

sult in context with other tumour characteristics. Any successful long term marriage requires hard work by both sides and has many ups and downs. Success will benefit both parties and most importantly the patient.

Wednesday, 20 March 2002

14:45–16:15

EUROPA DONNA SYMPOSIUM

## Building a multidisciplinary team

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INVITED

### EUSOMA guidelines – the framework

L. Holmberg. *University Hospital, Regional Oncologic Center, Uppsala, Sweden*

The EUSOMA guidelines are a result of a broad professional and consumer collaboration to set standards for management of women with breast cancer. Differences in clinical management matter. There are regional differences in survival and mortality (also when we correct for the underlying incidence) in breast cancer and there are clinically relevant differences in results between institutions. We have rational arguments to believe that a substantial part of these differences are due to how breast cancer is diagnosed and treated. The course of the psychosocial rehabilitation after a breast cancer diagnosis is influenced by how the professional team communicate and interact with the breast cancer patient. Behind the guidelines is also a common value ground of creating equal opportunities for all women with breast cancer in Europe.

The guidelines rest on a set of basic principles of which to me the following are the most essential. First is the recommendation that a multidisciplinary and multiprofessional team in an integrated manner leads the management of women at high risk for breast cancer, the diagnostic work-up, the psychosocial support, the treatment, follow-up and the research. Further, the guidelines acknowledge that a team approach is necessary to offer women with breast cancer up to date diagnosis and treatment. A subspecialisation is needed in the core professions dealing with breast cancer. The subspecialisation in turn calls for training within each discipline especially targeted for breast cancer management. The team must have an accountable leadership and a goal for the future is an accreditation mechanism for teams. Finally, there is a demand to measure the outcome.

The EUSOMA guidelines create a strong framework to foster better clinical management of breast cancer. They are a good weapon in the hands of consumers and health professionals to demand reasonable support for the infrastructure of breast cancer prevention and care. Interesting challenges and questions remain. Which elements in the organisation of care do really matter for long term results? Which are the key outcome variables to follow? How can we better support clinical studies and translational research within this framework? When our studies of outcome reveal substandard practise, are we prepared to act?

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INVITED

### The role of the family doctor

D. Lister. *Abbey Medical Centre, London, United Kingdom*

The role of the family doctor is changing. The traditional GP has been involved in the care of the patient and family "from cradle to grave". I will mention some of the changes later.

The GP's Role

Diagnosis

Referral

Acting as advocate for the patient

Support during treatment

Follow up

Support following treatment

Education

Palliative care

Support for the patient's family

Screening

Referral of at risk relatives for screening

The above list details the present role of the family doctor in the care of the breast cancer patient.

However there are changes taking place in how GP's deliver care.

Change and the future

Walk in centres and NHS direct (increasing importance of the nurse's contribution)

Continuity of care in the new NHS ?Patient held records

The role of genetic testing

Internet-help or hindrance?

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INVITED

### The nurse - an integral member of the multidisciplinary team

P. Hargadon. *ARC Cancer Support Centre, Breast Cancer Nurse Counsellor, Dublin, Ireland*

Evidence exists that referral to a specialist breast clinic where there is a multidisciplinary approach to treatment results in improved survival outcomes for women with breast cancer. The EUSOMA guidelines state that the Breast Care Nurse Specialist (BCNS) - with specialist training in breast cancer - is a core member of the multidisciplinary team. It is well documented that the BCNS provides psychosocial support, education and information to women with breast cancer and this helps them to meet their health care needs.

This presentation will define the role of the BCNS in a multidisciplinary team context. Particular emphasis will be placed on the core concepts of education and training, clinical focus, skills, patient advocacy, audit and research. Effective multidisciplinary teamwork models, that demonstrate the positive outcomes for women where the BCNS is an integral part of the breast cancer treatment team, will be examined. Deterrents to the successful integration of the BCNS into the team are also discussed. The presentation will conclude with a case study on the recent integration of the BCNS into a multidisciplinary team at a specialist breast clinic in Dublin, Ireland.

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INVITED

### Building a multidisciplinary team – Europa Donna's role and contribution

M. Buchanan. *Europa Donna, Meapham Kent DA130, UK*

Europa Donna (ED), The European Breast Cancer Coalition's Mission is to promote best practice in all aspects of breast cancer for the women of Europe. This Mission Statement is built on the ten goals of the organisation. The goals promote breast awareness, dissemination and exchange of factual up-to-date information about breast cancer; they emphasise the need for appropriate screening and early detection and they address optimum treatment, appropriate training for health professionals, regular quality assessment of equipment, the advancement of research and that women fully understand the vital importance of clinical trials.

These goals underpin our commitment to the establishment of specialist breast units. The framework for establishing these has been set by the EUSOMA Guidelines and we have already heard that the basis of such a unit is the multi-disciplinary team. ED subscribes fully to this concept, supports the EUSOMA Guidelines and is already advocating at European Parliamentary level for their implementation. To enhance this, we would press for accreditation across Europe of these specialist breast units and ultimately, of breast specialists.

In the Guidelines, associated services and non-core personnel are listed. These include dedicated psychological support and an identified physiotherapist trained in the treatment of lymphoedema. ED strongly recommends the inclusion of these professionals if the care of the patient is to be fully comprehensive. We also believe there is a place for an appropriate, well trained and well informed volunteer.

The paper discusses the way in which Europa Donna sees its position in the pursuit of specialist breast units based on their multi-disciplinary teams and how, as the leading breast cancer advocacy group in Europe, it is training its members in advocacy skills to promote the vital importance of these units. Information and education are the other key elements in this process and our programmes are directed towards ensuring that our members are well informed and fully able "to take their seat at the table" so that the woman's voice is heard and welcomed there. All "sides" are recognising this as the way forward in the fight against breast cancer.