Importance of adherence to guidelines in breast cancer clinical practice. The Italian experience (AIOM)

Sandro Barni¹, Marco Venturini², Annamaria Molino³, Michela Donadio⁴, Sara Rizzoli⁵, Evaristo Maiello⁶, and Stefania Gori⁷

¹Oncologia Medica, Azienda Ospedaliera Treviglio-Caravaggio, Treviglio, Bergamo; ²Ospedale Sacro Cuore, Negrar, Verona; ³Azienda Ospedaliero-Universitaria, Verona; ⁴Azienda Ospedaliera Molinette, Torino; ⁵MediData Studi e Ricerche, Modena; ⁶Casa Sollievo della Sofferenza, San Giovanni Rotondo-Foggia; ⁷Oncologia Medica, Azienda Ospedaliera, Perugia, Italy

ABSTRACT

Aims and background. Project RIGHT (Research for the Identification of the most effective and highly accepted clinical guidelines for cancer Treatment) is promoted by the Italian Association of Medical Oncology (AIOM) to evaluate the concordance between AIOM breast cancer guidelines and clinical practice in Italy. In RIGHT-1, feasibility and the appropriateness of indicators were assessed in patients with early breast cancer. RIGHT-2 evaluated the compliance with guidelines in a nationwide program.

Methods. Thirty-five Italian centers participated in the RIGHT-2 survey. Ten indicators were evaluated to verify an agreement between 2005 AIOM breast cancer guidelines and practice. Patients with clinical stage I-II invasive breast cancer, age ≤ 70 years, who had their first visit at the oncology center between October 2005 and November 2006 were included.

Results. In RIGHT-2, ≥90% adherence for the diagnosis indicator and three therapy indicators were observed. The lowest degree of compliance (0%) was observed for the follow-up indicator in asymptomatic patients.

Conclusions. In RIGHT-2, compliance to the 2005 AIOM breast cancer guidelines was 64%. When the follow-up indicator was eliminated, overall adherence to AIOM guidelines was 71%. The results highlight the need to continue improving the already good standards of breast cancer care.

Key words: breast cancer, guideline adherence, Italian oncology guidelines.

The following investigators are coauthors of the article.


List of participating centers: Luigi Cavanna, Piacenza; Barbara Venturini, Rimini; Bruno Massidda, Cagliari; Romana Segati, Belluno; Gabriella Landi, Napoli; Antonella Spada, Pordenone; Emilianna Tarenzi, Milano; Doris Mascheroni, Como; Monica Giordano, Como; Catia Angiolini, Firenze; Giovanni Bernardo, Pavia; Elena Bossi, Saronno; Stefano Bari, Città di Castello; Eraldo Bucci, Varese; Efsio Defraia, Cagliari; Maria Rosaria Diadema, Napoli; Benedetta Ferretti, Macerata; Roberta Grande, Frosinone; Elvira Larizza, Torino; Alessandro Lembo, Roma; Luigi Manzione, Potenza; Loretta Mediolfi, Roma; Sabina Oldani, Milano; Carlotta Simoni, Alessandria; Fabio Sturba, Macerata; Maria Malagoli, Trieste; Liborio Di Cristina, Trapani; Monica Indelli, Ferrara; Mario Airola, Torino; Virginia Olivito, Cosenza; Vito Lorusso, Lecce; Claudio Graiff, Bolzano; Claudio Zamagni, Bologna; Antonio Nuzzo, Chieti; Stefano Iacobelli, Chieti.

Acknowledgments: The study was supported by a grant issued by Novartis Italy and Roche Italy.

Conflict of interest: The authors have no conflict of interest to declare.

Correspondence to: Sandro Barni, Oncologia Medica, Azienda Ospedaliera Treviglio-Caravaggio, Piazzale Ospedale 1, 24047 Treviglio, Bergamo, Italy. Tel +39-0363-424223; fax +39-0363-424380; e-mail sandro.barni@ospedale.treviglio.bg.it

Received January 17, 2011; accepted January 27, 2011.