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Nationwide population-based study: patterns of care in the young breast cancer patient in the Netherlands

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**Beschrijving onderzoek**

Breast cancer (BC) is the most common type of cancer in women in the Netherlands and one of the most common cancers in young women (<40 years). Per year, 600 new young patients are registered in the NABON Breast Cancer Audit (NBCA). This accounts for 4.5 % of the total amount of newly registered breast cancer patients. The main aim of the NBCA is to monitor the quality of BC care by a multidisciplinary set of quality indicators. The outcomes of these indicators are used by participating hospitals to compare their own results with real-time national benchmark information.

Previous studies have demonstrated that younger patients have more advanced and aggressive diseases than older patients. When reviewing the treatment of young patients, it is likely that this group's treatment would be more aggressive than older patients, even though it is not evidence based. Most clinical trials do not distinguish between different age groups, therefore it is unknown how this group should be treated. As an example, the Dutch BC guideline does not make distinction in the treatment of young patients, so that recommendations cannot be followed.

For the Dutch young BC patients, it is still relatively unknown what type of cancers these patients have and how they are being treated in the Netherlands. Does the treatment of these young patients meets the Dutch quality requirements for breast cancer care and are the NBCA quality indicators also applicable for this group of patients. This missing



information is however important for education and for development of new trials, specifically focused on young patients.

In the past decade, several de-escalation trends were observed in the treatment of BC. Breast-conserving surgery (BCS) were performed more often, less extensive axillary surgery was seen and more neoadjuvant chemotherapy therapy was given. Surgical options are increasingly influenced by a wide range of adjuvant and neoadjuvant therapies.

Using the NBCA's prospectively collected nation-wide data made it possible to describe differences and similarities between the young patient group aged  $< 40$  years and the older group patients aged  $\geq 40$  years.

The use of NBCA quality indicators as outcome data makes it possible to define the quality of BC care in young patients.