Cancer Registry in Germany: The Munich Experience

Jutta Engel
Munich Cancer Registry (MCR)

Munich Cancer Registry: 12 Certified Breast Centers

11 by DKG/DGS (German Cancer/Senology Society)
3 by EUSOMA

Catchment area: 4.5 million people

Upper Bavaria

21 Pathology Institutes
21 Radiotherapy Institutes
73 Hospitals

23 Public Health Offices
> 500 Registration Offices
Value of Cancer Registries for Breast Disease Centers, Clinics / Ambulatory Sector, Scientific Community

1. Health Care during Course of Disease and Infrastructure for Support of Health Care

2. Feedback Systems, Quality Management, Benchmarking

3. Health Care Research
Infrastructure for Support of Health Care

Interdisciplinary (multidisciplinary) and Intersectoral (inpatient/outpatient) Health Care

... accompanying the health care delivery for individual patients over years or decades
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Access to aggregated data (Examples)

Evaluation of cohorts of patients that received any therapy in a center / hospital …

Primary therapy:  Operated in the center and adjuvant therapy in the center
    Operated in the center and adjuvant therapy outside
    Operated outside and adjuvant therapy in the center
    Therapy of relapse after “own” primary therapy
    Therapy of relapse after “outside” primary therapy
    Therapy of relapse outside after “own” primary therapy

Therapy during follow-up:  Therapy of recurrences …
    Therapy of metastases …

At the end is the demand for the meticulous documentation of all patients in order to adequately classifying cohorts.

The significance of documentation and a reasonable evaluation is often highly underestimated.
Relative Survival – Comparisons between Clinics (Benchmarking)
Munich Cancer Registry
Breast Cancer since 1988, n = 26,323

Comparisons between Clinics and between Pathology Institutes

Proportion – % pT1 (Clinics)
(29.4 - 69.4%)

Proportion – % G3/4 (Pathology)
(27.5 – 53.7%)
Clinics: p=0,1469 not significant
Feedback Systems, QM, Benchmarking

1. www.tumorregister-muenchen.de
   for all

2. differentiated aggregated analyses
   for "authorized" interested parties

3. differentiated aggregated analyses
   + clinic specific analyses
   for doctors and clinics only

4. casuistics, queries of data,
   online documentation
   for doctors and clinics only
1. Internet (open access): www.tumorregister-muenchen.de
2./3. Internet (login with password only): www.tumorregister-muenchen.de

Benchmarking multivariate Analyses...
4. Intranet or Chipcard: Access to database / online documentation

Possibility for independent queries of specific cases or listings of patients groups for each clinic (about their own patients only)

... case-based learning is an interactive process ...

The evaluation begins with a critical check of conspicuous casuistics.
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Formulate and prioritize research questions (Example: Lymph Node Dissection)

- All randomised clinical trials for different solid tumours have not shown any survival benefit of lymph node dissection (LND).
- Gene-expression analyses of the primary tumour allow a prognosis in LN negative and positive cases.
- Gene analyses predict the sites of metastasis.
- ...

→ „Seed and soil“ principle seems valid! Cell-characteristics of the primary tumour and the microenvironment are essential for a successful “metastasis”.
→ The risk of metastasis arises from the primary tumour, not from secondary tumours (like local, regional or distant metastases)!
→ A cascade-like progression model seems outdated.

Hypothesis for solid tumours: metastases do not metastasize!
Hypothesis for solid tumours: metastases do not metastasize!

If metastases do not metastasize, then positive lymph nodes, as an example of regional metastases, also do not metastasize and therefore the benefit of LND is questionable. If any LND is questionable then also the sentinel technique is questionable.

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Are we wasting our time with the sentinel technique? Fifteen reasons to stop axilla dissection

J. Engel\textsuperscript{a,*}, A. Lebeau\textsuperscript{b}, H. Sauer\textsuperscript{c}, D. Hölzel\textsuperscript{a}

\textsuperscript{a}Munich Cancer Registry (MCR) of the Munich Comprehensive Cancer Centre (MCCC), Institute of Medical Informatics, Biometry and Epidemiology (IBE), Clinical Centre of the Ludwig-Maximilians-University, Großhadern, Marchioninistrasse 15, D-81377 Munich, Germany

\textsuperscript{b}Department of Pathology, Ludwig-Maximilians-University, Munich, Germany

\textsuperscript{c}Medical Clinic III, Clinical Centre of the Ludwig-Maximilians-University, Großhadern, Munich, Germany
Activities and efforts:

- Volume
- Guidelines
- Tumor boards
- Breast Disease Centers

Impact on (?):

- Structure of Care
- Process of Care
- Outcome

Several responsibilities of Health Care Research
The role of cancer registries is, among others:

Cancer registries …

… can manage and contribute valuable data to support the health care delivery system in an increasingly complex network

… can provide sensible evaluations regarding quality assessment

… can help to formulate and prioritize research questions

… can monitor whether activities and efforts (like the establishment of Breast Disease Centers) are implemented into practice and have impact on the outcome.

Thank you very much for your attention!
Mercy beaucoup pour votre attention!