



Short communication

How to become a breast cancer specialist in 2018: The point of view of the second cohort of the Certificate of Competence in Breast Cancer (CCB2)



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ABSTRACT

Breast cancer (BC) is the most frequent cancer in women and the leading cause of cancer death in females worldwide. Rapid research advancements add to the complexity of treatment options for this disease. It is known that the quality of patients' care is deeply affected by healthcare professionals following these advancements. There is a growing need for academic education to increase clinical knowledge and skills of physicians treating BC patients. The certificate of Competence in Breast Cancer Program (CCB) is a Certificate in Advanced Studies (CAS) organized by the European School of Oncology in cooperation with

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Ulm University (Germany), which focuses on both the clinical and scientific competence required for improving quality in the management of BC patients. This paper describes the experience of the second CCB cohort (CCB2), which brought together 24 physicians from four continents who shared the common will to improve their competence and skills in BC treatment.

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1. Introduction

Breast cancer (BC) is the most common cancer in women and the leading cause of cancer death in females worldwide, including low and middle income countries [1]. Several studies have reported significantly better oncological and patient-reported outcomes in patients treated in dedicated units when compared to non-specialized centers [2–4]. According to the EUSOMA (European Society of Breast Cancer Specialists) requirements, each breast unit should have a core team including healthcare professionals from various disciplines who have undergone specialist training in BC [5]. In order to guarantee adequate multidisciplinary education for each member, the training should go beyond that given during their general training and it should cover all aspects of BC diagnosis, treatment and long-term care (i.e. breast radiology, surgery, pathology, radiation oncology and medical oncology) [6]. Training programs in BC vary greatly between and within countries and there is a growing demand for consolidated academic training. Here, we report the experience of the second cohort of the Certificate of Competence in Breast Cancer (CCB2), focusing on the reasons why participants attended, the lack of standardized training on BC across all participant countries, and the program's strengths and weaknesses. Data regarding participants' demographics, reasons for enrolling and the training options available in each country, were gathered via a Web-based survey ([Supplementary Appendix](#)) sent after the end of the program.

2. Need for academic training

Multidisciplinary training should not only empower breast specialists to care for all patients suffering from BC, from early stage to locally advanced and metastatic disease, but also for patients and families with a genetic predisposition and for male BC patients. Rapid changes in BC treatment options have progressively increased the complexity of managing patients with this disease. For young physicians, this translates into a constantly increasing amount of medical literature, which is difficult to apply to clinical practice. In such a rapidly evolving field, knowledge gaps develop quickly and can be difficult to fill. There is therefore a growing demand for academic education in the field of BC. At present, continuing medical education (CME) seminars are offered in many countries but their content varies from seminar to seminar and generally only covers few of the many facets of this complex disease [7]. International organizations such as the European Society of Medical Oncology (ESMO) and the European Society of Surgical Oncology (ESSO) and a few others, offer many different types of courses and training options which take place all around the world, but mainly in Europe [8,9]. Unfortunately, standardization and coordination across these programs are currently deficient and should be implemented to add value to the training curriculum of BC specialists.

3. CCB2

In 2014, the European School of Oncology, in co-operation with

Ulm University, launched a post-graduate study program entitled Certificate of Competence in Breast Cancer (CCB). With the goal of advancing knowledge and science in the management of BC patients, the curriculum was established according to several practices and consensus guidelines, including the European Society for Medical Oncology (ESMO), the St. Gallen Breast Cancer Conference, the Advanced Breast Cancer International Consensus Conference (ABC) and the Breast Cancer in Young Women Consensus conference (BCY). CCB provides a total of 381 h comprehensive learning (75 h in-person and 306 h of distance learning) corresponding to a workload of 13 European Credit Transfer and Accumulation System Points (ECTS) accredited by Ulm University. The Program includes five modules and three attendance seminars (during the St. Gallen International Expert Consensus Conference in Vienna, (Austria), the Advanced Breast Cancer Consensus Conference (ABC), in Lisbon, (Portugal) and at Ulm University) with an overall duration of 13 months [10]. Acceptance to the program is limited (20–25 participants) and based on selective criteria, scholarships as fees discount are made available for participants from low, lower-middle and upper-middle income countries. The learning platform is developed in several formats: frontal lectures and interactive seminars, clinical case discussion and case studies, virtual classrooms and meet-the-expert sessions [11].

4. Participants

4.1. Demographics

The CCB2 cohort was composed of 24 physicians from 18 countries [three (16.7%) low-middle, six (33.3%) upper-middle and nine (50%) high-income countries]. Nine were medical oncologists, three radiation oncologists, three clinical oncologists (both medical and radiation), six gynecologists and three general surgeons ([Table 1](#)). Mean age of the participants at the time of enrolment was 36.6 years (SD = 6.7). Fifteen (62.5%) were female and nine (37.5%) male. Career levels included residents (n = 4, 16.7%), senior residents (n = 10, 41.7%), consultants (n = 6, 25%) and senior consultants (n = 4, 16.7%). Nineteen (79.2%) worked in a teaching hospital, five (20.8%) in a non-teaching hospital.

4.2. Breast cancer training opportunities

No specific standardized training in BC treatment either for surgical, radiation or medical disciplines exists in any of the represented countries. In the majority of them only a few months of the residency programs are specifically dedicated to BC patients. In addition, in none of these countries a specific post-residency training is mandatory to treat BC patients. Several fellowships in breast surgery and clinical oncology exist, however their structure (scientific contents and duration) is very heterogeneous.

4.3. Reasons for enrolling

The vast majority (83.3%) of the participants underlined a lack of standardized BC training in their own country as one of the main

Table 1
Certificate of competence in breast cancer second cohort participants.

Country	Number of medical oncologists	Number of radiation oncologists	Number of general surgeons	Number of gynecologists
Azerbaijan**	1	0	0	0
Belgium***	0	0	0	1
Brazil**	1	1	0	0
Estonia***		1	0	0
Egypt*		1	0	0
France***	1	0	0	0
Germany***	0	0	0	2
India*	0	0	1	0
Italy***	1	0	1	0
Mexico**	0	0	0	1
Montenegro**	1	0	0	0
Pakistan*	0	1	0	0
Poland***	1	1	0	0
Portugal***	1	0	1	0
Serbia**	1	0	0	0
South Africa**		1	0	0
Switzerland***	0	0	0	2
UK***	1	0	0	0

Participants in bold are clinical oncologists. * indicates low-middle income, ** indicated upper-middle income and *** indicates high-income countries according to the world bank [12].

reasons for enrolling in this program. Other reasons included: improving/updating knowledge (especially in fields other than the one the participant was directly involved in), comprehensive learning, networking, learning about BC treatment in other parts of the world and being able to offer the best evidence-based care to the patients.

5. Strengths, weaknesses and further development of CCB

5.1. Strengths

CCB provides state-of-the-art information and the best clinical practice for diagnosis, treatment and multidisciplinary management of BC patients. It enables participants with different medical/surgical backgrounds to bridge the gap in many fields of BC treatment, between evidence-based guidelines and real-world professional experience. Of particular value are the three seminars, which include face-to-face lectures, practical workshops, live surgery and tumor boards with international renowned experts, that contribute to the implementation of good clinical practice and sound clinical decision-making processes. The seminars also serve as a networking platform among the participants who can interact with each other and with the tutors, establishing the bases for both long-term friendships and future mentoring. The web-based modules offer a comprehensive portfolio with basic lectures and clinical case-based learning to put the participants in real-life scenarios. Although the course is demanding, the workload is compatible with a full time job and family life. The multiple-choice tests at the end of each online module allow participants to ascertain their achievement of the learning objectives. The interaction with colleagues from other countries allows the participant to understand how patients are treated in countries where advanced radiotherapy equipment or certain drugs are lacking, giving a more global view of BC treatment.

The networking carried out during CCB2 has already opened opportunities for some of the participants, such as being invited as speakers at international conferences like ASTRO (American Society of Radiation Oncology) or ESMO (European Society of Medical Oncology), and becoming active members of societies such as G.Re.T.A (Group for Reconstructive and Therapeutic Advancements) and the OPBC (Oncoplastic Breast Consortium).

5.2. Weaknesses

Some participants felt that a few important aspects, such as genetic predisposition or oncoplastic surgery were not fully covered during the program. Furthermore, the literature provided to support the online lectures, which represented for many the most challenging portion of the program, was sometimes not well balanced with the clinical relevance of the topic. A large majority of the participants also felt that more time should be spent with the tutors during the first seminar (at the beginning of the program) in order to get to know them better and strengthen the bases for future scientific collaborations and mentorship.

5.3. Further development

An extension of the CCB program to a Master of Advanced Studies (MAS) level (which requires the acquirement of 60 ECTS credits and include a Master Thesis), would be desirable in order to further deepen the multidisciplinary knowledge given, to allow the integration of the BCY Conference as a 4th seminar, to increase the chances of developing a long-term mentorship and altogether to strengthen the impact of the program.

6. Conclusions

To improve disease outcome, a multidisciplinary approach, within a specialized Breast Unit, should be offered to all BC patients. Although BC treatment has become increasingly complex and evolves rapidly, there is a lack of multidisciplinary standardized training. The Certificate of Competence in Breast Cancer Program is a 13-month post-graduate study program provided by the European School of Oncology (ESO), endorsed and recognized academically by Ulm University (Germany) with the aim of advancing knowledge and science in the management of BC patients. The program is unique in its nature for the quality of the education, the qualifications of the lecturers, and the dedication of the organizers. The course is appropriate for surgeons/gynecologists, radiation and medical oncologists as it focuses on each field and gives participants an excellent overview of the multidisciplinary approach to BC. There are very few academic programs that allow students to have personalized tutelage from an international group of experts in the field such as the one provided by CCB. The

entire CCB2 cohort strongly recommends this program to any physician involved in the care of BC patients seeking additional knowledge in order to make a difference not only for her/his patients but for the health of many.

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Conflicts of interest

The authors declare no potential conflicts of interest.

Author's contribution

G.M. and N.R., conceived and supervised this project and wrote the Manuscript. All other co-authors revised the manuscript and provided important intellectual content.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.breast.2018.10.006>.

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