

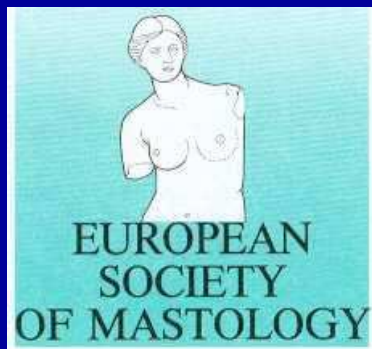


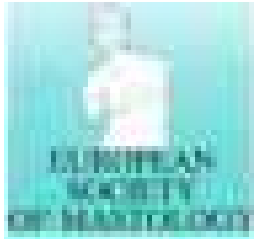
**The requirements of a specialist
Breast Unit**

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European Breast Cancer Conferences







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

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Florence Statement on Breast Cancer 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 multidisciplinary and multiprofessional breast clinics based on population of around 250.000

2ND EUROPEAN BREAST CANCER CONFERENCE



B R U S S E L S
26-30 SEPTEMBER 2000





PERGAMON

European Journal of Cancer 37 (2001) 1335-1337

European
Journal of
Cancer

www.ejconline.com

Statement

Brussels Statement document

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2.1 Breast Cancer should be managed in multidisciplinary clinics

... The Conference demands that national governments establish and accredit breast Units in their Countries...

EUSOMA Objectives to make available for all women in Europe a high quality specialist Breast service

- To prepare protocols
- To define the standards for Health Professionals dealing with Breast Cancer
- **To define the standards for such a service**
- To recommend that a means of accreditation and audit of Breast Units be established in order that Units providing this service should be recognizable to patients and to purchasers as being of high quality



PERGAMON

European Journal of Cancer 38 (2002) 226–234

European
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Cancer

www.elsevier.com

Position Paper

The requirements of a specialist breast unit

EUSOMA

EUSOMA Seminar, Viale B. d'Este 17, 20122 Milan, Italy

Received 24 February 2002; accepted 23 May 2002

www.eusoma.org

General recommendations

Breast Units should provide care of breast disease at all its stages from screening through to the care of advanced disease

General Recommendations

The Unit must have written protocols for diagnosis and for the management of cancer at all stages

Breast Units will most often be established in large or medium size hospitals; they should generally cover one quarter to one third of a million total population

General recommendations

- National population breast screening programmes should be based within recognised Breast Units and not work as a separate service
- There has to be a minimum size for Breast Unit from the point of view of numbers of specialist staff required, arrangements of frequent clinics, provision of equipment and cost-effectiveness

General Recommendations

Units must record the basic data on diagnosis, pathology, primary treatment and clinical outcomes. The data must be available for Audit and the Unit team should hold regular audit meetings

Performance and audit figures must be produced yearly and they must be set alongside defined quality objectives and outcome measures

Mandatory requirements

Critical mass

A Unit must be of sufficient size to have more than 150 newly diagnosed cases of primary breast cancer coming under its care each year

Mandatory requirements

Core Team

Each member of the core team must have special training in breast cancer above that given in general training in his/her discipline and obtained by spending a year in a unit recognised for training

Mandatory requirements

Core Team

- ✓ Breast surgeon
- ✓ Breast radiologist
- ✓ Breast diagnostic radiographers
- ✓ Breast pathologist
- ✓ Breast medical oncologist
- ✓ Breast radiation oncologist
- ✓ Patient support staff
- ✓ Data manager and filing clerks

Equipment

Imaging equipment

The Unit must be in possession of all necessary imaging equipment for complete and adequate breast diagnosis

Radiotherapy equipment

Radiotherapy may be delivered within the Breast Unit or patients may have to travel to a Radiotherapy Hospital

Facilities/Services

- **New patients clinics**
- **Communication of the diagnosis and treatment plan**
- **Multidisciplinary case management meetings**
- **Physiotherapy**
- **Adjuvant therapies**
- **Advanced and recurrent breast cancer clinics**
- **Follow-up clinics**
- **Benign disease**
- **Family history and genetics**
- **Reconstruction**
- **Patient Information**

Associated Services and non-core personnel

- Extra Psychological Support
- Plastic Surgeon
- Geneticist
- Palliative care service Prosthesis fitting service
- Physiotherapy and Lymphoedema
- Medical Physicist
- Nuclear Medicine Specialist

Research and Teaching

- *Breast Units should be encouraged to provide research opportunities*
- *The Unit must provide teaching. Some Units may particularly concentrate on certain areas (reconstruction, screening, pathology, etc)*



“European Parliament resolution on Breast Cancer in the European Union”

“The European Parliament...

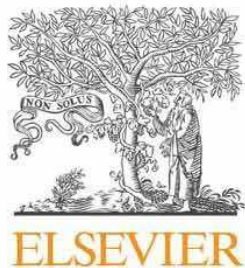
***having regard to the recommendations of the
European Society of Mastology (EUSOMA) set out in
“The requirements of a specialist breast unit”...***

***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...”***

Strasbourg June 2003

EUSOMA Objectives: to make available for all women in Europe a high quality specialist Breast service

- To define the standards for such a service
- To prepare protocols
- To define the standards for Health Professionals dealing with Breast Cancer
- **To recommend that a means of accreditation and audit of Breast Units be established in order that Units providing this service should be recognizable to patients and to purchasers as being of high quality**



available at www.sciencedirect.com



journal homepage: www.ejconline.com



Position Paper

EUSOMA accreditation of breast units

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The Breast Institute, Nottingham City Hospital, NG5 1PB, UK

Eusoma Breast Unit Accreditation

Eusoma has implemented a process of voluntary accreditation with the aim of assuring a high quality breast service across Europe for the benefit of women in all the member states

Eusoma Breast Unit Accreditation

European Advisory Committee:

It has no executive powers and is designed to act in a liaison capacity in supporting Eusoma Accreditation and to inform women of the advantages of Accredited Units

Eusoma Breast Unit Accreditation

Accreditation Board:

Chaired by Accreditation Co-ordinator (surgeon)
is composed by:

Surgeon, radiologist, radiation oncologist, medical oncologist, pathologist, clinical geneticist, audit adviser, patient advocate, breast care nurse

Eusoma Breast Unit Accreditation

Functions of the Accreditation Board:

*It is responsibility of the Accreditation Board to
decide on the Accreditation status of each Unit*

Eusoma Breast Unit Accreditation

- **Accreditation Coordinator**
 - ✓ *Coordinating site visit*
 - ✓ *Preparing reports*
- **Accreditation Board**
 - ✓ *Evaluating the Unit*
- **Eusoma Office**
 - ✓ *Organising the site visits*
 - ✓ *Sending out communications*
 - ✓ *Liasing with Units, Accreditation Coordinator, Accreditation Board*

Eusoma Breast Unit Accreditation

To evaluate a Unit the Accreditation Board has to consider the seven basic criteria:

- A single integrated Unit
- Sufficient cases to allow effective working and continuing expertise
- Care by breast specialists in all the required disciplines
- Working in multidisciplinary fashion in all areas
- Providing all the services necessary – from genetics and prevention, through the treatment of the primary tumour, to care of advanced disease and palliation
- Patient support
- Data collection

Eusoma Breast Unit Accreditation

Differences in health care policies from one country to another, must also be taken into account, although any such considerations must alter the basic criteria for accreditation

Eusoma Breast Unit Accreditation

*A **specialist breast Unit** is a working entity and does not have to be contained (although preferable) within a single geographical entity, although the constituent buildings must be sufficiently closely sited to allow true multidisciplinary working and all diagnostic procedures to take place at the first consultation. A Unit is defined by all aspects of Breast Cancer Care being offered by a multidisciplinary team of specialists in breast disease*



BREAST UNIT

Breast surgeon

Breast radiologist

Breast pathologist

Psyco-social-oncologist

Breast oncologists

Breast diagnostic
radiographers

Physioterapist

Plastic surgeon

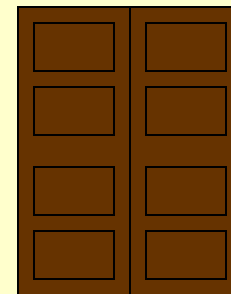
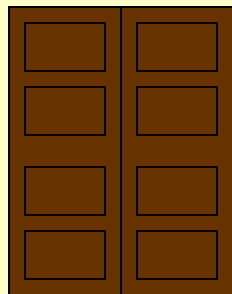
Clinical genetist

Breast care nurses

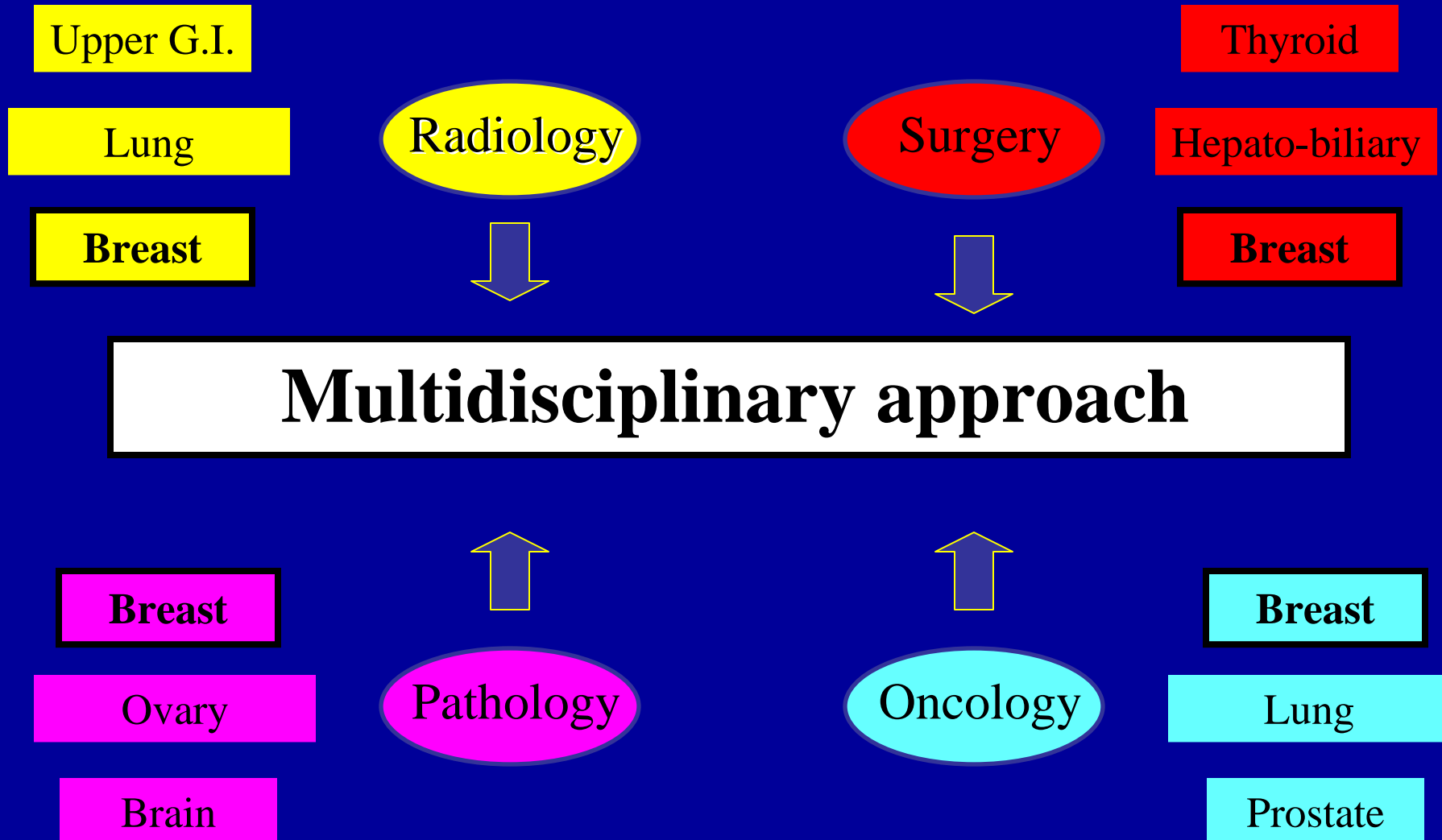
Data manager and filing
clerks

Prosthesis fitting service

Palliative care service



Functional Breast Unit



Eusoma Breast Unit Accreditation

Units are organised in three ways:

- *Specialist Breast Units providing all services (including diagnosis) except screening*
- *Specialist Breast Units covering all aspects of Breast Care with a Screening Unit incorporated or associated*
- *Screening Units (or) Diagnostic Units entirely self contained*

Eusoma Breast Unit Accreditation

Initial Accreditation:

It is on the potential (the capacity) of the Unit to meet the recommendation of the EUSOMA guidelines “The requirements of a specialist breast Unit”, their buildings, hardware, specialist team, protocols, service provision, data base and audit

Eusoma Breast Unit Accreditation

**Full Accreditation
(and Re-Accreditation after every 5 years)**

It will depend on Audit of Performance Indicators (such as pre-operative diagnosis rate, percentage of clear margins in breast conserving therapy) and Outcome Measures (such as Recurrence rate after breast conserving therapy). These will be measured on the data collected in the years after Initial Accreditation and transferred to the Eusoma database

A Unit may apply for Full Accreditation when it has 5 years of appropriate data (back data may be suitable)

Eusoma Breast Unit Accreditation

Initial Accreditation Procedure:

- Information on the process available on www.eusoma.org
- the units will be asked to fill in some questionnaires
 - a site-visit will be carried out

Eusoma Breast Unit Accreditation

Levels of Initial Accreditation

- ✓ Initial Accreditation
- ✓ Conditional Initial Accreditation
- ✓ Fail

Eusoma Breast Unit Accreditation

Database

One of the absolute requirements to be met for Initial Accreditation is on the ability to submit Audit data to Eusoma

The Unit must have an electronic database in place

Eusoma Breast Unit Accreditation

Full Accreditation :

- Largely electronic and based on the outcome measures for case management according to the Eusoma guidelines and recorded in the database designed for the Eusoma network
- Full Accreditation may be applied for when a Unit has 5 years of Audit Data

Eusoma Breast Unit Accreditation

Re-Accreditation :

Is applied every 5 years after Full Accreditation and will be based on performance indicators and long-term outcome measures



EUSOMA ACCREDITATION OF BREAST UNITS

EUSOMA confers Initial Accreditation to



Prof. L. Cataliotti
EUSOMA President

Prof. R. Blamey
EUSOMA Accreditation Coordinator