



MP Chauvet, Lille, France

Association of Radiotherapy and  
Oncology of the Mediterranean arEa

**AROME**

[www.aromecancer.org](http://www.aromecancer.org)



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# A non profit association

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### ASSOCIATIONS

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### ASSOCIATIONS SYNDICALES DE PROPRIÉTAIRES

Ordonnance du 1<sup>er</sup> juillet 2004

### FONDACTIONS D'ENTREPRISE

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# AROME

Association of Radiotherapy and Oncology of the Mediterranean

1286 - Déclaration à la préfecture de police, ASSOCIATION DE RADIOTHERAPIE ET D'ONCOLOGIE DE LA MEDITERRANEE (A.R.O.M.E.) - ASSOCIATION OF RADIOTHERAPY AND ONCOLOGY OF THE MEDITERRANEAN (AREM).  
*Objet* : participer au développement des connaissances concernant la cancérologie ; favoriser et aider par tous les moyens la recherche et l'enseignement en cancérologie dans les pays du pourtour méditerranéen ; favoriser les échanges entre les sociétés savantes du pourtour méditerranéen ; favoriser les échanges et séjours scientifiques et de formation (médicale ou paramédicale) entre les pays du pourtour méditerranéen ; participer à des réunions savantes, cours, séminaires et congrès dans tous les pays du pourtour méditerranéen ; participer à la réalisation de supports de formation et de communication médicale (brochures, films vidéo destinés au corps médical ou au grand public après accord des différents intervenants locaux en oncologie et en oncologie-radiothérapie), favoriser l'amélioration et l'évaluation de la prise en charge des patients atteints ou à risque de cancer ; coopérer avec d'autres groupes d'experts en cancérologie. Siège social : chez M. Belkacemi (Yaxid) 4, square Alain-Fournier, 75014 Paris. Date de la déclaration : 26 mai 2006.

# National Boards Organisation



National representative boards for each country (medical oncologist, radiation oncologist, surgeon, pathologist, radiologist...)



# Aims

- to overcome the borders
- to promote exchanges between north and south
- to reduce differences in oncology
  - On site training
  - Educational programs in Oncology
    - Cancer care
    - Cancer prevention
    - Cancer research
  - Annual meeting





**1<sup>st</sup> meeting, Naples April 27-29, 2007**



# Relevant questions

- ✓ **Pattern of epidemiology of cancer around the MA?**
- ✓ **Inventory**
  - **Who are the specialists (in cancer epidemiology and cancer care)?**
  - **Who are the structures of care, training and research activities**
- ✓ **What is the real situation in terms of inequalities between the two borders?**
  - **Are the inequalities due to epidemiology?**
  - **Relevant parameters that contribute to inequalities?**
    - **Means and resources**
    - **Education**
    - **Prevention, screening**
    - **Local system of health**



# Working parties

- Breast cancer
- GIT cancer
- Lung cancer
- Head and neck cancer
- Urologic malignancies



**2d meeting** *Istanbul, Nov 2007*

# Recommendations for multidisciplinary cancer management

Working  
parties





# Methodology

## *Minimum acceptable requirements*

Minimum practice providing acceptable cancer care, with respect to limited resources

## *Standard of care*

Clinical practice providing optimum state of the art cancer care



**AROME**

# Guidelines, minimal requirements and standard of cancer care around the Mediterranean Area: Report from the Collaborative AROME (Association of Radiotherapy and Oncology of the Mediterranean Area) working parties

<sup>1</sup> Working parties (WP) members: *Breast and cervix cancers WP*: Joseph Gligorov (Chair; France), Oliver Arsovski (Macedonia); Yazid Belkacemi (France), Mounir Bachouchi (Morocco); Frederique Penault-Llorca (France); Marie-Pierre Chauvet (France); Nuran Senel-Bese (Turkey); Maria Carla Valli (Italy). *Urology cancers WP*: Hamouda Boussen (Chair; Tunisia), Assem Alhalabi (Syria), Assia Bensalem (Algeria), Michel Hery (Monaco), Agim Sallaku (Albania), Salvador Villa (Spain). *Gastro-intestinal WP*: Marc Ychou (Chair; France), David Azria (France), Kada Boualga (Algeria), Noureddine Bouaouina (Tunisia), Laurent Cals (France), Yoram Cohen (Israel), Fady Geara (Lebanon), Smickovska Snezana (Macedonia), Haitam Nasrallah (Israel). *Head and Neck cancers WP*: Mahmut Ozsahin (Chair; Turkey-Switzerland), Abdel Benider (Morocco), Khaldoun Kerrou (France), Dhurata Korovesi (Albania), Abraham Kuten (Israel), Paolo Muto (Italy), Khaled Thabet (Palestinian Authority), Vladimir Todorovic (Montenegro). *Lung cancer WP*: Kamel Bouzid (Chair; Algeria), Yanes Bashar (Palestinian Authority-Switzerland), Alfredo Carrato (Spain), Mladen Filipovic (Montenegro), Cesare Gridelli (Italy), Nil Molinas Mandel (Turkey), Pelagia G. Tsoutsou (Greece), Abderrahim Zouhair (Morocco-Switzerland). *Collaborative Projects WP*: Yazid Belkacemi (Chair; France), Micha Bar Hana (Israel), Zvi Bernstein (Israel), Stella de Sabata (Italy), Mokhtar Hamdicherif (Algeria), Francois Lokiec (France), Monder Mahjoubi (Tunisia), Hugo Marsiglia (Spain). *Coordination of the manuscript elaboration*: Joseph Gligorov (France), Pelagia G. Tsoutsou (Greece), Abraham Kuten (Israel), Hamouda Boussen (Tunisia), Fady Geara (Lebanon), Nuran Bese (Turkey), Yazid Belkacemi (France).

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### “Targeted Guidelines” for “Targeted Audiences”

# Breast cancer

## Minimum requirements

### Primary prevention in BRCA mutated patients

Ovarian ablation to consider regarding the parity

### Secondary prevention/early detection

Aware women and general practitioner about the risk of breast cancer and educate about clinical breast examination

### Mammography quality criteria

At least 2 orthogonal incidences

ACR classification

Systematic comparison in case of previous mammography

ACR guidelines

### Diagnosis

Pathology confirming the diagnosis of cancer (positive cytology acceptable)

Clinical breast examination

Imaging (preferentially mammography, if not available U/S)

### Staging

#### Pathologic reporting

Malignancy and type

Invasiveness

SBR, grade

pT

pN

Margins (+ or -)

Conserve primary tumor 10 years minimum

## Standard of care

### Primary prevention in BRCA mutated patients

Ovarian ablation to consider regarding the parity

### Secondary prevention

Organized *screening* mammography for every women after age of 50 every 2 years

*Systematic mammography yearly* for the patient with *previous treated breast cancer*

*Patient with high risk and followed in specialized centers*

### Mammography quality criteria

At least 2 orthogonal incidences

ACR classification

Systematic comparison in case of previous mammography

ACR guidelines

### Diagnosis

Pathology (*surgery or guided biopsy*)

Clinical breast examination

Mammography *and* U/S

### Staging

#### Pathologic reporting

Malignancy and type

Invasiveness

SBR grade

pT

pN

Margins (+ or -)

Conserve primary tumor 10 years minimum

*IHC for HER2 (FISH or CISH if needed), ER, PgR*

*IHC for SLNB*

*LV invasion*



# Breast cancer

## Initial work-up after pathology results

Gynecological examination

According to clinical examination

## Primary treatment decision

T0–T3 mastectomy with axillary clearance or **when at least 2D-EBRT** available: BCS + RT

T4d and/or N2 begin with systemic treatment

T4 a, b, c begin with local treatment and do axillary clearance in case of surgery

## Surgery quality control

**Macroscopic complete excision** of the cancer

In case of BCS cancer excision from the skin to pectoralis muscle

Lumpectomy piece oriented for pathologist

Optimal axillary dissection with aim to be informative (min 6 lymph nodes in the axillary specimen)

## Adjuvant treatment strategies

2D-EBRT in case of BCS or pN+ after mastectomy

**Tamoxifen** for 5 years for all patients in case of **unknown** or positive hormone receptor

## Initial work-up after pathology results

Gynecological examination

According to clinical examination

*According to pathological results*

*Stage I: no systematic work-up*

*Stage II-III: Bone, Thoracic and abdominal imaging  
Cardiac, liver and hematological function in case of chemotherapy*

## Primary treatment decision

T0–T3 mastectomy or BCS + RT

Axillary clearance or **SLNB** if T0–T1 and N0

T4d begin with chemoT

T4 a, b, c and/or N2 begin with systemic treatment and do axillary clearance in case of surgery

## Surgery quality control

**ALL THE MINIMAL**

*Choice of surgical technique* (lumpectomy or mastectomy)

*Clips to guide radiotherapists* in case of boost

*SLN procedure*

**Specialized oncology surgeon** for breast

## Adjuvant treatment strategies

**Multidisciplinary approach**

2D/3D-EBRT of BCS or pN+ after mastectomy

Tamoxifen for 5 years for all patients in case of unknown or positive hormone receptor if not menopausal

# AROME

# Breast cancer

PolychemoT regimens containing cyclophosphamide and doxorubicine (in case of no cardiac dysfunction) are recommended for pN+ or pN0 and HR– (if you have the information). Minimum: 4 cycles  
Trastuzumab for 1 year in case of HER2+ patients (if HER2 status was tested)

Follow-up concerning the cancer

Clinical exam: every 6 months the first 2 years, then every year

Mammography: every year

Follow-up concerning the cancer treatment

Clinical exam: every 6 months the first 2 years, then every year

Gynecologic examination (if tamoxifen treatment)

Antihormonal treatment containing aromatase inhibitors independently of the strategy (upfront, sequential or extended). Menopausal status is initially defined before any chemotherapy

PolychemoT regimens containing cyclophosphamide and doxorubicin (in case of no cardiac dysfunction) are recommended for pN0, HER2– and HR–. The number of cycles are 4–6

PolychemoT regimens containing taxane, cyclophosphamide and doxorubicin (in case of no cardiac dysfunction) are recommended for pN+ or pN0 and HER2+. The number of cycles are 6–8

Trastuzumab for 1 year in case of HER2+ patients

Follow-up concerning the cancer

Clinical exam: every 3 months the first year, then every 6 months for 2 years more, then every year

Mammography: every year

Follow-up concerning the cancer treatment

Clinical exam: every 3 months the first year, then every 6 months for 2 years more, then every year

Transvaginal US in case of gynecological symptoms

Bone mineral density at the beginning

LVEF to be considered for patients who will receive anthracyclines and/or trastuzumab and/or RT for left sided breast cancer



**3<sup>rd</sup> meeting, *Montenegro Nov 28-30, 2008***

**AROME's Platform for research  
in the MA**



# Research in the MA

## Discussion

- Are we ready to produce research ?

⇒ Funding from the industry seems to be the only realistic way to go however, according to industry, we might not be qualified yet

## Industry point of view

- Support for a non- drug study ? positive answer from the industry

## Realistic

- Retrospective and prospective analysis for particular MA breast cancer:

- Young women  $\leq 35$
- Men
- Inflammatory BC







*4ème meeting, Haifa, Israel, 2011*

## **AROME Educational Activities**



# AROME Educational Activities

Workshops (n > 50)

Post SABCS Maghreb

*Marrakech 2010, Alger 2011, Tunis 2012*

Educational Conferences:

- Annual Course of Oncology for Juniors
- International Monaco Oncology
- Radiobiology course (Istanbul)

Delineation training in RT (n = 4)

Onsite surgical training session (n = 4)

**-Casablanca (2010) Rabat (2011)**

Onsite visits : Paradise Program (Albania)

Pain training pROgram in cAnceR Disease around the mare noStrum cEnters

## □ Grant for AROME juniors

**Sponsor:** AROME

**Topic:** Training in modern techniques of RT (Prostate 3D-CRT)

**Période:** 1 year

**1<sup>st</sup> Grant in 2008**

**Directors:** Pr Azria (Montpellier), Pr Daoud (Sfax)

**Budget:** 8KE+all accommodations in Montpellier, France

## □ High Technology RT and Radiobiology courses

***Istanbul 2010 May, 2011 May***

**Collaboration:**

**AROME-IAEA-VARIAN**

**Concept approval byVarian:**

**May 25th, 2009, Zurich**

**Label:**

**MA universities (South and North sides)**

**Chair for Radiobiology:**

**B Rosenstein, M Purchy (New York)**

**Chair for Radiotherapy:**

**M Ozsahin, N Bese, S Turkan (Istanbul)**



**AROME**

# Publications et AROME

## •Publications Completed

- ❑ **Special issue of Bull Cancer**

*Tunisia, Morocco, Algeria*

- ❑ **Adulte rare tumors management**

*Y Belkacemi, M Ozsahin, RO Mirimanoff*

- ❑ **Crit Rev Oncol Hematol. 2010 Jun 23**

*Guidelines, minimal et optimal standart of care*

- ❑ **The Oncologist, Dec 2010**

*Optimal Sequence if Implied Modalities in the Adjuvant Setting of Breast Cancer Treatment: An update on Issues To Consider*

## •Ongoing issues

- ❑ **Special issue of Crit Rev Oncol Hematol**

*Post International Monaco Oncology*

- ❑ **Special Issue of BUON**

*To be discussed in NoviSad Meeting (Serbia)*

- ❑ **Epidemiology of Med Area book**



# AROME



# AROME Reserch Projects

## Clinical and biology profiles

- Breast cancer

*IBC, women < 35, Men*

- Nasopharyngeal tumors

## Biology

- Tumor banking network(Lab)

## Other

- New technologies development
- Epidemiology (migrant populations)



# AROME Board 2011-2013

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