

14 **Curso de Evaluación y Selección de Medicamentos**

del 3 al 6 de mayo de 2016
Palma (Baleares)



**Los retos: efectividad en la práctica clínica y
medida de resultados en salud**

Medida de resultados en Oncología

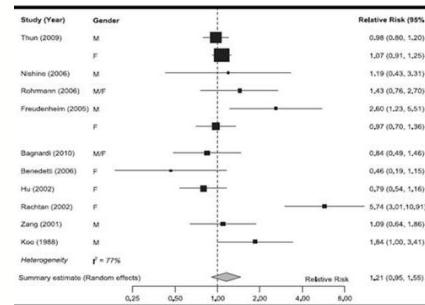
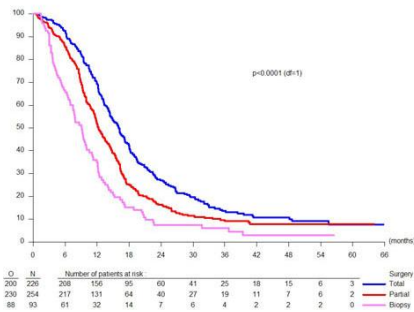
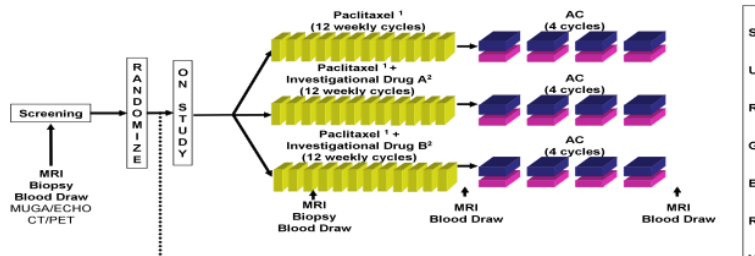
Gerardo Cajaraville

Fundación Onkologikoa

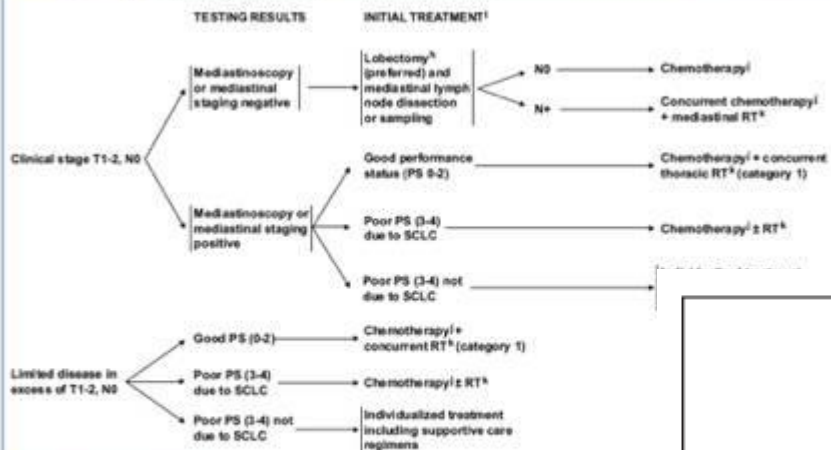
Medida de resultados en Oncología

1. ¿Es tan importante?
2. Iniciativas nacionales/internacionales
3. Experiencia en Onkologikoa

¿Es tan necesario medir resultados en la práctica clínica?



Medicina Basada en la evidencia



^aSee Principles of Surgical Resection (SCL-A)
^bSee Principles of Chemotherapy (SCL-B)
^cSee Principles of Radiation Therapy (SCL-C)
^dSee Principles of Supportive Care (SCL-D)

Note: All recommendations are category 2A unless otherwise indicated. Clinical Trials: NCCN believes that the best management of any cancer patient is in a clinical trial. Participation in clinical trials is especially encouraged.

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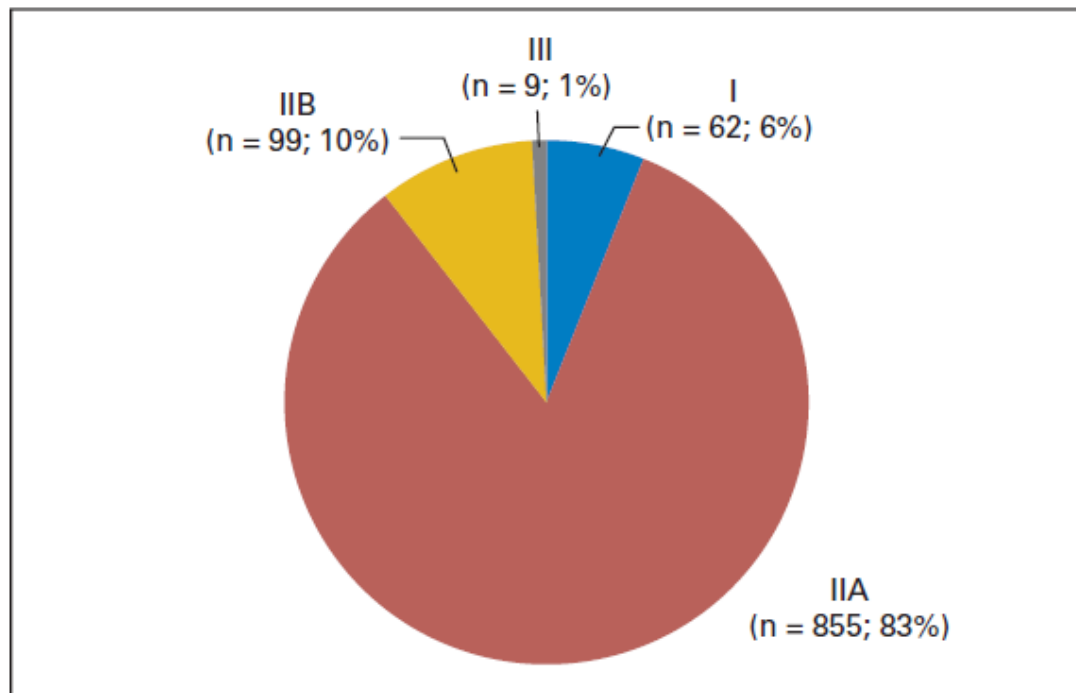
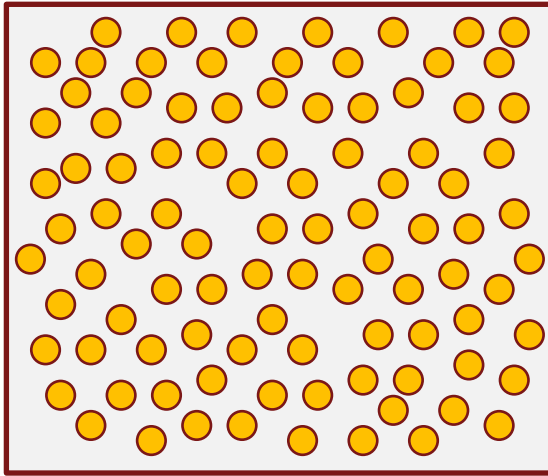
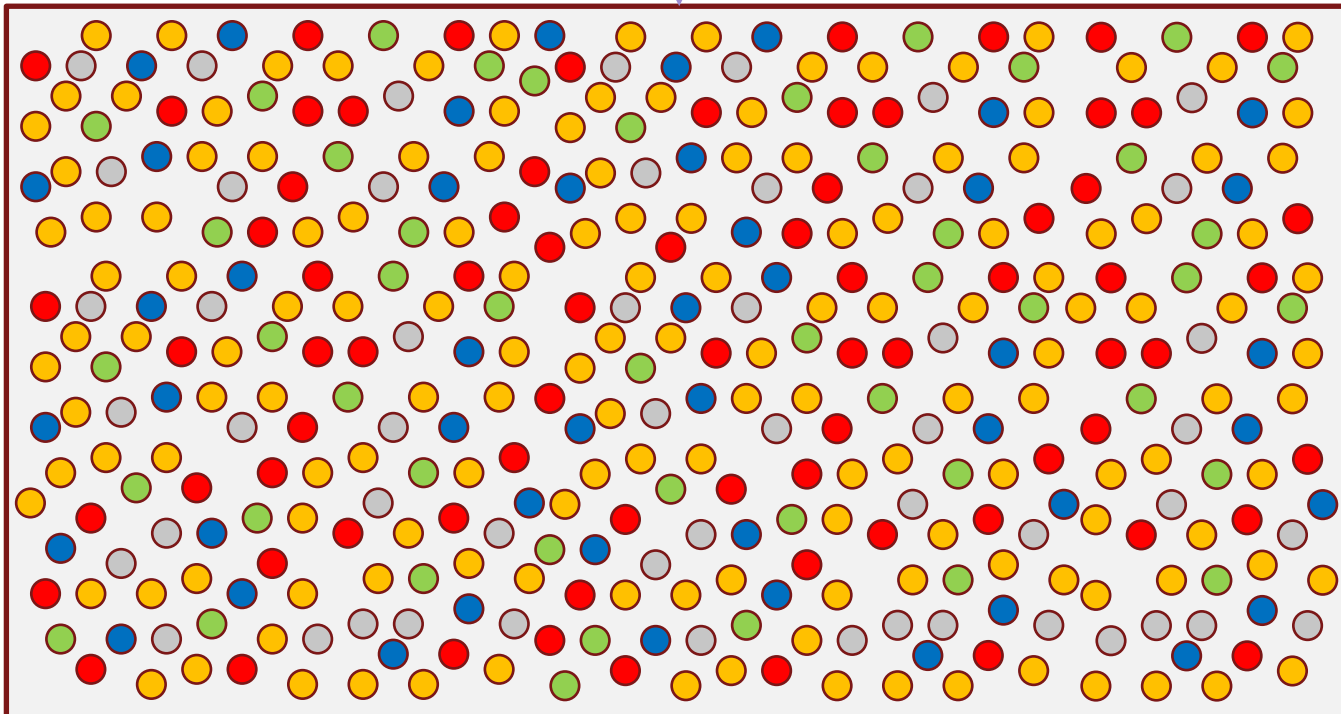
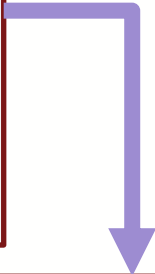


Fig 3. Distribution of categories of evidence and consensus for all guidelines.

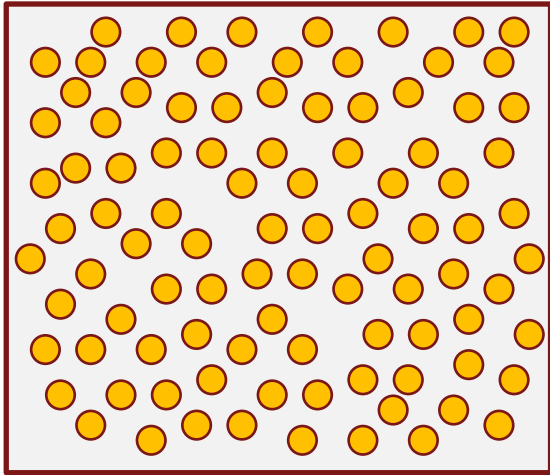


EC

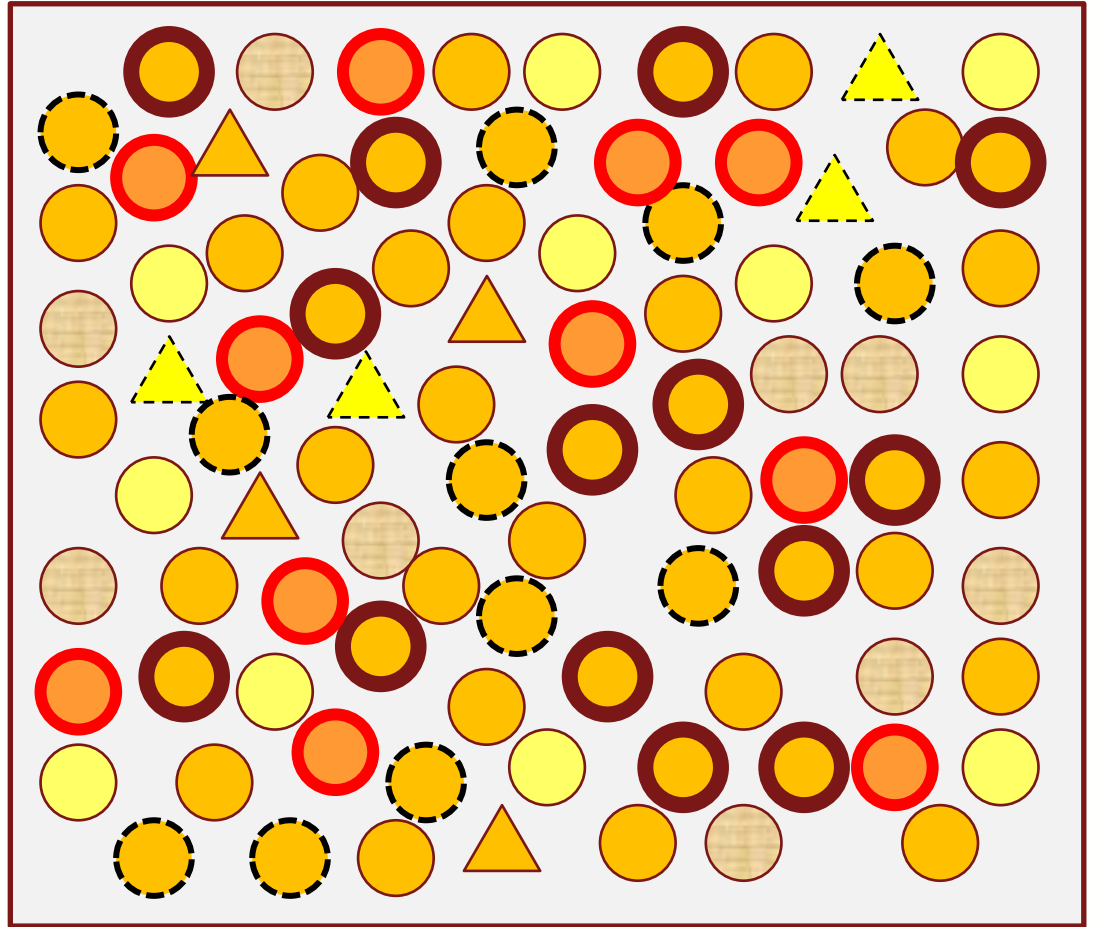


Vida real





EC



Patient Reported Outcomes Measures (PROMs)

En oncología, muchos resultados altamente relevantes para el paciente y para su estado de salud no son objetivos de los EC



Cáncer de próstata

Ensayos clínicos

- Supervivencia
- Tasa de respuesta (RECIST)
- Respuesta bioquímica

Relevante para el paciente

- Supervivencia
- Incontinencia urinaria
- Frecuencia urinaria, obstrucción, irritación...
- Función intestinal
- Disfunción sexual
- Vitalidad

Patient Reported Outcomes Measures (PROMs)

Impacto de PROMs en calidad de vida y supervivencia.

- 766 pacientes. Ensayo controlado aleatorizado. Memorial Sloan Kettering Cancer Center
- Herramienta STAR (Symptom tracking and reporting). Herramienta web de auto-notificación de efectos adversos de la quimioterapia. 12 síntomas comunes (cansancio, diarrea, dolor, tos, disnea, disuria, pérdida de apetito, estreñimiento, sofocos, neuropatías, náuseas y vómitos).
- Sistema de notificación automática al equipo sanitario para los síntomas severos o si empeoran.
- Evaluar una herramienta STAR vs control estándar. Influencia en la calidad de vida (EuroQol EQ-5D index), en las visitas a urgencias y en la supervivencia

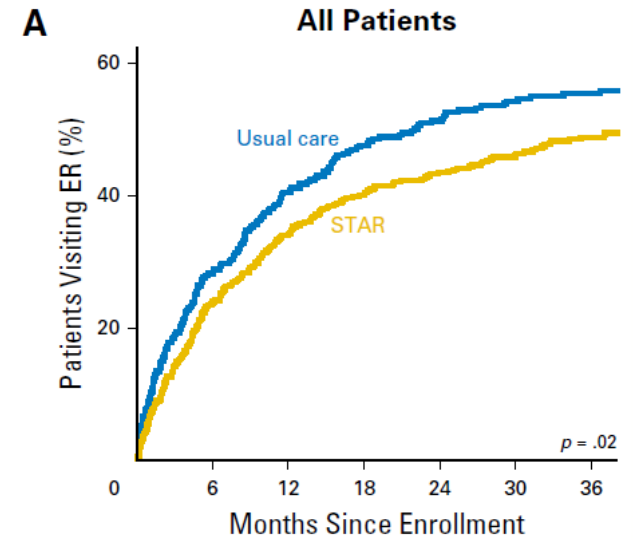
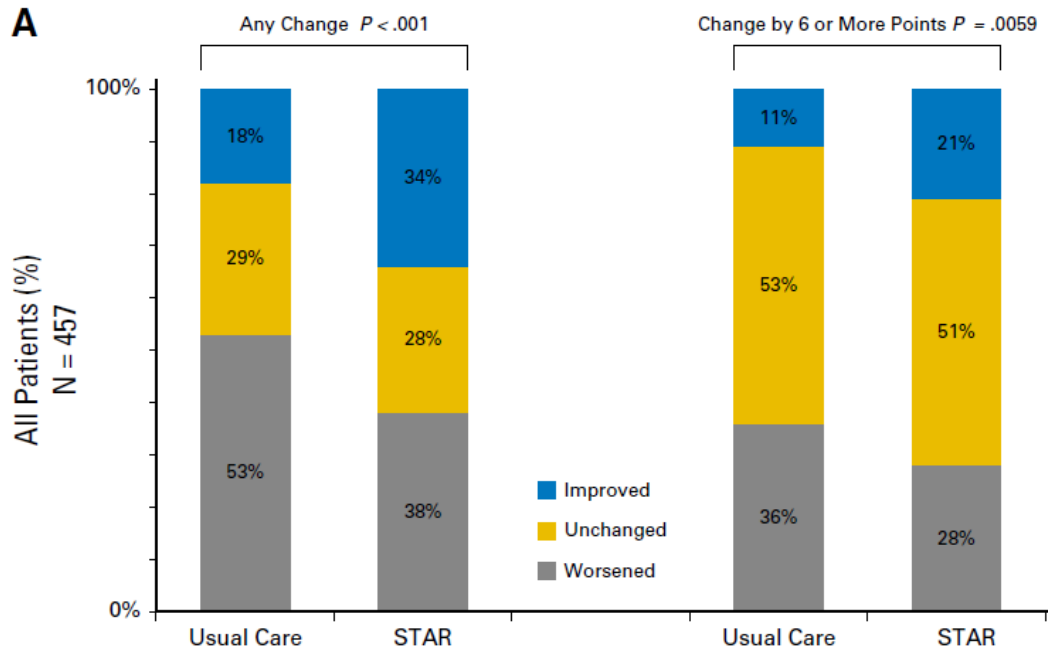


Table 3. Overall and Quality-Adjusted Survival at 12 Months

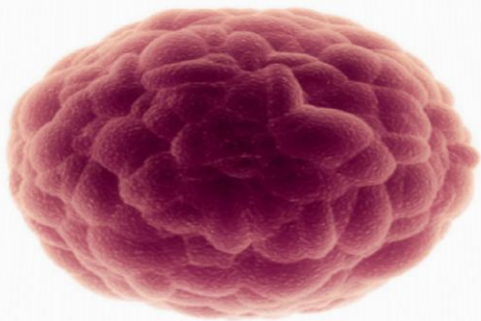
Patients	N	STAR (95% CI)	Usual Care (95% CI)	P (Univariable)*	P (Multivariable)*
Overall survival, % alive at 1 year					
All patients	766	75.1 (70.7 to 79.0)	68.6 (63.2 to 73.6)	.03	.05
Subgroup analysis, % alive at 1 year					
Computer inexperienced	227	74.2 (66.6 to 80.9)	59.7 (47.5 to 71.1)	.03	.02
Computer experienced	539	75.5 (70.1 to 80.4)	71.1 (65.1 to 76.7)	.25	.45
Quality-adjusted 12-month survival, months					
All patients	757†	8.7 (8.3 to 9.0)	8.0 (7.6 to 8.4)	.002	.004
Subgroup analysis, months					
Computer inexperienced	220†	8.3 (7.8 to 8.8)	7.2 (6.3 to 8.2)	.03	.02
Computer experienced	537†	8.8 (8.5 to 9.2)	8.2 (7.7 to 8.6)	.02	.046

Abbreviation: STAR, Symptom Tracking and Reporting web-based self-reporting system (study intervention).

*P values for between-arm comparisons. Multivariable analyses controlled for age, sex, cancer type, race, and education level. For overall analyses, subgroup assignment (computer experienced or computer inexperienced) was also included as a covariate.

†Participants with missing baseline health-related quality of life scores not included in quality-adjusted survival analysis.

Informe
Grupo de trabajo
equidad
en el acceso a los tratamientos
oncológicos



Alianza
General de
Pacientes

madrid, 18 marzo 2015





Nuevas tendencias de financiación

- Nuevos sistemas de financiación (“riesgo compartido”)
- Cambio en los criterios de contratación de servicios: pago por resultados mas que pago por actividad

**Si es tan importante medir resultados en
la práctica clínica,**

**¿Por qué hemos avanzado tan poco en
este terreno?**

¿Por qué hemos avanzado tan poco en la medida de resultados?

- Nunca nos lo han pedido
- Es muy difícil, requiere inversión y “visión”

La idea de que existe una herramienta universal que mide los resultados en cualquier paciente, en cualquier situación clínica, es absurda

“Se requieren profesionales con conocimiento y que sean capaces de hacerse las preguntas correctas”
- No nos gustan las comparaciones (y muchas veces tenemos razón)
- El modelo de HCE desarrollado no es apropiado.

La información más valiosa no está estructurada (y lo que es peor, a veces simplemente no está).

Calidad de los registros. “Trazabilidad clínica”
- Otras dificultades (legales, confidencialidad.....)

Entendido.

Medir resultados es indispensable para tratar bien a los pacientes (y con equidad), pero es muy difícil

¿Qué hacemos?

Esperar un poco

Hay muchos proyectos de I+D a nivel nacional e internacional.



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Start Typing For Search

CancerLinQ

QOPI and the QOPI
Certification Program

Practice Guidelines

Practice Improvement
Resources

Other Quality Initiatives

[Home](#) > [CancerLinQ™](#)

CancerLinQ™

The ASCO Institute for Quality, LLC, is building CancerLinQ™, a cutting-edge health information technology (HIT) platform that will revolutionize how we care for people with cancer. By enabling us to learn from each of the millions of individual patients living with cancer nationwide, CancerLinQ will improve the quality and value of cancer care for all.

CancerLinQ's development is well under way. Once complete, CancerLinQ will aggregate and analyze a massive web of real-world cancer care data in order to:

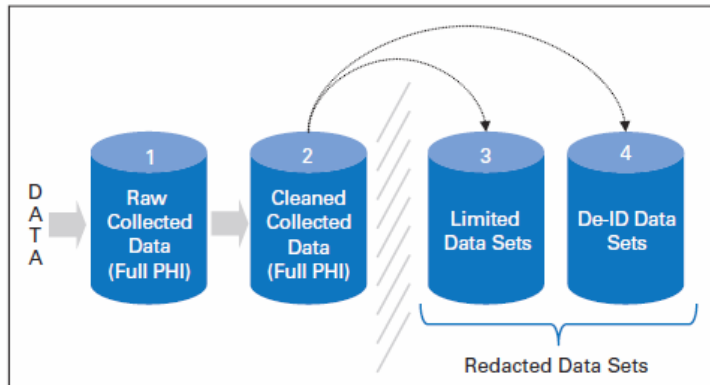
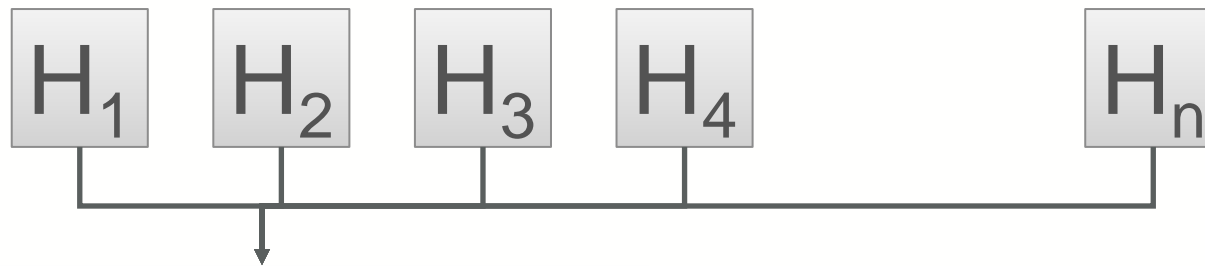
- **Provide real-time quality feedback to providers:** CancerLinQ will enable oncology practices to measure how their care compares against guidelines and compares to their peers based on aggregated reports of quality, offering instant feedback and guidance for improvement.
- **Feed personalized insights to doctors:** CancerLinQ's real-time clinical decision support will help physicians choose the right therapy at the right time for each patient, based on clinical guidelines and the experiences of many similar patients.
- **Uncover patterns that can improve care:** Powerful analytic tools will reveal new, previously unseen patterns in patient characteristics, treatments and outcomes that can lead to improvements in care.

Share this page    



[VISIT THE NEW CANCERLINQ WEBSITE](#)

“CancerLinQ can contribute to high-quality, personalized cancer care for every patient”



- Características pacientes (clínicas, biológicas (“ómicas”), información medio-ambiental, estilo vida.
- TRATAMIENTOS
- RESULTADOS

**Sistema de ayuda a las decisiones clínicas, sistema de aprendizaje
Prima la correlación y no la causalidad**

Medicina personalizada



SAP's Digital Health Story

For healthcare organizations, digitization opens up a world of new opportunities to deliver value and improve patient outcomes. A new era of true digital connection is giving people greater access to health information and resources via the Internet, driving innovations in medical research and technology. . . and creating the promise of a new, personalized approach to healthcare.

But real value in healthcare can only be unlocked if all stakeholders not only rethink the business from their own perspective, but start to create a value network. We envision an integrated, digital healthcare network that can enhance the ability of any healthcare organization to provide better patient outcomes at lower cost – enabling providers to capitalize on new opportunities and remain relevant in the changing environment.

Overview



[The Power of Health Data](#)

[Health Engagement](#)

[Events](#)

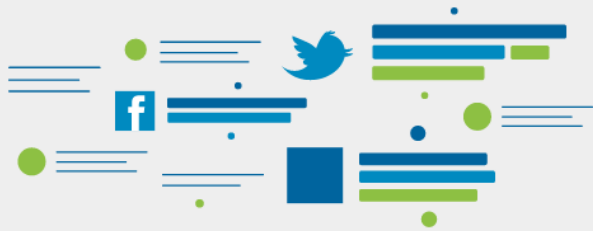
[Conversations](#)

[Registration](#)



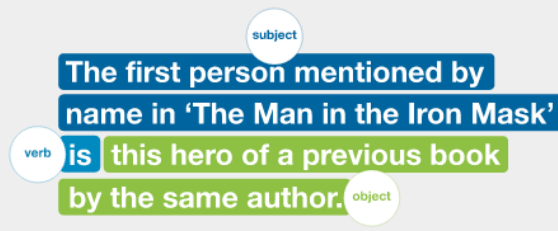


How Watson reveals insights



Analyzes unstructured data

Uses natural language processing to understand grammar and context



Understands complex questions

Evaluates all possible meanings and determines what is being asked



Presents answers and solutions

Based on supporting evidence and quality of information found



Analyzes the patient's medical record

Watson for Oncology has an advanced ability to analyze the meaning and context of structured and unstructured data in clinical notes and reports, easily assimilating key patient information written in plain English that may be critical to selecting a treatment pathway.

Identifies potential evidence-based treatment options

By combining attributes from the patient's file with clinical expertise, external research, and data, Watson for Oncology identifies potential treatment plans for a patient. This means doctors can consider the treatment options provided by Watson when making decisions for individual patients.

Finds and provides supporting evidence from a wide variety of sources

Watson ranks identified treatment options and provides links to supporting evidence for each option to help oncologists as they consider treatment options for their patient. Watson for Oncology draws from an impressive corpus of information, including MSK curated literature and rationales, as well as over 290 medical journals, over 200 textbooks, and 12 million pages of text. Watson for Oncology also supplies for consideration supporting evidence in the form of administration information, as well as warnings and toxicities for each drug.

Seguir dando pasos

Observatorio otras experiencias nacionales e internacionales



[ABOUT](#) [STANDARD SETS](#) [MEASURE](#) [EVENTS & MEDIA](#) [SUPPORT US](#) [ACCOUNT](#)

WHAT IS ICHOM

The International Consortium for Health Outcomes Measurement (ICHOM) is a non-profit organization founded by three esteemed institutions with the purpose to transform health care systems worldwide by measuring and reporting patient outcomes in a standardized way.

WHY OUTCOMES

We believe outcomes are the ultimate measure of success in health care. When seeking treatment, patients want to know what their life will be like after treatment: will I return to work, will I be able to take care of myself, and will my symptoms improve? Helping patients answer these questions is why we formed ICHOM.

HOW WE WORK

ICHOM organizes global teams of physician leaders, outcomes researchers and patient advocates to define Standard Sets of outcomes per medical condition, and then drives adoption to enable health care providers globally to compare, learn, and improve.

ICHOM WAS FOUNDED BY

INSTITUTE FOR STRATEGY
AND COMPETITIVENESS



BCG

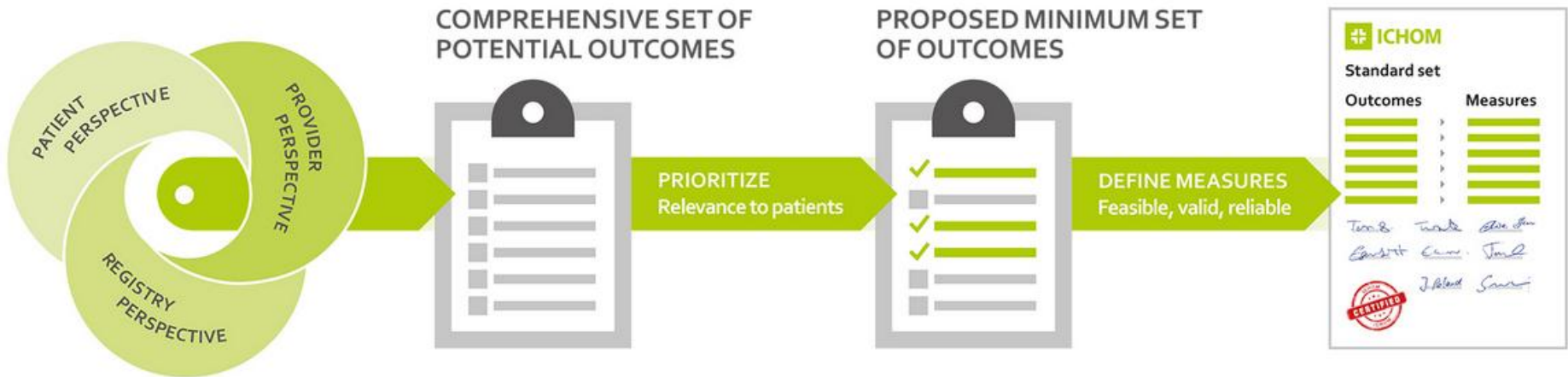
THE BOSTON CONSULTING GROUP



Karolinska
Institutet



HOW WE WORK – THE WORKING GROUP APPROACH



A PATIENT-PHYSICIAN PARTNERSHIP

A MULTIDISCIPLINARY APPROACH

By 2017, we aim to have published Standard Sets covering more than 50 percent of the global disease burden.



By 2017, ICHOM Standard Sets will cover 50-percent of the global disease burden.

International Consortium for Health Outcomes Measurement's Standardized Outcome Sets.*

Standard Sets Complete

Under Consideration for 2016 and Beyond

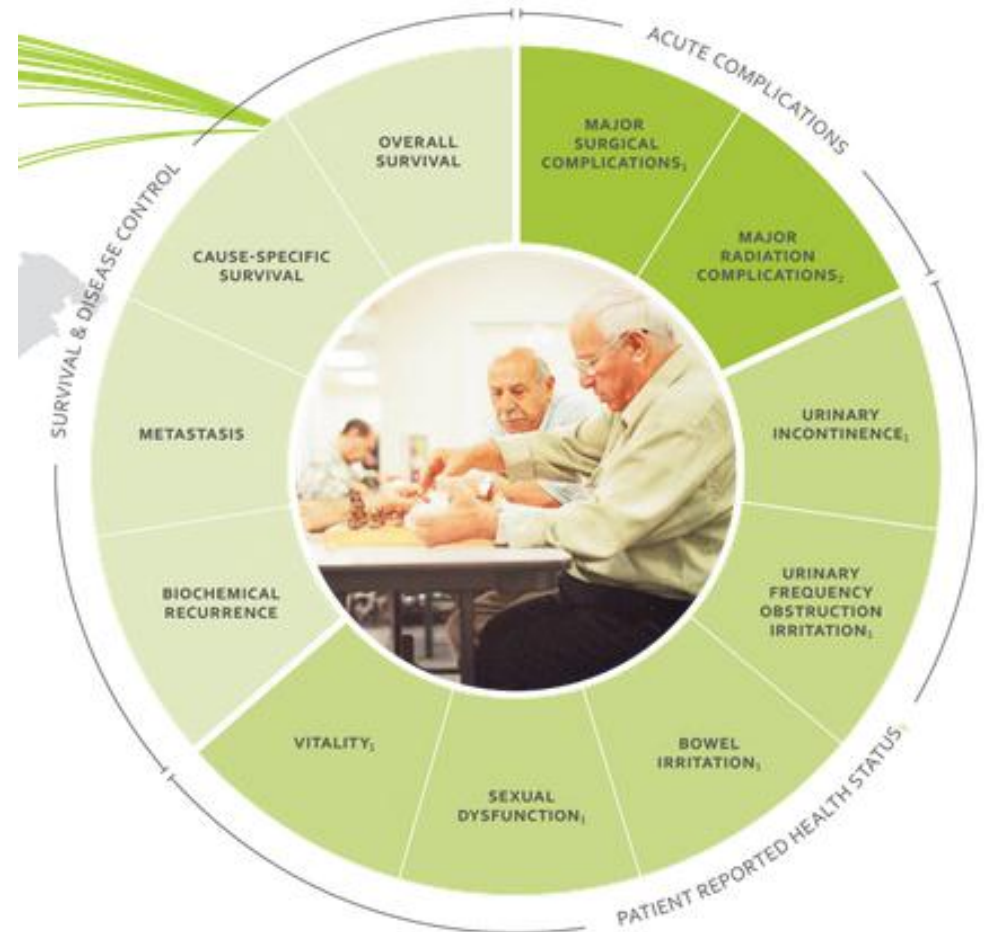
Standard Sets Complete			Under Consideration for 2016 and Beyond
2013	2014	2015 (Final Approval Pending)	
1. Localized prostate cancer	5. Parkinson's disease	13. Breast cancer	22. End-stage renal failure
2. Lower back pain	6. Cleft lip and palate	14. Dementia	23. Oral health
3. Coronary artery disease	7. Stroke	15. Frail elderly	24. Brain tumors
4. Cataracts	8. Hip and knee osteoarthritis	16. Heart failure	25. Drug and alcohol addiction
	9. Macular degeneration	17. Pregnancy and childbirth	26. Bipolar disorder
	10. Lung cancer	18. Colorectal cancer	27. Burns
	11. Depression and anxiety	19. Overactive bladder	28. Melanoma
	12. Advanced prostate cancer	20. Craniofacial microsomia	29. Head and neck cancer
		21. Inflammatory bowel disease	30. Pediatric oncology (conditions to be determined)
			31. Rheumatoid arthritis
			32. Liver transplantation
			33. Congenital hand malformations
			34. Chronic rhinosinusitis
			35. Congenital hemolytic anemia
			36. Rotator cuff disease
			37. Malaria

* The standard outcomes sets completed or pending in the first 3 years cover conditions accounting for 45% of the global burden of disease.

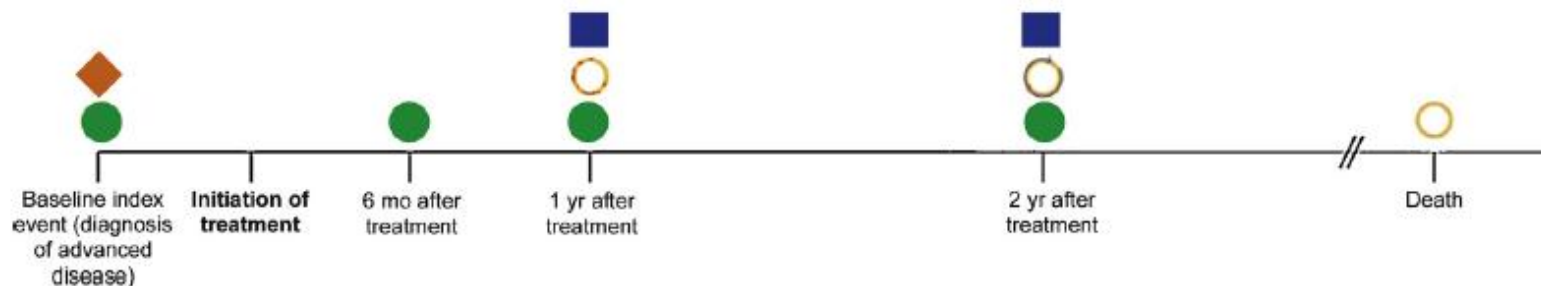
Características de los pacientes

- Demográficas
- Clínicas
- Tumor
- Ttos previos

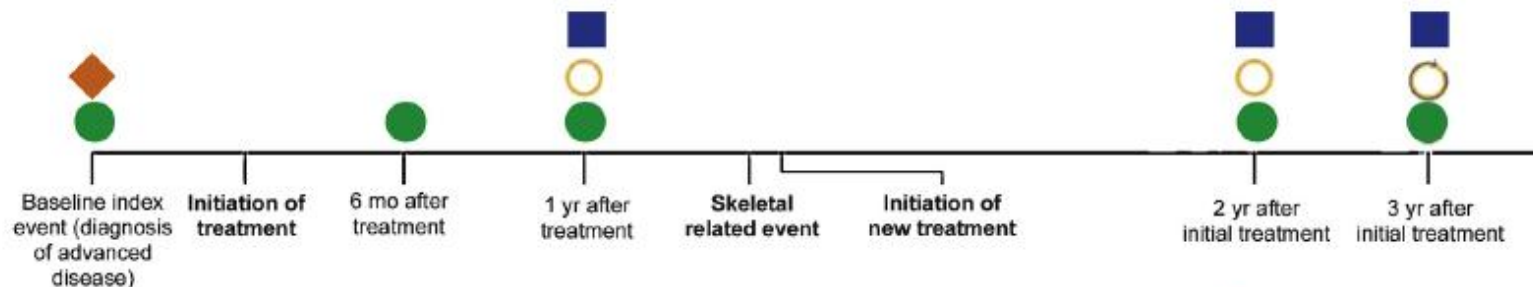
Tratamientos aplicados



Example 1: Patient diagnosed with advanced disease*, receives treatment after diagnosis



Example 2: Patient diagnosed with advanced disease*, receives treatment and event occurs in first year after treatment



*Advanced disease includes:

- Diagnosed with LPC, progresses to biochemical recurrence and is not eligible for salvage therapy or has been treated with salvage therapy
- Diagnosed with LPC, progresses to metastatic disease
- Diagnosed with metastatic disease at time of diagnosis






-  Case mix variables
-  PROMS
-  Survival and disease control outcomes
-  Treatments and adverse events
-  Tracked ongoing annually for life

Table 3 – Summary of outcomes for the International Consortium for Health Outcomes Measurement advanced prostate cancer standard set

Outcome category	Population	Measure	Supporting information	Timing	Data source ^a
ATCs	Patients with ST	Major ST complications	Presence/absence of grade ≥ 3 including name of adverse event while on therapy and within 6 mo after TI	Update at least annually	Clinical
Degree of health	All patients	Performance status	ECOG/WHO scale for performance status	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	Clinical
	All patients	Need for pain medication	Use of OTC pain medicine or strong pain medicine	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Pain	Tracked via EORTC QLQ-C30	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Fatigue	Tracked via EORTC QLQ-C30	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Physical functioning	Tracked via EORTC QLQ-C30	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Emotional functioning	Tracked via EORTC QLQ-C30	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Urinary symptoms	Tracked via EPIC-26	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Bowel symptoms	Tracked via EPIC-26	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Homonal symptoms	Tracked via EPIC-26	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
	All patients	Sexual dysfunction	Tracked via EPIC-26 and additional questions ^b	Baseline; 3, 6, and 12 mo after TI; ongoing annual tracking for life	PR
Survival and disease control	All patients	Procedures needed for LP	Receipt of specific procedures because of LP ^c	1 yr after TI; ongoing annual tracking for life	Clinical
	All patients	Symptomatic skeletal event	Symptomatic fracture, cord compression, or need for bone surgery or radiation	1 yr after TI; ongoing annual tracking for life	Clinical
	Patients without known metastasis	Development of metastasis	Diagnosed with metastatic disease	1 yr after TI; ongoing annual tracking for life	Clinical
	Patients who do not yet have CRD	Development of CRD	Diagnosed with CRD ^d	1 yr after TI; ongoing annual tracking for life	Clinical
	All patients	Cause-specific survival	Was death attributed to prostate cancer on death certificate	1 yr after TI; ongoing annual tracking for life	Administrative data (death registry)
All patients	Overall survival	Date of death	1 yr after TI; ongoing annual tracking for life	Administrative data (death registry)	

ATCs = acute treatment complications; ST = systemic therapy; TI = treatment initiation; ECOG = Eastern Cooperative Oncology Group; WHO = World Health Organization; PR = patient-reported; OTC = over the counter; EORTC = European Organization for Research and Treatment of Cancer; EPIC = Expanded Prostate Cancer Index Composite; LP = local progression; CRD = castration-resistant disease.

^a The data source reflects the way in which case mix variables and outcomes are collected. Clinical data include data abstraction and physician reports. PR data include PR outcome measures (eg, EORTC QLQ-C30, EPIC-26) and other relevant PR questions.

^b During the last 4 wks. to what extent were you interested in sex?: not at all, a little, quite a bit, very much; (2) Have you used any medications or devices to

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Prostate Cancer

Development of a Standardized Set of Patient-centered Outcomes for Advanced Prostate Cancer: An International Effort for a Unified Approach

Alicia K. Morgans^{a,†,*}, Annelotte C.M. van Bommel^{b,c,†}, Caleb Stowell^b, Janet L. Abraham^d, Ethan Basch^e, Justin E. Bekelman^f, Donna L. Berry^d, Alberto Bossi^g, Ian D. Davis^h, Theo M. de Reijkeⁱ, Louis J. Denis^{j,k}, Sue M. Evans^l, Neil E. Fleshner^m, Daniel J. Georgeⁿ, Jim Kiefert^o, Daniel W. Lin^p, Andrew G. Matthew^m, Ray McDermott^q, Heather Payne^r, Ian A.G. Roos^s, Deborah Schrag^d, Thomas Steuber^t, Bertrand Tombal^u, Jean-Paul van Basten^v, Jacobus J.M. van der Hoeven^w, David F. Penson^{a,x}



Enfermedad coronaria

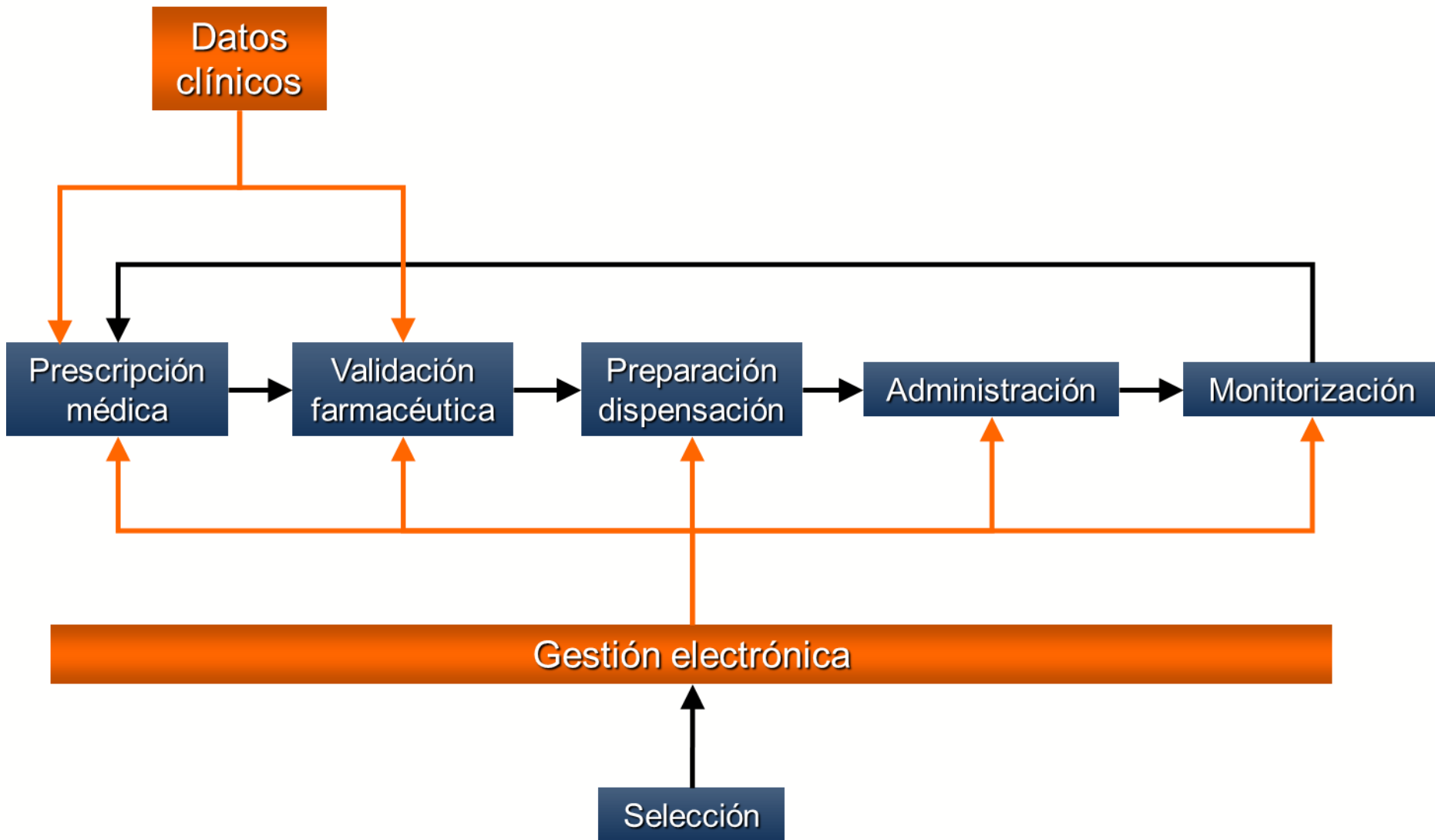


Cataratas



Aplicativo
Proceso
quimioterapia

Bd
Registro
tumores



HCE
Diagnósticos
Procedimientos
Datos AP/Rx
Antecedentes
etc

- Prospectiva
- Automatismos
- Cierre casos
- Alertas



Calidad de los registros



Toxicidad

Ciclo Prescrip	Ciclo Prescrip	Fecha
1	2822363	29/10/2014
2	2822383	12/11/2014
3	2839879	10/12/2014
4	2872966	07/01/2015
5	2900156	21/01/2015
6	2915184	04/02/2015

0000179483; 07/12/1964 (50)

FOLFOX
Ciclo 3

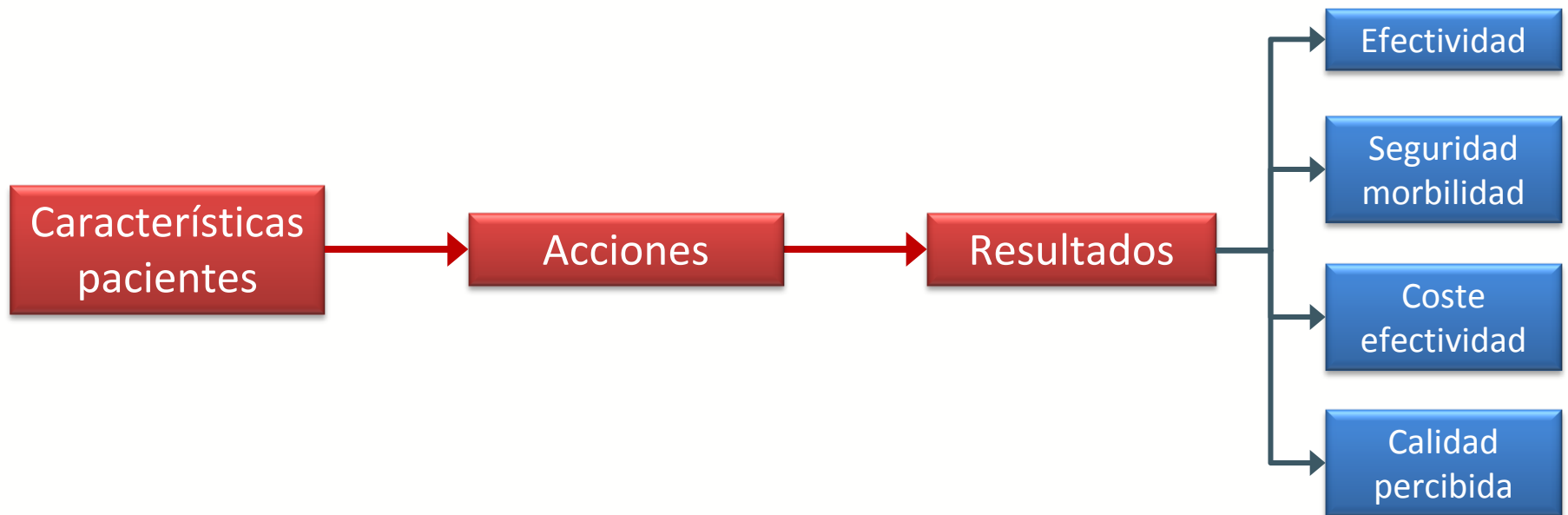
Salir

Toxicidad **Informe**

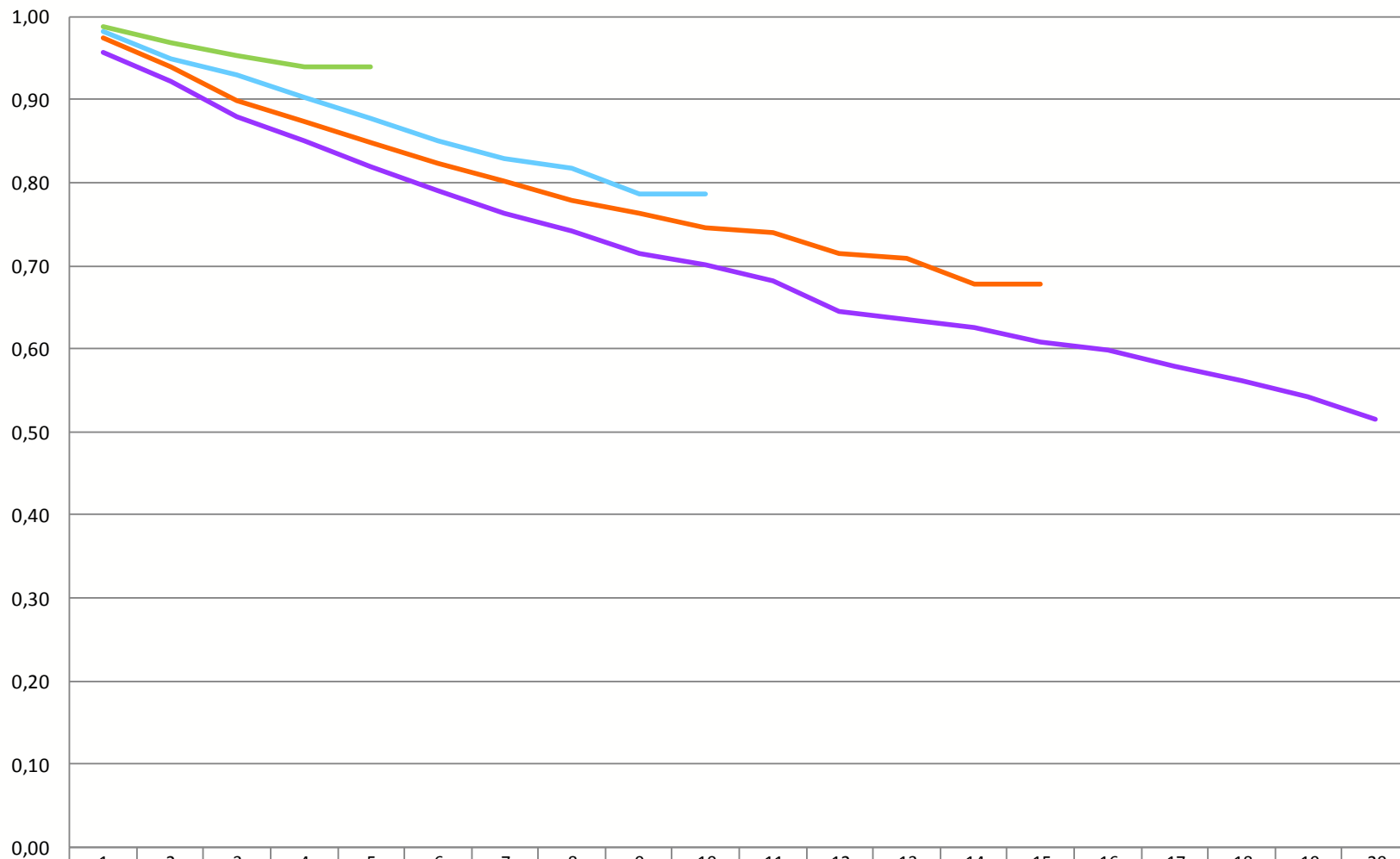
Cabecera: 3679538

Se encuentra bien, sin lumbalgia, asintomático.
TOXICIDAD del Ciclo 3 (10/12/2014) del Esquema FOLFOX: Peripheral sensory neuropathy G1, Neutropenia G3
Retraso una semana por neutropenia.

CAT: Nervous system
TERM: Dysesthesia
DEF: A disorder characterized by sensory perceptual and unpleasant sensations
G1: Mild sensory alteration
G2: Moderate sensory instrumental ADL
G3: Severe sensory instrumental ADL



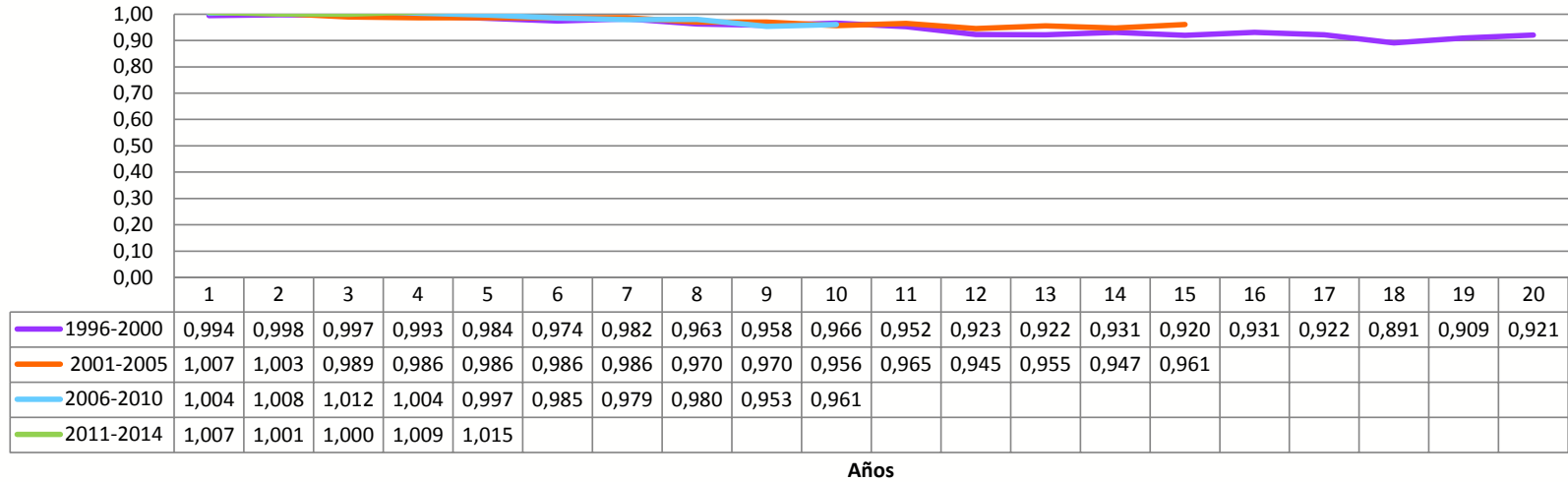
SUPERVIVENCIA OBSERVADA POR PERIODOS



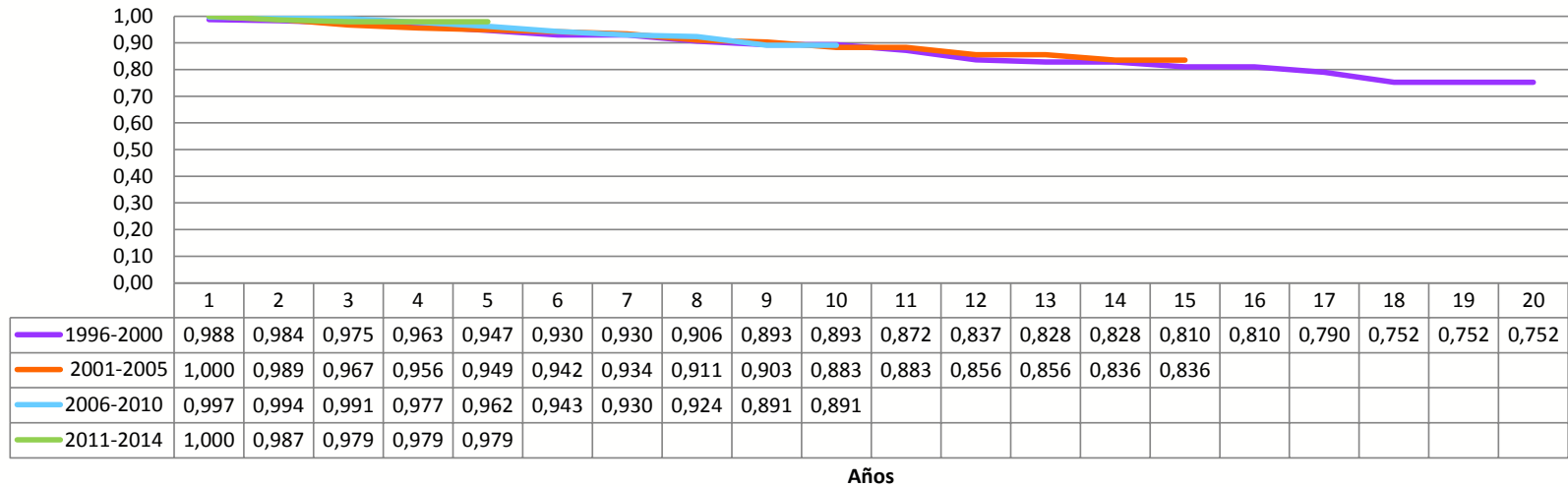
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1996-2000	0,958	0,922	0,880	0,850	0,819	0,790	0,764	0,741	0,715	0,702	0,681	0,645	0,635	0,626	0,609	0,598	0,580	0,561	0,543	0,516
2001-2005	0,975	0,939	0,899	0,873	0,848	0,824	0,801	0,779	0,763	0,746	0,739	0,715	0,709	0,677	0,677					
2006-2010	0,982	0,950	0,929	0,903	0,877	0,850	0,830	0,817	0,787	0,787										
2011-2014	0,989	0,968	0,953	0,940	0,940															

Años

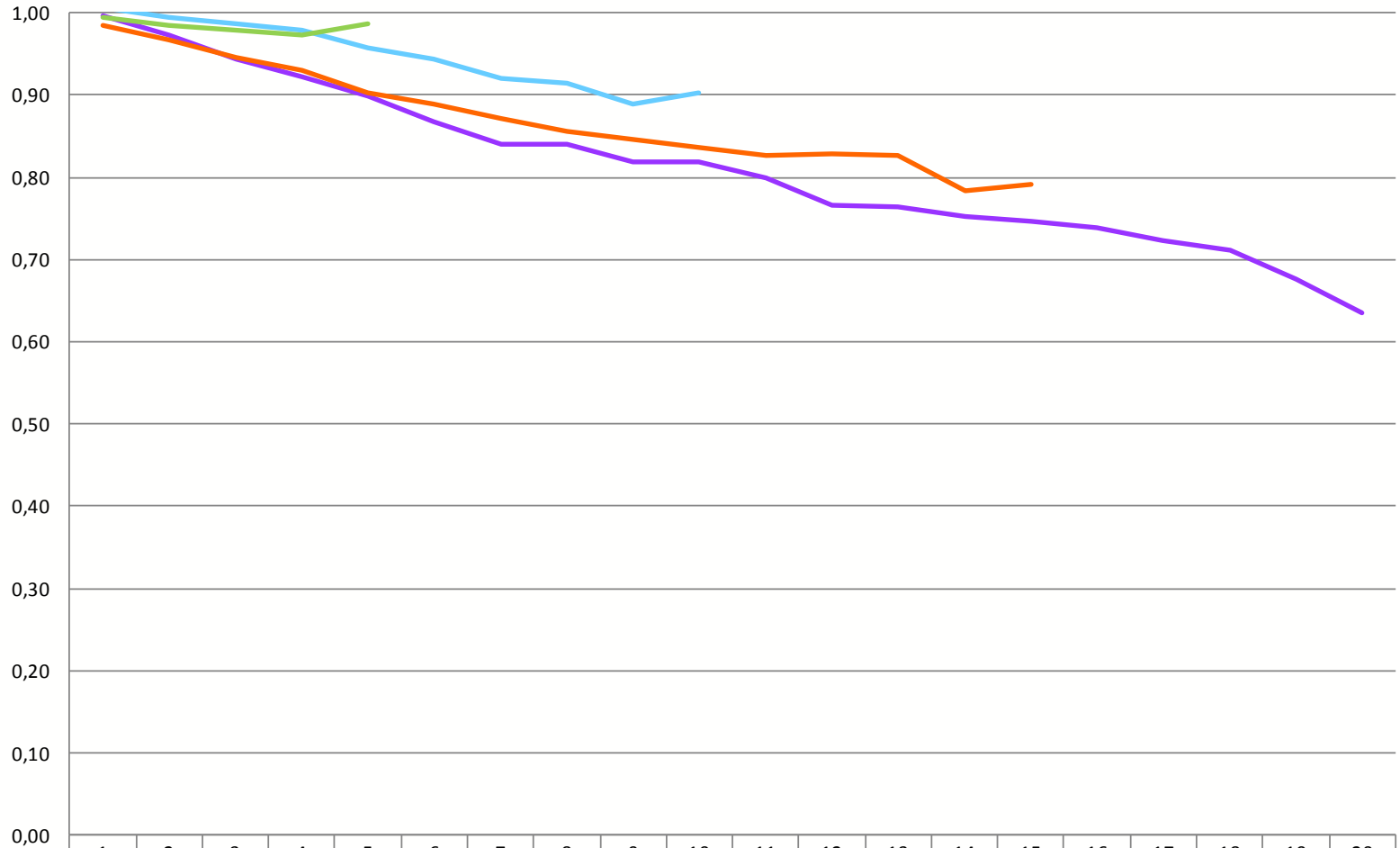
SUPERVIVENCIA RELATIVA POR PERIODOS ESTADIO I



SUPERVIVENCIA OBSERVADA POR PERIODOS ESTADIO I



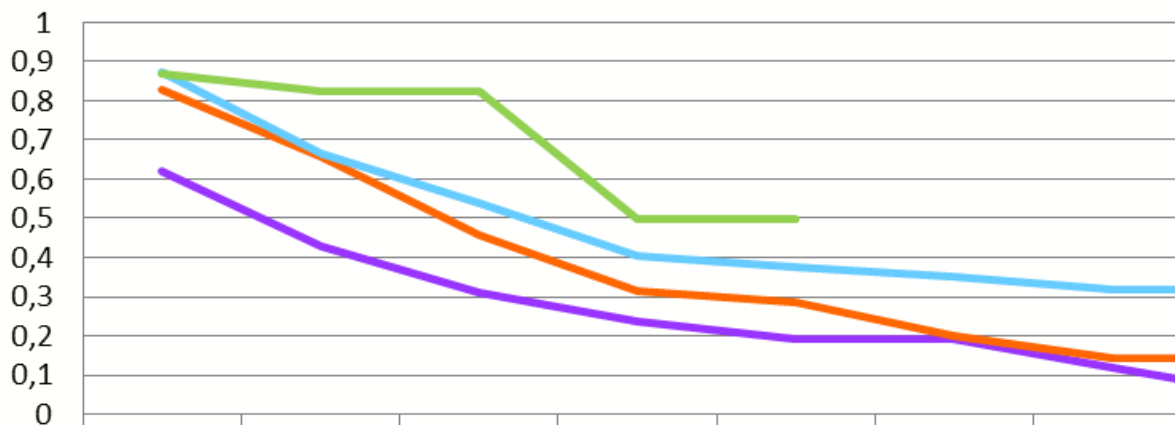
SUPERVIVENCIA RELATIVA POR PERIODOS ESTADIO II



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1996-2000	0,997	0,973	0,943	0,922	0,899	0,867	0,840	0,840	0,819	0,818	0,799	0,765	0,763	0,753	0,746	0,738	0,723	0,711	0,676	0,635
2001-2005	0,985	0,967	0,946	0,930	0,902	0,888	0,871	0,856	0,846	0,836	0,827	0,829	0,827	0,783	0,791					
2006-2010	1,006	0,994	0,987	0,979	0,958	0,944	0,920	0,915	0,888	0,903										
2011-2014	0,995	0,985	0,978	0,972	0,986															

Años

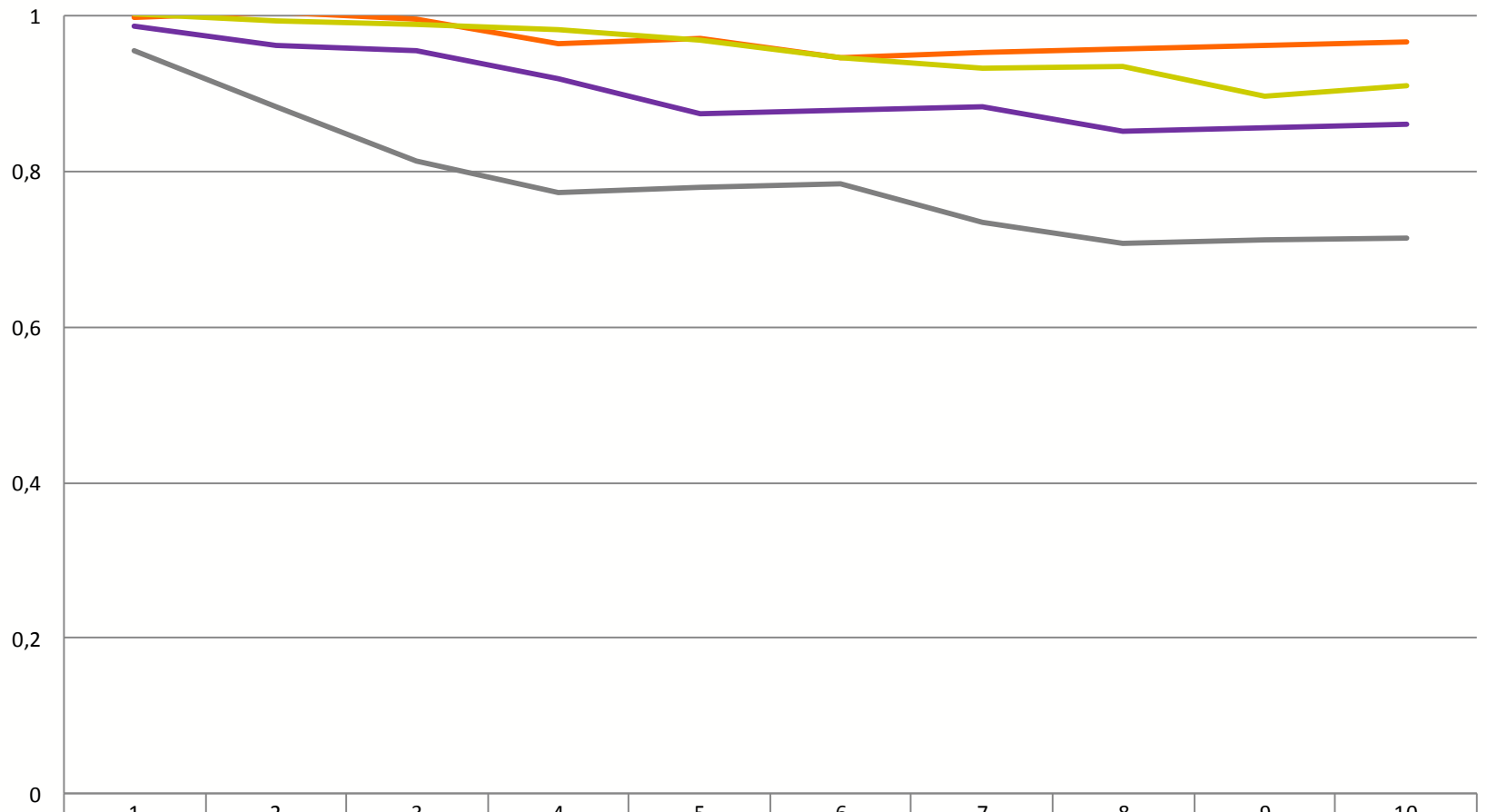
SUPERVIVENCIA OBSERVADA POR PERIODOS ESTADIO IV



	1	2	3	4	5	6	7
1996-2000	0,619	0,429	0,31	0,238	0,19	0,19	0,119
2001-2005	0,829	0,657	0,457	0,314	0,286	0,2	0,143
2006-2010	0,872	0,667	0,538	0,404	0,377	0,35	0,318
2011-2014	0,87	0,826	0,826	0,496	0,496		

Años

SUPERVIVENCIA RELATIVA PERIODO 2006-2014

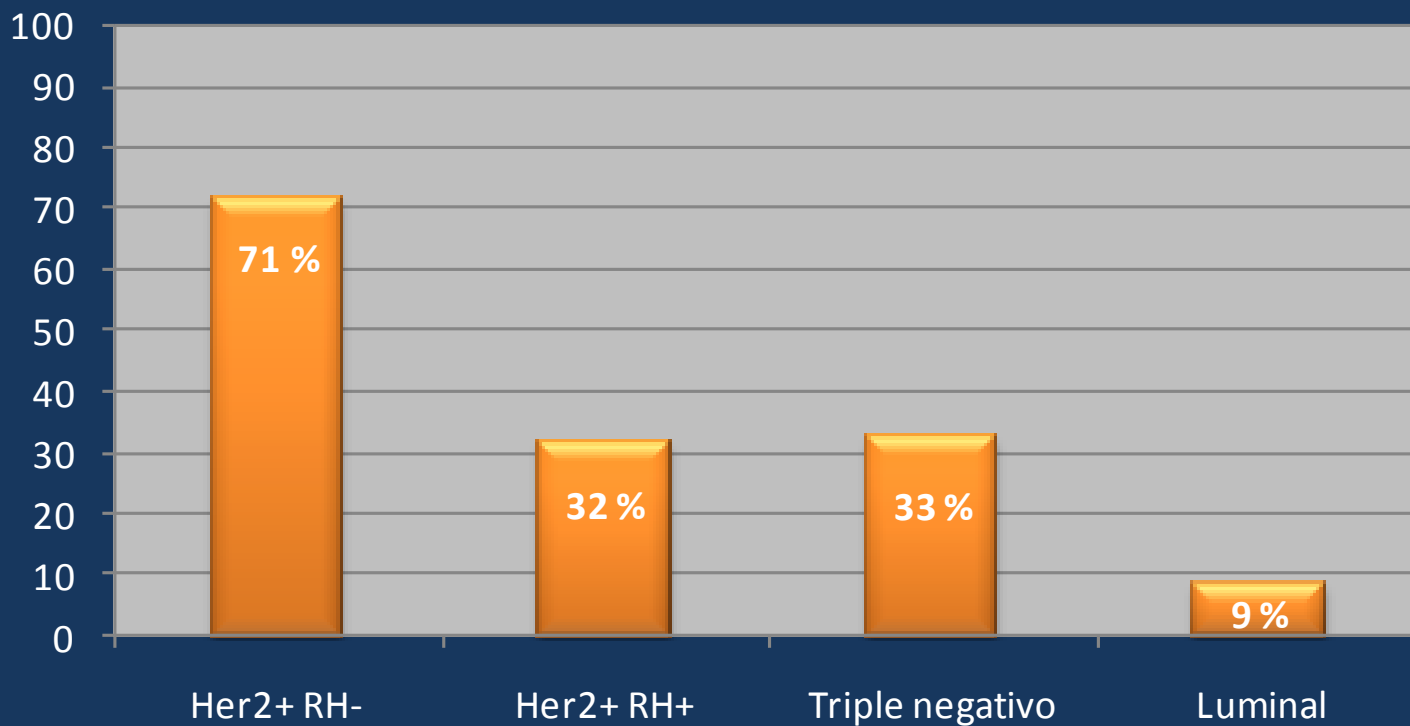


Años

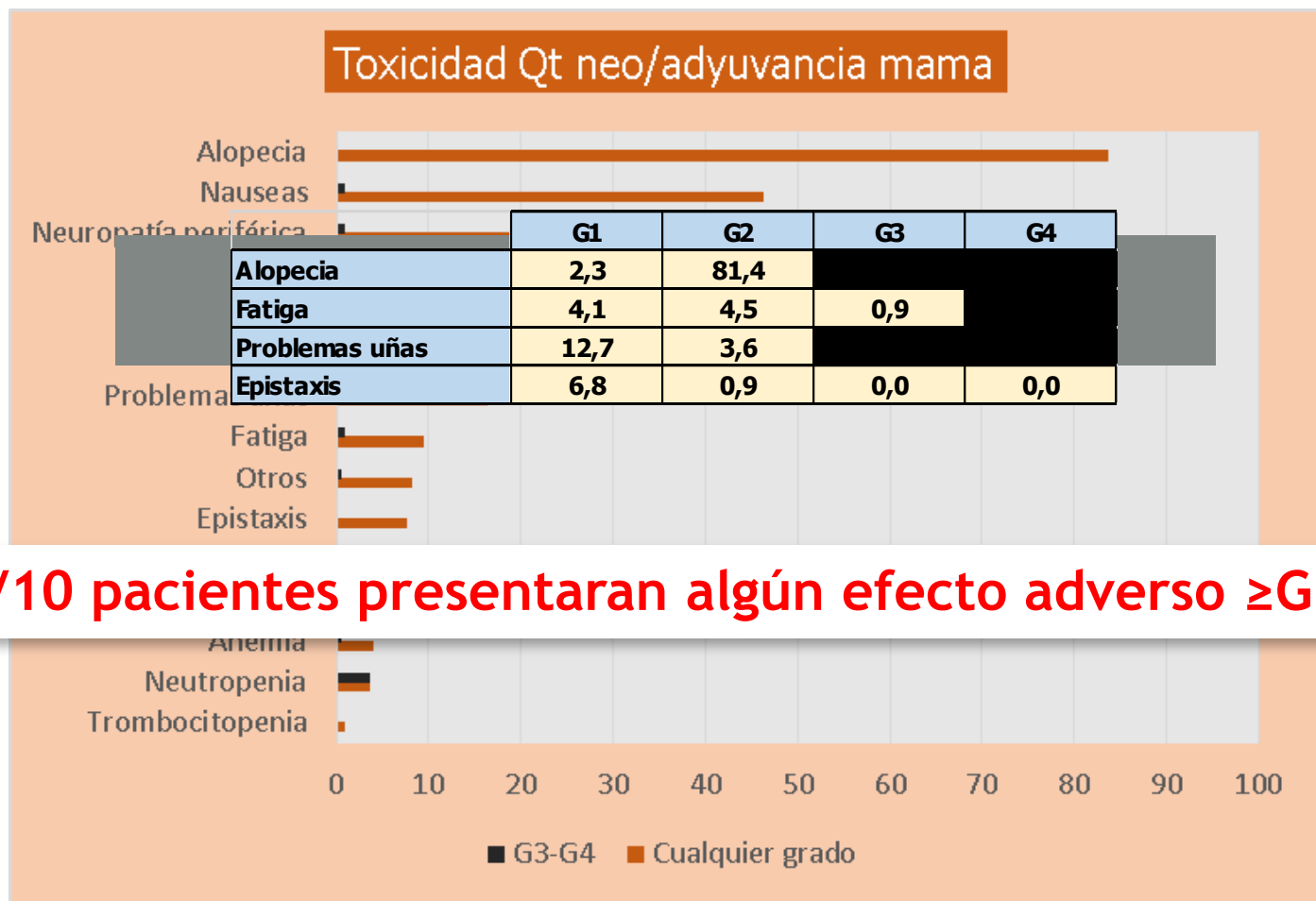
Her2+ RH-	0,986	0,962	0,956	0,919	0,874	0,879	0,884	0,852	0,857	0,861
Her2+ RH+	0,999	1	0,995	0,965	0,971	0,947	0,952	0,958	0,963	0,966
Luminal	1	0,994	0,99	0,983	0,969	0,946	0,932	0,934	0,896	0,909
Triple negativo	0,955	0,882	0,813	0,773	0,78	0,785	0,735	0,708	0,711	0,714

Quimioterapia neoadyuvante

% respuesta patologica completa por subtipos

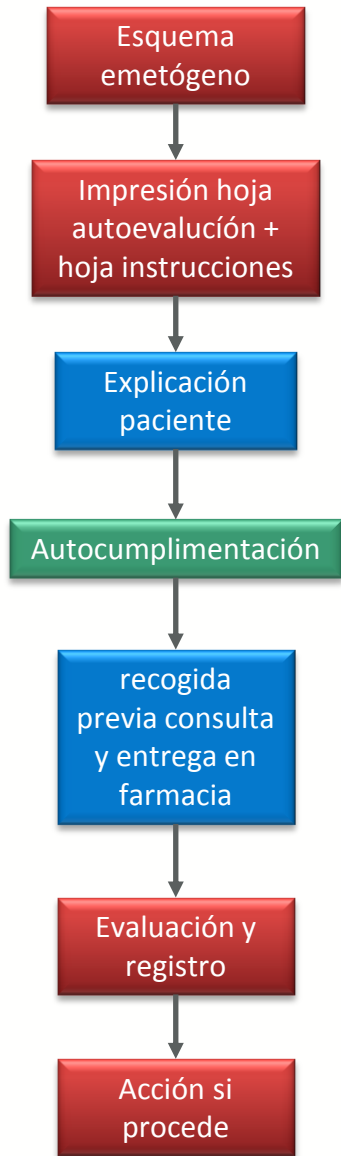


Toxicidad Qt neo/adyuvante MAMA (CTCAE v4)



1/10 pacientes presentaran algún efecto adverso \geq G3

Medida de la emesis



Cama (116054 - 117770)
 Esquema [533] ACx4 Ciclo: 1
 Fecha 25/02/2016

INSTRUCCIONES:

Estas hojas sirven para conocer con detalle si el tratamiento le ha producido náuseas o vómitos. De esta manera, podemos tomar más medidas preventivas. Marque los siguientes datos:

- Número de vómitos
- Número de náuseas
- Para saber cuántas líneas horizontales insoportables
- Finalmente, e indique si ha sentido náuseas o vómitos que no haya sido por el tratamiento.

Por favor, elija una opción:

No he tenido náuseas o vómitos

He tenido una o dos líneas horizontales insoportables

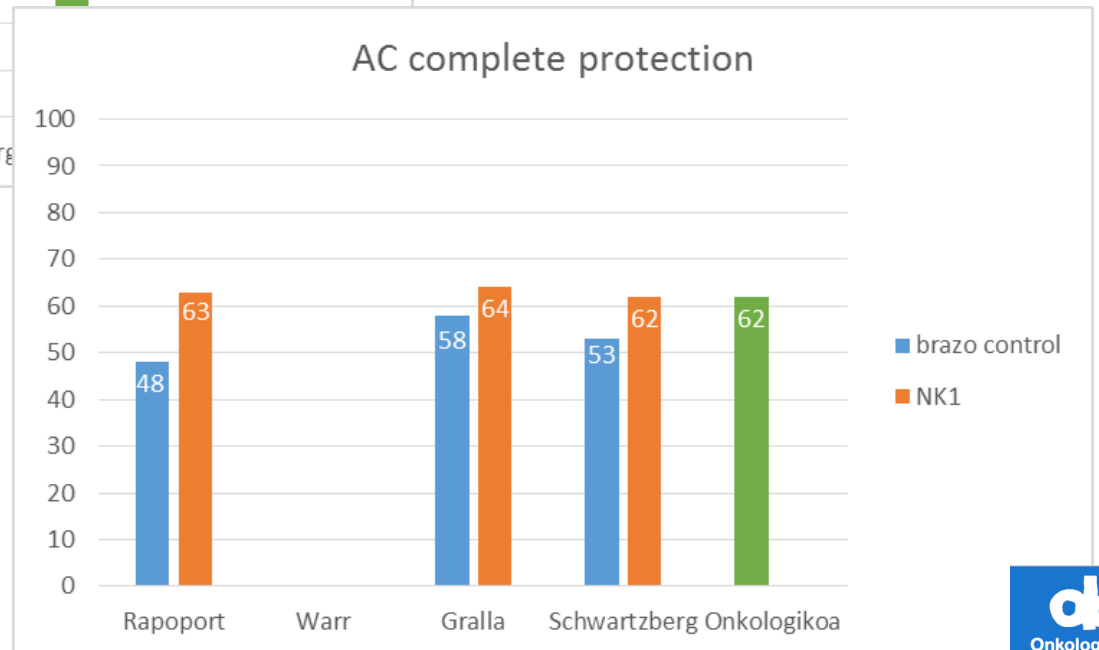
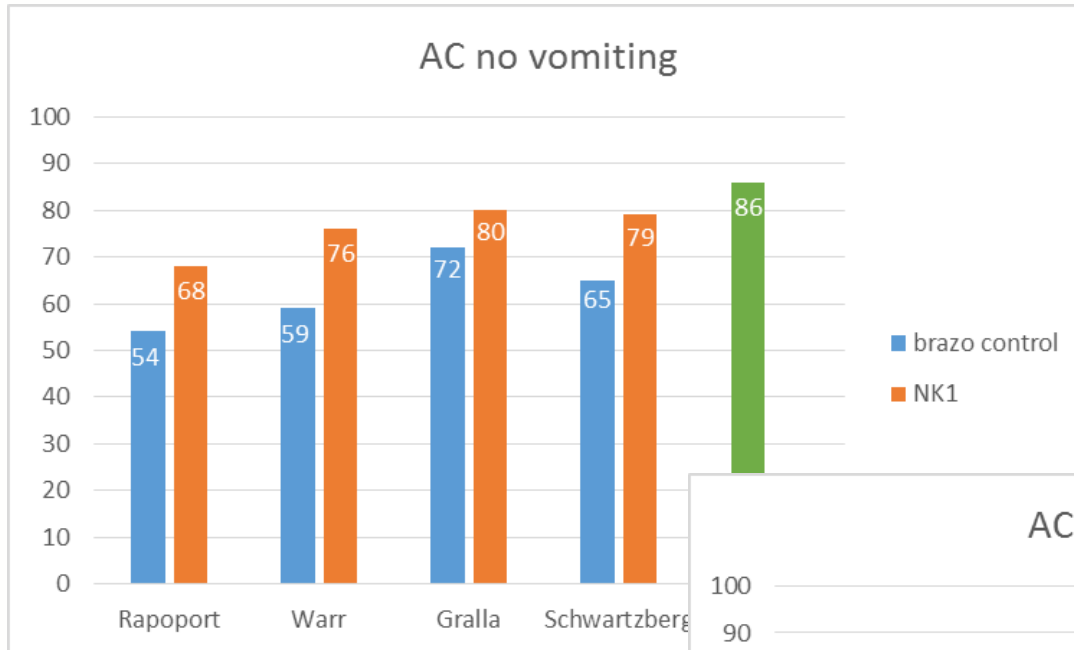
He tenido más de dos líneas horizontales insoportables

La sensación de náuseas o vómitos es muy fuerte

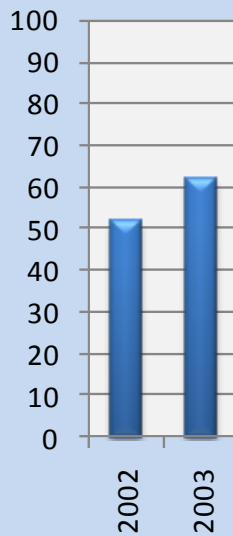
ESQUEMAS

Texto	Código
<input type="checkbox"/> ABVD (dosis quincenal)	13
<input type="checkbox"/> ACx4	533
<input type="checkbox"/> ACx4->H	566
<input type="checkbox"/> ACx4->P80x12	587
<input type="checkbox"/> ACx4->PH (metastásico)	539
<input type="checkbox"/> ACx4->PHx12->H (elección)	540
<input type="checkbox"/> ADIC	264
<input type="checkbox"/> Adriamicina IV	60
<input type="checkbox"/> BEP	19
<input type="checkbox"/> BEP (2 ciclos)	718
<input type="checkbox"/> BEP (3 ciclos)	204
<input type="checkbox"/> BEP (4 ciclos)	205
<input type="checkbox"/> BOMP 1º	296
<input type="checkbox"/> BOMP 3º	298
<input type="checkbox"/> BOMP 5º	299
<input type="checkbox"/> Bendamustina 120 mg/m2	520
<input type="checkbox"/> Bevacizumab+CPT11	446
<input type="checkbox"/> CAP	450
<input type="checkbox"/> CAP	676
<input type="checkbox"/> CAV	116
<input type="checkbox"/> CBDCA+VP16 pulmon	478
<input type="checkbox"/> CBDCA/5FU 4d ORL con infusor	440

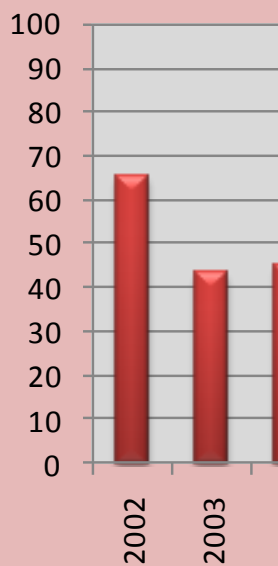
Medida de la emesis



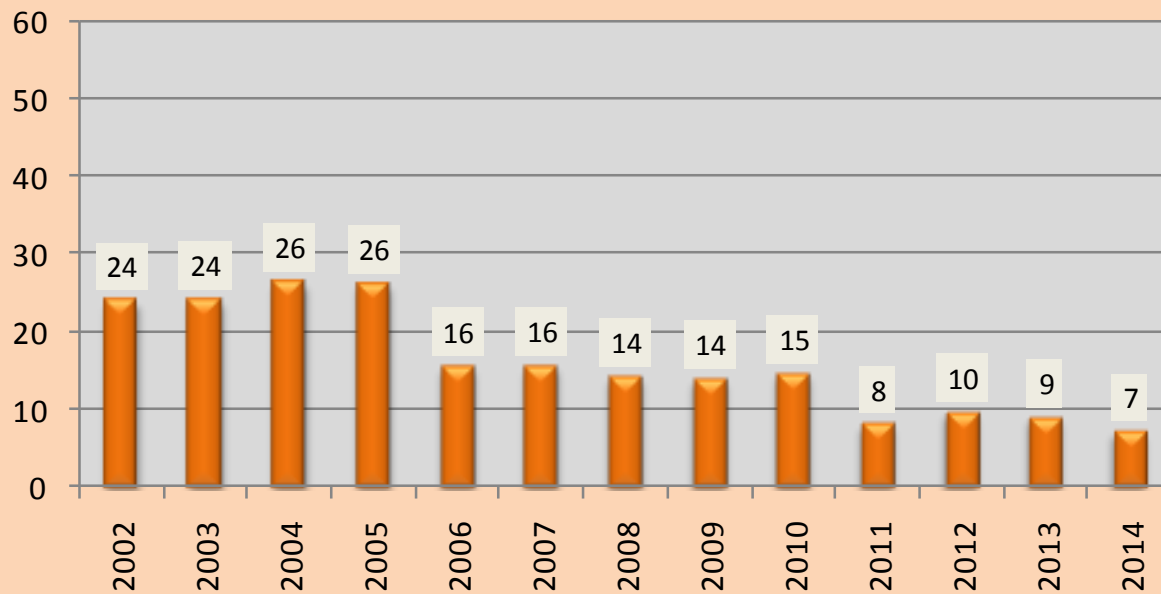
% conservación mama



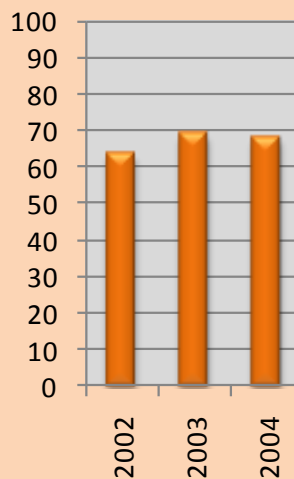
% vaciamiento axilar



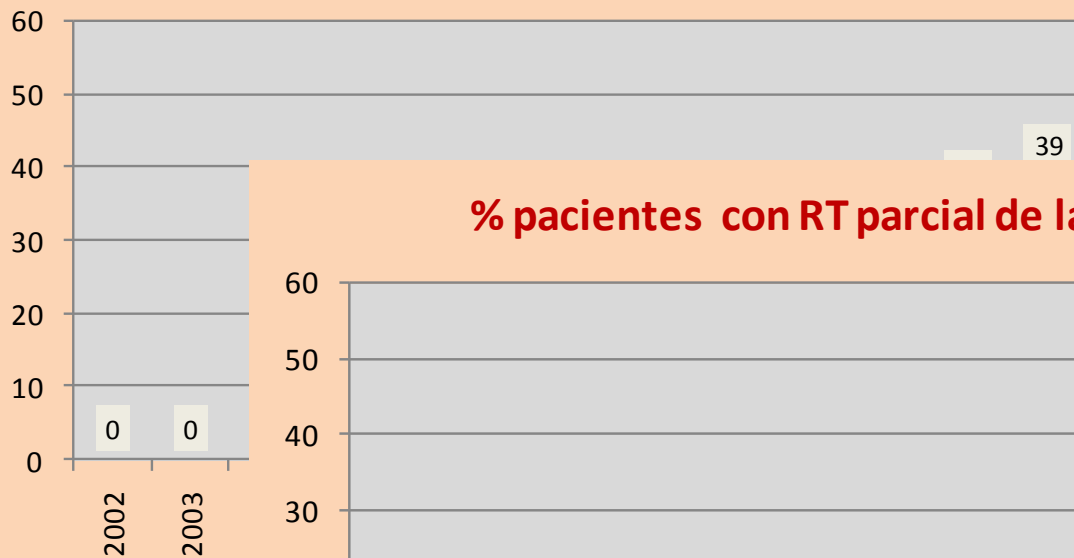
% pacientes > 1 cirugía



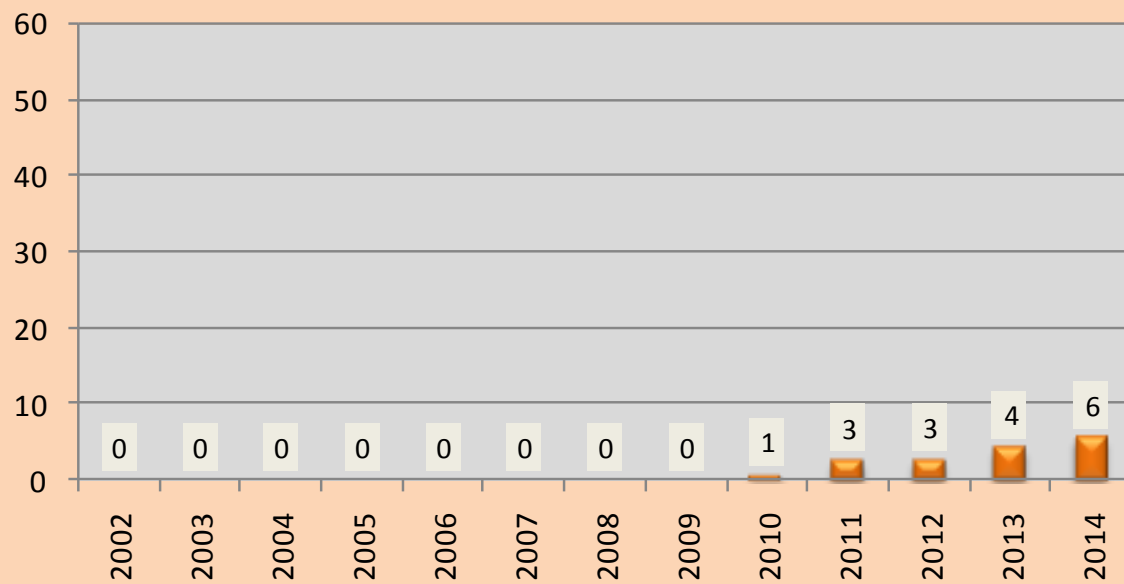
% pacientes con RT sólo en mama



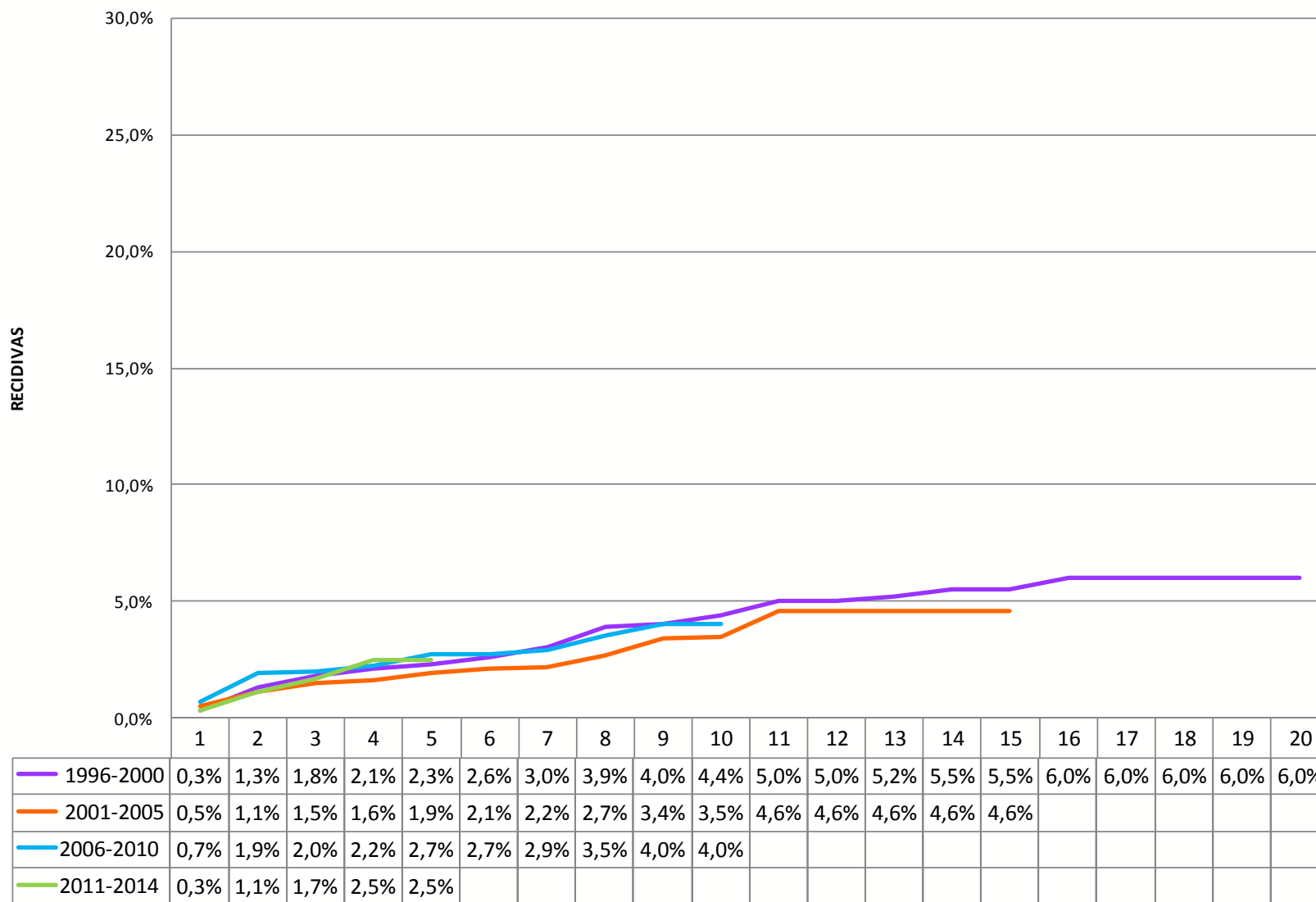
% pacientes con RT en hipofraccionamiento



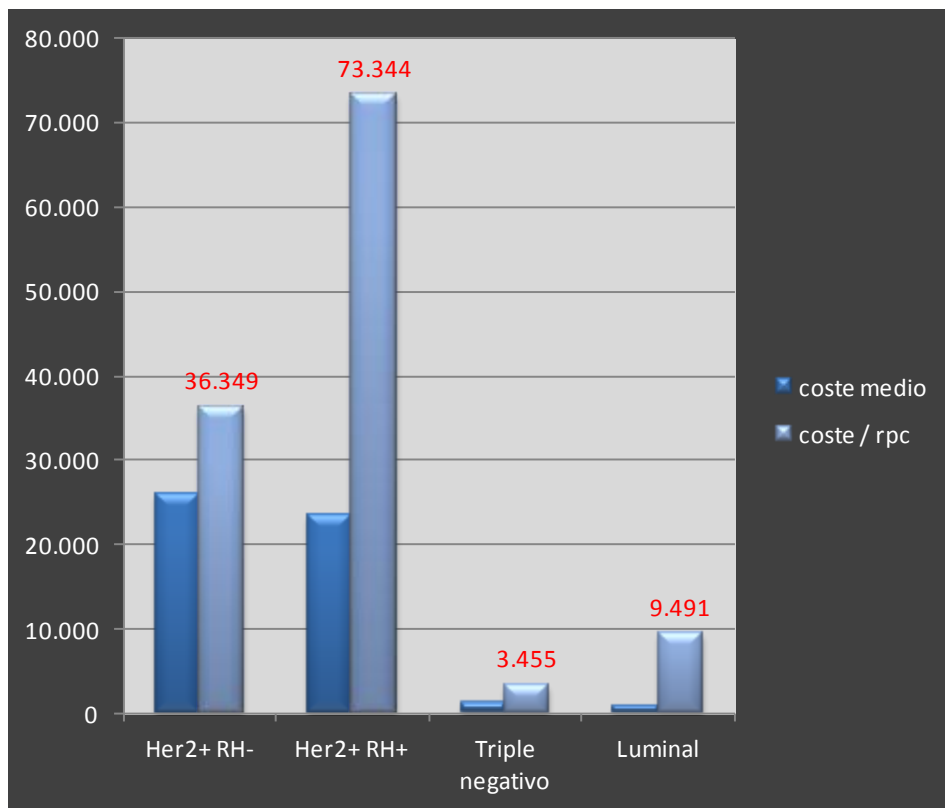
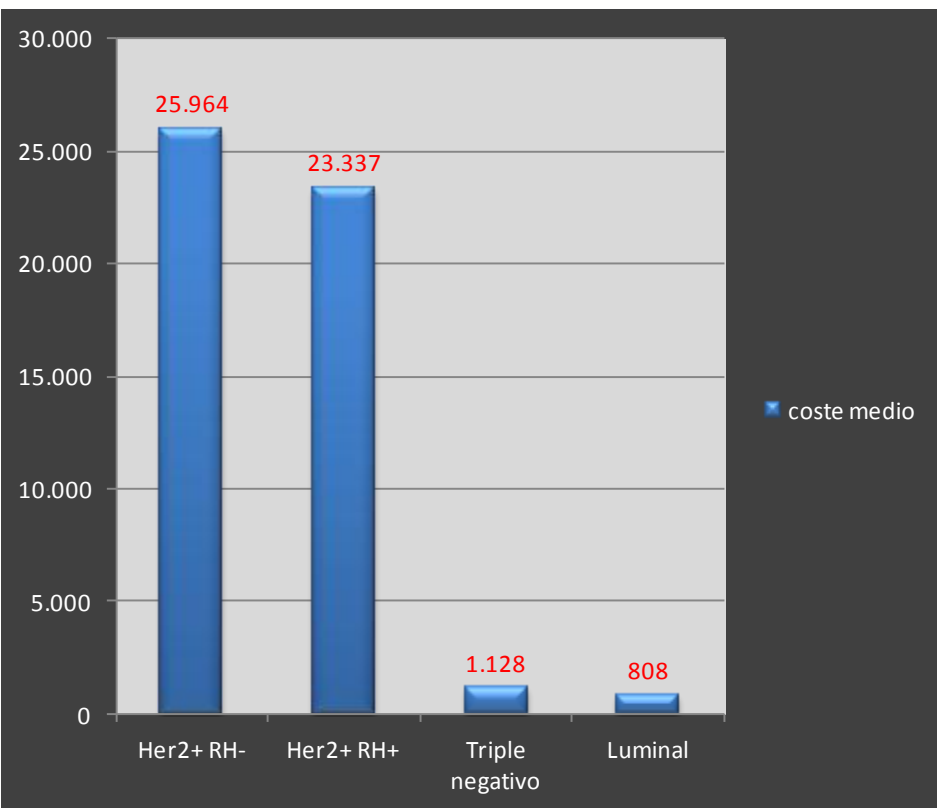
% pacientes con RT parcial de la mama



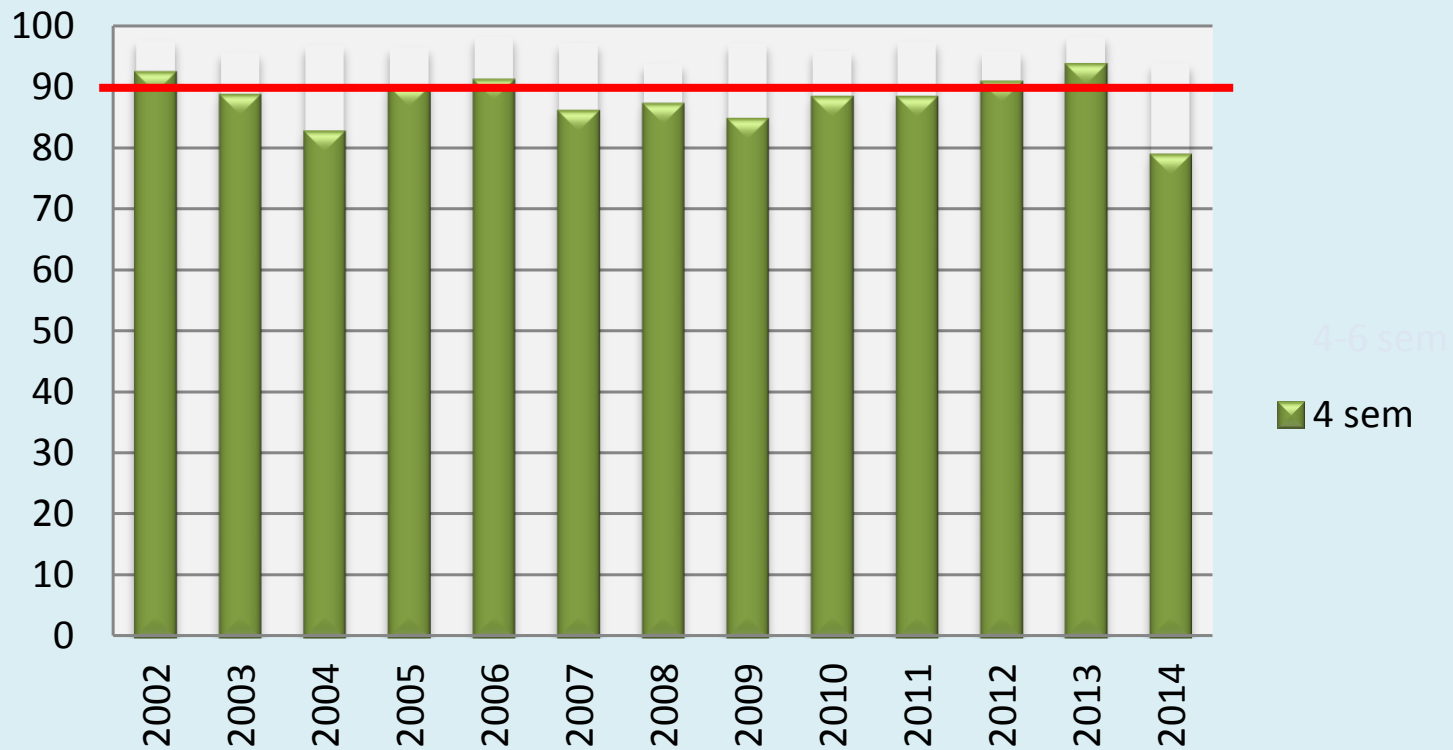
RECIDIVAS POR PERIODO



Coste quimioterapia en neoadyuvancia



Demora inicio tratamiento



Satisfacción con las diferentes dimensiones del servicio

Porcentajes	TOTAL			Onkologikoa "A"	Onkologikoa "B"						
						SATISFECHAS					
Organización	98	97	97	100	100	100	97	98	99	97	92
Trato	98	99	98	100	98	99	99	96	99	95	99
Profesionalidad	99	98	96	100	100	98	99	96	99	97	98
Información	97	96	97	100	99	99	97	94	96	90	89
Equip./Instalaciones	96	95	93	99	98	98	95	88	98	89	96
Euskera (euskaldunes)	71	*	80	82	76	52	*	*	*	67	66

Conclusiones

- 1. Medir resultados en oncología es indispensable para tratar bien a los pacientes. Supone un gran reto porque no es una tarea fácil.**
- 2. Los farmacéuticos debemos comprometernos. Es el camino del futuro para contribuir a una farmacoterapia efectiva, segura y eficiente.**



Muchas gracias
gcajaraville@onkologikoa.org