conquer breast

1st GBO Meeting

1st European Course for MDs in training
Going Beyond in Oncology

Muldisciplinary cancer approach

Laura Biganzoli

Breast Centre- AUSL Toscana Centro-Prato
&
Eusoma

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Servizio Sanitario della Toscana

EUSOMA
European Society of Breast Cancer Specialists

EUSOMA
European Society of Breast Cancer Specialists

Multidisciplinary meeting within a breast unit

- Requirements
- Evidences

Multidiscliplinary approach to breast cancer: A long story …..

Pergamon

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Position Paper

Florence Statement on Breast Cancer, 1998 Forging the Way Ahead for More Research on and Better Care in Breast Cancer

L. Cataliotti,[1] A. Costa,[2] P.A. Daly,[3] L. Fallowfield,[4] G. Freilich,[5] L. Holmberg,[6] M. Piccart,[7] C.J.H. van de Velde[8] and U. Veronesi[2]

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1st EUROPEAN BREAST CANCER CONFERENCE
September 1998

On treatment

This conference demands that those responsible for organising and funding breast cancer care ensure that all women have access to fully equipped **multidiscliplinary** and multiprofessional breast clinics based on population of around 250.000

PERGAMON

European Journal of Cancer 36 (2000) 2288–2293

European Journal of Cancer

www.ejconline.com

Position Paper

The requirements of a specialist breast unit

EUSOMA

EUSOMA Secretariat, Viale B. d'Este 37, 20122 Milan, Italy

European Journal of Cancer (2013) 49, 3579–3587

Available at www.sciencedirect.com
ScienceDirect
journal homepage: www.ejcancer.com

The requirements of a specialist Breast Centre

A.R.M. Wilson[a,*], L. Marotti[b], S. Bianchi[c], L. Biganzoli[d], S. Claassen[e], T. Decker[f], A. Frigerio[g], A. Goldhirsch[h], E.G. Gustafsson[i], R.E. Mansel[j], R. Orecchia[k], A. Ponti[g], P. Poortmans[l], P. Regitnig[m], M. Rosselli Del Turco[n], E.J.Th. Rutgers[o], C. van Asperen[p], C.A. Wells[q], Y. Wengström[i], L. Cataliotti[r]

The Breast Centre is made up by a cohesive group of **dedicated breast cancer specialists working together as a multidisciplinary team** with access to all the facilities required to deliver high quality care throughout the breast cancer pathway

Quality of Care

- ✓ Dedicated Health Professionals
- ✓ Case load
- ✓ Patient pathway
- ✓ Equipment and services
- ✓ Multidisciplinary approach

Breast multidisciplinary meeting (MDM):

- Meeting of the core breast health professionals from the different disciplines to evaluate and plan patient care at any step of the diagnostic and treatment process.

Core team
Equipments, N. of dedicated specialists/ working time/workload –Breast radiology –Breast surgery and reconstructive surgery –Breast pathology –Breast medical oncology –Breast radiation oncology -Breast care nurse

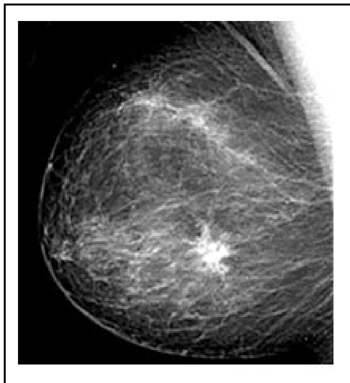
MDMs

- The Breast Centre must hold at least weekly a MDM to discuss diagnostic preoperative and postoperative cases, as well as any other issue related to breast cancer patients, which requires multidisciplinary discussion.
- Centre must discuss at least 90% of all breast cancer cases at MDM

Wilson et al. Eur J Cancer 2012

Pre-operative MDM

- Consider patient-related and tumour related factors that might influence treatment decision



- Different treatment options, if any, are discussed
- Involved team: radiologist, pathologist, medical oncologist, surgeon/ oncoplastic surgeon, radiation oncologist and breast care nurse

Post-operative MDM

- Definition of further therapeutic strategies based on type of surgery received and result of the pathology report

Accession Number: Report Status: Updated
Type: Surgical Pathology
Pathology Report:
CASE: PATIENT:
Date Taken : **2/12/2008** Source Care Unit: Same Day Surgery Unit

Path Subspecialty Service:Breast-1 Results To: Signed Out by:

Results
CLINICAL DATA right breast CA

FINAL DIAGNOSIS:
BREAST (RIGHT), EXCISION:
1. INVASIVE DUCTAL CARCINOMA WITH CALCIFICATIONS, SEE TABLE #1
2. DUCTAL CARCINOMA *IN-SITU* WITH CALCIFICATIONS
3. LOBULAR NEOPLASIA (ATYPICAL LOBULAR HYPERPLASIA)
4. HEALING BIOPSY SITE

TABLE OF PATHOLOGICAL FINDINGS #1
INVASIVE CARCINOMA
TUMOR SIZE: 1.2 x 1.1 x 0.9 cm (gross measurement)
GRADE: 2
LYMPHATIC VESSEL INVASION: Not identified
BLOOD VESSEL INVASION: Notidentified
MARGIN OF INVASIVE CARCINOMA: Focally positive at the anterior and medial margins of thespecimen
LOCATION OF DUCTAL CARCINOMA *IN-SITU*: Within and beyond the region of the mass
GRADE OF DUCTAL CARCINOMA *IN-SITU*:2
MARGIN OF DUCTAL CARCINOMA *IN-SITU*: The distances to all margins measure 0.2 cm or greater
STAINS FOR RECEPTORS: Requested on block B3

BREAST (RIGHT, FINAL INFERIOR MARGIN), EXCISION:
LOBULAR NEOPLASIA (ATYPICAL LOBULAR HYPERPLASIA)
(SEE NOTE)
NOTE: The atypical lobular cells are negative for ecadherin.

BREAST (RIGHT, FINAL MEDIAL MARGIN), EXCISION:
LOBULAR NEOPLASIA (ATYPICAL LOBULAR HYPERPLASIA)

BREAST (RIGHT, FINAL SUPERIOR MARGIN), EXCISION:
THERE IS NO EVIDENCE OF MALIGNANCY

BREAST (RIGHT, FINAL LATERAL MARGIN), EXCISION:
THERE IS NO EVIDENCE OF MALIGNANCY

- Information on global health status and concomitant medications are recovered from the clinical chart but further evaluated at the subsequent outpatient visit
- Involved team: pathologist, surgeon, medical oncologist, radiation oncologist and breast care nurse

MDMs

- Evidence on decisions taken for each patient at the MDM must be formally recorded.
- The team member’s participation in each MDM must be formally recorded.

Communication

- Following the appropriate MDM discussion to confirm the diagnosis and plan the treatment the results should be given to the patient by the clinician who will take primary responsibility for providing this treatment to this patient.

BMJ

BMJ 2012;344:e2718 doi: 10.1136/bmj.e2718 (Published 26 April 2012)

Effects of multidisciplinary team working on breast cancer survival: retrospective, comparative, interventional cohort study of 13 722 women

Eileen M Kesson *project manager*[1,4], Gwen M Allardice *statistician*[1,4], W David George *school of medicine honorary professor*[2], Harry J G Burns *chief medical officer for Scotland*[3], David S Morrison *director*[4]

Objectives To describe the effect of multidisciplinary care on survival in women treated for breast cancer.

Design Retrospective, comparative, non-randomised, interventional cohort study.

Setting NHS hospitals, health boards in the west of Scotland, UK.

Participants 14 358 patients diagnosed with symptomatic invasive breast cancer between 1990 and 2000, residing in health board areas in the west of Scotland. 13 722 (95.6%) patients were eligible

Intervention In 1995, multidisciplinary team working was introduced in hospitals throughout one health board area (intervention area), but not in other health board areas (non-intervention area)

Main outcome measures Breast cancer specific mortality and all cause mortality.

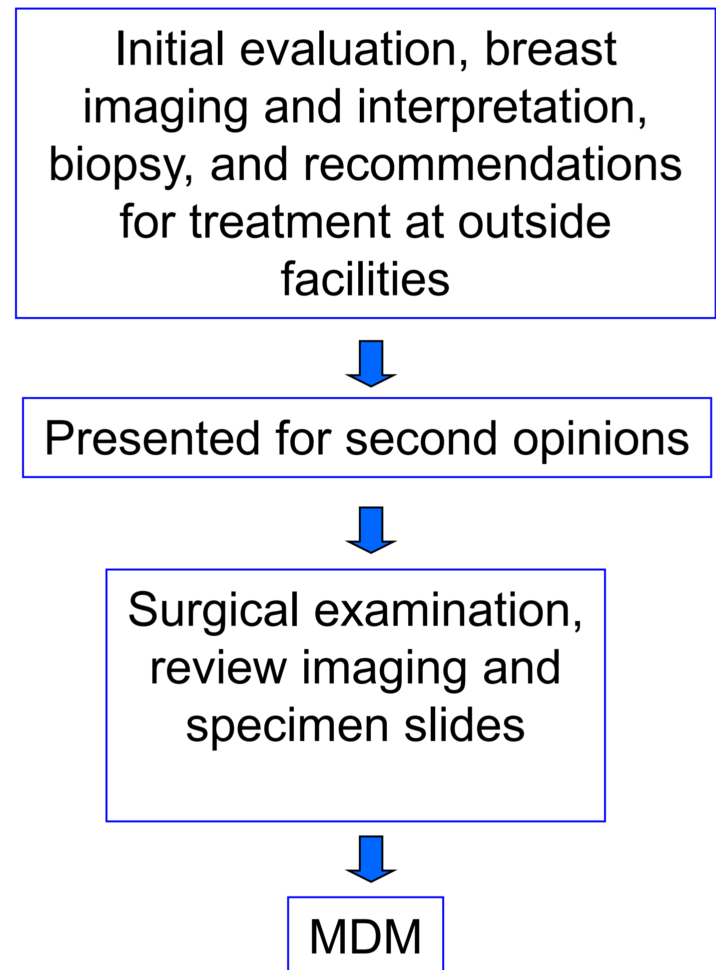
Results

- Before the introduction of multidisciplinary care (analysed time period January 1990 to September 1995), breast cancer mortality was 11% higher in the intervention area than in the non-intervention area
- After multidisciplinary care was introduced (time period October 1995 to December 2000), breast cancer mortality was 18% lower in the intervention area than in the non-intervention area

Kesson et al. BMJ 2012

Changes in Surgical Management Resulting From Case Review at a Breast Cancer Multidisciplinary Tumor Board

- **METHODS**. The medical records of 149 consecutive patients referred to a multidisciplinary breast cancer clinic over a 1-year period with a diagnosis of breast cancer were reviewed retrospectively for alterations in radiologic, pathologic, surgical, and medical interpretations
- **OBJECTIVE**. To evaluate the impact of a multidisciplinary approach on the surgical management of breast cancer



Newman et al. Cancer 2006

Results

- A review f the imaging studies resulted in changes in interpretations in 67 of the 149 patients studied (45%). This resulted in a change in surgical management in 11% of patients.
- Review of the pathology resulted in changes in the interpretation for 43 of the 149 patients (29%). Thirteen patients (9%) had surgical management changes made solely as a result of pathologic reinterpretation.
- In 51 patients (34%), a change in surgical management was recommended after discussion with the surgeons, medical oncologists, and radiation oncologists that was not based on reinterpretation of the radiologic or pathologic findings.
- Overall, a second evaluation of patients referred to a multidisciplinary tumor board led to changes in the recommendations for surgical management in 52% of cases

Newman et al. Cancer 2006

The requirements of a specialist Breast Centre

(in updating) produced by Eusoma and endorsed by ECCO as part of Essential requirements for quality cancer care programme (ERQCC)

"In Europe, most advanced/metastatic breast cancer patients are still treated outside multidisciplinary teams by isolated medical oncologists. Treating metastatic disease in specialised breast units/centres increases access to treatment according to international guidelines, loco-regional management of certain types of metastases, correct management of symptoms and side-effects of therapies, inclusion in clinical trials, adequate and early link to psycho-social supportive and palliative care, all of which are associated with higher quality of care and improved outcomes"

- "at least 50% of advanced, recurrent or metastatic patients must be discussed at the **breast multidisciplinary meeting** "

Back up

P5_TA(2003)0270

European Parliament resolution on breast cancer in the European Union (2002/2279(INI)

The European Parliament, ...

having regard to the recommendations of the European Society of Mastology (EUSOMA) set out in 'The requirements of a specialist breast unit'[4],

....

Calls for all women suffering from breast cancer to be entitled to be treated by an 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 ...

....

B6-0528/2006

European Parliament resolution on breast cancer in the enlarged European Union

The European Parliament, ...

Calls on the Member States to ensure nationwide provision of interdisciplinary breast centres in accordance with EU guidelines by 2016, since treatment in an interdisciplinary breast centre has been proved to raise chances of survival and to improve the quality of life,

Multidiscliplinary approach to breast cancer

- A long story ….. not yet a reality everywhere in Europe

European Journal of Cancer 72 (2017) 244–250

Position Paper

European Breast Cancer Conference manifesto on breast centres/units☆

Fatima Cardoso [a,*], Luigi Cataliotti [b], Alberto Costa [c], Susan Knox [d], Lorenza Marotti [e], Emiel Rutgers [f], Marc Beishon [c]

- The 2016 deadline for all patients in European Union countries to access specialist, multidisciplinary breast cancer units or centres, will be missed by most countries, despite numerous resolutions and declarations issued since the year 2000 that have called for universal specialist services. This means that many women, and some men, do not receive optimal breast cancer care in Europe.

" The problem is implementation, as it can require major reorganization of care"

Breast Centre

It is the place where breast cancer is diagnosed and treated.
It has to provide all the services necessary, from genetics and prevention, through the treatment of the primary tumor, to care of advanced disease, palliation and survivorship.
The Breast Centre is made up by a cohesive group of **dedicated breast cancer specialists working together as a multidisciplinary team** with access to all the facilities required to deliver high quality care throughout the breast cancer pathway

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EUSOMA EJC 2000
Wilson R et al. EJC 2013