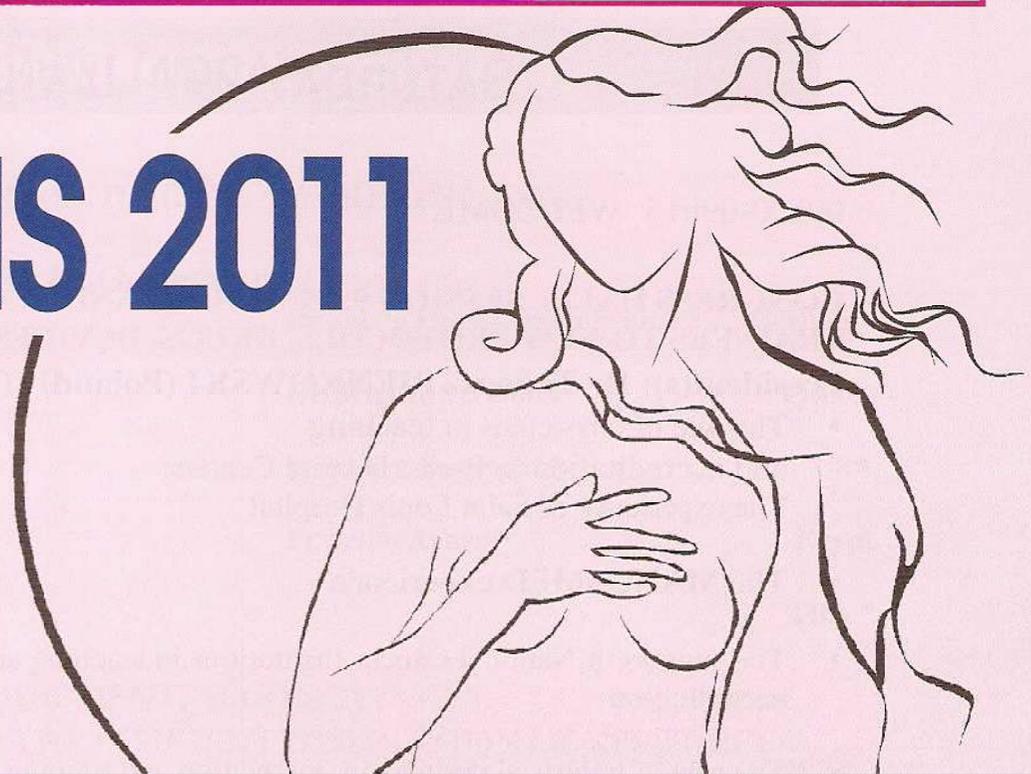


# 1<sup>st</sup> International Congress of Breast Disease Centers 2011

SECOND ANNOUNCEMENT

## PARIS 2011

1st International  
Congress  
of Breast Disease  
Centers



**Dr. Roberto Murgo,**

Director of Breast Surgical Unit

I.R.C.C.S. Osp. "Casa Sollievo della Sofferenza"

San Giovanni Rotondo (IT)

# LARGE PARTICIPATION



- ▣ Real Interest?
- ▣ Search for a new professional identity?
- ▣ Speed of changes?
- ▣ Awareness of this particular historical moment?

# Breast Disease Centers

- ▣ Which Past?
- ▣ Which Present?
- ▣ Which Future?



# Which PAST?

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- ▣ Mania of grandeur (physicians or specialities)
- ▣ Antagonism (among different specialists)
- ▣ Role confusion, interest in other fields (not dedicated staff!)
- ▣ Occasional collaborations but not continuative

# Which PRESENT?

- ▣ Dedicated Radiologists and Surgeons, diagnostic and surgical breast units only in excellence hospitals
- ▣ Involved but not dedicated Oncologists, Pathologists and Radiotherapists
- ▣ Not certified Breast Units
- ▣ Increased demand of dedicated structures from women

# Which FUTURE?

- More dedicated specialists in more qualified centers (CERTIFICATION!)
- Increase in the Number and in the Quality of the “Breast Disease Centers”
- More active collaboration between different specialists: protected work sessions!
- Performances should only be financed in specialised and dedicated structures
- Growth of the number of women requiring specialistic services

# Questions to be deepened!

1. CENTER QUALITY
  1. Collaboration and certification programs
2. MULTIDISCIPLINARY TEAMS
  1. Meeting organisation
  2. Dedicated specialists
  3. Breast Surgeons
3. ONCOPLASTIC SURGERY
  1. Training centers

# I QUALITY OF CENTERS

- Measuring and improving quality of care is of primary interest to patients, clinicians and payers
- You can't improve something that is not under your control *(Shockney L., 2005)*
- Although many programs appear to offer a multitude of services, at least 57% of centers function at lower levels of breast care when one defines a center by services that are under their quality influence *(NBC 2009)*

# First European Consensus: 1998



- ...
- *On treatment*  
This conference demands that those responsible for organizing and funding breast cancer care ensure that all women have access to fully equipped multidisciplinary and multiprofessional breast clinics based on populations of around 250 000.
- *On quality of care*  
Given the importance of the quality of surgery, radiotherapy and chemotherapy in determining outcome, quality assurance programs should become mandatory for breast cancer services to qualify for funding from healthcare providers.
- Evidence-based multidisciplinary management guidelines defined at national and European level with the consensus of healthcare professionals, voluntary organizations, other health-service providers and consumers will further improve outcomes.
- ...

# Center QUALITY

- EUSOMA and NAPBC have to start widely accepted and shared SQTM programs
- Establish high standards in the quality of patient care
- Eliminate differences among countries
- Perform accreditation and re-accreditation every 5 years



- *EuSoMa (European Society of Mastology)*
- *EORTC (European Organisation for Research and Treatment of Cancer)*
- *Europa Donna*

# Stone in the pond!



PERGAMON

European Journal of Cancer 36 (2000) 2288–2293

European  
Journal of  
Cancer

[www.ejconline.com](http://www.ejconline.com)

Position Paper

## The requirements of a specialist breast unit

EUSOMA

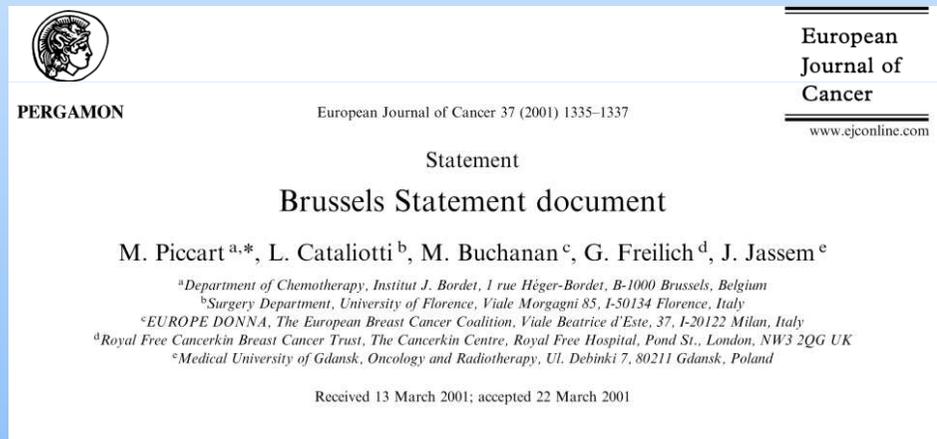
*EUSOMA Secretariat, Viale B. d'Este 37, 20122 Milan, Italy*

Received 24 February 2000; accepted 25 May 2000

*The USC-Norris Center, 1441 Eastlake Avenue, Room 7415, Los Angeles, CA 90033, USA*

Received and Accepted 15 June 2000

# Brussels Statement: 2000



...

Specifically, the conferences aim is to bring about more co-ordination in breast cancer research; more education of primary care providers in breast cancer issues; and to sensitise politicians and women to the problems surrounding the disease.

A new and exciting era in breast cancer research is dawning, and the opportunities are there to be grasped.

...

# Breast Centers Quality Control



- EU.SO.MA (European Society of Mastology)
  - Senonetwork



- AC.S. (American College of Surgeons)
  - NQMBC-NAPBC

# NQMMBC program (National Quality Measures for Breast Centers)

An innovative new program to assess and improve quality breast care provided by breast centers across the country.

*Utilizing a web-based collection and assessment tool, 37 quality measurements are available to compare a participating breast center with other similar centers across the nation. This no-cost program offers comprehensive quality measures, self-assessment, and the ability to institute indicated quality improvements for all breast centers*

# National Accreditation Program for Breast Centers (NAPBC)

- Multidisciplinary, breast disease experts, representing relevant national professional organizations, should take the lead in developing an accreditation program, not government, payers or others.
- MDT (Multidisciplinary Teams)
- MDM (Multidisciplinary Meetings)

# National Accreditation Program for Breast Centers:Aims

1. Consensus development of standards for Breast Centers and a survey process to monitor compliance
2. To Strengthen the scientific basis for improving quality care
3. To Establish a national breast disease database to enable quality improvement
4. To Reduce morbidity and mortality of breast cancer
5. To Expand programs of quality improvement measurement and Benchmark comparison

# Multi-Disciplinary Teams

- The importance of the team approach is well known and in the field of Breast Cancer there is evidence that patients cared for a multidisciplinary team, rather than a series of individual practitioners, have an improved survival 10 years following diagnosis

(J.M. Whelan, The Breast 2006 15, 119-122)

# Multi-Disciplinary Teams

- ▣ **Core Team** members: spending all or consistent part of their working time in breast cancer
  - ▣ Breast Surgeon and Reconstructive surgeon
  - ▣ Breast Radiologist
  - ▣ Breast Pathology
  - ▣ Breast Medical Oncologist
  - ▣ Breast Radiation Oncologist
  - ▣ Breast Care Nurse and Psychologist

# Multi-Disciplinary Meetings

- ▣ **Open questions:**

- ▣ Frequency of meetings
- ▣ Which cases to take for discussion
- ▣ Who must participate
- ▣ Meeting coordinator
- ▣ Protected Sessions

- ▣ *Clinical commitment as important as an operating session: needs to be included in individual working plans*



Editorial

Oncoplastic surgery: "A rolling stone gathers no moss"

- The surgical conflict between performing large resections to obtain optimal oncologic control and avoiding large breast deformity can be minimized with the introduction of Oncoplastic principles in breast surgical practice

(F. Fitzal, the Breast 19 2010 437-438)

- Oncoplastic surgery as the best expression of Multidisciplinary Team

(L. Cataliotti, G. Chir, vol 30, n°3 – pp. 69-71)

# Oncoplastic Surgery

## Definition

- Appropriate surgery to extirpate cancer, partial reconstruction to correct wide excision defects, immediate reconstruction with the full range of available techniques, and correction of asymmetry of contralateral breast.

(M. Hamdi, Acta Chir Belg, 2008, 108, 666-672)

# Oncoplastic Surgery

- Several studies have demonstrated improved breast cancer survival when surgery is performed by specialists versus nonspecialists, with a 16- 30% reduction in the risk of death.  
(Skinner KA, Ann Surg Oncol, 2003; 10: 606-615)
- Recent data have confirmed for the first time the direct impact of local recurrence on long-term survival! (Rainsbury RM, Oncology, november 2007, 4: 11)

# Oncoplastic Breast Conservation Surgery

- Oncoplastic breast-conservation surgery combines oncologic principles with plastic surgical techniques, but it is much more than a combination of two disciplines: it is a philosophy, that requires vision, passion, knowledge of anatomy, and appreciation and understanding of aesthetics, symmetry and breast function.

# Goals of Oncoplastic Breast Conservation Surgery

- Complete removal of the lesion
- Clear Margins
- Good to excellent cosmetic results
- Operating one time to perform the definitive procedure

# Oncoplastic Surgery

- All breast surgery should be Oncoplastic surgery (Scott L., PRSJ, sept 2009)
- Breast Surgery is evolving as a subspecialty and general surgeons who specialize in breast surgery are becoming more interested in various components of reconstruction (Losken A, PRSJ, sept 2009, 969-972)



Viewpoints and debate

## Training in oncoplastic surgery: An international consensus. The 7th Portuguese Senology Congress, Vilamoura, 2009

Maria João Cardoso<sup>a</sup>, R Douglas Macmillan<sup>b</sup>, Belén Merck<sup>c</sup>, Alexandre Mendonça Munhoz<sup>d</sup>,  
Richard Rainsbury<sup>e,\*</sup>

- OPBS has become an integral part of the management of breast cancer
- OPBS is limited by the lack of available skills, and variable patient information and access
- Many breast surgeons have little training in oncoplastic techniques and wish to acquire these skills
- Formal collaboration between breast and plastic surgeons will address this problem, enhancing the quality of breast and plastic training
- There is an urgency to develop International Guidelines for OPBS to maintain high standards
- New curricula, speciality-specific examinations, and renewed interest in breast surgery herald a new specialty which is likely to become increasingly attractive to surgeons from a range of backgrounds

# Breast Surgeon

- The American Society of Breast Surgeons, born in 1995, with over 1900 members, is the fastest growing Surgical Society in the country!
- Breast Surgeon should own the oncological techniques as well as the plastic procedures..., but which future?



# Breast Surgeon Curriculum



# Breast Specialist Training: Where?

- University
- Scientific Institutes
- Hospitals
- Scientific Societies
- Teaching, Research, Speciality, Master
- Translational research, Professional Training
- Clinical Training, Assistance, Organisation
- Protocols, Guidelines, Quality Control, Certification, Organisational Models

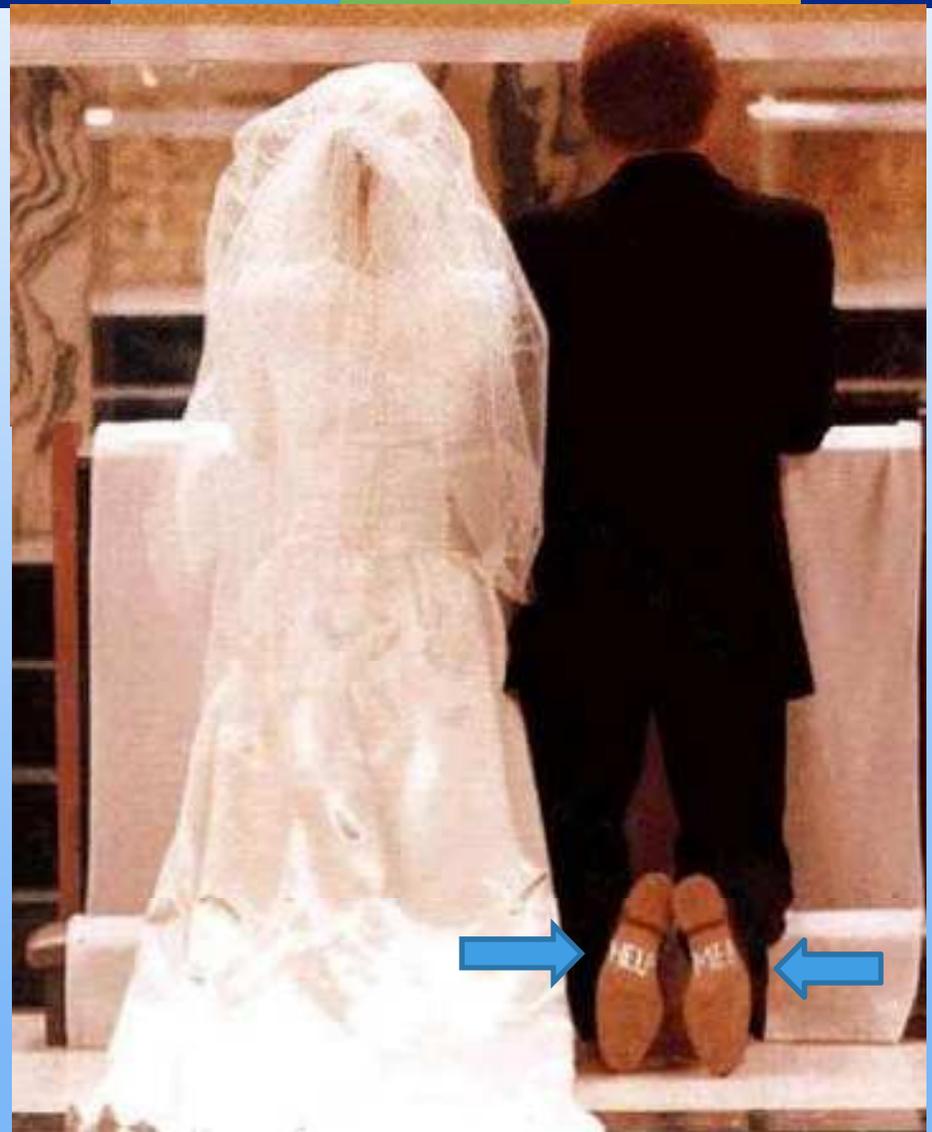
# Where do we go from here?

1. The traditional collaboration between the oncologic surgeon and plastic surgeon
2. The specialist Breast Surgeon who performs some of the reconstructions (implant, L.D. Flaps, local flaps and reduction techniques)
3. The specialist Breast Surgeon who performs all types of reconstructions

(Losken A, PRSJ, sept 2009, 969-972)

# Where do we go from here?

- The most common approach seems to be the multidisciplinary team with a resective breast surgeon (usually a general surgeon) and a reconstructive breast surgeon (usually a plastic surgeon)...



# Lessons to be drawn: conclusions

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- ▣ Quality controls and certifications
- ▣ Multidisciplinary Teams
- ▣ Oncoplastic Surgery and Breast Surgeons
- ▣ Professional Training

Thank you for your patience

