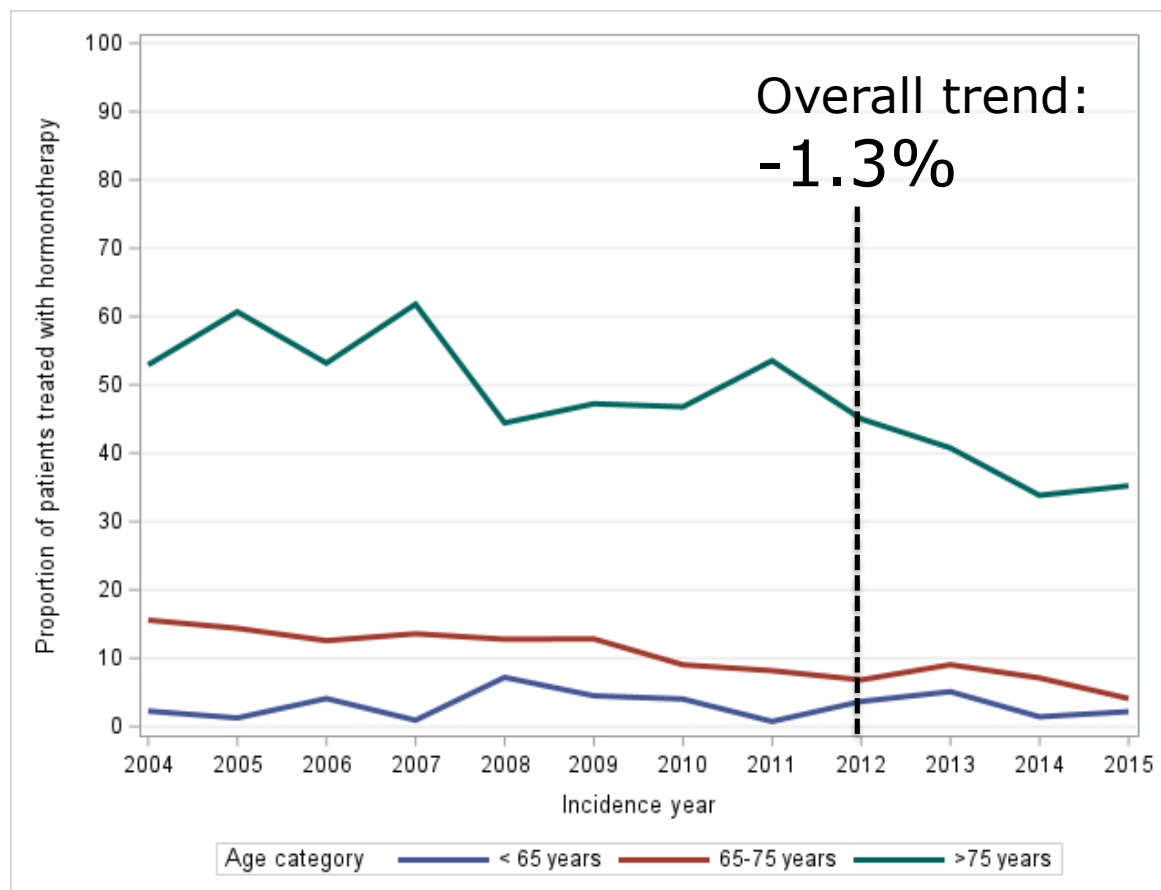
Results (GL2): inter-center variability

- Proportion of hormone therapy alone in **HR** localised prostate cancer



Results (GL2): adherence in Belgian hospitals

- Proportion of hormone therapy alone in HR localised prostate cancer



-3.5% (S)

-1.2% (NS)

No trend

Conclusions

- GL1: No active treatment in low risk localized PC.
 - Active treatment in low risk PC was clearly scaled back in Belgium after the publication of national guidelines, albeit at rather slow rate.
 - Adherence to the guidelines in Belgian hospitals was slightly superior in academic hospitals demonstrating a higher rate compared to general hospitals.
- GL2: No hormonotherapy alone in localized PC.
 - Hormonotherapy alone in localized PC remained high in >75 years patients despite the recommendations, especially in HR patients.
 - No differences in adherence according to the hospital type.

Conclusions

- GL1: No active treatment in low risk localized PC.
 - Active treatment in low risk PC was clearly scaled back in Belgium after the publication of national guidelines, albeit at rather slow rate.

Cancer registries can be a powerful tool to evaluate the implementation of guidelines using real world data.

- GL2: No hormonotherapy alone in localized PC.
 - Hormonotherapy alone in localized PC remained high in >75 years patients despite the recommendations, especially in HR patients.
 - No differences in adherence according to the hospital type.