Multidisciplinary training for Senologists: experience of the Piedmont region

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Introduction
The guidelines on breast cancer [1-6] recommend the establishment of “Multidisciplinary Breast Units”. Therefore it is necessary that cases of breast disease are followed by a team consisting of specialists properly trained. Lack of multidisciplinary training is responsible not only for late diagnosis and under-treatment but also over-treatment, with aesthetic and functional results disabling, avoidable through coordination of procedures; furthermore the literature shows that patients treated by well trained specialists have a better survival [7].

The training projects for Senologists must be able to provide:
- 3rd ability to access, critically, to the scientific literature
- 2nd ability to participating in research trials
- The most recent and updated technical skills in its own discipline and knowledge of other professionals involved in the team.

To overcome these problems peculiar to that place, only the case is placed in an archetypal model: the Multidisciplinary Breast Unit. The surgery is performed in workplace controllers under the supervision of a tutor, who not only verifying the level of training, but also logistical and organizational problems emerges peculiar to that place. The case is performed in an archetypal model: the Multidisciplinary Breast Unit. The surgery is performed in workplace controllers under the supervision of a tutor, who not only verifying the level of training, but also logistical and organizational problems peculiar to that place. The case is placed in an archetypal model: the Multidisciplinary Breast Unit. The surgery is performed in workplace controllers under the supervision of a tutor, who not only verifying the level of training, but also logistical and organizational problems peculiar to that place. The case is placed in an archetypal model: the Multidisciplinary Breast Unit. The surgery is performed in workplace controllers under the supervision of a tutor, who not only verifying the level of training, but also logistical and organizational problems peculiar to that place. The case is placed in an archetypal model: the Multidisciplinary Breast Unit.

Material and methods
In Piedmont region is in the process of testing a draft training (FIM) funded by the Regional Oncology Network and with the University Master’s Degree in Senology, in which specialists in training, followed by a tutor, present clinical cases accompanied by radiographs and microscopic slides both during pre and post-operation: the case is discussed with the multidisciplinary team of tutors in the classroom and with the involvement of team of teachers (Figure 1-2).

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The results have been associated with the centres that have attended the training (presence of more specialists with a frequency of at least one third in one of the meetings or only one specialist at a frequency of at least half of the meetings: FIM+) to others (FIM-) and compared with the volume of activity of the centres (low volume =<10 new cases per year; medium = 10-150, high >=150).

Table 2 shows the distribution of cases treated for training and volume of activities of the centres.

Results
Multivariate analysis of the results (Table 3) shows that the FIM+ significantly influence the achievement of “target” and that is independent of the volume of activity for some important indicators. In fact, for example, centres that have training, during which it has rethought the importance of proper and through pre-operative framework decision on the implications of subsequent acts, have a positive prognostic diagnosis (53-83) in a higher percentage cases and almost always reach the indicator “no frozen in the T ≤3 cm”, however, not reached by the FIM- centres. All FIM+ centres the immediate through training, has been done significantly more than the presence of plastic surgeons in the FIM discussions brought a spread of reconstructive techniques. In trained centres, then, also thanks to discussions, seminars and lectures, and guidelines and consensus documents, updated information on the enlargement of the indications of the sentinel node biopsy, this method since in cases phosphates is performed in 95% of cases, target desirable, not reached by other centres.

As a result, only partly unexpected, as regards excessive use of sentinel node biopsy in “in situ” lesions of low/average grading and limited sizes, is significantly negatively related to training, as ability to perform the technique.

On the indicator on the correct axillary dissection (>9 lymph nodes removed), however, it has an impact only the volume of cases handled: in fact training was not performed on this aspect and as expected it is the experience that implements the technical capacity.

Regarding adherence to the requirements imposed in the guidelines for the Breast Unit, was sent a questionnaire to 20 centres (15 currently have responded) that cover at least 50 new cases a year.

Table 4, which shows the results divided for FIM+ and volume, shows that the multidisciplinary (presence of all the dedicated specialists in the service) and the easiness to have the availability to rehabilitation service (FTK) for the patients to be followed by the centres and volume of activity and FIM training.

The highest the most important requirement of the Breast Units, is regularly conducted in 7 of 8 centres FIM+ and at all centres with high volume and FIM+.

For other requirements analyzed, the formation of FIM+ seems to have an impact especially in medium-volume centres.

Conclusion
The analysis of the results shows the effectiveness of training conducted under this model since it gave the possibility to change the way we work by encouraging group interaction and allowing the improvement of individual indicators and the compliance with the requirements of the Breast Units. The FIM+ significantly affected the achievement of targets and, for some important indicators, irrespective of the volume of activities. Instead multidisciplinary was correlated with the volume and discussion of all clinical cases are regularly conducted in most FIM+ centres and at all centres with high volume and FIM+.

Unfortunately, the logistics and organizing the necessary resources, in economic terms and timing, are challenging and the difficulty of coordination is remarkable.

References
5) Fina Operativa Nazionale sul Carcinoma Mammario – TUMORI DELLA MAMMELLA guida sulle diagnosi e trattamenti della neoplasia, Marco 2001
8) Fellonero D, Willkinson S, Moore P. Communication skills training for health care professionals working with cancer patients, their families and/or carers. Cochrane Database Syst Rev. 2004(2):CD003751. Review.

Table 2. Cases screen-detected distribution for volume and training

<table>
<thead>
<tr>
<th>VOLUME</th>
<th>Trained centres (FIM+ 9)</th>
<th>Untrained centres (FIM-)</th>
<th>Number of cases</th>
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