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Integration of Screening units into Therapeutic units? Pros and Cons

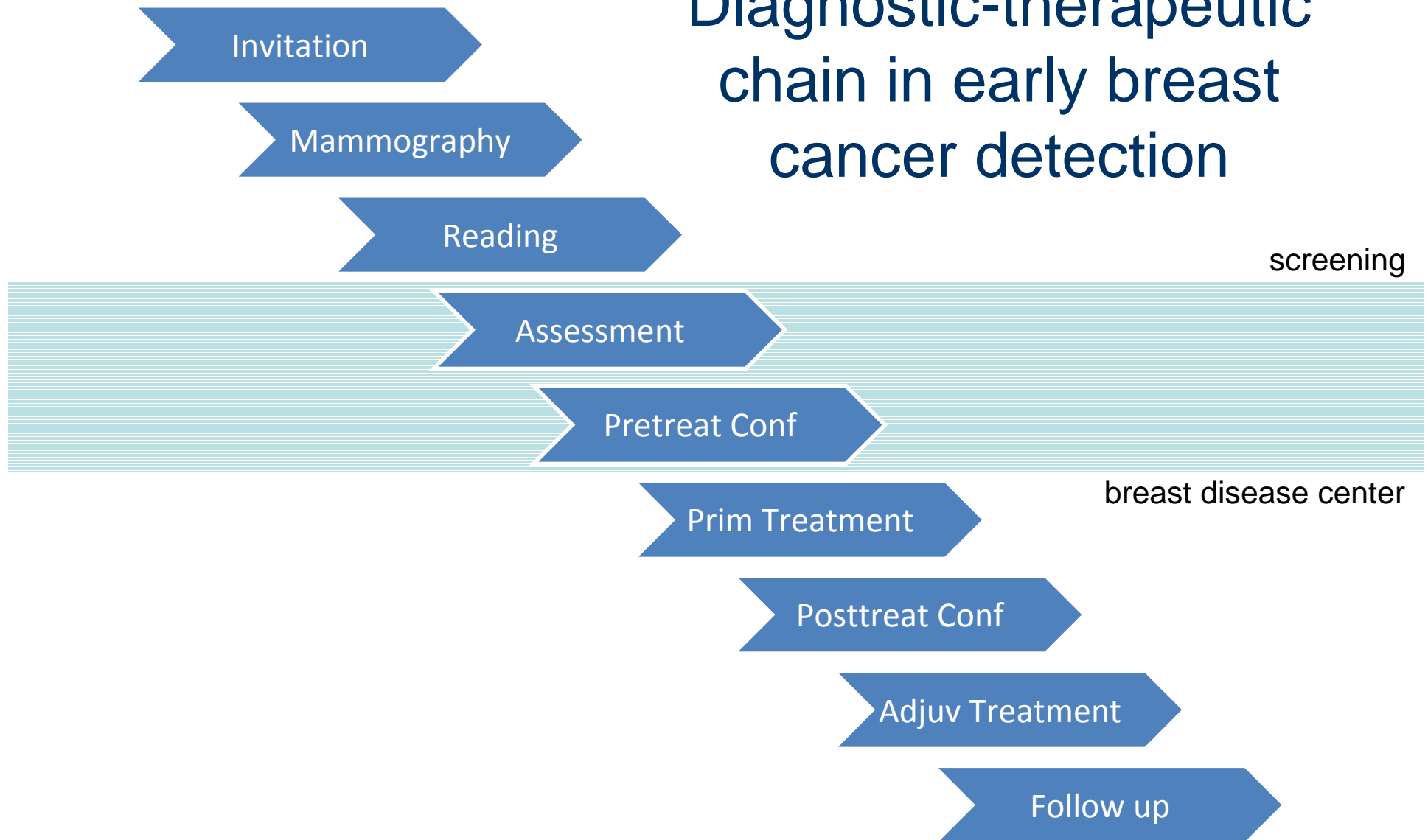
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Diagnostic-therapeutic chain in early breast cancer detection





Organizational Demands

- minimize loss of information
- maximize feed back on results
- build up and use longterm expertise in interdisciplinary teams
- integrate as many breast disease experts as possible

Integration of Screening Units into Therapeutic Units?

Pros

- screening expertise also improves diagnostic performance in symptomatic disease (e.g. sonography of tiny lesions)
- assessment expertise for screening and symptomatic cases is similar and the build up of parallel expertise can be avoided
- communication between experts of interdisciplinary team is easy to organize
- informal interdisciplinary communication is always possible (if all team members are permanently situated at breast disease center)

Integration of Screening Units into Therapeutic Units?

Pros

- quality assurance is easy to organize regarding all steps of diagnostic and treatment chain
- feed back of results of treatment is available to screeners
- screening diagnostic expertise is also available for perioperative management (e.g. guide wires, specimen imaging)

Integration of screening units into therapeutic units?

Cons

- screening addresses a different segment of the population (healthy women vs. sick women)
- diagnostic expertise for screening and symptomatic disease differs
- breast disease centers may be largely run by physicians in training without long standing expertise, which is needed for screening

Integration of screening units into therapeutic units?

Cons

- health care system might be organized separately for ambulatory and hospital care
- degree of centralization in participating disciplines may differ (e.g. ~40 breast disease centers, only 10 screening units in state of BaWü, one pathologist usually serves several breast centers)

Integration of screening units into therapeutic units?

Cons

- mammographers with long standing expertise are mostly not hospital based in countries with separated ambulatory and hospital system

Conclusion I

- the organization of the integration of the screening units and the treatment units must take account of the general organization of the health care system
- close integration of screening and treatment is preferable for the quality of both screening and treatment units

Conclusion

- effective screening programs have however been established with little interaction between screening and treatment unit (e.g Netherlands). In this case a special dedicated effort in training of mammographers and pathologists is necessary