

# French Epidemiological Strategy and Medical Economics Metastatic Breast Cancer (ESME-MBC) Database

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Data source

Human

Cancer registry

## Administrative details

### Administrative details

**PURI**

<https://redirect.ema.europa.eu/resource/1000000452>

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**Data source ID**

1000000452

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**Data source acronym**

ESME MBC

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**Data holder**

[Unicancer](#)

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## Data source type

Cancer registry

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## Main financial support

Funding from public-private partnership

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## Care setting

Hospital inpatient care

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## Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

Yes

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## Description of the qualification

ISO certification for project management activities

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## Data source website

<https://www.unicancer.fr/en/programs/esme/>

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## Data source regions and languages

## Data source countries

France

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## Data source languages

English

French

## Data source establishment

### Data source established

23/01/2014

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### Data source time span

**First collection:** 23/01/2014

The date when data started to be collected or extracted.

## Publications

### Data source publications

[Paclitaxel plus bevacizumab or paclitaxel as first-line treatment for HER2-negative metastatic breast cancer in a multicenter national observational study](#) Delaloge S, Perol D, Courtinard C, Brain E, Asselain B, Bachelot T, Debled M, Dieras V, Campone M, Levy C, Jacot W, Lorgis V, Veyret C, Dalenc F, Ferrero JM, Uwer L, Kerbrat P, Goncalves A, Mouret-Reynier MA, Petit T, Jouannaud C, Vanlemmens L, Chenuc G, Guesmia T, Robain M, Cailliot C. *Ann Oncol*. 2016 Sep;27(9):1725-32

[Routinely collected data may usefully supplement Randomised controlled data on treatment effects for mortality](#) Pérol D, Robain M, Delaloge S, Cailliot C. *BMJ*. 2016 Dec 16;355:i6745

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The ongoing French metastatic breast cancer (MBC) cohort: the example-based methodology of the Epidemiological Strategy and Medical Economics (ESME) Perol D, Robain M, Arveux P, Mathoulin-Pelissier S, Chamorey E,

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Progression free survival on endocrine therapy, before or after chemotherapy, in hormone receptor-positive HER2-negative metastatic breast cancer Corbaux P, Lardy-Cleaud A, Alexandre M, Fontanilles M, Lévy C, Viansone A, Mailiez A, Debled M, Goncalves A, Le Du F, Lerebours F, Ferrero JM, Eymard JC, Mouret-Reynier MA, Petit T, Frenel JS, Dalenc F, Courtinard C, Chaix M, Bachelot T *Breast Cancer Res Treat* 2021 Oct.

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Dalenc F, Jacot W, Arnedos M, Bailleux C, Dieras V, Petit T, Emile G, Dubray-Longeras P, Frenel JS, Bachelot T, Mailliez A, Brain E, Desmoulins I, Massard V, Patsouris A, Goncalves A, Grinda T, Delaloge S, Bellera C. *Eur J Cancer*. 2023 Nov;196

Incidence and outcome of brain and/or leptomeningeal metastases in HER2-low metastatic breast cancer in the French ESME cohort. Epailard N, Lusque A, Jacot W, Mailliez A, Bachelot T, Arnedos M, Dieras V, Brain E, Ferrero JM, Massard V, Desmoulins I, Mouret-Reynier MA, Levy C, Goncalves A, Leheurteur M, Petit T, Filleron T, Bosquet L, Pistilli B, Frenel JS. *ESMO Open*. 2024

Real-world effectiveness of post-trastuzumab emtansine treatment for human epidermal growth factor receptor 2-positive metastatic breast cancer: a multicenter, multicohort analysis from the Epidermology Strategy and Medical Economics database (2008-2018) Courtinard C, Barbet V, Schiappa R, Pilleul F, Michiels S, Dabakuyo S, Gourgou S, Jaffre A, Asselain B, Bosquet L, Dunton K, Rosenlund M, Liang Z, Cathcart J, Delaloge S. *Real-World Data and Digital Oncology*. 2024

Assessing the real-world effectiveness of 8 major metastatic breast cancer drugs using target trial emulation Antoine A, Pérol D, Robain M, Bachelot T, Choquet R, Jacot W, Yahia BBH, Grinda T, Delaloge S, Lasset C, Drouet Y. *Eur J Cancer*. 2024

## Data elements collected

The data source contains the following information

### **Disease information**

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

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### **Disease details**

Breast cancer metastatic

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### **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

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### **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

No

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### **Hospital admission and/or discharge**

No

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### **ICU admission**

Is information on intensive care unit admission available?

No

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### **Cause of death**

Captured

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### **Prescriptions of medicines**

Captured

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## **Prescriptions vocabulary**

other

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## **Prescriptions vocabulary, other**

international nonproprietary name (INN) for anti-cancer drugs only

---

## **Dispensing of medicines**

Captured

---

## **Dispensing vocabulary**

other

---

## **Dispensing vocabulary, other**

international non proprietary name (INN) for anti-cancer drugs only

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## **Advanced therapy medicinal products (ATMP)**

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

Yes

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## **Contraception**

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

No

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## **Indication for use**

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Not Captured

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## **Medical devices**

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

No

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### **Administration of vaccines**

No

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### **Procedures**

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

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### **Procedures vocabulary**

Not coded (Free text)

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### **Healthcare provider**

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available?  
The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

No

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### **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

Yes

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### **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

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### **Biomarker data**

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the

patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Captured

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### **Biomarker data vocabulary**

Other

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### **Biomarker vocabulary, other**

Gene alteration (BRCA, PALB2, RAD51, PTEN, MSH6, MSH2, TP53, MLH1, CDH1, PMS2, EPCAM...) collected as pre-listed variables and HER2/RH status collected.

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### **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

No

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### **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

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### **Units of healthcare utilisation**

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

No

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### **Unique identifier for persons**

Are patients uniquely identified in the data source?

Yes

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### **Diagnostic codes**

Not Captured

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## **Medicinal product information**

Captured

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## **Medicinal product information collected**

Active ingredient(s)

Brand name

Route of administration

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## **Medicinal product vocabulary**

Other

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## **If 'other,' what vocabulary is used?**

international nonproprietary name (INN)

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## **Quality of life measurements**

Not Captured

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## **Lifestyle factors**

Not Captured

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## **Sociodemographic information**

Captured

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## **Sociodemographic information collected**

Age

Gender

Other

Sex

---

## **Sociodemographic information other**

Menopausal status, weight

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Quantitative descriptors

## **Population age groups**

Adult and elderly population ( $\geq 18$  years)

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## **Estimated percentage of the population covered by the data source in the catchment area**

38 000 patients included in the 2025 ESME-MBC database.

This database compiles data from existing data available from patient's electronic medical records (EMR) at 20 participating hospitals (French comprehensive cancer centers).

---

## **Description of the population covered by the data source in the catchment area whose data are not collected (e.g., people who are registered only for private care)**

Comprehensive inclusion of all patients treated for metastatic breast cancer in the 20 participating hospitals.

# Population

## **Population size**

38000

## Data flows and management

## Access and validation

## **Governance details**

Documents or webpages that describe the overall governance of the data source and processes and procedures for data capture and management, data

quality check and validation results (governing data access or utilisation for research purposes).

## ESME program\_governance\_2025.pdf

English (79.65 KB - PDF)

[View document](#)

### Biospecimen access

Are biospecimens available in the data source (e.g., tissue samples)?

No

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### Access to subject details

Can individual patients/practitioners/practices included in the data source be contacted?

No

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### Description of data collection

The database includes data related to patient demographics, tumor characteristics (age, primary diagnosis, histology, relapses, ECOG score, etc., treatments (dates, INN, route of administration, treatment protocols, reason for termination, etc.), and clinical events.

Data is collected at each participating site by technicians who are specifically trained for the project using an electronic data collection (eDC) tool.

Data imported into the final database are controlled, recoded, and harmonized before import according to the data management plan. All coding procedures are predefined by the data manager. There is no transmission of individual data; all data is centralized within each hospital using a shared anonymous format. All data is exclusively obtained retrospectively; no attempts are made to recover non available data from the patient's medical record by contacting healthcare providers or patients.

ESME MBC Database aims to be a clinical and therapeutic database centralizing existing and available data from different sources in French comprehensive cancer centers.

Data does not contain any personal data on patients. In compliance with the authorization delivered by the French Data Protection agency to Unicancer, only aggregated statistical reports and publication are released outside Unicancer.

## Event triggering registration

### **Event triggering registration of a person in the data source**

Other

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### **Event triggering registration of a person in the data source, other**

Breast cancer with first metastasis occurrence

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### **Event triggering de-registration of a person in the data source**

Other

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### **Event triggering de-registration of a person in the data source, other**

patient opposition to data use

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### **Event triggering creation of a record in the data source**

patient demographics, tumor characteristics (diagnosis, histology, relapses, metastatic disease, etc.), treatments (dates, INN, route of administration, treatment protocols, reason for termination, etc.), and clinical events.

## Data source linkage

## **Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

Yes

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## **Linkage description, pre-linked**

SNDS : Système National des données de santé (France) / will be available from second semester 2025.

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## **Linkage description, possible linkage**

probabilistic linkage

# Data management specifications that apply for the data source

## **Data source refresh**

Yearly

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## **Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

No

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## **Data source preservation**

Are records preserved in the data source indefinitely?

No

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## **Data source preservation length (years)**

20 years

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## **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

Yes

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## **Data source last refresh**

21/02/2025

# Common Data Model (CDM) mapping

## **CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

No