Date last modification of documentation sheet: 14-05-2012

Compared to previous version documentation sheet (07-01-2012) the following issues were adapted:

- New section on relevant policy areas added to the documentation sheet
- Results of survey on data availability for this indicator carried out by EUROCHIP-3 project incorporated in documentation sheet
- Work-to-do section; several items added related to the outcomes of the EUROCHIP-3 survey, and an item about discussing the indicator name

ECHIM Indicator name	**D) Health interventions: health services** 83. Cancer treatment delay
Relevant policy areas	- Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Non-Communicable diseases (NCD), chronic diseases
Definition	To be established, e.g. the average time (in days) between the date of first visit to general practitioner and the date of first treatment, by cancer site (breast, colon and rectal cancer). Time between incidence date and date of first treatment could also be an option.
Key issues and problems	Topic needs much further development. The keys issues are: 1) Is it appropriate to choose the following cancers: breast, colon and rectal cancer. 2) Are first visit to general practitioner and first treatment the most appropriate starting and end points to measure treatment delay? For each cancer patient, five (six) dates in his/her patient history can be distinguished: 1) First visit to general practitioner, 2) First request for a clinical/hospital appointment, 3) First clinical/hospital appointment, 4) Date of definitive diagnosis, 5) Date of first treatment (surgery, systemic therapy or radiotherapy), And for colon and rectal cancers, also 6) Information on elective or emergency surgery. Based on EUROCHIP-2 outcomes, time between first GP visit and first treatment seems the best option. The EUROCHIP-3 project looked into the availability of data for an indicator based on the definition of time between incidence date and date of first treatment (see remarks). 3) Data availability?
Preferred data type and data source	Preferred data type: Population-based national Cancer Registries Preferred data source: Not decided yet.
Data availability	European Cancer Health Indicator Project, EUROCHIP-2: Pilot data available. EUROCHIP-3: survey carried out on data availability (no actual data collected).
Rationale	Indicator for the quality of cancer care. Indicators on cancer treatment quality are necessary to investigate the determinants of inequalities across Europe in terms of care. Explains part of the differences in cancer survival.
Remarks	- EUROCHIP-2 has organizing pilot studies in 12 European countries to find out if it is possible to collect these indicators using CR as data source. The EUROCHIP Pilot Studies protocol is available in internet at the web-site: www.tumori.net/eurochip. The EUROCHIP-2 final report's Annex 3 includes the results of the pilot studies. According to the pilot study: in reference to indicator "Delay of cancer treatment", the "date of first visit to general practitioner" is the most available one of the 3 pre-diagnostic dates. Indicator based on this definition is collectable in some countries but it needs specific developments according to different national health systems to improve comparability. Thus, in order to collect the necessary data, some modifications in Cancer Register organisation might be necessary. - The EUROCHIP-3 project carried out a survey asking the Cancer Registries in Europe whether they have the necessary variables for calculating the indicator cancer treatment delay, using as definition the time between the incidence date and the date of first treatment. Incidence date according to ENCR rules: 'Date of first histological or cytological confirmation of this malignancy (with the exception of histology or cytology at autopsy). This date should be, in the following order: a) date when the specimen was taken (biopsy) b) date of receipt by the pathologist

	c) date of the pathology report'. It was found that N= 32 (37%) of the responding population based Cancer Registries in the EU collect the data that are needed to calculate the indicator cancer treatment delay according to this definition. It is not know however whether they actually calculate (and use) the indicator on a regular basis. The registries that do collect the necessary data are from Iceland, Ireland, Norway, Finland, Denmark, The Netherlands, Belgium, Slowakia, Slovenia, Romania, Croatia, and Estonia (N.B.: not all of these provide data at national level, however, some registries are regional). From the EUROCHIP-3 WP5 final report: 'Conclusion: The necessary variables to calculate "cancer treatment delay" were collected by 37% of the responding population based CRs. Limited access to data sources was mentioned as the most important reason for not collecting the first treatment date. However, we did not find a difference in the mean number of data sources used between population based CRs who did collect all the necessary data variables and those who did not.'
References	- European Cancer Health Indicator Project, EUROCHIP: www.tumori.net/eurochip - EUROCHIP-2. Final Scientific Report – Annex 03 – report of EUROCHIP-2 Pilot Studies, March 2008; http://www.tumori.net/eurochip/material/Report/EUROCHIP-2_Final_report/Annex_03_EUROCHIP_Pilot_Studies.pdf - EUROCHIP-2. European Cancer Health Indicator Project-II. The Action. FINAL SCIENTIFIC REPORT 31/03/2008; http://www.tumori.net/eurochip/material/Report/EUROCHIP-2_Final_report/Annex_00_EUROCHIP-II_FINAL_REPORT.pdf - European Network of Cancer Registries (ENCR), Recommendations for coding Incidence Date: http://www.encr.com.fr/ (under downloads) - EUROCHIP-3, Work Package n° 5, Deliverable n° 3: Report on cancer registry indicators in various countries: http://www.tumori.net/eurochip/material/WP5/EUROCHIP3_WP5_Report.pdf
Work to do	- Discuss with EUROCHIP experts the outcomes of the EUROCHIP-3 study in more detail; is the definition as applied in EUROCHIP-3 the most feasible one, what are the pros and cons compared to other operationalizations? - Discuss with European Commission, WHO (IARC), ENCR and EUROCHIP experts possibilities for incorporating indicator on treatment delay in regular data collections. - Discuss with ECHIM Core Group (or comparable body, if Core Group will not be maintained after the ending of the Joint Action) whether, based on EUROCHIP-3 results, this indicator should be moved from the development to the work-in-progress section of the shortlist. - Discuss with ECHIM Core Group (or comparable body, if Core Group will not be maintained after the ending of the Joint Action) whether the indicator name should be changed into something more neutral, such as 'Waiting times for cancer treatment' (suggestion UK).