

***CENTRI DI RIFERIMENTO PER IL TRATTAMENTO
DEL CARCINOMA INVASIVO.
CARATTERISTICHE CLINICO STRUTTURALI***

*Gruppo Italiano Screening del Cervicocarcinoma
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REDUCING THE VARIABILITY OF OUTCOME

- ✓ ***Evidence on **unequal mortality** rates for cancer across Europe***
- ✓ ***Heterogeneity of outcomes within regions and within Hospitals***
- ✓ ***Factors that account for variability of outcomes***
- ✓ ***Role of multidisciplinary teams and protocol applications.***

(Euro-Trans Med Progr. 1997)

REASON FOR THE VARIABILITY OF OUTCOME

- ✓ ***Poor data collection regarding the measure of the appropriateness of procedure***
- ✓ ***Poor continuing professional education***
- ✓ ***Few multi-disciplinary teams***
- ✓ ***Poor recruitment of patients to clinical trials***

(Mc Vie-EORTC President 1997)

IMPROVEMENT OF OUTCOME BY CLINICAL TRIALS

Entering patients into clinical trials improves their outcome over standard therapy, whichever the arm of the study they are in.



***Pediatric cancers:
children in clinical trials had a 20% better cure rate
compared with children on standard therapy***

(Mc Vie- EORTC President 1997)

GYNECOLOGIC ONCOLOGY CENTRE

- ✓ ***Integrated multidisciplinary decision making***
- ✓ ***Complex multimodality treatment***
- ✓ ***Rare/uncommon cancers***
- ✓ ***Working to protocols***

THE EUROPEAN GYNECOLOGICAL CANCER CENTRE

General requirements for Gynaecologic Cancer Care

Work Load

- ✓ *At least **100 new cases** of invasive genital cancer (excluding breast) / year to treat with **surgery**.*
- ✓ *At least **20 cases** / year to refer to **radiotherapy**.*
- ✓ *At least **20 cases** / year to refer to **chemotherapy**.*

General Characteristics

Within the same hospital



Hematologic laboratory

Radiodiagnostics

Outpatients clinic

Anaesthesiology

Intensive / Subintensive care

Endoscopy

Pathology - Frozen section

Cytology

Radiotherapy

Medical Oncology

Psycho-Oncology

Nuclear Medicine

Plastic surgery

Vascular Surgery

Palliative Care

Stoma Care

Lymphoedema treatment



In the same metropolitan area

SUBSPECIALTY IN OBSTETRICS AND GYNECOLOGY

Definition

Subspecialty is a highly qualified branch of obstetrics and gynaecology which requires:

- ✓ ***Expertise, practice and knowledge about the discipline.***
- ✓ ***A multidisciplinary team leaded by a subspecialist gynaecologist.***
- ✓ ***Specific personnels***
- ✓ ***Specific equipment and technology.***
- ✓ ***Specific and well established training curriculum***
- ✓ ***Free access to International Journals and collaboration with International Societies.***

SUBSPECIALITY OF GYNAECOLOGICAL ONCOLOGY

Definition

The Gynaecological Oncologist is a specialist in Obstetrics and Gynecology who is prepared to provide:

- ✓ **comprehensive management of gynaecological and breast cancer:**
 - screening,
 - diagnostic and therapeutic procedures
 - follow-up

 - ✓ **medical or surgical treatment of malignant disease of the female genital tract and breast.**
- ... and practice in an **institutional setting** where **all effective forms of cancer therapy are available.**

GYNECOLOGIST ONCOLOGIST SHOULD BE TRAINED IN:

✓ TRADITIONAL AREAS

- Surgery***
- Radiotherapy***
- Chemotherapy***
- Pathology***
- Intensive care***
- Imaging***

✓ MODERN AREAS

- Conduction of clinical trials***
- Home care***
- Multidisciplinary approach***
- Outpatient clinic***
- Multidisciplinary team***
- Day Hospital - Day Surgery***
- Palliative care***
- Psycho-oncology***
- Legal Medicine (informed consent)***

AIM OF TRAINING

To improve the care of patients with gynaecological malignancies

OBJECTIVES OF TRAINING

To train a subspecialist to be capable of:

- ✓ improving knowledge, practice, teaching, research and audit***
- ✓ co-ordinating and promoting collaboration in organising the service***
- ✓ providing leadership in the development and in research within subspecialty .***

ORGANISATION OF TRAINING

- ✓ *the **number** of subspecialists should be **strictly controlled***
- ✓ *training programme should be in a **multidisciplinary center***
- ✓ *center should use **guidelines** finalised by national professional bodies reviewed at regular intervals. These guidelines **will define cases** for which it is **necessary to refer** a patient to a subspecialist .*

EBCOG CONTRACT OF COLLABORATION

VISITING (Hospital Recognition) (1)

“ The subspecialist societies should collaborate with EBCOG in order to prepare guidelines for visits intended to focus on subspecialist training and set criteria for accreditation in subspecialist training ”

VISITING (Hospital Recognition) (2)

“ EBCOG, EAPM, ESHRE and ESGO should jointly decide on the recognition and accreditation of subspecialist training ”

EVALUATION OF CLINICAL AND TECHNICAL SKILLS

SCORING SYSTEM :

- 1 :** *Passive attendance , assistance*
- 2 :** *Needs close supervision*
- 3 :** *Able to carry out procedure under some supervision*
- 4 :** *Able to carry out procedure without supervision*
- 5 :** *Able to supervise and teach the procedure*

The **general aim** is to get at least **mark 4**.

GYNAECOLOGICAL CANCER

ASSESSMENT

| Target | Expected competence level Trainee ticks when achieved | | | | | Trainer signs when competence level achieved | |
|---|--|---|---|---|---|--|------|
| | 1 | 2 | 3 | 4 | 5 | Sign | Date |
| ◆ Clinical diagnostic skills | | | | | | | |
| ◆ Interpretation of laboratory , cytologic and pathologist results | | | | | | | |
| ◆ Interpretation of imaging :US, Tscan ,RMI, Mammography | | | | | | | |
| ◆ Knowledge of staging procedures | | | | | | | |
| ◆ Appropriate definition of prognosis and risks factors | | | | | | | |
| ◆ Choice of proper cancer treatment approach | | | | | | | |

Signature to confirm completion of the module :

Name of the trainer :

Date :

Hospital :

ORGANIZATION OF GYNAECOLOGICAL CANCER CARE

Primary care



Gynaecological Cancer Unit (GCU)



Gynaecological Cancer Center (GCC)

ORGANIZATION OF GYNAECOLOGICAL CANCER CARE

CANCER UNITS : *would serve populations (men and women, all ages) of at least 200,000 (anticipated range, 100,000 to 400,000); this would usually represent about 50 new referrals for gynaecological cancer per annum*

CANCER CENTERS: *would serve population of at least one million, with around 200 new referrals per annum*

GYNAECOLOGICAL CANCER UNIT (GCU)

A - Local rapid assessment service for all types of gynaecological cancers

B - Treat superficially invasive cervical disease and early cancers of the endometrium

C - Refer to Cancer Center of women with all other tumours

MEMBERS OF THE CANCER UNIT TEAM

- ✓ ***A lead gynaecologist,***
- ✓ ***A lead pathologist***
- ✓ ***A radiologist***
- ✓ ***A nurse***

MANDATORY LINKED SERVICES

- ✓ ***Pathology***
- ✓ ***Chemotherapy***
- ✓ ***Psychosocial and psychosexual counselling***
- ✓ ***Stoma care***
- ✓ ***Lymphoedema treatment***
- ✓ ***Palliative care***

GYNAECOLOGICAL CANCER CENTERS

“ Women with gynaecological cancers which are less common or more difficult to treat (ovarian cancers, later stage endometrial cancers, cancers of the cervix, vulva or vagina) should be managed by a specialist multiprofessional gynaecological oncology team based at a Cancer Center ”

MEMBERS OF THE CANCER CENTER TEAM

- ✓ ***2 gynecological oncologists***
- ✓ ***Radiotherapy specialist***
- ✓ ***Chemotherapy specialist***
- ✓ ***Radiologist***
- ✓ ***Histopathologist***
- ✓ ***Clinical nurse specialist***
- ✓ ***Data manager***

HOW THE CANCER CENTRE TEAM FUNCTIONS

*“The specialist gynaecological oncology team **should meet weekly to discuss the management** of individual patients.*

There should be joint or parallel clinics involving different disciplines, so that individual patients can be seen and discussed by two or more team members together.

*More than one person **may be required to fulfil** each role in the team, depending on workload “*



RETE ONCOLOGICA PIEMONTE - VALLE D'AOSTA

La Rete Oncologica del Piemonte e della Valle d'Aosta è un sistema di cura e assistenza dedicato alle persone affette da patologie tumorali.

La Rete si articola sul territorio interregionale grazie alla presenza di 9 Poli Oncologici e all'attivazione di nuove strutture e modalità operative: i Centri Accoglienza e Servizi (Cas) e i Gruppi Interdisciplinari Cure (Gic).

CAS: struttura di riferimento del paziente in termini di assistenza, orientamento e supporto

GIC: stabilisce i percorsi di cura più appropriati fondandosi su un approccio clinico interdisciplinare