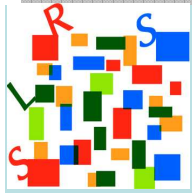


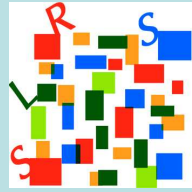
Shared breast cancer follow up through a health care net Saint Louis réseau sein

Edwige Bournstyn
Saint Louis réseau sein
Centre des maladies du sein
Hopital Saint Louis
Paris



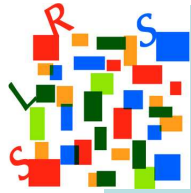
Breast cancer follow up is mandatory

- Screening for recurrences, long term complications of therapies ,compliance and side-effects and of adjuvant endocrine therapy
- Improving psychological and social restoration
- Providing quality supportive care



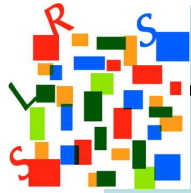
Breast cancer follow-up is problematic

- Increasing number of new cases
- Increasing number of survivors due to :
 - improved screening leading to early diagnosis
 - increased use of early local regional therapy and adjuvant systemic therapies
- Overloaded activity of breast cancer treatment centers



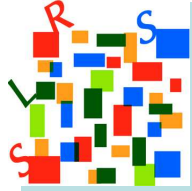
Breast cancer follow-up can be improved

- Mobilization of all health care forces, professional and associatives
- Externalization without breaking the continuity of hospital quality
- Harmonization of the practices in order to bring to the patient the facility of proximity
- Quality of life improvement by acces to supportive care, education and infomation



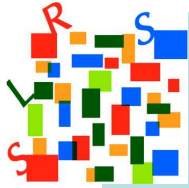
The french Health care system

- Public institutions
- Private institutions in convention with Social Security
- Private community practitioners (GP, gynecologists, radiologists...)
- Relationship between institutions and PCP can be problematic



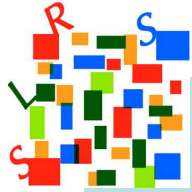
Health care nets « réseaux ville hôpital »

- Created in the early nineties in order to facilitate patient's access to health care and to improve coordination between health care professionals and multidisciplinary
- Receive public funds if their aims are according to health care priorities (i e Plan cancer)



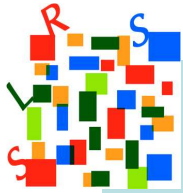
Saint- Louis réseau sein : the aims

- Shared follow-up between Saint-Louis breast cancer unit and CP in respect of quality and guidelines
- Mutidisciplinary follow up :
 - Medical : GP, gynecologists, oncologists, breast and plastic surgeons, radiologists, radiotherapists..
 - Non medical : nutritionists, psychologists, physiotherapists, social workers
- Patients' and professional information and education : conferences, publications, website



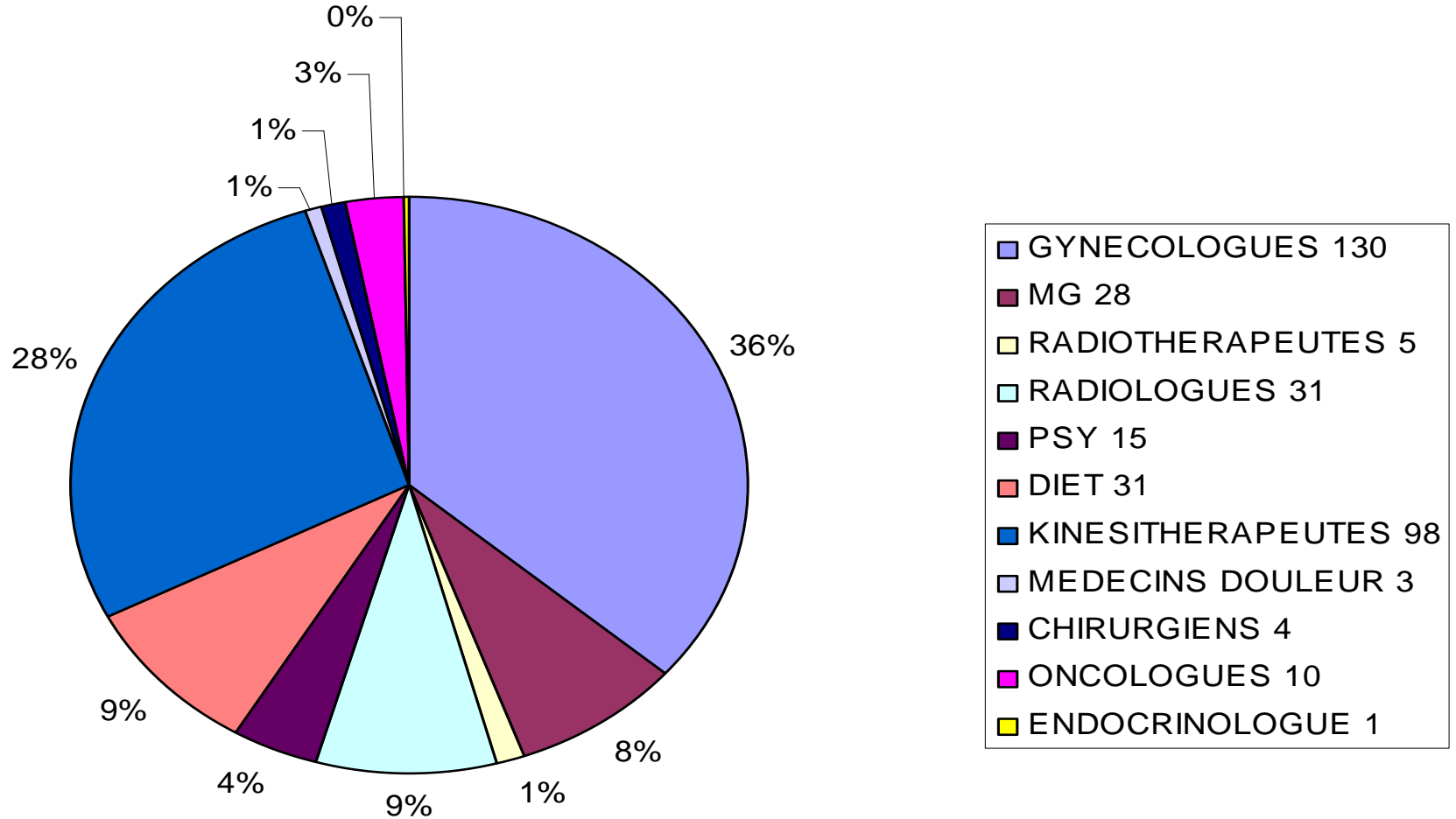
Saint-Louis réseau sein : the structure

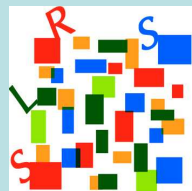
- promoted in 2005 by Saint Louis breast unit , subsidized by SS since 2006
- Board : hospital and community professionals , patients representatives (the president of Europa Donna France), hospital managers
- Head : practionner from SLS BU
- Team : 1MD, 1 secretary, 1 administrative agent
- Partnerships : patients associations, phamaceutic industry, private institutions



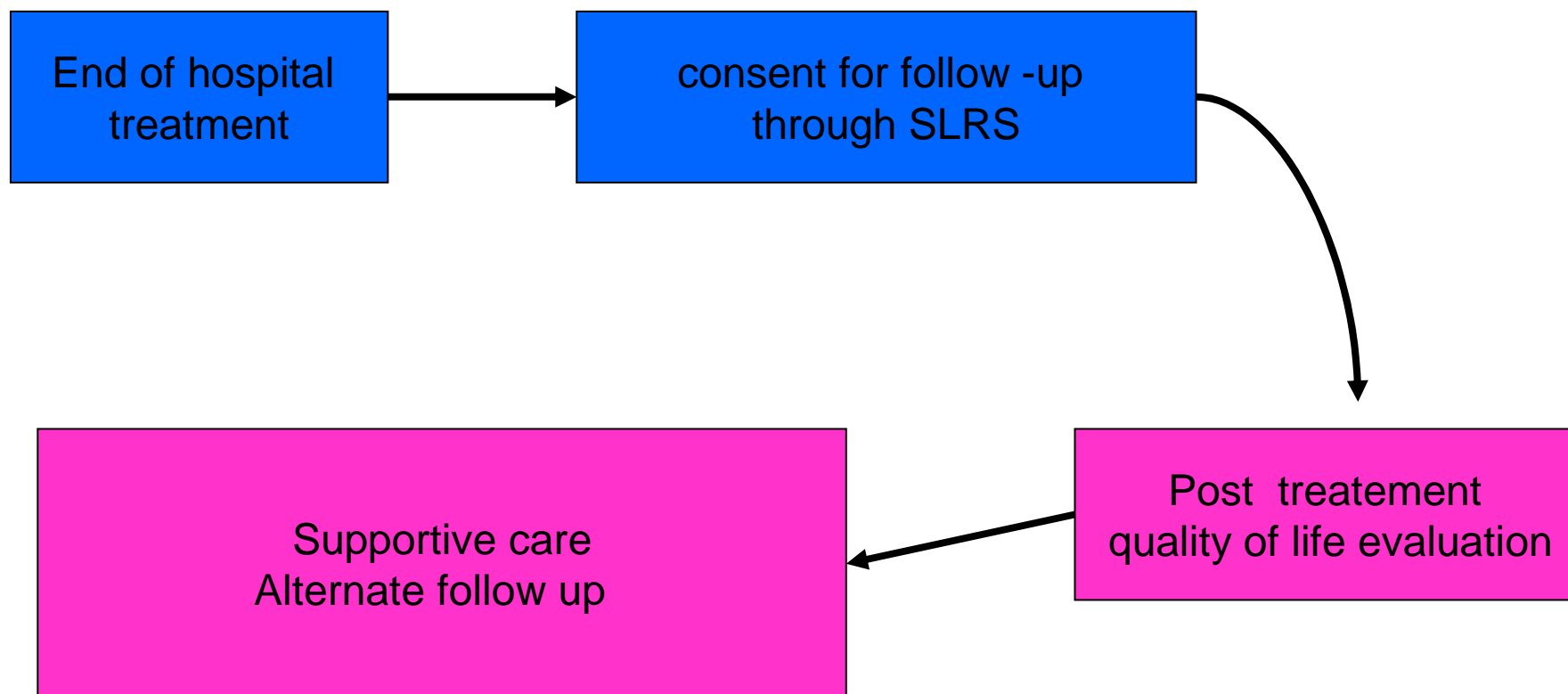
SLRS: professionals

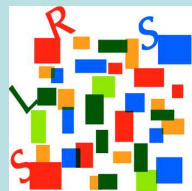
REPARTITION DES 356 ADHERENTS





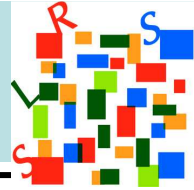
SLRS :patient's pathway





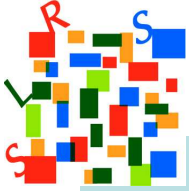
Patients population

- 610 consenting patients with breast cancer were included from january 2006 to december 2010
- Patients at all stage of the desease were proposed shared FU through SLRS
- Mean age :60 years (35-89)
- 484 (79 %) had infiltrating ductal ,or lobular carcinoma



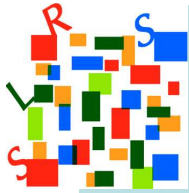
TNM

	Number of patients	%
T0	256	42
T1	211	35
T2	105	17
T3	34	5.4
T4	4	0.6
N0	541	88.7
N1	67	11
N2	2	0.3
M0	609	0.9



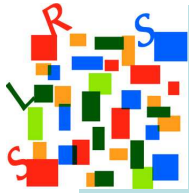
Pathological nodal involvement

- pN- : 377 61%
- pN+ :140 23%
- Unknown 16%



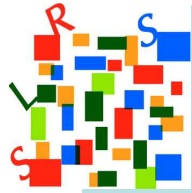
Hormonal receptor status

330 patients (68%) with infiltrating carcinomas had positive hormonal receptor status



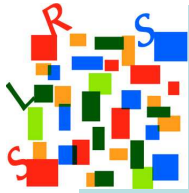
Surgical treatments

- All patients (610) were operated
- Conservative surgery : n= 371 (61%)
- Mastectomies : n=239 (39%)
- Exploration of the axilla :
 - ALND : n=412 68%
 - SLNB : n=112 19%
 - None : n= 86 13%



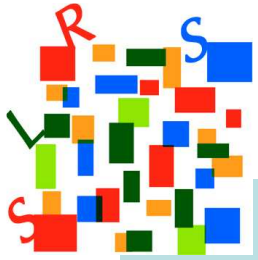
Complementary treatments

- Radiationtherapy : n= 442 72%
- Chemotherapy : n=306 50.1% (63%
infiltrating carcinomas)
- Hormonotherapy : n=240 37.5%



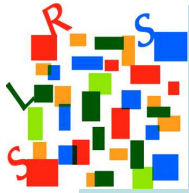
Events during follow up

- Relapses
 - ipsilateral : 22
 - Contralateral : 15
 - Distant metastasis :16
- Death :5 (4 from breast cancer)
- Pregnancies : 3



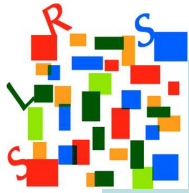
SLRS affords the community PC practionners

- Skill improvement : 3 to 4 annual tuiton meetings targeted on daily practice concerning breast cancer
- Informative website
- Improvement of integration in hospital
- Easier access to BCU in case of relapse or fo new patients



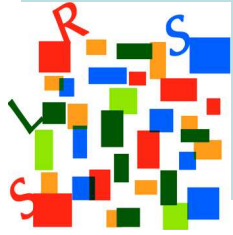
SLRS affords the patients

- Quality and proximity FU without breaking hospital link
- Quality of live evaluation
- Free supportive care
- Information and education
 - A newsletter semestrial
 - Informative booklets
 - Annual meeting in october
 - Website : 45 000 visits /yr
 - Videos
 - Witnesses
 - Informations on patients'right...
- Projects : writing workshop, educational program on lympoedema



Benefits for the breast cancer unit

- Externalisation of 500 consultations per year
- Improvement of relationship with PC practionners
- More fluidity ?



Conclusions

- Shared hospital / community breast cancer follow up
 - Is a safe alternative
 - Satisfies patients and professionals' attents
- Economical evaluation remains difficult