

FOLLOW-UP INTENSIVO: E' EFFICACE? QUANTO COSTA? CHE COSA NE PENSANO LE DONNE?

SILVIA DEANDREA

ATS DELLA CITTA' METROPOLITANA DI MILANO

I RISULTATI PRESENTATI IN QUESTE SLIDE SONO STATI PRODOTTI NELL'AMBITO DELLA EUROPEAN COMMISSION INITIATIVE ON BREAST CANCER

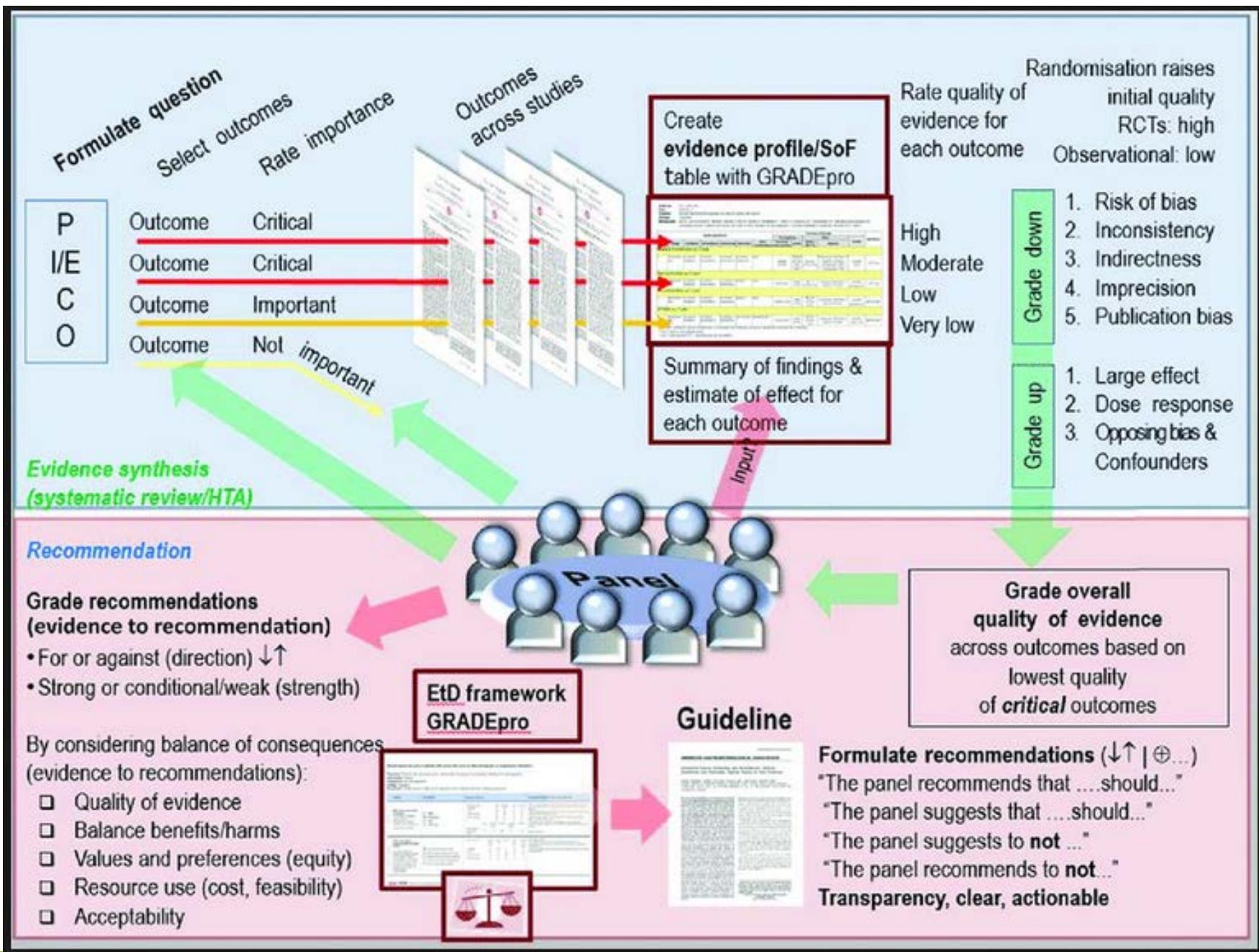
RESEARCH

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Intensive follow-up for women with breast cancer: review of clinical, economic and patient's preference domains through evidence to decision framework

Alessandra Lafranconi^{1,2,4†}, Liisa Pylkkänen^{3,4†}, Silvia Deandrea^{4*} , Anke Bramesfeld⁴, Donata Lerda⁴, Luciana Neamțiu⁴, Zuleika Saz-Parkinson⁴, Margarita Posso⁵, David Rigau⁵, Ivan Sola, Pablo Alonso-Coello⁵ and Maria José Martínez-Zapata⁵



PICO QUESTION

Population	Intervention	Comparison	Outcomes
Breast cancer patients treated with curative intent.	Intensive follow-up schedule (e.g. visits and diagnostic tests including lab, radiology, physical examination at 3-month intervals during the 1st year, and then at the 6-month interval during up to 5 years).	Non-intensive follow-up: i) less intensive follow-up schedule (e.g. annual visit and tests based only on the clinical needs); or ii) wait and see.	<ol style="list-style-type: none">1. 10-year mortality due to breast cancer.2. 5-year mortality due to breast cancer.3. 10-year breast cancer specific survival.4. 5-year breast cancer specific survival.5. 10-year breast cancer recurrences (loco-regional and distant separately).6. 5-year breast cancer recurrences (logo-regional and distant separately).7. Quality of life of breast cancer patients 2(or 5) years after diagnosis.8. Patient satisfaction with follow-up.

EVIDENZA DELL'EFFICACIA

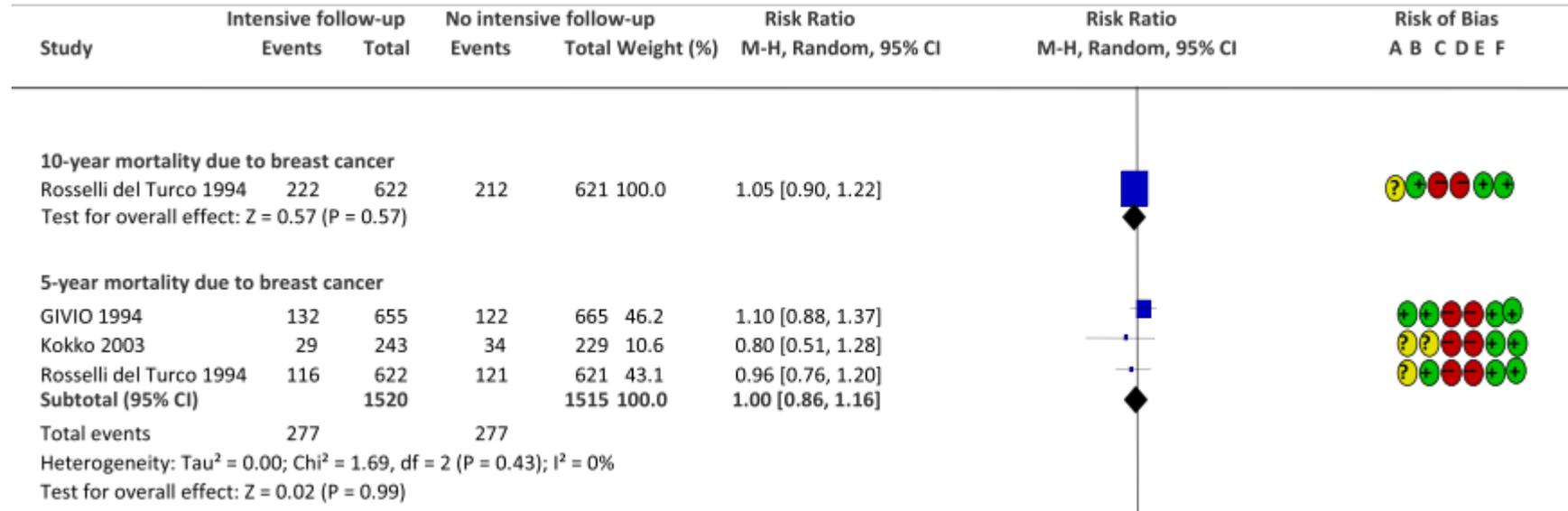
- Revisione sistematica della letteratura
- Valutazione della qualità degli studi con metodo GRADE

- 5 revisioni sistematiche → 8 paper → 6 RCT inclusi nella meta-analisi
- 3534 donne randomizzate
- Due tipologie di studi: intensive vs. standard e patient-initiated vs. standard

ID	ANNO	PAESE	INTENSIVE	STANDARD
GIVIO	1994	Italia	Physical exam every 3 months for 2 years and then every 6 months for 3 years; blood test every visit (ALP, gammaGT); chest X-rays every 6 months; annual radionuclide bone scan; annual liver echography; annual contralateral mammography	Physical exam every 3 months for 2 years and then every 6 months for 3 years; annual contralateral mammography.
Rosselli Del Turco/Palli	1994- 1999	Italia	Physical examination performed every 3 months in the first 2 years and every 6 months in the following 3 years; 2-view chest X-rays and bone scan performed every 6 months; mammography performed every year	Physical examination performed every 3 months in the first 2 years and every 6 months in the following 3 years; mammography performed every year during the study (5 years). Other diagnostic tests performed only in presence of symptoms.
Oltra	2007	Spain	Outpatient appointments had: anamnesis and physical examination, biochemistry, blood count, and the markers carcinoembryonic antigen (CEA) and CA15– 3. Annual check-up included: mammography, hepatic echography, chest X-ray, and bone scan.	Outpatient appointments had anamnesis and physical examination; no complementary tests in absence of clinical symptoms. Annual check-up included mammography.

ID	ANNO	PAESE	PATIENT-INITIATED	STANDARD
Gulliford	1997	England	<p>Outpatient visits only after mammography: yearly (lumpectomies done less than 5 years before; mastectomies performed less than 1 year before) or every other year (lumpectomies done more than 5 years before; mastectomies performed more than 1 year before).</p> <p>Patient-initiated phone contact in case of symptoms</p>	<p>Outpatient visits according to conventional schedule: every 3 months if the surgery took place less than one year before; every four months if the surgery was between one and two years before; every six months if the surgery was between two and five years before; and annually if the surgery was more than five years before. Mammography as the other arm</p>
Brown	2002	England	<p>Patients received written information on the signs and symptoms of recurrence, and the invitation to contact the nurses by telephone in case of any problem. They did not attend routine clinic appointments.</p> <p>Annual check-up with mammography</p>	<p>Outpatient appointments as standard clinic follow-up: anamnesis, physical examination, and possibility to ask questions.</p> <p>Annual check-up with mammography</p>
Kokko	2003 2005	Finland	<p>Chest X-rays and other diagnostic tests taken only when clinically indicated.</p> <p>Moreover, patients were further randomised into:</p> <ul style="list-style-type: none"> - outpatient appointments every 3 months (group A); - outpatient appointments every 6 months (group C). 	<p>Chest X-rays and other diagnostic tests taken routinely every 6 months.</p> <p>Moreover, patients were further randomised into:</p> <ul style="list-style-type: none"> - outpatient appointments every 3 months (group B); - outpatient appointments every 6 months (group D).

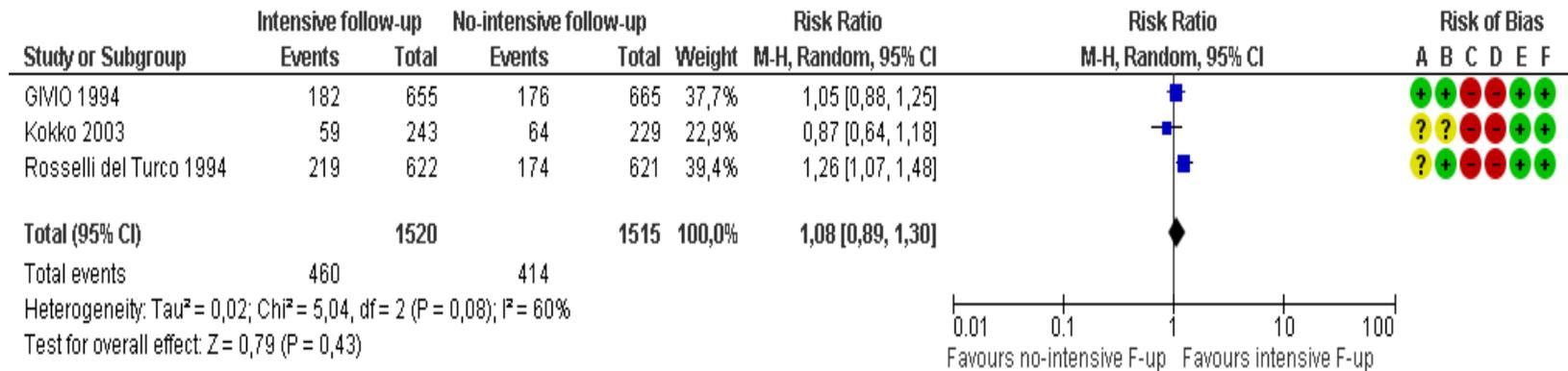
FOREST PLOT- MORTALITA'



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)

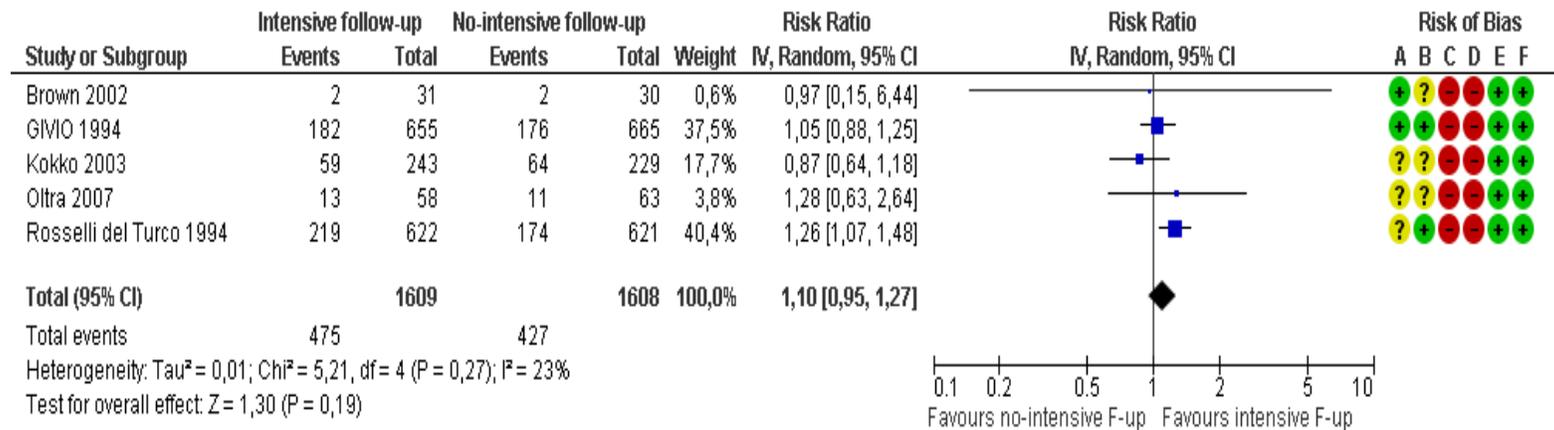
FOREST PLOT- 5 YEAR RECURRENCE



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)

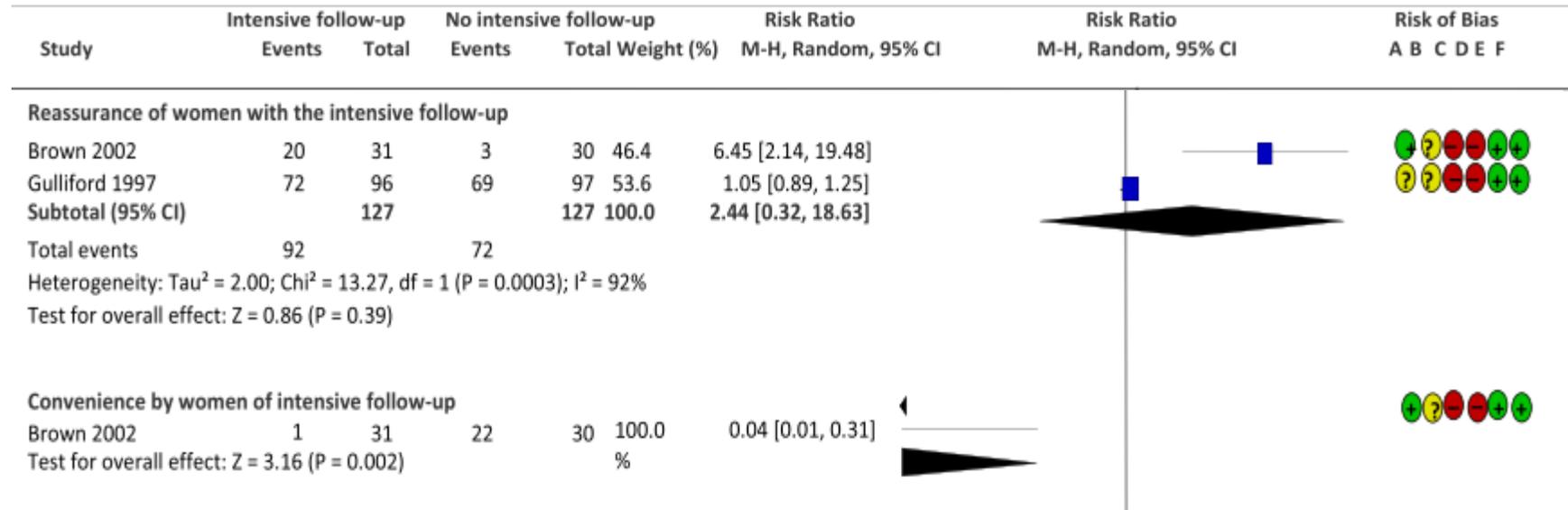
FOREST PLOT- ANY TIME RECURRENCE



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)

FOREST PLOT- REASSURANCE e CONVENIENCE



Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)

EVIDENZA SUGLI ASPETTI ECONOMICI

- Revisione sistematica della letteratura
- Valutazione della qualità degli studi NICE check-list per studi economici

- 4 studi, 3 quelli più informativi

Robertson 2001: la strategia più costo-efficace è la sorveglianza con la sola mammografia ogni anno

Oltra (RCT): il follow-up intensivo triplica i costi, senza dare un vantaggio clinico

Kokko (RCT): la strategia più costosa costa il doppio di quella più economica (senza altri vantaggi)

EVIDENZA SUI VALORI E PREFERENZE DEI PAZIENTI

- Revisione sistematica della letteratura
- Valutazione della qualità degli studi con CERQUAL

- 3 studi

Stemmler 2008: le persone preferiscono follow-up più intensivo perchè rassicura

Gulliford (RCT): le persone preferiscono ridurre piuttosto che aumentare la frequenza delle visite

Kimman (2010): la strategia con visite più frequenti era preferita rispetto alle altre

Domain	Judgment						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			No known undesirable outcomes
BALANCE OF EFFECTS	Favours the comparison	Probably favours the comparison	Does not favour either the option or the comparison	Probably favours the option	Favours the option	Varies	Don't know
RESOURCES REQUIRED	Large costs	Moderate costs	Negligible costs and savings	Moderate savings	Large savings	Varies	Don't know
CERTAINTY OF EVIDENCE OF REQUIRED RESOURCES	Very low	Low	Moderate	High			No included studies
COST EFFECTIVENESS	Favours the comparison	Probably favours the comparison	Does not favour either the option or the comparison	Probably favours the option	Favours the option	Varies	No included studies
EQUITY	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

LIMITI

- Alcuni studi “pesanti” sono stati condotti anche decenni fa
- Gli studi sulle preferenze e i valori dei pazienti non includono una grande diversità di culture
- Assenza di una definizione “condivisa” di follow-up intensivo

CONCLUSIONI

Raccomandazione condizionale contraria al follow-up intensivo

Le raccomandazioni delle linee guida ESMO e ASCO sono in linea con queste conclusioni (solo visita clinica e mammografia)