Health services overuse has been acknowledged as a relevant policy issue. In this study we assessed the informative value of research on quality of cancer care, exploring to what extent it is actually concerned with this issue and providing policy makers with sound estimates of overuse prevalence. We searched Medline for studies European studies, providing information on the rate of use of diagnostic or therapeutic interventions, procedures, in breast, colorectal, lung, and prostate cancer patients, and published in English between 2006 – 2016. Individual studies were classified according to their orientation towards overuse, using the type of measures adopted in assessing processes of care.

Out of 1882 papers identified, 100 accounting for 94 studies met our eligibility criteria, most of them on breast (n=37) and colorectal (n=26) cancer. Forty-six studies (49%) relied on process indicators allowing a direct measure of under or overuse, the latter being addressed in 22 studies (24%). Orientation towards overuse did not increase over time, being overuse measured in 24% of the studies published before 2010, and only in 13% of those published in 2015-2016. Information on prevalence of overuse was available only for a relatively limited number of procedures/interventions. Overall, estimates of overuse tended to be higher for diagnostic procedures (median prevalence across all studies : 24%) than for drugs, surgical procedures, or radiotherapy (median overuse prevalence always lower 10%).

Despite its increasing policy relevance, overuse is still an often overlooked issue in current European research on quality of care for cancer patients.