Conclusions: The MSAC service provides for individualised evidence based multidisciplinary management in an important area of cancer survivorship. In addition it also allows for unique educational and research opportunities and should be considered for replication in other health settings.

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Follow-up after breast cancer by primary care physicians in the Ile-de-France region

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Background: Due to the increase in new breast cancers and the improvement in long-term prognosis, follow-up (F/U) of patients (pts.) cannot be carried out entirely in specialized cancer centres. The Réseau Gynécomed was created to transfer the follow-up of patients to primary care physicians (PCP).

Material and Methods: Between July 1998 and October 2009, 1703 pts. with either early stage breast cancer, including DCIS, who did not received adjuvant chemotherapy, or with any non-metastatic breast cancer with at least 5 years event-free survival, were offered to be entirely followed by their PCP. Following informed consent, patients were regularly followed according to protocol with a bi-annual clinical examination during the first 5 years, and yearly thereafter, and annual uni/bilateral mammograms. The protocol required the PCP to address a F/U form to the referring centre at each consultation. The referring centre was required to see the patient for any new occurring event. Breast cancer events were regularly recorded, and patients satisfaction studies were performed.

Results: Nine centres in Paris and its region included 1703 pts. who were followed by 170 PCP, mostly medical gynaecologists. Six hundred twenty-four pts. (43%) were included at the end of treatment, and 825 pts. (57%) after 5 years of event-free F/U in the referring centre. As per October 2009, the median F/U was 28 months (range 0–129) and 42 events were diagnosed: 24 loco-regional recurrences, 5 distant metastases, 13 controlateral breast cancers. In addition, 9 non-breast cancers occurred. Seventy-two pts. were lost to F/U (5%). The mean delay between two 6-months scheduled F/U visit was 7.3 months; it was 11 months between two 1-year planned F/U. Average excellent satisfaction score measured on 1245 pts. was 83%.

Conclusions: This study showed that follow-up of early stage breast cancer pts. by their PCP was feasible. Compliance to follow-up protocol by PCPs was excellent, and patient satisfaction score was above 80%. Therefore, complete transfer of F/U to PCP of pts. with early breast cancer could represent a good alternative to F/U in cancer centres.

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Multidisciplinary training for Senologists: experience of the Piedmont region

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Background: The guidelines on breast cancer 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.

The training projects for Senologists must be able to provide 1) the ability to access, critically, to the scientific literature 2)the ability to participating in research trials 3) the most recent and updated technical skills within its own discipline and knowledge of other professionals involved in the team 4)to monitor its business practice through software, as such SQTM that measures the indicators of quality of diagnosis and treatment 5)councelling with the patient and within a working group 6)the ability to teach and pass on their experience.

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 Master's degree in Senology, in which participants, mentoring teachers, discuss clinical cases accompanied by illustrations for the verification of the correct diagnosis–treatment. During period 2006–2009 were held 50 monthly meetings and were presented 92 cases. From these have emerged the need to deepen and/or updates that have generated a series of training events.

Results: To evaluate the usefulness of the FIM were analyzed 1) the indicators of quality and 2) has been verified, through a questionnaire, the effective compliance of the requirements of the Breast Units. The results have been associated with the centres that have completed the training (FIM+) and compared with the volume of activity centres (low volume <50 new cases per year, medium 50–150, high >150). Analysis of the results showed that the FIM+ significantly affected the achievement of targets and, for some important indicators, irrespective of the level of activities. Instead multidisciplinarity 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+.

Conclusions: Preliminary analysis of data 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.

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High prevalence of BRCA1/2 mutations in female breast cancer (BC) patients with family history and triple negative phenotype (TNBC)

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Background: The prevalence of *BRCA1*/*BRCA2* mutations has classically been analyzed based on personal and family history of breast and ovarian cancer. It is important to know the prevalence of *BRCA1/2* mutations in patients with TNBC phenotype since germline status might be predictive of chemosensitivity.

Material and Methods: We analyzed the mutation status of 229 consecutive unrelated female BC patients from our hereditary breast cancer database that had undergone full genetic testing of *BRCA1*/*BRCA2* (direct sequencing and large rearrangement analysis). Univariate analyses were performed to compare the prevalence of mutations between TNBC and non-TNBC according to family history (breast/ovarian cancer in $1^{st}/2^{nd}$ degree relatives) and age at diagnosis (dichotomized at 50).

Results: Overall, 48/229 (21%) carried a mutation, 21 (9%) in *BRCA1* and 27 (12%) in *BRCA2.* TNBC were diagnosed in 54/229 (24%) women. 17/229 (7%) women had a TNBC and carried a *BRCA1/2* mutation *BRCA1* mutations were found in 28% (15/54) of TNBC versus 3% (6/175) of non-TNBC (Ratio 8.1, $p < 0.001$), while *BRCA2* mutations were more prevalent in non-TNBC (14% versus 4%, ratio 3.5, $p < 0.05$). All TNBC patients with a *BRCA1/2* mutation (17/54:32%, 15 in *BRCA1* (28%) and 2 (4%) in *BRCA2*), regardless of their age at diagnosis, had a family history of breast or ovarian cancer.

Conclusions: In our cohort, 32% of BC patients with TN phenotype and family history carry a mutation in *BRCA1/2*, regardless of their age at diagnosis. At the time of designing clinical trials *BRCA1/2* germline status should be considered in patients with TNBC and family history of breast/ovarian cancer.

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Enhancing the quality of care in patients with breast cancer: seven years experience with a regional audit system

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Background: In order to increase the insight into the breast cancer care and to initiate care improvement initiatives, between 2002 and 2008, the