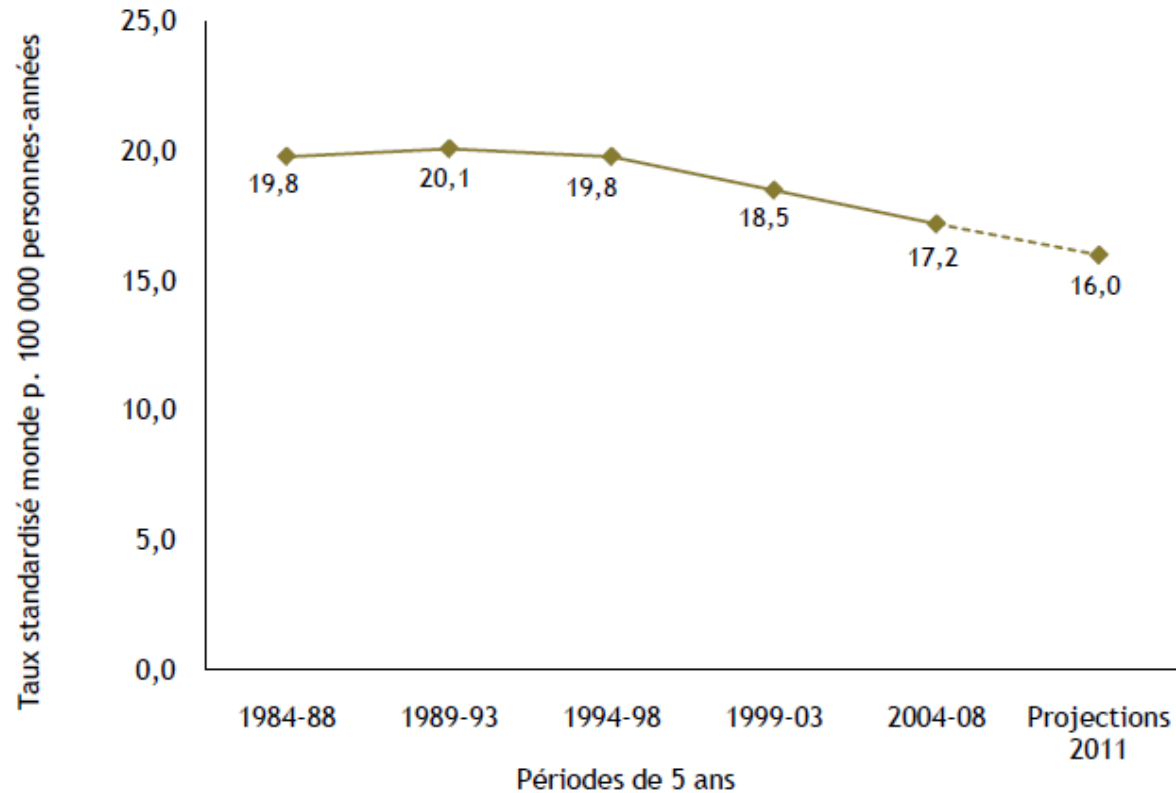


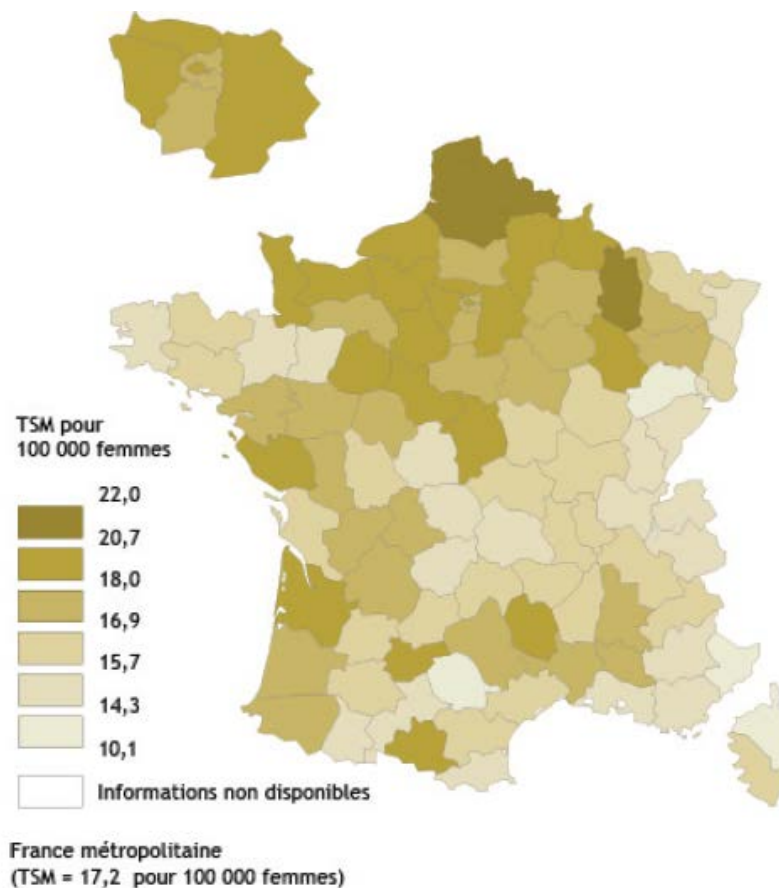
# Breast Disease Centres

## The Future

# Evolution de la Mortalité par Cancer du sein dans le monde



# Taux Standardisé de Mortalité par Cancer du Sein en France (2004-2008)



# **A HUGE IMPROVEMENT IS MANDATORY: BREAST DISEASE CENTRES**

# Breast Disease Centres

- Certified specialized centres in charge of
  - High risk families and patients
  - Benign but evolutive breast diseases
  - Breast Cancer Diagnosis, Management, Rehabilitation
- Involving as part of the unit (the Director may be any of these specialist)
  - Imaging
  - Surgery and reconstructive surgery
  - Radiotherapy
  - Systemic therapy
  - Side-effects
  - Psychological support
  - Management of quality
- With an established expertise in
  - Training
  - Research (translational, clinical)

# Requirements for certification (1)

- quality management system
  - At the level of each specialty involved (Imaging, pathology, repositories, surgery, radiotherapy, systemic therapy, nurses, psychologists) according to the recommendations of national and international societies
  - And of interdisciplinarity (timelines, reporting, Adverse effects, multidisciplinary meetings and reports)
  - If possible with external assessment
- Improved by local breast disease hospital registries linked to those of other Breast Clinics
- The net number of patients managed by each specialist is a key to Quality : the number advised by Eusoma (150 newly diagnosed cases) may be too low in view of the increasing complexity of diagnostic and therapeutic approaches

# The Quality Management System (2)

- Procedures in all areas of activity as well as Multidisciplinary management and patient information written, available (Website), and collectively amended
- Database of patients and procedures including markers of quality (→ data managers). Ideally they can provide electronic aid to decision-making
- All Multidisciplinary meetings registered with the members, patients discussed and impact on management. % of patients discussed may vary
  - If they fit with the unit procedures and if the database provides automatic warning, registration without discussion possible
  - >90% of all other cases should be discussed
- All corrective measures, EEQ, audit must be registered, collectively discussed and disseminated

# Database and Quality Management

- Breast Disease Centres Registries vs Population based Registries
  - A slight majority (53%) of the cancer site and treatment combinations showed kappa statistics  $\geq 0.60$  and percent agreements, sensitivities, and predictive values positive :distribution of surgery, radiotherapy, systemic therapies
  - site-specific factors and derived variables were inconsistent
  - →importance of Local (networked) data registries

J.Registry.Manag.2011, 38,2



# New Technologies Argue for Increased Size of Breast Disease Centres

- Imaging: 3D digital mamography, Contrast enhanced US, NMR with breast antenna, spectrography, stereotactic biopsies (stereotactic,, mammography, NMR guided)
- Pathology: automatized IHC and recognition system, transfert of images
- Nuclear medecine (PET Scan, scintigraphy, tomoscintigraphy)
- Freezing facilities and molecular biology (Q-RTPCR, GEP, NGS, analysis of circulating DNA, genetics)
- Surgery (BCS, immediate reconstruction, plastic partial reconstruction, SN biopsies and molecular analysis)
- Radiotherapy: IOR, conformational, partial, accelerated
- All systemic treatments available and mastered

# New technologies=New Jobs

- Engineers
- Technician
- Biologists, biomathematics
- Quality managers
- Data managers

# NG-BDC (Next Generation Breast Disease Centres)

- Full equipment and dedicated non-medics professional
- Local comprehensive database
- Networking with other BDC
- Integrated Management of Quality
- No lags in prespecified timelines
- Reporting tools (and team)
- Strong involvement in clinical and translational research