Towards Harmonisation of Breast Care in Europe

Christos Markopoulos

Medical School, National and Kapodistrian University of Athens, Athens, Greece

Breast cancer is the most common cancer in Europe, and it is the leading cause of death from cancer in the European female population [1]. However, the situation is variable among European geographical regions, with the highest incidence rate in Northern and Western EU countries, but the highest death rates from breast cancer are found in Eastern EU countries [2].

Although higher rates of new breast cancer cases per year are most likely due to different lifestyles and socioeconomic statuses of women among European countries, differences in disease outcome are clearly reflecting inequalities in breast care services provided across Europe. Indeed, more favourable disease outcome is the result of the existence of national screening programs for early diagnosis, organised national programs for the education and training of breast specialists, breast care provided in organised breast units and not in general medical departments, adoption of European practice guidelines, and, of course, adequate funding of the health system and research as well.

Addressing this problem is a major challenge and demands systematic efforts at central European level and co-operation at country level towards harmonisation of breast care in Europe, so that every European woman should have the same quality of breast care services, irrespective of which part of the EU she lives in.

Training and education of breast care specialists in all disciplines is critical to the quality of breast care provided, but although efforts have been made on a European level to develop a common curriculum which should be adopted by all European education systems, there are still

certain difficulties such as differences in the length or content of training. Breast surgery, for example, is a subspecialty of general surgery in some countries and of gynaecology in others, whilst training in reconstructive breast surgery as well as in oncoplastic techniques is included in the breast surgery curriculum only in a small number of countries. Facing this problem, UEMS (the Union of European Medical Specialists), organised in sections of specialties and divisions of subspecialties (breast surgery being one of them), has developed a training curriculum and European examinations [3]; however, these qualifications have not yet achieved pan-European recognition and exams are taken by breast specialists on a voluntary basis. The same problem is with the system of ensuring “continuing medical education – CME,” which, although critical, in most countries is still not officially mandatory after completing basic training.

Treatment within a properly organised breast unit has been shown to improve the chances of survival and quality of life of breast cancer patients. EUSOMA (the European Society of Breast Cancer Specialists) firstly published “The Requirements of a Specialist Breast Centre” in 2000 and an update in 2013 [4], including clear indications in regard to the availability of services and equipment, the dedicated breast team composition working in a multidisciplinary model, and the necessity of a minimum number of 150 new breast cancer cases treated per year; an updated version defining the minimum requirements and quality indicators was published in 2016 [5]. However, despite the fact that two EU parliamentary resolutions on breast cancer were published towards this di-

rection in 2003 and 2006, the 2016 EBCC (European Breast Cancer Congress) manifesto on breast centres identified that the 2016 deadline for all patients in EU countries to access breast centres was not met by most countries [6]. Furthermore, although there is a number of breast centre-specific certification schemes currently available in Europe, accreditation of breast centres to ensure that breast care is provided on a standard European level is still running on a voluntary basis.

Similar to the above, problems exist throughout the EU countries in regard to every aspect of breast care, including also the adoption of new therapeutic agents by national health systems and reimbursement policies to protect breast cancer patients from financial hardships and distress. All these problems are presented and discussed in a number of comprehensive review articles written by expert colleagues and included in this special issue of *Breast Care*.

Ideally, we should have breast specialists of all disciplines educated and trained to the same level according to a European curriculum, working in the same multidis-

ciplinary environment of a systematically evaluated and accredited breast centre, providing health services following common European guidelines. At the same time, European countries should adopt common screening rules for early diagnosis of breast cancer and treatment and follow-up of patients, adequately fund basic and clinical research, renewal of equipment of breast units, and adoption of innovative diagnostic technology and new effective therapeutic agents, and finally, develop nationwide quality control systems.

Most importantly, EU governments should make sure that every woman has access to the same level of breast care services, irrespective of where she lives and with no economic burden. European policy makers should set up this goal as a priority, working together with medical scientific societies and professional organisations at the European and national level as well. The ultimate target is to reduce the negative impact of breast cancer to European societies by improving breast cancer prevention, diagnosis, and care across Europe.

References

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