

Comparing hospitals: Is case-mix adjustment needed for breast cancer surgery complications?

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BACKGROUND

Differences in patient and tumor characteristics (case-mix) can explain differences in hospital performance.

AIM

Development and validation of case-mix adjustment models for the Quality Indicator (QI) complications after breast cancer surgery

CONCLUSION



After stratification for surgery type, **patient- and tumour characteristics have a negligible effect on the hospital variation**, making adjustment for this QI unnecessary



Using the Clavien-Dindo classification from the ICHOM core set can foster partnerships as ICHOM Learning Collaboratives to improve clinical practice

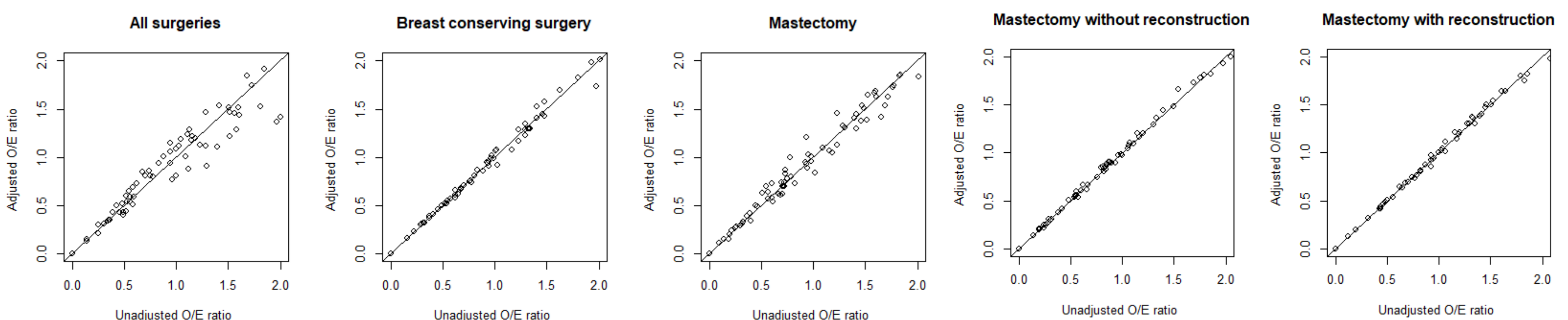
METHODS

- Nationwide audit: all surgically treated breast cancer patients in the Netherlands (2021-2022, 72 hospitals).
- Outcome: High-impact complications (Clavien-Dindo grade ≥ 3), aligning with ICHOMs core outcome set breast cancer
- Multivariable logistic regression with backward selection ($p < 0.1$)
- Model performance assessed by AUC and corrected for optimism via bootstrap validation
- Observed-to-expected plots show differences between unadjusted, and case-mix adjusted hospital performance

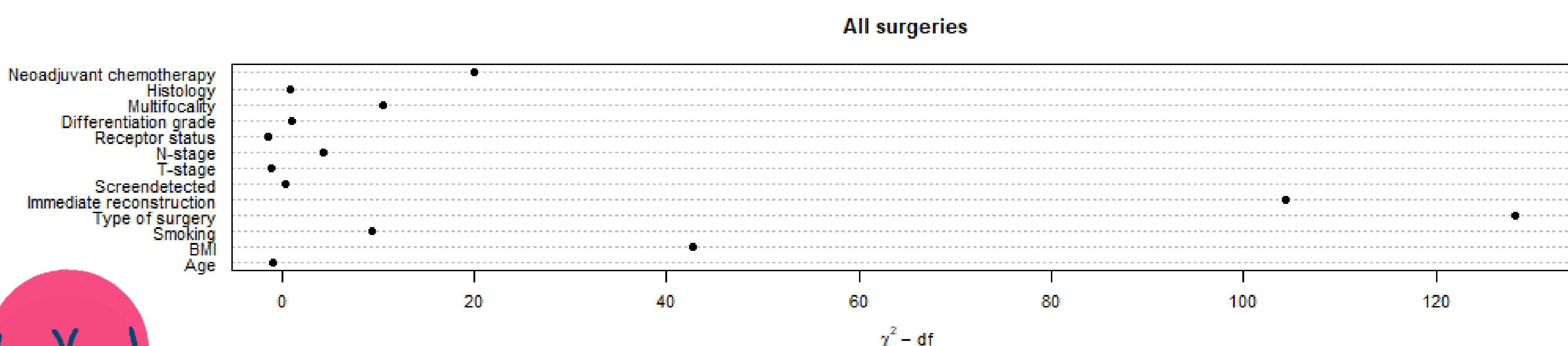


RESULTS

Strong relations were seen due to the variables 'type of surgery' and 'direct reconstruction' for all surgeries (AUC 0.70) and mastectomy (AUC 0.61). Stratification based on BCS (AUC 0.60), mastectomy with (AUC 0.53) and without reconstruction (AUC 0.56) eliminated the case-mix impact.



Observed-expected plots: each dot represents a hospital, with the X-axis showing O/E ratios before case-mix adjustment and the Y-axis after. Deviations from the diagonal indicate the effect of adjustment; if a dot lies exactly on the diagonal, there is no impact.



The left figure shows each case-mix variable's proportional contribution to the full model (before selecting significant variables) for "all surgeries". y-axis: potential case-mix variables x-axis: Wald chi-square statistic adjusted for degrees of freedom.

NEXT STEPS

- Further research should explore the reliability of this QI after stratification
- Refinement of the QI, increasing the potential to measure breast cancer care quality more effectively

Questions or comments?

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