



In Basel/Zürich, 2017

QUALITY OPTIMIZATION COMPETENCE CENTER (TUMOR CENTER / BREAST CENTER)

Dear Colleague,

We make every effort to assist you in optimizing your services. In the following information, we have compiled a list of the core quality parameters for you to give you an insight, for your orientation. Within the framework of the concrete order and following the insight into concrete documents, the underlying information will be supplemented accordingly and adapted to the needs of your center.

GENERAL INFORMATION:

1) SKILLS:

- Per department / per person
- How many years of specific experience
- How many equivalent new cases per week / month / year
- Incidence of complications / errors
- Incidence of successful presidential cases

2) PATIENT EDUCATION:

- Communicate the most important (legal) rights and obligations to the patient and their relatives - even with the clause the consequences in the case of non-performance
- patient education - content, for which events the patient (treatment-independent reactions of the body) and for which - the therapist (influenced by experience and therapy optimization) takes over liability / responsibility

3) HANDLING THE ERRORS:

- How are they documented
- How are they communicated to the patient?
- How are they managed internally, by means of which measures will they be prevented in the future?

4) TRAINING, TRAINING, TRAININGS:

- How often are they executed?
- According to which criteria are the topics chosen?
- Balance between science, therapy and patient management in topics
- Further education for the cadres, assistant doctors and nursing



5) **QUALITY OF LIFE – PATIENT MANAGEMENT:**

- a) Periodic (1 / year) quality of life assessment according to SF-36 / QLQ-C30 / FACT-G / VAS-C - / HADS / POMS / RSCL
- b) Ernährungsberatung
- c) Consulting sexuality
- d) (Onco) psychology - periodic follow-ups - on the day of the diagnosis announcement, 1 / month during the surgical / radio-onco / chemo treatment, 1 / year after
- e) Physiotherapy

6) **PALLIATIVE MEDICINE**

- a) Pain Management
- b) Periodic (1/6 months) quality of life assessment according to SF-36 / QLQ-C30 / FACT-G / VAS-C - / HADS / POMS / RSCL
- c) Ernährungsberatung
- d) Sexuality counseling
- e) Psycho-oncology - periodic follow-ups - on the day the palliative status is announced, then 1 / month or as needed) with the psycho-oncologist
- f) Therapy

TUMOR CENTER / BREAST CENTER:

1) **TUMORBOARD:**

- a) General framework:
 - For each (malignancy-suspicious) findings callable
 - Members - (a) permanent members and (b) occasional members. CAVE-psycho-oncology
 - Who is the representative of the tumor board at the patient and the family doctor of the patient - oncologist?
 - According to which criteria are the members elected - chief physician of the respective department?
 - Consilium-consultations
- b) Quality parameter of Tumorboards:
 - Frequency of tumor board sessions
 - Number of cases discussed by the Tumorboard session
 - Number of tumor board sessions - (a) preoperative, (b) postoperative, (c) initial therapy, (d) Change of the therapy
- c) Onkopsychology:
 - Number of sessions per patient per time unit
 - When in therapy sessions take place (at the announcement of the diagnosis, before / after the operation, before / after the chemotherapy, before / after the radio-oncotherapy, after the completed treatment)
- d) Nursing services (chemotherapy) *



2) ONCOLOGY

- a) Number of patients (per year) per receptor (with ER +, HER2 +, PR +, tripple positive, tripple negative, combinations)
- b) Number of patients (per year) with monotherapy pertuzumab / transtuzumab
- c) Number of patients (per year) per treatment regimen
- d) Number and description of non-ordinary presidential cases
- e) Patient Management - Education / Training (CAVE: Information on Side Effects, Quality of Life Optimized Treatment)

3) SURGERY

A) Mamma

- a) Benign / malignant indications - number per year / month
- b) Diagnostic / therapeutic indications - number per year / month
- c) Malignant lumpectomy / malignant mastectomy - number per year / month
- d) Primary / Secondary breast cancer interventions - number per year / month / patient
- e) Repeated interventions / complications - number per year / month / patient
- f) Mastectomies with / without immediate breast reconstruction - number per year / month
- g) Skin & Nipple Sparing / Skin Sparing Mastectomies - number per year / month
- h) Reconstitution with silicone / autologous fat / latissimus / DIEP / FCI / TMG - number per year / month
- i) Repeated procedure silicone implant <-> tissue - number per year / month / patient
- j) assessing the specific suitability of the patient for each self-tissue breast reconstruction method, based on (1) BMI, (2) body fat percentage, (3) nutrient status, (4) muscle function / volume, (5) required breast volume to be achieved

Proposal for operation planning - indirect estimation of tissue availability per method:

Minimales BMI fürs Brust-Volumen (in ml)						
Brustvolumen (ml)	100-200	200-300	300-400	400-500	500-600	600-700
Eigenfett						
Latissimus						
DIEP						
FCI						
TMG						

Minimaler Körperfettanteil (in %) fürs Brust-Volumen (in ml)						
Brustvolumen (ml)	100-200	200-300	300-400	400-500	500-600	600-700
Eigenfett						
Latissimus						
DIEP						
FCI						
TMG						



* *Bisher vorhandene Daten liefern begrenzte Informationen zu den Fragestellungen im Zusammenhang mit der Korrelation des BMI und den Komplikationen, aber nicht zur Korrelation des BMI und des effektiv verfügbaren Gewebevolumen für den Brustaufbau. Bisher verwendete Methode war/ist palpatorische Untersuchung der Patientin und subjektive (sehr von der Erfahrung des Chirurgen abhängige) Abschätzung des, zur Verfügung stehendes, Gewebe. Etablierung derartiger Übersichtstabelle darf künftig wegleitende Unterstützung bei der Auswahl optimaler Methode für die Patientin anbieten.*

B) Wound-healing management

- a) Dealing with localized necrosis - when surgical / when and conservative
- b) Handling large-area necrosis and transplant tissue rejection
- c) Postoperative management of suboptimal vascularized skin - when surgical / when conservative

C) Gynäkologische Eingriffe

4) RADIOONCOLOGY:

- a) Protocol for St. after breast conservation
- b) Treatment protocol for St. after mastectomy without immediate breast rebuilding
- c) Treatment protocol for St. after mastectomy with immediate breast rebuilding with silicone
- d) Treatment protocol for St. after mastectomy with immediate breast rebuilding with self tissue
- e) Treatment protocol for St. after breast preservation with existing silicone implant
- f) Assessments in the case when vital organs can not be spared
- g) Patient Management - Education / Training (CAVE: Information on Side Effects, Quality of Life Optimized Treatment)

5) NURSING:

- a) Breast Care Nurse - Definition of tasks, training / education
- b) Radio Onco - Nurse - definition of tasks, training / education
- c) Quality of life maintenance - / optimization of the (outpatient) patient - education / training

General-applicable recommendation: Clause on action in case of non-action / sanctions

Sincerely and collegial regards

Dr. Sandra Korosec Jensen, MD