CURA.R.T.E.
ALIMENTAZIONE, RICERCA, TERAPIA, EMOZIONE

Convegno di Fondazione IncontraDonna | PRIMA EDIZIONE

ROMA, 14|06|2023
BOSCOLO CIRCO MASSIMO

Fondazione IncontraDonna
OCCUPIAMOCI DI SALUTE

INNOVAZIONE E NETWORK NELLA GESTIONE DELLA NEOPLASIA MAMMARIA

PDTA, Ricerca e Networking

Nicla La Verde

Con il contributo non condizionante di:

FUJIFILM

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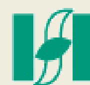
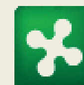
PDTA, ricerca e networking

Nicla La Verde
Direttore UOC Oncologia
Ospedale Luigi Sacco – Polo Universitario
Milano



Ospedale Luigi Sacco
POLO UNIVERSITARIO

Sistema Socio Sanitario



Regione Lombardia
ASST Fatebenefratelli Sacco

Caso clinico

Special Series: NCI-ASCO Teams | ORIGINAL CONTRIBUTION

Care for a Patient With Cancer As a Project: Management of Complex Task Interdependence in Cancer Care Delivery

Julia R. Trosman, PhD, Ruth C. Carlos, MD, MS, Melissa A. Simon, MD, MPH, Debra L. Madden, William J. Gradishar, MD, Al B. Benson III, MD, Bruce D. Rapkin, PhD, Elisa S. Weiss, PhD, Ilana F. Gareen, PhD, MPH, Lynne I. Wagner, PhD, Seema A. Khan, MD, Mikele M. Bunce, PhD, Art Small, MD, and Christine B. Weldon, MBA

Journal of Oncology Practice, November 2016

Ospedale Luigi Sacco POLO UNIVERSITARIO
Sistema Socio Sanitario Regione Lombardia
ASST Fatebenefratelli Sacco

- 32 year old female just married
- wishing to have children
- lives in a low-income suburb of an urban area
- unemployed
- she has Medicaid insurance

Diagnosed breast cancer:
stage II, 3 cm, triple-positive, clinically node negative

Journal of Oncology Practice, November 2016

PARTIES INVOLVED

IN THE PATIENTS'S CURE

SURGERY

ONCOLOGIST

PSYCOSOCIAL OFFICE

PRIMARY CARE PROVIDER

MEDICAID INSURANCE

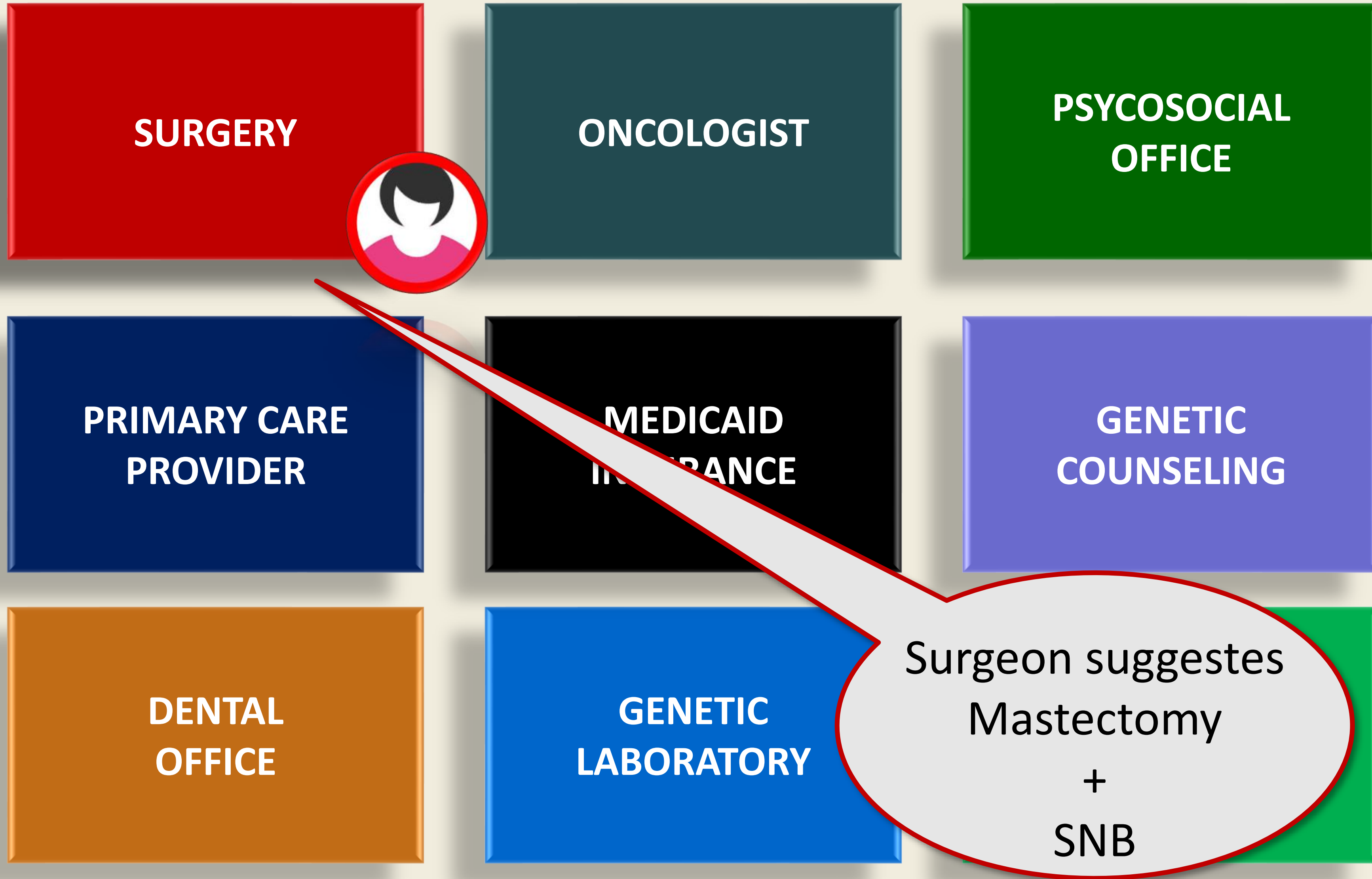
GENETIC COUNSELING

DENTAL OFFICE

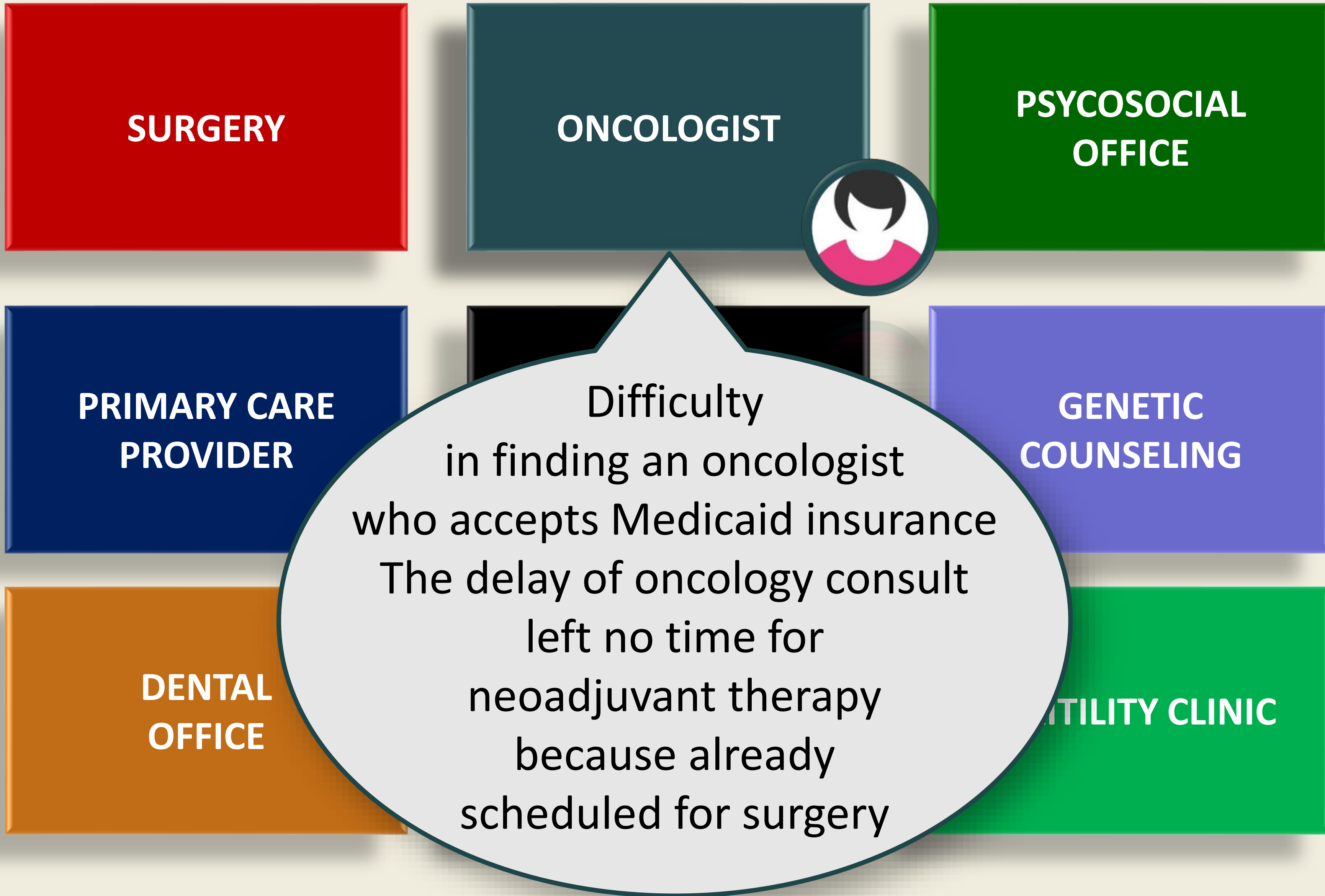
GENETIC LABORATORY

FERITILITY CLINIC

Journal of Oncology Practice, November 2016



Journal of Oncology Practice, November 2016



Journal of Oncology Practice, November 2016

SURGERY

ONCOLOGIST

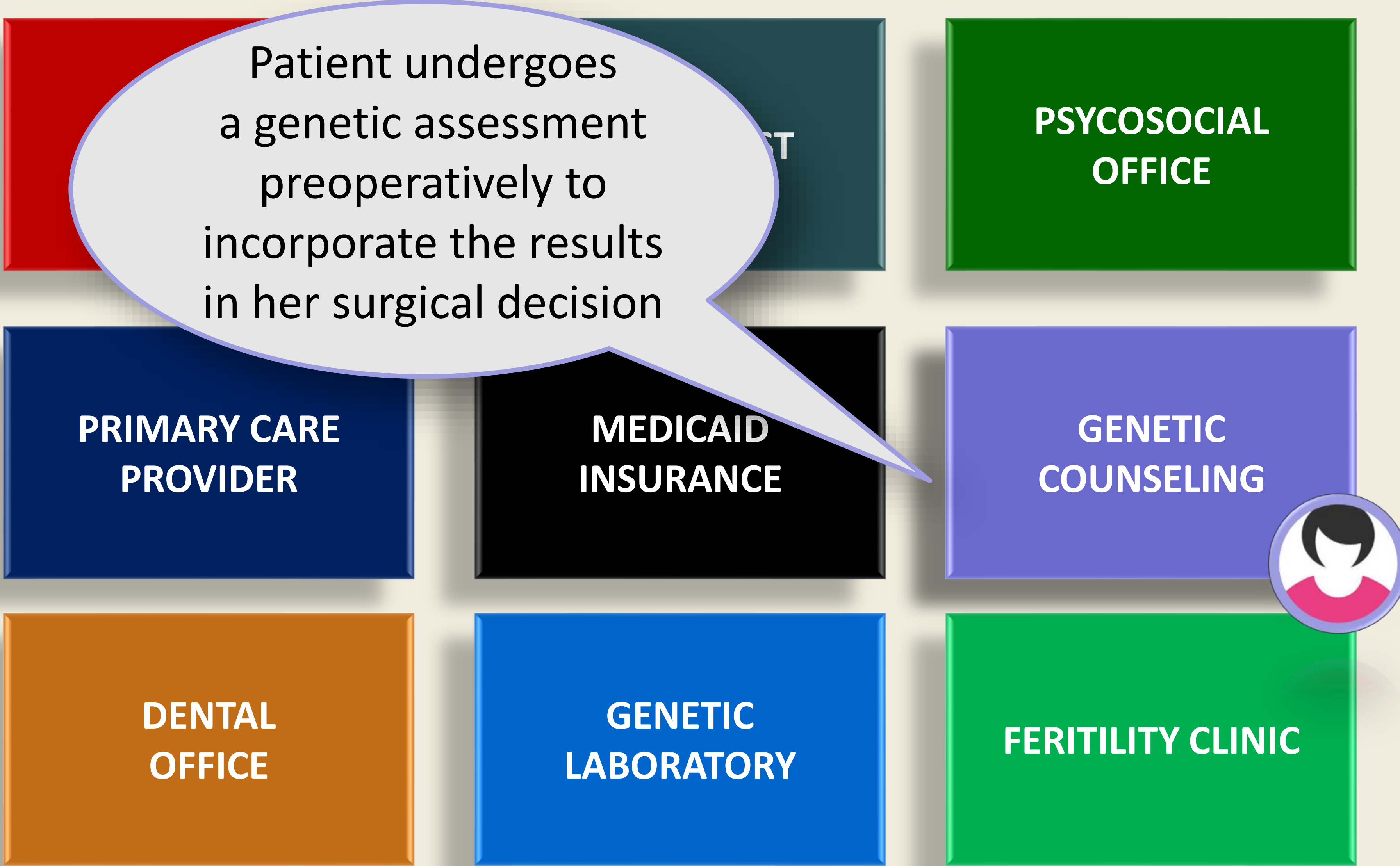
PSYCOSOCIAL OFFICE

GENETIC COUNSELING

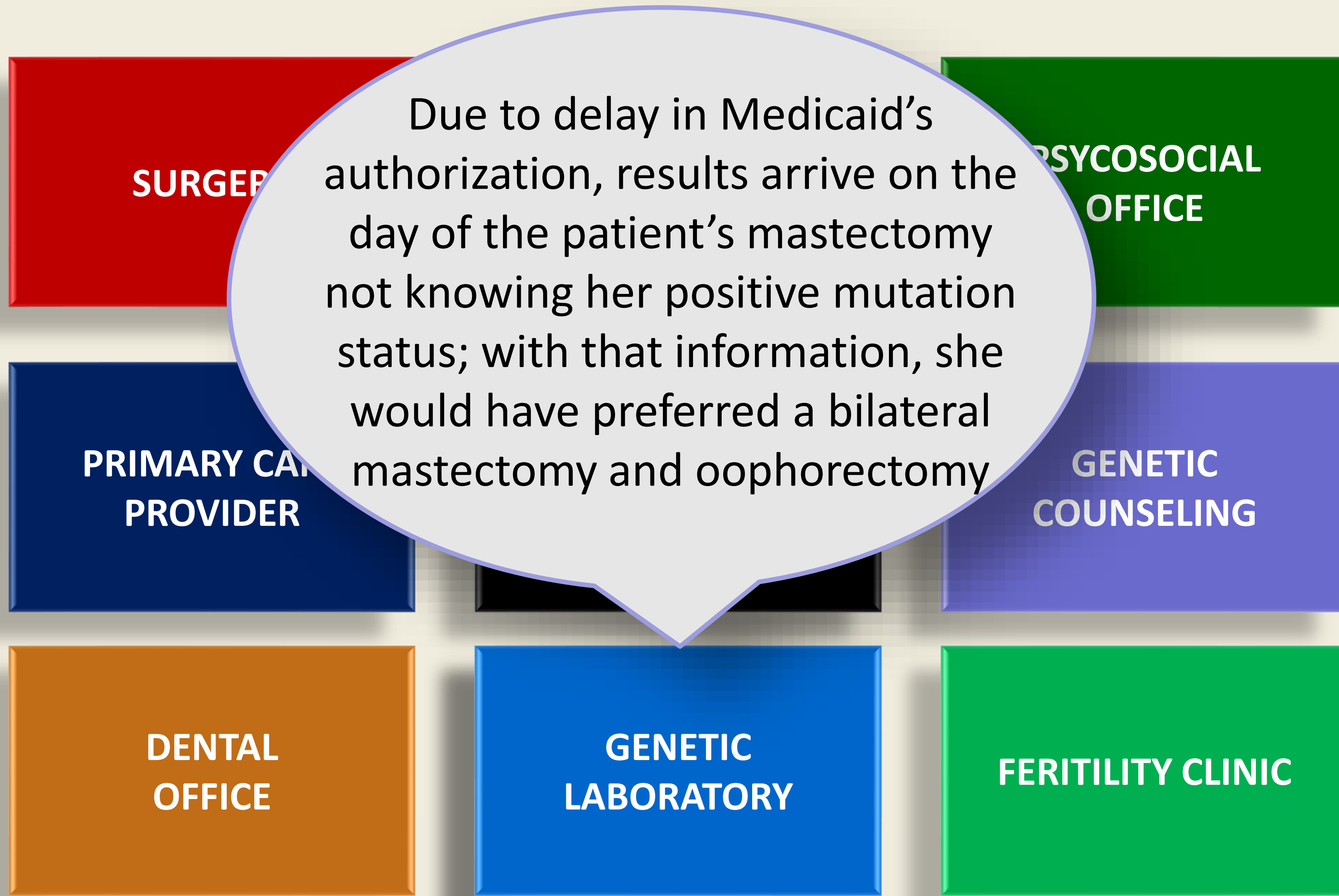
FERITILITY CLINIC

Having not received psychosocial assessment until adjuvant therapy, the patient experiences anxiety about delays and proceeds with a mastectomy and thus forgoes a chance for preoperative tumor reduction and breast-conserving surgery

Journal of Oncology Practice, November 2016



Journal of Oncology – Practice, November 2016



Journal of Oncology Practice, November 2016

Patient and husband wish to undergo fertility preservation,
But a delayed fertility appointment and projected start of the procedure conflict with the beginning of systemic therapy.
Her fertility is impaired by systemic therapy

PSYCOSOCIAL OFFICE

GENETIC COUNSELING

DENTAL OFFICE

GENETIC LABORATORY

FERITILITY CLINIC

Journal of Oncology Practice, November 2016

SURG

PSYCOSOCIAL OFFICE

PRIMA

PROV

ENETIC

OUNSELING

The patient procrastinates dental care suggested by the Oncologist also for difficulty with Medicaid insurance. She ignored the interdependence between completion of dental work and the start of systemic therapy. She develops a severe dental infection and a subsequent drop in blood count, which causes hospitalization and interruption of systemic therapy

DENTAL OFFICE

GENETIC LABORATORY

FERITILITY CLINIC

Journal of Oncology Practice, November 2016

SURGERY

ONCOLOGIST

Missing

PRIMARY CARE PROVIDER

MED

RANCE

COUNSELING

DENTAL OFFICE

GENETIC LABORATORY

FERITILITY CLINIC

Journal of Oncology Practice, November 2016

SURGERY

Few oncologists accept Medicaid Insurance

PSYCOSOCIAL OFFICE

PRIMARY CARE PROVIDER

MEDICAID INSURANCE

GENETIC COUNSELING

Delay in Medicaid's authorization for genetic testing

GENETIC LABORATORY

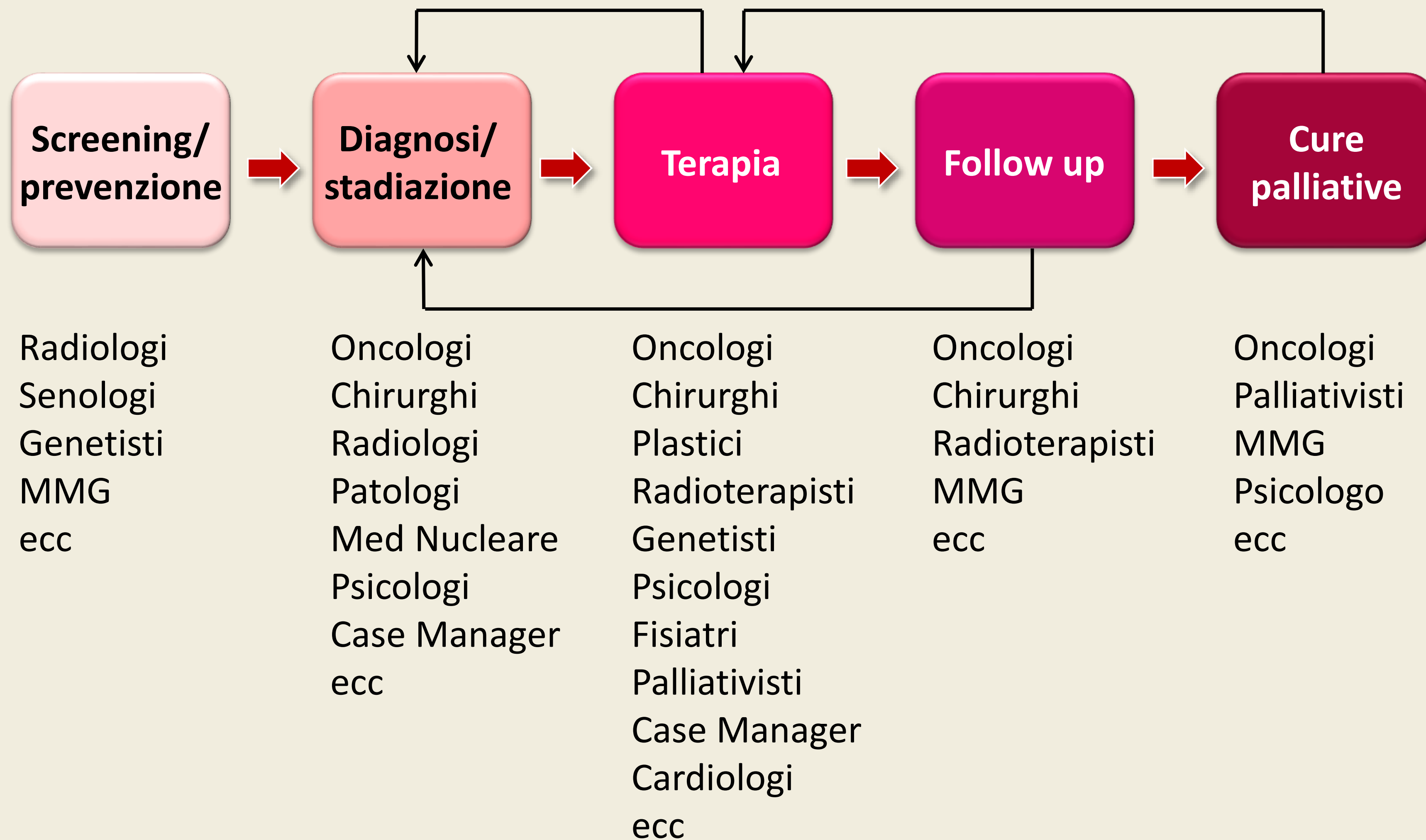
Few dentists accept Medicaid insurance

Journal of Oncology Practice, November 2016

Conclusions from case report

- The patient did not receive the optimal treatment for her early breast cancer
- No mistake was done from every single professional involved in the patient management
- The fragmentation, the lack of a pathway and the lack of a coordination across provider specialties and clinical domains are evident
- Nobody took in charge the patient
- But it doesn’t happen only in the USA….

Il percorso di una donna con neoplasia mammaria



Percorso di diversi anni e trasversale a più specialisti

RICERCA

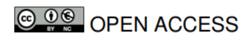
Multidisciplinary team in breast cancer

BMJ

BMJ 2012;344:e2718 doi: 10.1136/bmj.e2718 (Published 26 April 2012) Page 1 of 9

RESEARCH

Effects of multidisciplinary team working on breast cancer survival: retrospective, comparative, interventional cohort study of 13 722 women


OPEN ACCESS

Eileen M Kesson *project manager*[1 4], Gwen M Allardice *statistician*[1 4], W David George *school of medicine honorary professor*[2], Harry J G Burns *chief medical officer for Scotland*[3], David S Morrison *director*[4]

13722 patients diagnosed with symptomatic invasive breast cancer between 1990 and 2000

In 1995, multidisciplinary team working was introduced in hospitals throughout one health board area (Greater Glasgow; intervention area), but not in other health board areas in the west of Scotland (non-intervention area).

After multidisciplinary care was introduced (time period Oct. 1995 to Dec. 2000), **breast cancer mortality was 18% lower** in the intervention area than in the non-intervention area (0.82, 0.74 to 0.91)

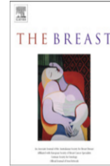
Multidisciplinary team in breast cancer

The Breast 21 (2012) 261–266

Contents lists available at SciVerse ScienceDirect

The Breast

journal homepage: www.elsevier.com/brst



Original article

Effect of hospital volume on processes of care and 5-year survival after breast cancer: A population-based study on 25 000 women

France Vrijens [a,*], Sabine Stordeur [a,c], Koen Beirens [b,d], Stephan Devriese [a,c], Elizabeth Van Eycken [b,d], Joan Vlayen [a,c]

[a] Belgian Health Care Knowledge Centre (KCE), Boulevard du Jardin Botanique, 55, B-1000 Brussels, Belgium
[b] Belgian Cancer Register, Koningsstraat 215, B-1210 Brussels, Belgium

25178 women with invasive breast cancer in 111 hospitals.

6/11 **process indicators** showed higher rates in **high-volume hospitals**:

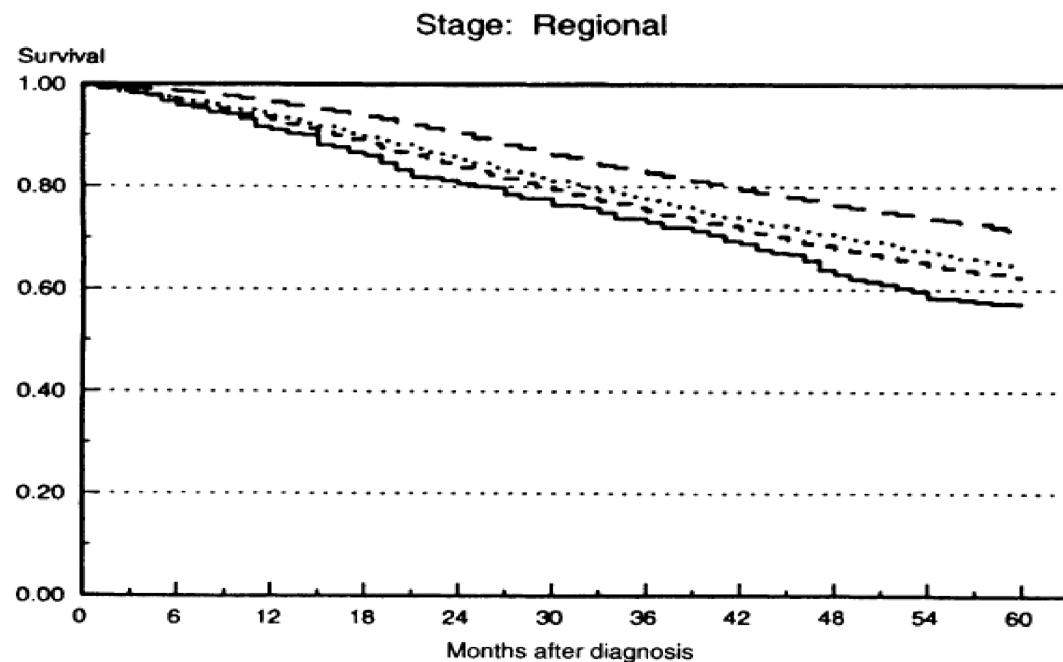
- multidisciplinary team meeting
- cytological/histological assessment before surgery
- use of neoadjuvant chemotherapy
- breast-conserving surgery rate
- adjuvant radiotherapy after breast-conserving surgery
- follow-up mammography

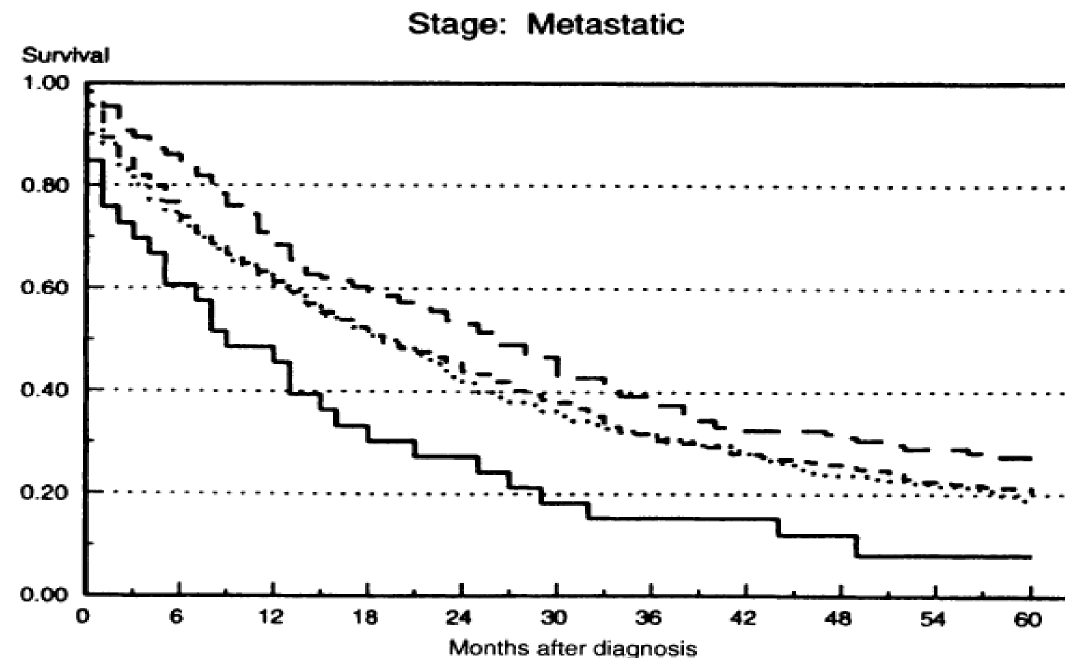
The 5-year observed survival rates were **74.9%**, 78.8%, 79.8% and **83.9%** for patients treated in very-low-, low-, medium- and high-volume hospitals respectively

Hospital Volume Differences and Five-Year Survival from Breast Cancer

Patrick J. Roohan, MS, Nina A. Bickell, MD, MPH, Mark S. Baptiste, PhD, Gene D. Therriault, MSPH, Elysa P. Ferrara, MPA, and Albert L. Siu, MD, MSPH

American Journal of Public Health , March 1998





Note. Hospital volume was defined as number of breast cancer surgeries per year:
Very low (<10) per year ———
Low (11–50) per year - - - - - - -
Moderate (51–150) per year — - - — - -
High (151+) per year – —— – ——

European Journal of Cancer (2013) 49, 3579–3587

Available at www.sciencedirect.com
ScienceDirect
journal homepage: www.ejcancer.com

ELSEVIER

The requirements of a specialist Breast Centre

A.R.M. Wilson [a,*], L. Marotti [b], S. Bianchi [c], L. Biganzoli [d], S. Claassen [e], T. Decker [f], A. Frigerio [g], A. Goldhirsch [h], E.G. Gustafsson [i], R.E. Mansel [j], R. Orecchia [k], A. Ponti [g], P. Poortmans [l], P. Regitnig [m], M. Rosselli Del Turco [n], E.J.Th. Rutgers [o], C. van Asperen [p], C.A. Wells [q], Y. Wengström [i], L. Cataliotti [r]

3.2. *Critical mass*

A Breast Centre must be of sufficient size to have at least 150 [6–8] newly diagnosed cases of primary breast cancer (at all ages and stages together) coming under its care each year, on a population base of about 250.000 [2,9].

VOLUME 32 · NUMBER 8 · MARCH 10 2014

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Clinical Impact of Delaying Initiation of Adjuvant Chemotherapy in Patients With Breast Cancer

Debora de Melo Gagliato, Ana M. Gonzalez-Angulo, Xiudong Lei, Richard L. Theriault, Sharon H. Giordano, Vicente Valero, Gabriel N. Hortobagyi, and Mariana Chavez-MacGregor

Conclusion

TTC influenced survival outcomes in the overall study cohort. This finding was particularly meaningful for patients with stage III BC, TNBC, and trastuzumab-treated HER2-positive tumors who experienced worse outcomes when chemotherapy was delayed. Our findings suggest that early initiation of chemotherapy should be granted for patients in these high-risk groups.

PDTA

… **strumento locale di governo clinico** che permette alle singole Aziende Sanitarie di delineare, rispetto ad una patologia o ad un problema clinico, la **migliore sequenza temporale e spaziale possibile** degli interventi da effettuare per risolvere i problemi di salute di una *tipologia* di pazienti, sulla base delle conoscenze tecnico-scientifiche ed in relazione alle risorse organizzative, professionali e tecnologiche disponibili.

Il PDTA deve garantire

- Accesso dei pazienti con canali preferenziali dedicati
- Percorsi facilitati e pianificati
- Contenimento dei tempi di attesa
- Rispetto dei criteri di appropriatezza
- Presa in carico del paziente
- Monitoraggio dell'applicazione del percorso

Il PDTA 'vissuto' nella pratica clinica

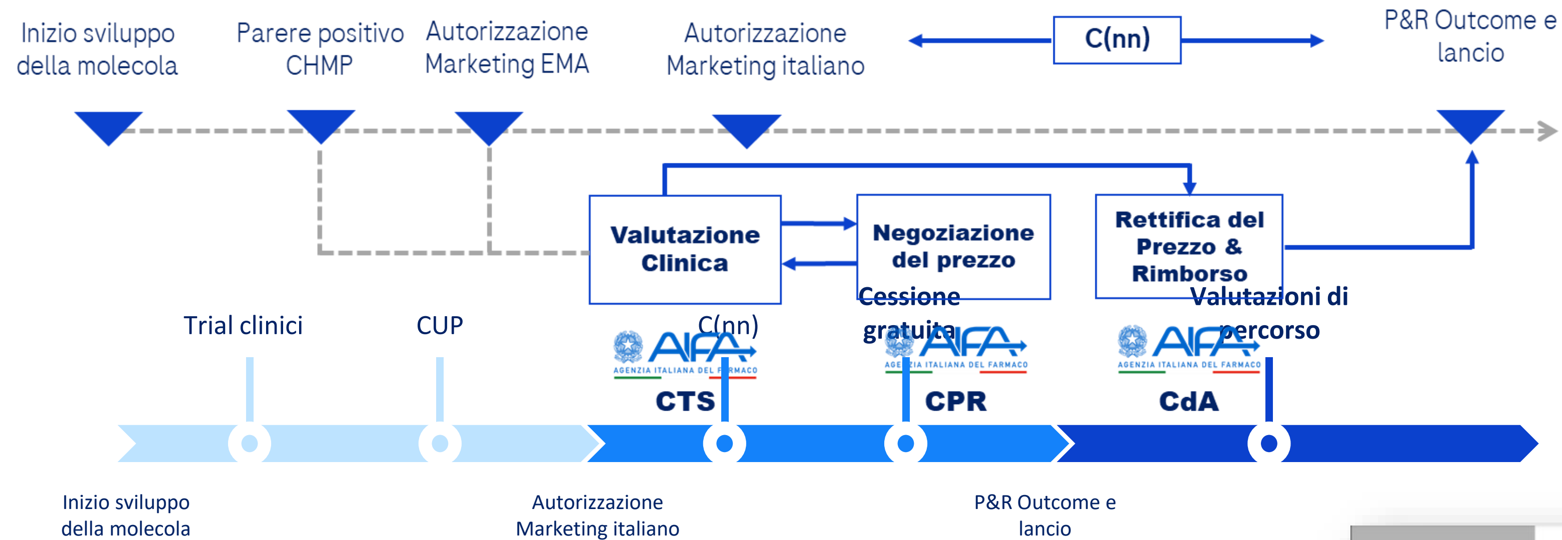
- Stabilisce **chi fa cosa quando e dove - NETWORK**
- Ratifica la presa in carico del paziente
- Favorisce il dialogo tra i vari professionisti
- Favorisce l'adesione alle linee guida
- Favorisce l'appropriatezza delle prestazioni
- Evita le ridondanze
- Favorisce la valutazione dei pazienti per studi clinici
- Semplifica il dialogo con la direzione rispetto ad eventuali necessità

RICERCA E

ACCESSO ALL'INNOVAZIONE

NEW DRUG ACCESS

ITER APPROVATIVO NAZIONALE: LO SCENARIO ITALIANO



Dario Scapola

Molecular tumor board

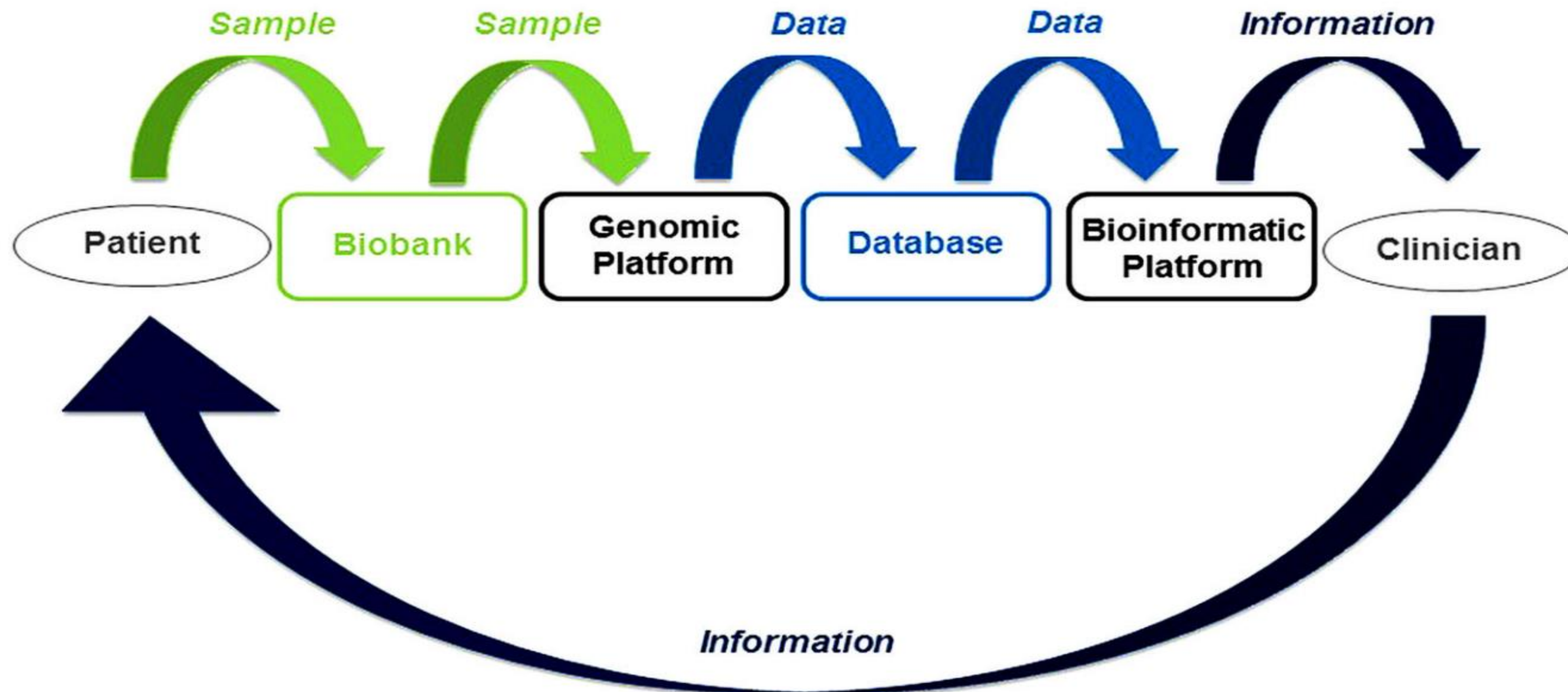


Fig. 1 Model of the data medicine process. Biological sample flows and biobanks are shown in *green*. Data flows and databases are shown in *light blue*. Information flows are shown in *dark blue*

Stoeklé HC. Ethical Issues in the New Era of Data Medicine. Sci Eng Ethics. 2018

Molecular tumor board

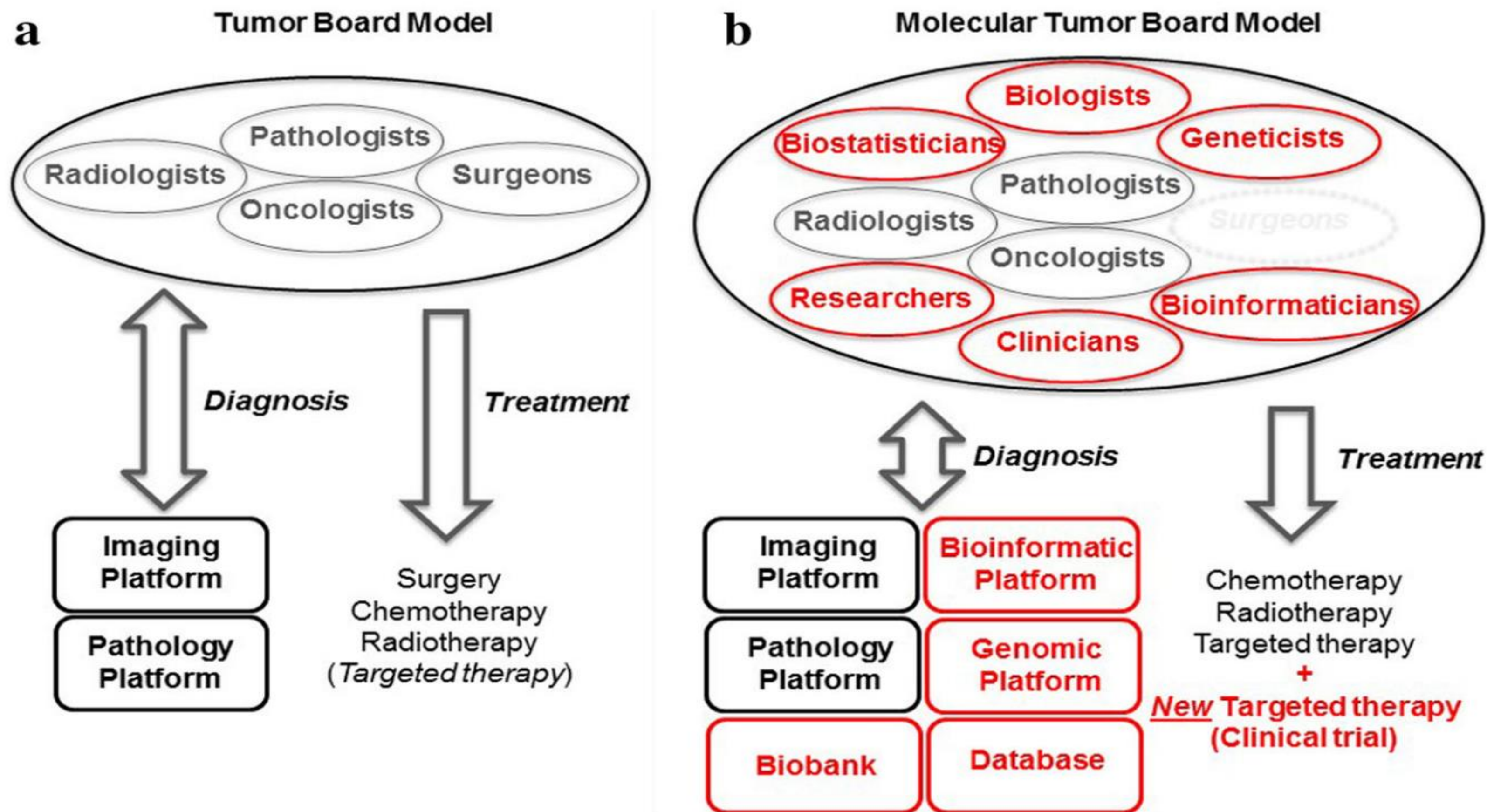


Fig. 2 **a** The tumor board model, versus **b** the molecular tumor board model

Stoeklé HC. Ethical Issues in the New Era of Data Medicine. Sci Eng Ethics. 2018

Conclusioni

- La multidisciplinarietà non è un’eccezione, ma il setting migliore per curare il cancro
- Necessario il PDTA
- Organizzazione per
  - rendere equo l’accesso alle cure
  - per permettere la partecipazione dei pazienti agli studi clinici
  - per l’accesso all’innovazione