



# Why a congress of breast disease centres?

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# WOMAN CANCER INCIDENCE

- 12, 7 million worldwide
- 7, 6 million deaths
- Breast cancer is the most frequent cancer in women in Australia, West Asia, North America, in a part of South America, in Europe and in North Africa
- Cervical cancer is predominant in sub-Saharan Africa, Central America and in some South American countries and India
- Hepatocarcinoma is predominant in Vietnam and Mongolia
- Lung cancer is predominant in China and North Korea

# BREAST CANCER INCIDENCE

- In 2008: 1,4 million newly diagnosed cases of breast cancer and 458 000 deaths
- Regarding incidence, there are variations ranging from 1 to 5 from country to country
- The highest incidence is reported in the USA (white women), in Switzerland and Europe, the lowest in Africa, Asia and Latin America
- Regarding “Hispanics” and “Asians” in the USA, incidence is higher than the one reported in their countries of origin

# BREAST CANCER INCIDENCE

- Incidence is rapidly growing up:
  - In Japan: 140% between 1973-77 and 1998-2002
  - In India: 40% between 1983-87 and 1988-2002
  - In Uganda: over 4.5% a year from 1991 to 2006
- The causes are unclear
  - Westernization of lifestyle?
  - Late child bearing?
  - Fewer children?
  - Increasing obesity ?

# MORTALITY

- 458 000 deaths per year
- Great disparities from one country to another
- Access to health care, stage at diagnosis...
- 40% survival at five years in Campinas in Brazil and in Setif in Algeria compared with 89% in North America and 82% in Europe
- In Ethiopia, a single radiotherapy apparatus for 80 million people compared with one machine for every 250 000 people in Europe

# THE BREAST: A SYMBOLIC ORGAN

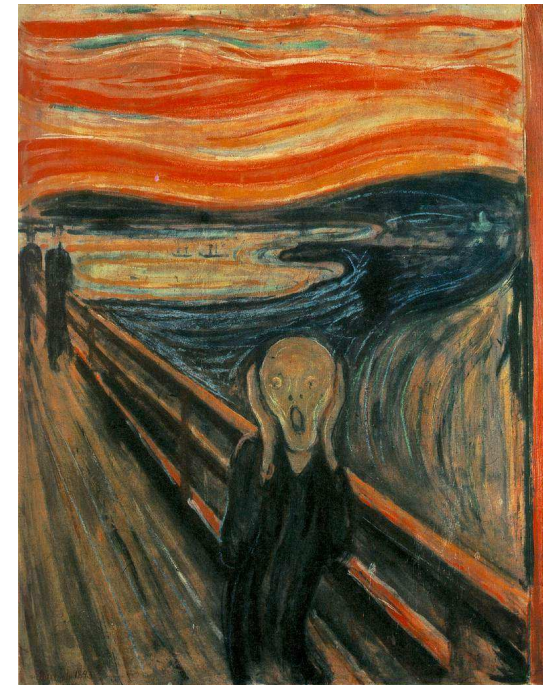
- Breast cancer is a public health problem
- But breast cancer is also a particular cancer as it affects a symbolic organ
- The breast represents motherhood, sexuality and femininity
- Any disorder related to the breast is a source of worry for the patient and her sexual partner, and it has an effect on their relationship
- The slightest symptom immediately triggers misgivings about a possible underlying cancer

# NOTHING WILL EVER BE THE SAME AGAIN

- The usually sudden and unexpected onset of the disease brings about a break in the life of the woman and that of the family circle. The so often heard sentence, “Nothing will ever be the same again” is a clear illustration of the situation
- The bearings that so far acted as safeguards and protection are lost. Women feel as though they were being plunged into what they call a state of “precariousness”

# BREAST CANCER DESTROYS PREVIOUS BEARINGS

- The destruction of bearings and the undermining of life's balances may occur in three stages which are:
  - Diagnosis announcement
  - Choice and frequency of treatments
  - End of treatments and back to normal





# LOSS OF BEARINGS

- At each stage, the woman has to do some psychic working on herself, a work consisting in building up again temporary bearings that will be challenged at the next stage
- All through this process, the psychic work never abates and there are more or less difficult moments requiring that the woman should be frequently helped or at least supported

# HOW TO FIGHT FRAGMENTATION

- Dedicated facilities are needed to combat disease-induced fragmentation. Breast disease centres are facilities that meet such requirements
- They are one-stop facilities dedicated to the management of mammary pathologies and most particularly of breast cancer and gathering together all the required skills in one and the same place

# OBJECTIVES

- The objectives are to guarantee the one-stop, multidisciplinary management of benign and malignant mammary pathology from screening to metastatic breast cancer and to develop clinical research, transfer and teaching and training as well. The aim is to set up a real health care network ensuring patients' enrolment, treatment and follow-up

# MULTIDISCIPLINARITY!

- Such is the key word characterising those facilities. It is mastologists who are in charge, whichever their initial training:
  - gynaecologists, surgeons, radiologists, medical oncologists, radiotherapists...
  - all of them working in close collaboration with specialized anatomicopathologists, nuclear medicine specialists and research laboratories

# MULTIDISCIPLINARITY!

- Ensuring genetic counselling:
  - diagnosis, counselling and follow-up of populations at risk
- Providing the right of access to support care:
  - physiotherapy, nutritionists, social workers
- Offering psychological counselling:  
psychiatrists, psychologists...
- Working with a pain and palliative care  
management unit

# **BUT IT ALSO CONSISTS IN**

- Ensuring the training of health professionals in mastology
- Taking part in public health action plans related to breast cancer and notably to breast cancer screening programmes

L'enlèvement  
d'Europe  
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1747



# EUROPEAN PARLIAMENT RESOLUTION ADOPTED ON THURSDAY JUNE 5, 2003

- The European Parliament:
  - “Calls for all women suffering from breast cancer to be entitled to be treated by a multidisciplinary team and calls on the Member states, therefore, to establish a network of certified multidisciplinary breast centres which cover the entire population and fulfil the following criteria:
    - Each breast centre shall perform a minimum of 150 primary breast operations per year



# **EUROPEAN PARLIAMENT RESOLUTION ADOPTED ON THURSDAY JUNE 5, 2003**

- Each breast centre shall operate under the direction of a highly qualified physician who specialises in breast disease, while the multidisciplinary team shall consist of physicians experienced in and performing only breast surgery, together with radiologists, oncologists, pathologists, nurses and radiographers who also specialise in breast disease, as well as a data manager,
- Multidisciplinary pre-operative and post-operative case conference shall be held at least once a week

# **EUROPEAN PARLIAMENT RESOLUTION ADOPTED ON THURSDAY JUNE 5, 2003**

- the quality of the results shall be guaranteed by means of clinical research,
- physicians and paramedical staff shall regularly attend further training courses,
- physicians and paramedical staff shall be required to pass a test at regular intervals to demonstrate that they have sufficient up-to-date knowledge and skills

# **EUROPEAN PARLIAMENT RESOLUTION ADOPTED ON THURSDAY JUNE 5, 2003**

- Follow-up and aftercare examinations shall be carried out in close cooperation with the relevant multidisciplinary breast centre,
- Patients shall receive onco-psychological counselling, psychotherapeutic support and physiotherapy services, as well as social services.”

# CONCLUSION

- There are numerous disparities in the management of women with breast cancer. The aim of this congress is to discuss and exchange our practices and examine how to improve them and thereby improve the management of those women
- I wish to pay homage to EUSOMA and the International Society of Senology who were pioneers in this field

**Thank you very much**

