



## Correspondence

## Comment on: “Multidisciplinary team meeting and EUSOMA quality indicators in breast cancer care: A French regional multicenter study”



Dear Editor,

We read with interest a recent study by Pons-Tostivint et al. [1], assessing compliance of breast cancer (BC) care with EUSOMA [2] quality indicators (QIs). As more and more studies evaluating the quality of BC care are using EUSOMA-QIs, we think it is important to clarify inconsistencies in their definitions which might have influenced the results of this study and similar ones [1,3–5].

Firstly, there is a discrepancy in the definition of hormone-positive (HR+) BC. Recent studies considered HR+ BC if immunostaining was seen in  $\geq 1\%$  tumor nuclei [4,5] compared to Pons-Tostivint et al. [1] using a cut-off value of  $\geq 10\%$ , which calls for unified definition of HR+ disease in EUSOMA-QIs to homogenise reporting.

Secondly, a refinement of the definition of QI 13a, which assesses the proportion of patients with ER-negative invasive carcinoma (T >1 cm or N+) who received *adjuvant* chemotherapy, is needed. The authors reported that the proportion of patients who received *adjuvant* chemotherapy was lower than the mandatory 85% EUSOMA recommendation [1], but did not clearly state if patients receiving *neoadjuvant* chemotherapy were considered as being treated in discordance with QI 13a.

Refining the definitions of EUSOMA-QIs would make the results of such studies easier to compare.

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### Declaration of competing interest

None.

### References

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