

New breast care network seeks to push up standards across the globe

→ Jim Boumelha

Cancer clinicians have a long history of collaborating across national boundaries to try to find out which therapies and protocols are most effective. Now a group of leading breast clinics have scored a first by setting up an international network focused primarily on improving the quality of their own clinical practice.

The breast cancer community prides itself in blazing a trail for other parts of oncology to follow, and this year it looks like it has done it again, with the establishment of the first international network of specialist clinics.

The SenoNetwork builds on work done by Europe's professional mastology organisation EUSOMA, together with the patient advocacy group EUROPA DONNA, to promote specialist breast units as the best environment for diagnosing and treating breast cancers.

It aims to help patients locate breast units in their country where they can receive high-quality treatment or get a second opinion. A directory published on their website www.senonetwork.org gives the contact details for all the members of the Network, together with 'key facts' about how many dedicated breast

surgeons work there, what services are provided and the number of new patients treated and mammograms done every year.

More importantly, perhaps, for the professionals involved, it aims to push standards of treatment up further.

Still in its infancy, the SenoNetwork has already attracted 38 breast units across the world – all but four, at this stage, based in Europe. Jacques Bernier, head of radiation oncology at the Genolier Swiss Medical Network and president of the SenoNetwork's scientific committee, believes its strong vision will form the bedrock for steady growth. "Our mission is threefold: to develop synergies among the breast units and to have good communications between groups; to help the physicians and the nurses of member institutions improve their work, through exchange of information; and to help cancer patients find

the right place for expert treatment and information," he said.

Signing up to that mission statement is, however, not enough to guarantee membership. Clinics wishing to join the SenoNetwork and be listed in their directory are required to submit detailed information about staffing, the functional and structural environment, equipment, case loads, training and quality assurance, based on the minimum requirements for a breast unit drawn up by EUSOMA and recommended by the European Commission. "The goal is not to fix very rigid rules," says Bernier, who notes that building international organisations requires taking into account the diversity in medical culture and traditions as well social environment and resources. "It is to see that, in terms of infrastructure, resources and a multidisciplinary approach, the centre is acceptable in such a network."

DIFFERENT ENVIRONMENTS

The private Hisar Intercontinental Hospital in Istanbul, Turkey – currently the only member of the Network in Asia – can certainly compare with most of its European counterparts.

It has state of the art equipment, provides reconstructive surgery, professional counselling and rehabilitation services, and is very strong on breast conservation and the use of sentinel node biopsies – its clinical director Serife Simke trained with Umberto Veronesi, who was a pioneer in these procedures.

However, it operates in a very different environment from many breast units in Europe, and Simke believes her clinic has an important role spreading knowledge to other centres treating breast cancer in Turkey.

“In some instances doctors do not recommend conservation surgery because they think that the patient cannot reach the radiotherapy or chemotherapy centre after surgery. Sometimes the problem is that they simply don’t know how to do it. We try to share our experience with other institutes. We have a national congress on breast cancer surgery, and we also have local meetings, twice a month, where we get together with other colleagues who are doing breast cancer surgery.”

It is the educational possibilities – not least the chance to participate in clinical trials – that particularly attracted Simke to joining the SenoNetwork. “I believe that one of the best solutions to get knowledge is to enter in a trial and to share the findings in my country. We have a lot of problems in breast cancer surgery, and we have no institute that specialises in breast cancer in Turkey. We need imme-



Quality care is a team effort. All breast units in the SenoNetwork work as teams of specialists from a variety of disciplines, including radiologists, pathologists, surgeons, medical oncologists, specialist breast nurses and more. The department of breast cancer at the European Institute of Oncology, pictured above, is one of seven Italian breast units listed in the SenoNetwork directory

diately to enter trials and to get some real statistics about these problems.”

The challenges facing the CHU Henri Mondor, one of France’s leading teaching hospitals in Créteil near Paris, are very different. But here too, the greatest asset of membership in the SenoNetwork is seen as the potential it offers for participating in research. Jean-Leon Lagrange, head of the radiotherapy department at the hospital’s breast unit, refers to recent French studies that show outcomes are better where patients are treated according to a trial protocol. “So it’s probably true to say that patients are treated best where the physician is involved in research or in group of research. SenoNetwork is one of the

groups – it is also an international group.”

As a radiation oncologist he is looking forward to new proposals for translational research protocols – part clinical activity and part laboratory research – “because, in my view it’s time to obtain biological data and to match it with the clinical data and the results of the prospective protocols, to obtain the best results of treatment.” He identifies as a particular priority finding ways to identify which patients require no adjuvant therapy – attention is currently focused on two alternative molecular signatures. “I think it’s a very important question for two reasons: first because there is toxicity in adjuvant therapy, and second for economic reasons.”

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PROMOTING BEST PRACTICE

Lagrange also looks beyond his own hospital to what the SenoNetwork can offer to countries where cancer treatment, and breast cancer care in particular, is less developed. "I have a long experience in visiting Chinese and Libyan hospitals and I've done many conferences there. One important message we need to get over is that you cannot have high standards of treatment if there are no meetings or conferences where you can plan the treatment strategy for each new patient. When I discuss with my Chinese residents they say, 'It's the surgeon who sees the patient first and he advocates mastectomy,' and every woman is treated with mastectomy, even though we know that in certain conditions this is not a good solution." He believes one of the most important things the SenoNetwork can do will be to help spread the practice of holding multidisciplinary boards among practitioners working in breast cancer across the world.

Bernier agrees that changing clinical practice must lie at the heart of the work of the SenoNetwork, but emphasises that even where multidisciplinary teams

are functioning well, teams have a lot to learn from one another. New knowledge is also being generated all that time, which needs to be incorporated into the way the teams work. "We are dealing with complicated things in terms of the lab and clinical research. What we want to do is to translate any recommendation on diagnosis or therapy into a user-friendly resource... and then circulate the kind of information that would enable every professional in each centre to choose the right decision process for a given situation."

This is all very much work in progress. The advisory board of the Network's scientific committee met for the first time in Barcelona last month to try to hammer out strategic options. There is a need to define the type of information that centres should be looking to circulate within the Network, says Bernier. "For instance it's very important that when you get an important result from a clinical trial that the information in these results is spread out among the member institutions."

He also envisages a role for the scientific committee in evaluating innovative therapies, such as partial breast

The directory. At www.senonetwork.org patients can find a list of quality breast clinics in their own country. Data on staffing, patient numbers and services offered, are provided for each clinic, together with contact details



irradiation and intra-operative irradiation. Then there is the question of developing some consensus guidelines for diagnosis and treatment. "The role of the scientific committee is certainly to develop that kind of consensus guideline and to have a strategic view on the platform in terms of exchange of information to help doctors, and to help nurses improve the quality of their work."

This would be an ambitious agenda even if it were confined to Europe. It is all the more so, given the international aspirations of the SenoNetwork "It won't be easy," Bernier admits. "Sometimes you will have to create several levels of recommendations in the guidelines, according to the level of expertise of the centre – a minimum package or an extra package – so it's a very long process. The key thing for us is to encourage among breast clinics who are members of the SenoNetwork a real dedication to all forms of clinical management, improving the quality and effectiveness of breast cancer care."

Talking quality. Representatives from 19 of the 38 members of the SenoNetwork met for the first time in Barcelona in September to discuss how the Network can best help them improve the care they provide.

They came from Belgium, Brazil, the Czech Republic, Hungary, Italy, Slovenia, Sweden, Switzerland, Turkey and the UK. Jacques Bernier is pictured standing



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