# Changes in treatment overtime of women diagnosed with breast cancer: an opportunity to reduce overtreatment



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## The problem

Concern about potential overtreatment is well extended across clinical institutions. We describe and compare the characteristics of breast cancer (BC) treatment in 2 periods separated by 5 years, and we determine if the therapeutic changes implemented overtime agree with Cochrane Systematic Reviews (SR).

## Methods

Retrospective study of a random sample of women diagnosed with BC in the years 2011 and 2016 at a tertiary hospital in Barcelona, Spain.

We searched the Cochrane library to identify SR which could be used to reduce BC overtreatment. We performed a comparative analysis of the two periods.

## **Key Results**

The study included 105 women diagnosed with BC (51 in 2011; 54 in 2016). There were any significant differences in tumor stages in both periods.

#### **Cochrane SR Conclusions:**

1- Preoperative chemotherapy increases breast conservation rates with fewer adverse effects QR code1 (QoE High-Moderate)

Results	2011	2016	p
Increase of use of neo-adjuvant chemotherapy	21.6%	44.6%	0.01
Reduction of radical surgery	41.9%	20.8%	0.06

2- Lesser axillary surgery do not have a reduced chance of survival compared with axillary lymph node dissection, and have less side effects QR code2

(QoE: Moderate-Low)

Results	2011	2016	p
Reduction of lymph-node removal	43.1%	17.3%	0.004

#### **RELEVANCE TO DIVERSIT**

We have combined the best evidence into daily clinical practice assessment by combining the results from systematic reviews with clinical practice. This conservative approach would be an opportunity to have access to sound clinical practice for women from different social and geographic conditions.

#### **RELEVANCE TO PATIENTS**

Women with breast cancer and their families will be assured when knowing that treatment for breast cancer can be less intensive without jeopardizing their survival chances but reducing side effects.

There were positive changes in breast cancer therapeutic overtime with a more conservative approach based on the evidence concordant with the corresponding Cochrane systematic review.











