

Variation in gynecological oncology follow-up practice: attributable to cancer centers or to patient characteristics? A Piedmont Regional Oncology Network Study

Luca Fuso¹, Andrea Evangelista², Eva Pagano², Elisa Piovano¹, Stefania Perotto¹, Simona Mazzola¹, Emiliana Bertoldo³, Maria Rosa La Porta⁴, Claudia Rosmino⁵, Graziella Furbatto⁶, Sergio Abate⁷, Gianna Di Costanzo⁸, Gianfranco Trossarelli⁹, Maria Grazia Bau¹⁰, Flavio Carnino¹¹, Giuseppina Gambaro¹², Paola Piantanida¹³, Oscar Alabiso¹⁴, Luciano Galletto¹⁵, Laura Zavallone¹⁶, Annalisa Rossi¹⁷, Maggiorino Barbero¹⁸, Maria Tessa¹⁹, Dionyssios Katsaros²⁰, Saverio Danese²¹, Paola Brignolo²², Gabriella Gorzegno²³, Raffaella Grillo²⁴, Giovanni Apolone²⁵, Giovannino Ciccone², and Paolo Zola¹ on behalf of the Piedmont Oncology Network, Italy

¹Gynecology and Obstetrics Academic Department, Azienda Ospedaliera Ordine Mauriziano, Turin; ²Unit of Cancer Epidemiology, Azienda Ospedaliera US Giovanni Battista, CPO Piemonte, CeRMS, Turin; ³Medical Oncology, Ospedale Civico di Chivasso, Chivasso; ⁴Radiotherapy, Ospedale di Ivrea, Ivrea; ⁵Radiotherapy, Ospedale San Giovanni Antica Sede, Turin; ⁶Gynecology and Obstetrics, Ospedale di Vercelli, Vercelli; ⁷Gynecology and Obstetrics, and ⁸Medical Oncology, Azienda Ospedaliera Santa Croce e Carle, Cuneo; ⁹Gynecology and Obstetrics Academic Department, San Luigi Gonzaga, Orbassano; ¹⁰Gynecology and Obstetrics, Azienda Ospedaliera OIRM-Sant'Anna, Turin; ¹¹Gynecology and Obstetrics, Ospedale Martini, Turin; ¹²Radiotherapy, ¹³Gynecology and Obstetrics, and ¹⁴Medical Oncology, Ospedale Maggiore della Carità, Novara; ¹⁵Gynecology and Obstetrics, Ospedale Civile Edoardo Agnelli, Pinerolo; ¹⁶Medical Oncology, Ospedale degli Infermi, Biella; ¹⁷Radiotherapy, Azienda Ospedaliera Ordine Mauriziano, Turin; ¹⁸Gynecology and Obstetrics, and ¹⁹Radiotherapy, Ospedale Cardinal Massaia, Asti; ²⁰Gynecology and Obstetrics Academic Department, Azienda Ospedaliera OIRM-Sant'Anna, Turin; ²¹Gynecology and Obstetrics, Azienda Ospedaliera OIRM-Sant'Anna, Turin; ²²Medical Oncology, Ospedale Gradenigo, Turin; ²³Medical Oncology, San Luigi Gonzaga, Orbassano; ²⁴Medical Oncology, Centro Oncologico ed Ematologico Subalpino, Azienda Ospedaliera San Giovanni Battista, Turin; ²⁵Oncology Department, Istituto di Ricerche Farmacologiche Mario Negri, Milan, Italy

ABSTRACT

Aims and background. Although guidelines recommend minimalist follow-up, there is wide variability in gynecological oncology practice. The aims of this study were to describe between-center differences in the follow-up of endometrial, ovarian, and uterine cervical cancer; to identify the determinants of test prescription; to estimate the related costs; and to assess the weight of center habits and patient characteristics as sources of unexplained variability.

Methods and study design. The medical records of patients treated between August 2004 and July 2005 for gynecological malignancies and followed up for the detection of recurrent disease were retrospectively collected from 29 centers of the Piedmont Oncology Network. Multivariate multilevel analyses were performed to study the determinants of test prescription and costs.

Results. Analyses were performed on 351 patients (median follow-up: 578 days). The unexplained variability in computed tomography prescriptions (26%), ultrasound prescriptions (17%), and total cost of follow-up (15%) can be attributed to center habits, independent of the clinical characteristics of the patients.

Conclusions. Much of the unexplained variability in the follow-up for gynecological malignancies is attributable to different habits of centers belonging to a cancer network. These results prompted us to design a multicenter randomized controlled trial to compare minimalist *versus* intensive follow-up programs in endometrial cancer.

Key words: appropriateness, evidence-based medicine, follow-up, gynecological cancer.

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Correspondence to: Luca Fuso, Gynecology and Obstetrics Department, AO Ordine Mauriziano, Largo Turati 62, Turin, Italy.
Tel +39-349-3115039;
fax +39-011-5082683;
e-mail luca.fuso@fastwebnet.it

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