



UniversityHospital Heidelberg

Management of a „virtual“ breast disease centre

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using the example of the cooperation of
breast diagnostics, pathology and surgery

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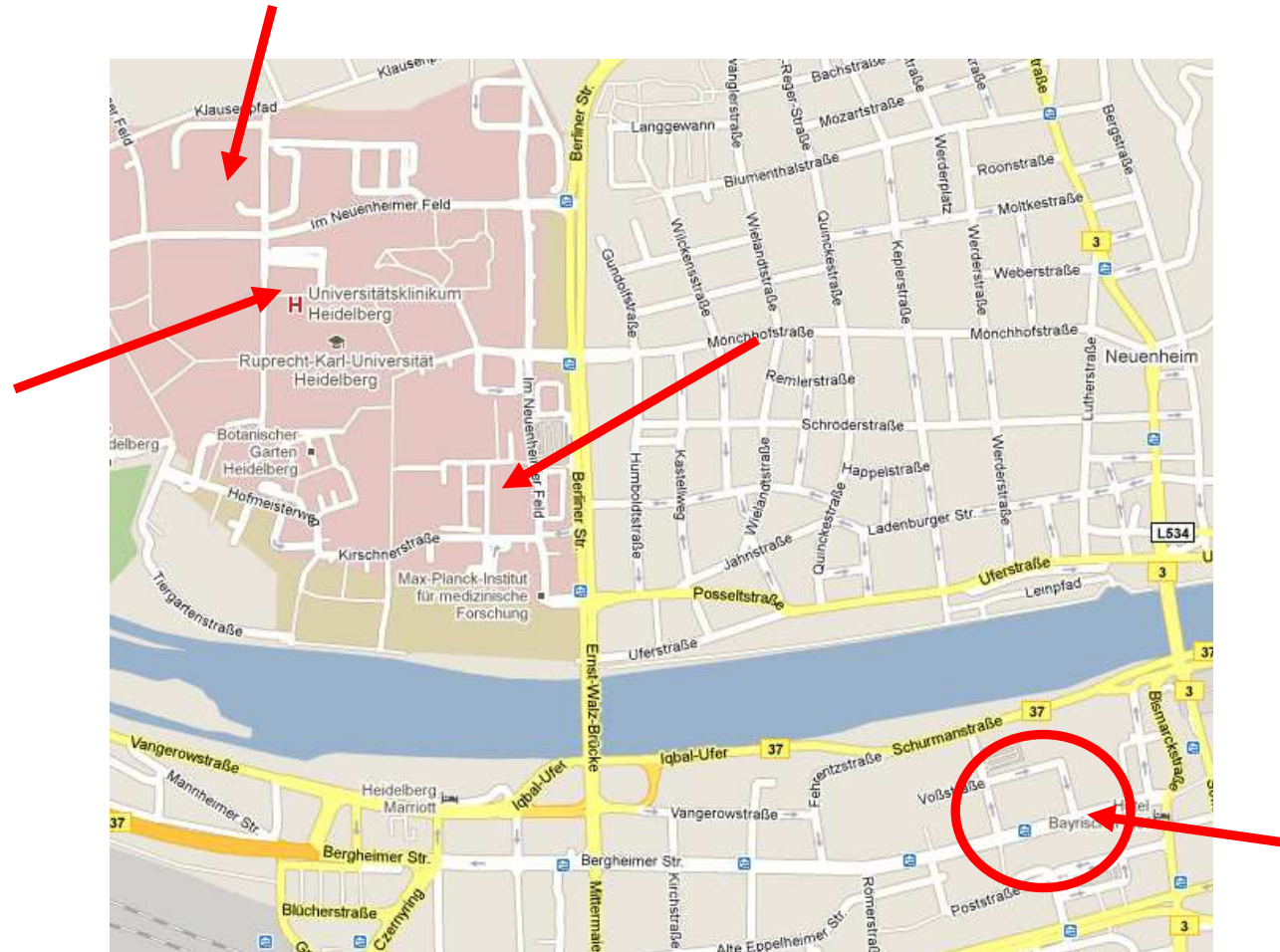


Agenda

1. Presentation of the structure of our Heidelberg Breast Unit
2. Discussion of main challenges in centre management with respect to multi-/interdisciplinarity
3. Presentation of the peri-operative procedures at the Heidelberg Breast Unit as a model of multi/interdisciplinary management



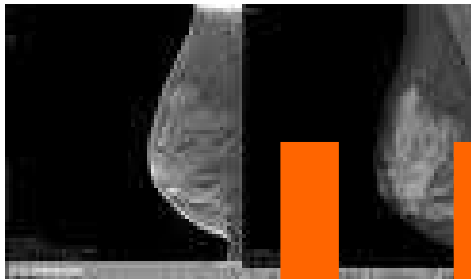
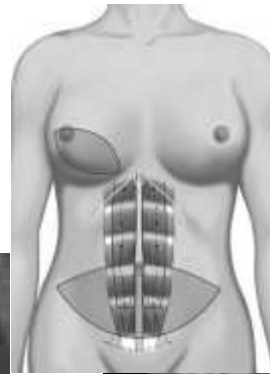
Heidelberg Breast Unit





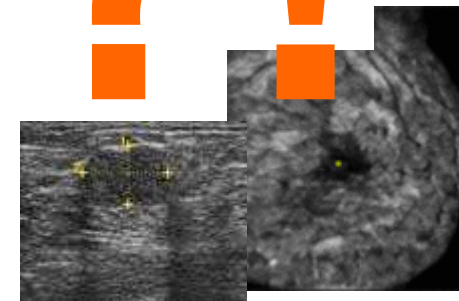
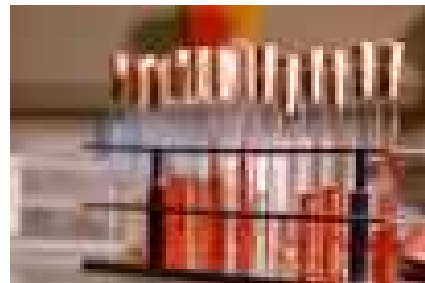
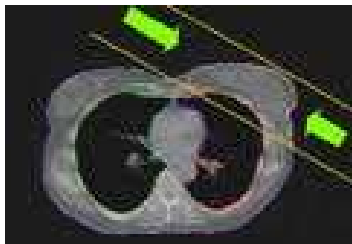
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Unit

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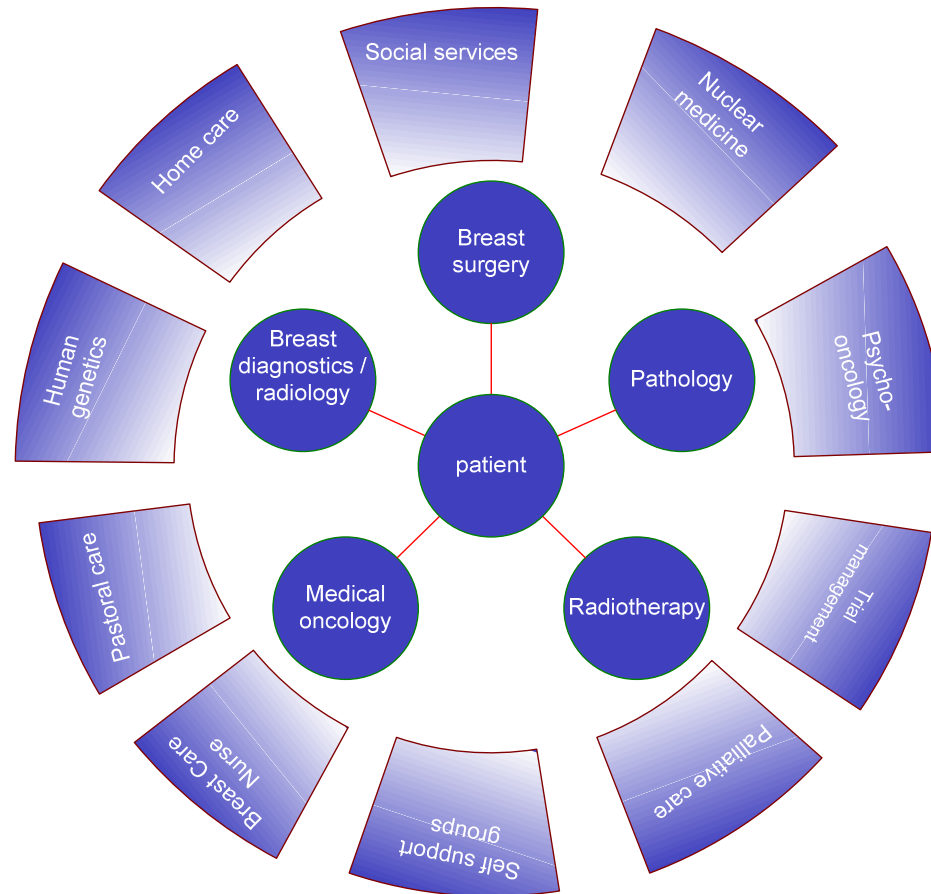


„virtual“ breast unit consists of...

- Departement of gynecology / department of radiology: breast diagnostics
- Department of gynecology / department of plastic surgery: breast surgery
- Departement of gynecology / national centre of tumor diseases: systemic therapies
- Departement of pathology: breast pathology
- Departement of radiotherapy: breast radiotherapy
- Departement of nuclear medicine
- Department of psychooncology
- Departement of...
- ...
- ...
- ...



„virtual“ breast unit





Aims of a academic breast unit

- Quality in diagnosis and therapy of breast cancer patients - „one-stop shopping“ for the patient
- Breast Cancer research
- Training the new generations of breast cancer specialists
- „Economic success“ – the hospital as a business company



Cooperating disciplines

Interdisciplinarity
or/and
multidisciplinarity?



Challenges

- Different entries of patients
- Different administration of patients in different department
- Different documentation of medical issues in different departments
- Many different interfaces
- Different team, different team leaders
- Different priorities
- ...
- ..
- .



Management instruments

- multidisciplinary tumorboards
 - quality conferences
 - team meetings within the core team
- Defining goals that go beyond goals of single institutions/departments belonging to the breast unit (interdisciplinary goals)

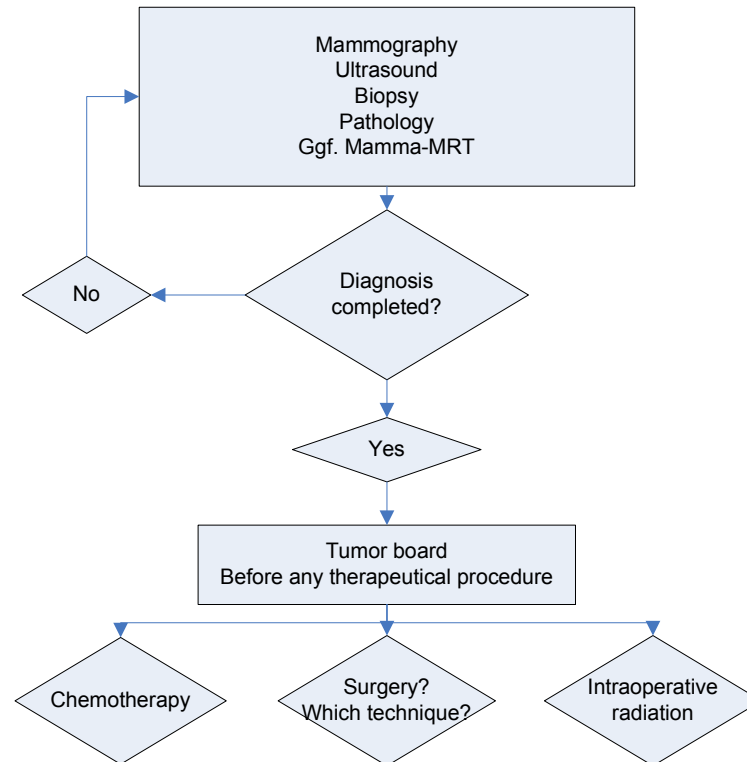


The tumor board

- Multidisciplinary team meeting to assure the „medical quality“ (individual recommendation of therapeutical strategies and partly controlling the effects of those) of breast cancer treatment
 - Preoperatively
 - Postoperatively



Tumor board before any therapy



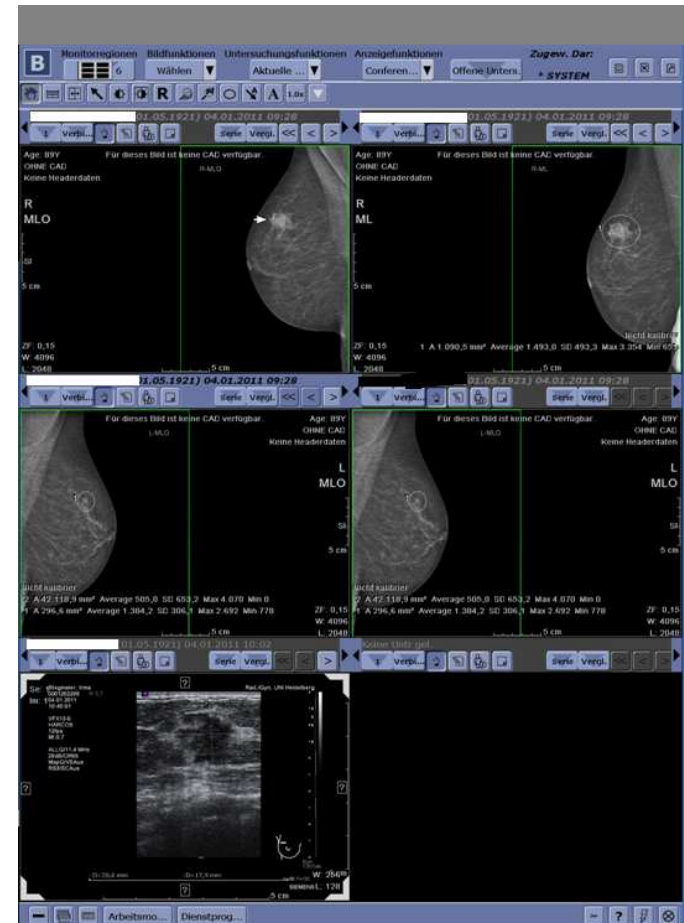


Multidisciplinary approach before therapy

- When neoadjuvant chemotherapy?
- What kind of operation? What kind of guidance (bracketing?) What incision method? Primary reconstruction? IORT boost?



Pre-operative decision making





Pathological–radiological–surgical correlation after the surgery

Example:

2008: pT1c EIC R1 (lateral) → re-excision
lateral → no DCIS in specimen → R0

2010: ?

→ „local recurrence“ rpT1a, EIC



Challenges ...

- **Diagnostics and surgery:**
 - Transfer of imaging into intraoperative findings
 - Radiography of the specimen: communication on definition of margins
- **Diagnostics, surgery & pathology**
 - If involved margins: where? Transfer of these findings into the surgical site? Re-Excision? Secondary mastectomy?



Possible general strategy

- Surgeon with experience in diagnostics, radiologist with experience in surgery, Pathologist with experience in surgery, etc.
- Intensive cooperation and communication between surgeon, radiologist and pathologist



Conclusion and vision

- Breast disease centres are highly reasonable for the patient as well as all specialists
- Live interdisciplinarity and multidisciplinarity whatever is more effective in daily practise.
- Leading multi/interdisciplinary teams is challenging and requires new attitudes and techniques.