Breast Unit: Why a multidisciplinary approach?
Differences in Treatment and Survival in Breast Cancer Patients in Europe.


Differences in stage and therapy for breast cancer across Europe. Sant M; The EUROCARE Working Group Int J Cancer. 2001 Sep15; 93(6):894-901

...the odds of healing of a patient are proportional to the level of competence of the hospital from which are treated.

LIFE EXPECTANCY TREND IN EUROPE

OVERALL SURVIVAL AND QUALITY OF CARE

Font: United Nations Population Division
“Breast cancer patients cared for by a multi-disciplinary team (MDT), rather than a series of individual practitioners, have an improved survival 10 years following diagnosis”

Importance of the Team Approach: Evidence

Treatment by a specialist resulted in a 33% reduction in the risk of death at 5 years.
We found that the introduction of teams providing multidisciplinary care for the treatment of breast cancer was associated with 18% lower breast cancer mortality at five years.
BREAST UNIT

1. ≥ 150 new breast cancer cases (any stage) per year
2. Identified Clinical Director of Breast Unit
3. Dedicated radiologist reading each ≥ 1000 mammograms per year
4. Dedicated breast surgeons performing each ≥ 50 surgeries per year
5. Breast dedicated pathologist, medical oncologist, radiotherapist
6. Weekly MDM: Multidisciplinary case Management Meeting
EUSOMA:

1. Critical mass
2. Clinical Director
3. Protocols (Guidelines)
4. Audit
5. Multidisciplinary Case Management Meeting
6. Communication of the diagnosis, treatment plan and waiting time
7.- Patient information
8.- Teaching
9.- Research
10.- Breast Surgery and Reconstructive Surgery
11.- Breast Radiology
12.- Breast Pathology
13.- Medical Oncology
14.- Radiation Oncology

15.- Breast Care Nursing

16.- Other Services
Genetic Counseling, First Patient Visit, Advanced Breast Cancer, Psychological support, Follow-up, Prosthesis, Physiotherapy and lymphoedema, Palliative Care
BREAST UNIT: model health care

- From diagnosis to therapy, from screening to advanced disease
- Multidisciplinarity
- EUSOMA requirements
- Adequate SSN reimbursement
- Dedicated equipe
BREAST UNIT: training model

• Definition of new health roles with opportunity of career
• Home of training and clinical pathway
• Partnership with university and graduate school
• Develop translational research
Italian situation at 2010

... only 12 % of hospital admissions at 2010 for breast cancer involving health care that reach the **quantitative parameters** recommended by EUSOMA
CONSIDERATIONS

The NATIONAL CANCER PLAN covers not only the prevention but also the organization of care

• Introduce the Breast Units in the National Healthcare System identifying a dedicated pathway coherent with the costs

• Not only an “ACT of ADDRESS” but intervening in the organizational model of the Regions
Implementing Proposal of Health Governance

• Avoid the spread of few cases in many hospital
• Reorganize the devolution of skills
• Offers health model to the Regions
• Allocation the resources
Advantages

- Centralization of pathways
- Rationalization of costs SSN
- Standardization of therapies
- Reduction of the social costs
- Improvement of outcome through evaluation specific indicators
- Improvement Survival*

* Evidence-based
The Senonetwork Italia project born in March 2012 and obtain the no-profit status in 2013 with aim to promote the treatment of breast cancer in Italy in dedicated center respecting the european requirements (EUSOMA).

The objective is to treat all women in center of excellence.

All the italian Breast Centers that treat more of 150 new cases/year, minimal volume requirements indicated from EUSOMA, will be invited to join at Senonetwork Italia Onlus and involved in the implementation of the scientific and organizzational activities.
Coordinator: Luigi Cataliotti

Representative Scientific Society:
- Associazione Italiana di Oncologia Medica (AIOM) - Fabio Puglisi
- Associazione Italiana Radioterapia Oncologica (AIRO) – Cristiana Vidali
- Associazione Nazionale Italiana Senologi Chirurghi (A.N.I.S.C.) - Roberto Murgo
- Gruppo Italiano Screening Mammografico (GISMa) - Gianni Saguatti
- Società Italiana di Anatomia Patologica e Citopatologia Diagnostica (SIAPEC-IAP) - Anna Sapino
- Società Italiana di Radiologia Medica (SIRM) - Pietro Panizza

Europa Donna Italia
Rosanna D’Antona

Breast Centres Network
Alberto Costa, Corrado Tinterri

European Society of Breast Cancer Specialists
Lorenza Marotti
Breast Centers participating: 87 centers

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<th>Region</th>
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New cases treated in 2011: about 29,000
Deliberazione N° IX / 4882
Seduta del 21/02/2013

Presidente
ROBERTO FORMIGONI

Assessori regionali
ANDREA GIBELLI Vice Presidente
VALENTINA APREA
GIOVANNI BOZZETTI
ROMANO COLOZZI
GIUSEPPE ANTONIO RENATO ELIAS
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NAZZARENO GIOVANNELLI
FILIPPO GRASSIA
MARIO MELAZZINI
CAROLINA ELENA PELLEGRINI
LEONARDO SALVEMINI

Con l'assistenza del Segretario Marco Pilloni
Su proposta dell'Assessore Mario Melazzini

Oggetto
DETERMINAZIONI IN ORDINE ALLA RETE REGIONALE LOMBARDIA DEI CENTRI DI SENOLOGIA - BREASTUNITS NETWORK - APPROVAZIONE LINEE GUIDA

Il Dirigente Carlo Lucchina
Il Direttore Generale Carlo Lucchina
EUROPEAN PARLIAMENT
MOTION FOR ACTION

• Special attention to women with breast cancer
• Surveillance for High Risk women (familial and genetic women)

YOUNG WOMEN DEDICATED SCREENING

• Attention to employment, financial and life-plan problems
• The role of nutrition, lifestyle, genetic factors, environmental pollutants

• ESTABLISHMENT OF MULTIDISCIPLINARY BREAST UNIT
Overview of two WORKSHOPS
A European Commission initiative for a voluntary accreditation scheme & breast cancer guidelines for breast cancer services

Institute for Health and Consumer Protection (JRC-IHCP)
Public Health Policy Support Unit
Healthcare Quality team

www.jrc.ec.europa.eu
Why a Breast Unit?

… what women want!