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Establishing a formal Sarcoma Centre for children and adults at the Lausanne University Hospital (CHUV)

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Introduction

In Switzerland, approximately 350 newly diagnosed sarcomas were documented annually from 2009 to 2013¹. In 2015 and 2016, 137 patients, including 14 children, were treated at the Lausanne University Hospital (CHUV).

As sarcomas are a composite group of rare and aggressive tumours, it has been recognised that patients' care is improved through multidisciplinary management in specialised centres²⁻⁴. Even though at CHUV multidisciplinary care of sarcoma was standardised since many years, the decision in 2013 to create a formal Sarcoma Centre was motivated by the following reasons:

- 1) The Swiss Public Health Ministers decided to concentrate paediatric sarcoma management in four hospitals, including the CHUV (Decision MHS 2013-2050);
- 2) Physicians and researchers aiming at improving sarcoma management and fighting against inappropriate treatments created in 2013 the Swiss National Sarcoma Advisory Board and a sarcoma cohort database (more info at: www.sarcoma.ch).
- 3) The Federal Office of Public Health's released a national campaign to improve rare disease management from childhood to adulthood.

Hence, based on a literature review and previous experiences from breast⁵, prostate⁶, and thoracic tumour centres, the project to establish a dedicated Sarcoma Centre started in 2014 in order to 1) increase coordination among professionals, caregivers, and medical disciplines, and 2) encourage general practitioners and specialists to early refer patients to a specialised sarcoma centre, at least for a second opinion. In this article, we detail how we achieved these aims, display some preliminary indicators and discuss them in the light of the objectives we set.

Increasing the coordination among professionals and medical disciplines within the CHUV

In order to achieve the first aim, we:

1. Improved multidisciplinary tumour boards organisation,
2. Adapted international guidelines to our own infrastructure,
3. Designed clinical pathways, and
4. Set up a centre database

Improve the organisation of multidisciplinary tumour boards

Tumour boards (TB) or multidisciplinary cancer conferences are the cornerstone of multidisciplinary cancer care⁷ as they allow healthcare professionals from different disciplines to meet and discuss patient diagnosis and treatment plans. Given that the degree of organisation and the type of communication in TB have a direct impact on the quality of patient care^{8,9}, our first action was to improve the organisation of the existing children and adult TB by:

- Identifying mandatory/key (surgeons, medical and paediatric oncologists, radiation oncologists, radiologists, pathologists and advanced practice nurses) and optional participants (psychologists, nutritionists, etc). The American College of Surgeons Committee on Cancer recommend that mandatory participants attend at least 75% of the TBs¹⁰. At the CHUV, the decision was taken to cancel TB when key participants were not replaced. As far as optional participants are concerned, it was found that their presence improved discussions and decision-making within the TB¹¹. Also, they are permanently invited to attend according to their interest and/or implication in patients' care.



Fig. 1. Adults' tumor board at the CHUV Sarcoma Centre: the nuclear physician and the radiologist discuss patient's images. Medical oncologists, radio-oncologists, surgeons and pathologists confer about diagnosis and treatment options. The secretary, on the left, takes notes.

- Making the pre-treatment presentation of each patient mandatory. Breast¹² and prostate¹³ centre requirements also recommend at least 90% of patients to be presented at least at one TB. At the CHUV Sarcoma Centre, the TB also allows physicians to discuss patients with benign or borderline pathologies who need lengthy investigations and/or follow-up in order to exclude malignancy. This provides clinicians with the possibility of discussing and opting for the best treatment and assessing its efficacy.
- Scheduling TB weekly and centralising case announcements: the centre secretary collect details from the patient files and send them along with invitations to the TB. Physicians coming from outside the CHUV are also welcome to present and discuss their patients anytime.
- Updating discussions and recommendations in patient's electronic medical file in order to improve the diffusion of information within the CHUV and to the referring physicians.

As education is an essential objective in university hospitals, residents are strongly encouraged to present patients' cases at TB. Core members are in charge of their supervision and reporting.

Adapt international guidelines to CHUV infrastructure

Guidelines are essential for good medical practice since they provide a common reference for medical decision-making^{14, 15}. As part of the CHUV Sarcoma Centre project, clinical practice guidelines were adapted from international standards¹⁶. Guidelines for the diagnosis and treatment of children and adults with sarcoma have been diffused since May 2015 and are currently used as standard in patient care. Switzerland has also established national sarcoma guidelines within the Swiss National Sarcoma Advisory Board, which is now a medical society where the Lausanne University Hospital is actively represented.

Design clinical pathways

Clinical pathways depict and describe the care of patients with similar diagnoses¹⁷. They are usually based on local guidelines and aim at improving the quality, efficiency and security of care by raising professionals' awareness about what is expected to happen and when. Also, they allow us to measure delays, monitor deviations and facilitate the inclusion of patients in clinical trials. Clinical pathways are used at our Sarcoma Centre since September 2015. They encompass descriptions of the activity of the professionals involved in each step of the care, including advanced practice nurses, social workers and psychologists. Moreover, considering the medical, legal and psychosocial stakes of the transition from child to adult care of rare disease (<http://www.orphanet.ch/>), we developed specific consultations and a care map to strengthen the communication between paediatric and adult teams.

Set up a centre database

Prospective data collections provide physicians and caregivers with a common platform to perform research and write scientific publications and to improve the quality of care¹⁸⁻²⁰. At the CHUV sarcoma centre, data managers are responsible for gathering data from patient's hospital files and ensure their quality through internal audits. All the data are collected and protected according to the current ethical and legal regulations. Our database is also used to include patients in the Swiss Sarcoma Cohort Study database.

Encouraging patients' referrals from general practitioners and specialists to a specialised centre

The second aim of the project was to ease patients' referral by general practitioners and specialists²¹ and raise awareness on this rare disease.

To do that, we created a website (www.chuv.ch/sarcomes) and intranet spaces providing contact details for patients' referral:

- Children: +41 21 314 18 61, dmcp.ped.onco@chuv.ch
- Adult: +41 21 314 01 60, cco.secretariat.sarcomes@chuv.ch

When a physician contacts the Centre, secretaries are responsible to collect and transfer the relevant information to the specialized oncologists or surgeons, who analyse the case and feedback the requester.

In addition, annual symposia contribute to medical education and provide specialists and general practitioners with information about up-to-date diagnostic tools and treatments. The 4th symposium will take place at the CHUV on November 16th 2017.

Results

The process of establishing a formal Sarcoma Centre at the CHUV started in January 2014 and the Centre opened officially on October 1st 2016. Table 1 displays some statistics, used to monitor the Sarcoma Centre activities and processes:

Centre des sarcomes 	4^{ème} Symposium des sarcomes Jeu di 16 Novembre 2017 : 15h-18h Auditoire Mathias Mayor
Programme	
15H – Accueil Pr George Coukos ou Pr Solange Peters	
15H10 – Modérateur 1 / Modérateur 2	
15H10 - Traitements systémiques des tumeurs desmoides de l'enfant et de l'adulte Pr Antoine Italiano, Médecin spécialiste des sarcomes, Institut Bergonié, France	
15H40 – Tumeurs musculosquelettiques: quand est-ce que l'imagerie suffit? Dr Patrick Omoumi, Médecin associé, Service de Radiodiagnostic et radiologie interventionnelle du CHUV	
16H00 - The clinical impact of sarcoma classification: from morphology to NGS Prof. Angelo Paolo Dei Tos, Professor of Pathology, University of Padua School of Medicine Treviso, Italy	
16H30 – Pause	
17H – Usage de l'allo greffe massive après résection de sarcomes osseux Dr Valérie Dumaine, Médecin, Chirurgie orthopédique et traumatologie à l'hôpital COCHIN, France	
17H30 - Traitements des sarcomes par radiothérapie aux particules (protons + ions carbonés) Dr Piero Fossati, Chercheur au CNAO (Centro Nazionale di Adroterapia Oncologica) Milan, Italie	
18H – Conclusions Pr. Maja Beck Popovic, Médecin cheffe de l'Unité d'hématologie oncologie pédiatrique du CHUV Dr. Maurice Matter, Médecin chef, Chirurgie viscérale et Répondant médical du centre des sarcomes du CHUV	
Apéritif	



Fig. 2. The Pediatric haemato-oncology sarcoma team, including medical and surgical oncologists, nurses, social workers, psychologists and data-managers.



Die Referenzen finden Sie unter:
www.swiss-knife.org

		2015	%	2016	%
N		80		57	
Demographics	<16 years old	9	11.2	5	8.8
	Living in the VD County	38	47.5	34	59.7
Sarcomas' origin	Bones	12	15.0	8	14.0
	Soft tissues	68	85.0	49	86.0
	referred after whoops procedures*	5	7.4	3	6.1
Tumour board (TB)	Patients presented at least at one TB	78	97.5	55	96.49
	Mean of TB per patient	3		2	
	Patients presented at the TB before any treatment	59	73.8	54	94.8
	Mean working days between 1st visit and pre-treatment TB**	4.7		5.2	
	Mean working days between pre-treatment and 1st treatment TB**	18.5		18.5	
Biopsies at CHUV		51	63.8	28	49.1
Patients that had therapies at CHUV	Surgery	56		35	
	Chemotherapy	26		14	
	Radiotherapy	17		6	

* whoops procedure are unplanned excisions of sarcomas (22)
 ** are excluded relapses, children and wait-and-see patients

Table 1: CHUV Sarcoma Centre 2015-2016 statistics

Discussion

Between 2008 and 2013, the Swiss cancer league reported a mean annual incidence of 270 new cases of soft tissue sarcomas and 90 bone and cartilage sarcomas¹. Assuming a stable incidence in 2015 and 2016, our data show that the CHUV takes care of one patient out of six diagnosed with a sarcoma in Switzerland. Indeed, about half of the referred sarcoma patients live outside the Vaud County. Also, most of the biopsies and treatments were realized at the CHUV. These numbers altogether confirm the CHUV's position as a reference centre in Switzerland. Despite this fact, several patients were referred after a «whoops» procedure, suggesting that information about these rare tumours and referral should still be improved.

2015-16 statistics also prove that the CHUV sarcoma centre works consistently with the aforementioned principles. Indeed, mean number of TB presentations per patient is higher than the mandatory pre-treatment presentation. Even though the 100% target was not achieved, pre-treatment presentation improved dramatically from 2015 to 2016. Regardless, we keep improving information about mandatory pre-treatment presentations and we expect to achieve the target of 100% in 2017.

As far as the whole procedure is concerned, the mean delay (working days) between patient's 1st medical appointment and the TB presentation and the mean delay between TB and 1st treatment showed that care is provided quicker than breast and prostate centres' international standards^{12, 13}. Altogether these data suggest that the procedures designed for the CHUV sarcoma centre are efficient. With the current organization, the Centre can fulfil the three main academic tasks: clinical expertise, teaching and promotion of research¹⁸.

Conclusion

We have established a formal Sarcoma Centre at the CHUV and have overcome the common barriers of multidisciplinary work within medical disciplines and caregivers. Results confirm the CHUV's position as a reference centre for children and adults sarcoma care in Switzerland. Also, performance indicators suggest that the designed procedures are efficient and consistent with international recommendations. In the future, efforts should be provided in maintaining these standards and improving early referrals.

Acknowledgements

The authors would like to thank the Sarcoma Centre data managers for their help.

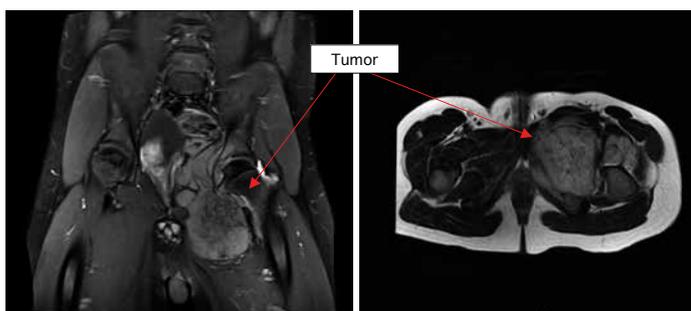


Fig. 3: Ewing sarcoma of the pelvis in a 14 year old boy

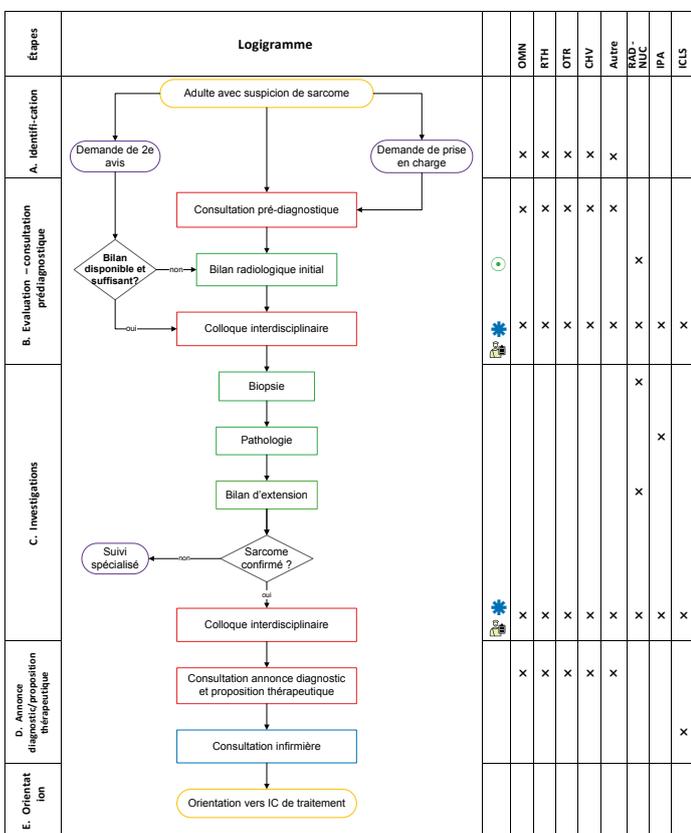


Fig. 4: Clinical pathway (with medical responsibilities) of sarcoma diagnosis and staging in adults. Similar pathways are designed for treatment, for both adults' and children's care.



Call for applications for the research development venture of the ARS

“Bridge to academic career” grants 2018

The ARS aims to enhance academic interest in surgical residents and fellows and to foster clinically relevant translational research in Switzerland. Since 2009, 11 applicants received ARS bridge grants for their outstanding projects. For the 6th edition again, 30,000.-CHF are made available by the ARS and SGC to fund 1-2 applicants involved in research, at a stage when they are not ready for a SNF or other competitive funding. The home institution warrants an adequate support (1:1 matching grant + protected time).

Eligibility criteria

- The applicant is a surgical resident or fellow with a clear career plan.
- The applicant should be member of the ARS (no membership fee).
- Areas of research: General, visceral, thoracic and trauma surgery
- The home institution provides full support (1:1 matching grant, protected time).
- The research takes place in Switzerland.

Applications should be submitted until February 4th 2018 as one PDF file to the project coordinator of the ARS (martin.hubner@chuv.ch) containing:

- CV (2 pages) and list of publications.
- Scientific part including preliminary data, research plan, time frame (2 pages).
- Budget for the proposed study and planned financing (1 page).
- Statement by the home institution declaring financial matching, protected time and including a letter of support from the mentor.

The board members of the ARS and the delegate for research from the SGC/SCC council will select the candidates and announce the awardee(s) during the annual congress in Basel, May 16 – 18, 2018.

CONTACT: PROJECT COORDINATOR “BRIDGE GRANT” OF THE ARS
 PD DR. MED. MARTIN HÜBNER E-MAIL: MARTIN.HUBNER@CHUV.CH
 VISCERAL SURGERY, LAUSANNE UNIVERSITY HOSPITAL (CHUV), CH-1011 LAUSANNE



Schweizerische Gesellschaft für Chirurgie
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Association for Research in Surgery

16th ANNUAL SCIENTIFIC WRITING COURSE

The Association for Research in Surgery (ARS) of the Swiss Surgical Society, in collaboration with the British Journal of Surgery, is organizing a two-day retreat designed to teach the theoretical and practical aspects of writing good scientific manuscripts. The course will include both formal lectures on various aspects of scientific writing, as well as tutorial sessions incorporating practical exercises, during which participants will have the opportunity to critically appraise their unpublished manuscripts.

Speakers:

- | | |
|-----------------------------------|---|
| Prof. Abe Fingerhut, MD | Editor, Cochrane Group |
| Prof. Des Winter, MD, FRCS | Editor, British Journal of Surgery |
| Prof. Dr. med. Yves Harder | ARS board member |
| PD Dr. med. Martin Hübner | Assoc. Editor, World J Surg, ARS Vice-President |
| Dr. med. Ksenija Slinkamenac, PhD | Statistics |

Date: Thursday, December 7th and Friday, December 8th, 2017
 Location: Hotel Uto Kulm****, Uetliberg, Zürich, Switzerland
 Language: English

Registration fee (including hotel****, all meals and course material): 750 CHF / 720 Euro

This course is accepted as postgraduate training by the Swiss Surgical Society (18 rating points) and is limited to 30 participants.
 This course is designed for participants from all medical specialties (counts as 18 rating points towards continuous medical education for all specialties).

Registration deadline: October 31st, 2017

Organizers:

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