

Module 3 of the Diploma of Senology of the SGS/SSS: Practical Course – 2 Weeks in a Certified Breast Center

I. Program Design

The goal of this practical course is to train future senologists to apply a multidisciplinary approach in the treatment of patients with benign and malignant breast disease. During this 2-week internship at a breast center with a nationally or internationally recognized quality assurance certificate, trainees should enhance their understanding of the particular needs of these patients.

Hands-on experience during the internship is desirable; pure observing, however, is accepted if requested by the certified breast center. The practical course will be divided into one 5-day week of elective specialty rotation followed by one 5-day week of non-specialty rotation or vice versa. We recommend passing the two weeks in a consecutive manner; however, a break between the two weeks of unspecified duration for logistic reasons is possible. For experienced senologists, the 5-day week of elective specialty rotation can be omitted. In this case, the non-specialty rotation should be doubled to 10 days. For trainees working at a certified breast center, passing module 3 in their own center is possible, provided that the requirements described below can be met.

Mandatory aspects of the course are outlined by the checklist in chapter II. The completeness of each category has to be confirmed by the signature of the attending physician responsible for each specific specialty and non-specialty rotation. Collective signature by the same person for all rotations is not valid.

On their elective 5-day specialty rotation given by the background discipline and future clinical focus of the trainees, they will improve their theoretical knowledge and technical skills in their area of specialty, and learn how to closely cooperate with the other specialties involved in the care of patients with breast disease. Participation in one pre- and one postoperative tumor board during this week is mandatory.

During their 5-day non-specialty rotation, trainees will rotate on a daily basis through the other disciplines involved in the management of patients with breast disease. Mandatory rotations exclude the specialty discipline and include one day of radiology, one day of pathology, one day of oncologic breast surgery, one day of plastic-reconstructive breast surgery, one day of radiation oncology, one day of medical oncology, and one day of genetics/risk assessment. Trainees will be expected to attend the specific conferences of each rotation day. Since there are —with the exclusion of the specialty discipline- 6 non-specialty rotations for 5 days, the one which is the least interesting for the trainee or the one which is the most difficult to organize can be omitted. For those experienced senologists who decide to double the 5-day non-specialty rotation, the rotation can either be switched to two-day intervals at each of the five disciplines or the daily rotation can be continued for another week.



Therefore, an oncologic breast surgeon originating in gynecology or surgery will spend the elective 5-day specialty rotation mostly in diagnostics and oncologic breast surgery while spending one day in plastic-reconstructive surgery during the second week of non-specialty rotation. A reconstructive breast surgeon will spend the first week in plastic surgery and one day during the second week in oncologic surgery.

It is the personal responsibility of the applicants to organize the practical course in a certified breast center of their choice by contacting the heads of the centers at an early stage. Certified breast centers willing to participate are listed in chapter III. Trainees may be interested, however, in completing this course at a different center in Switzerland or abroad which is not listed. In this case, we encourage the submission of this course description and checklist with the application documents to the center in order to ensure the center's awareness of the module 3 requirements. In addition, we ask for validation of the breast center as module 3 training center by the directors (PD Dr. med. univ. (A) Christoph Tausch, Dr. Alexandre Bodmer), or module 3 responsible (Prof. Walter Weber) early on.



II. Checklist

Name of certified breast center (capital letters):
A. Elective specialty rotation (capital letters):
- The attending physician confirms by her/his signature that the trainee was present full-time during 5 working days and attended the weekly conference(s).
Name of attending physician (capital letters):
Signature of attending physician:
Date:
3. Non-specialty rotations (one day each is required with exception of the specialty discipline and one optional discipline of your choice, as described on page 1):
The attending physician confirms by her/his signature that the trainee was present during one full day and observed or assisted a significant portion of the following:
31. Radiology
The trainee is encouraged to attend both the practical performance and the interpretation of he following imaging studies:
 Mammography, Ultrasound, MRI Imaging guided breast and axilla biopsy or fine needle aspiration procedures Imaging guided needle localization procedures Surgical specimen mammography or sonography
Name of attending physician (capital letters):
Signature of attending physician:
Date:

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Name of attending physician (capital letters):

B2. Pathology

The trainee is encouraged to attend the specimen processing, gross description and microscopic interpretation of the following:

- High risk lesion (on core biopsy or surgical excision specimen), such as lobular intraepithelial lesion, atypical ductal hyperplasia, radial scar, or papillary lesion
- Sentinel lymph node (frozen section and final histopathology with or without immunohistochemistry)
- Mastectomy and tumorectomy/quadrantectomy specimen (including margin assessment)

Signature of attending physician:
Date
Date:
B3. Oncologic breast surgery
The trainee is encouraged to observe or assist some of the following surgical procedures:
 Open biopsy of high risk lesion Sentinel lymph node procedure Axillary lymph node dissection Breast conserving surgery –conventional or oncoplastic- of palpable or wire-localized DCIS or invasive breast cancer Mastectomy (conventional, skin or nipple sparing)
Name of attending physician (capital letters):
Signature of attending physician:
Date:



B4. Plastic-reconstructive breast surgery

The trainee is encouraged to observe or assist some of the following surgical procedures with at least one autologous tissue reconstruction:

- Oncoplastic breast conserving surgery of DCIS or invasive breast cancer by bidisciplinary approach (oncologic and plastic surgeon present during most of the procedure)
- Immediate reconstruction with implant or expander
- Expansion of expanders during outpatient follow-up
- Replacement of expander with final implant
- Immediate reconstruction with autologous pedicled flap
- Immediate reconstruction with autologous free flap
- Delayed reconstruction with implant or autologous tissue

Name of attending physician (capital letters): _	
Signature of attending physician:	
Date:	

B5. Radiation oncology

The trainee is encouraged to discuss the indications and attend the pre-treatment planning and practical performance of the following procedures:

- Adjuvant radiotherapy after breast conserving surgery (in prone or supine position). The position and extent of the radiation field should be discussed (regional nodes, boost), as well as the different protocols (conventional vs. hypofractionated vs. intraoperative).
- Adjuvant radiotherapy of the chest wall after mastectomy. The impact of radiation on reconstructive outcomes should be discussed.
- Palliative radiotherapy

Name of attending physician (capital letters):
Signature of attending physician:
Date:

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B6. Medical oncology

The trainee is encouraged to:

- follow the oncologist in the outpatient clinic

Individual cancer risk assessment

- attend at least one first visit
- discuss the indications for the different chemotherapy regimens
- discuss the co-administration of medication to prevent side-effects
- observe the practical performance of at least one chemotherapy by the oncologic nurse.
- discuss the indication, benefit and side-effects of adjuvant endocrine therapy and chemoprophylaxis

Name of attending physician (capital letters):
Signature of attending physician:
Date:
B7. Genetics/risk assessment
The trainee is encouraged to evaluate the latest advances in cancer genetics with the clinical geneticist and to observe the following topics of discussion with a patient:

Personalized cancer screening recommendations
Risks, benefits, and limitations of genetic testing

Name of attending physician (capital letters):
Signature of attending physician:



III. List of participating breast centers

- Aarau, Brust ZentrumHirslanden Klinik, Aarau,
 Dr. med. Nik Hauser, brustzentrum.aarau@hirslanden.ch
- Cham, Brust Zentrum Andreas Klinik, Cham, Zug,
 Dr. med. Meinrad Mannhart, meinrad.mannhart@hirslanden.ch
- Aarau, Brustzentrum Mittelland KS Aarau,
 PD Dr. med. Dimitri Sarlos, gynaekologie@ksa.ch
- Olten, Bruszentrum Mittelland KS Olten,
 Dr. med. Nebosja Stevanovic, frauenklinik.kso@spital.so.ch
- Baden, Interdisziplinäres Brustzentrum Baden,
 PD Dr. med. Cornelia Leo, cornelia.leo@ksb.ch
- Basel, Brustzentrum des Universitätsspitals Basel,
 Prof. Christian Kurzeder, christian.kurzeder@usb.ch
- Basel, Brustzentrum Basel Bethesda Spital,
 Dr. med. Beat Amsler, beat.amsler@aerztehaus-allschwil.ch
- Bellinzona, Centro di senologia della Switzeral Italiana,
 Inf. Lucia Manganiello Danesi, senologia@eoc.ch
- Lugano, Centro di senologia della Switzeral Italiana,
 Inf. Lucia Manganiello Danesi, senologia@eoc.ch
- Bern, Brustzentrum Bern (Lindenhofgruppe),
 PD Dr. med. Gilles Berclaz, gilles.berclaz@lindenhofgruppe.ch
- Bern, Brustzentrum Inselspital Bern,
 Prof. Dr. med. Michael Müller, Michel.Mueller@insel.ch
- **Solothurn, Brustzentrum Bürgerspital Solothurn,** Dr. med. Franziska Maurer, fmaurer so@spital.ktso.ch
- Chêne-Bougeries, Brustzentrum Genf der Hirslandenklinik Grangette,
 Dr. med. Sindy Monnier, secretariat.monnier@grangettes.ch
- Chur, Brustzentrum KS Gruabünden, Chur,
 Dr. med. Peter Fehr, peter.fehr@ksgr.ch
- Frauenfeld, Brustzentrum Spital Thurgau AG, Frauenfeld,
 Prof. Dr. med. Mathias Fehr, mathias.fehr@stgag.ch
- Münsterlingen, Brustzentrum Spital Thurgau AG, Münsterlingen,
 Dr. med. Markus Kuther, markus.kuther@stgag.ch
- Genf, Centre du Sein HUG, Genève,
 Dr. med. Alexandre Bodmer, alexandre.bodmer@hcuge.ch

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Société Suisse de Sénologie Società Svizzera di Senologia

Genolier/Fribourg, Centre du Sein GSMN, Genolier,

Dr. med. Magdalena Kohlik, mkohlik@genolier.net

— La Chaux-de-Fonds/Neuchâtel, Centre du Sein RHNe, La Chaux-de-Fonds,

Dr. med. Charles Becciolini, charles.becciolini@rhne.ch

Lausanne, Centre du Sein CHUV, Lausanne,

Dr. med. Assia Ifticene Treboux, assifticene@hotmail.com

Luzern, Brustzentrum am Seidenhof LUKS,

Dr. med. Susanne Bucher, susanne.bucher@ksl.ch

Luzern, Brustzentrum St. Anna, Luzern,

Prof. Dr. med. Peter Dubsky, leitung-brustzentrum.stanna@hirslanden.ch

- Rheinfelden, Interdisziplinäres Brustzentrum Rheinfelden,

Dr. med.Maik Haushcild, maik.hauschild@gzf.ch

- St. Gallen, Brustzentrum Kantonsspital St. Gallen,

Prof. Dr. med. Beat Thürlimann, beat.thürlimann@kssg.ch

Grabes, Brustzentrum Spital Grabs,

PD Dr. med. Seraina Schmid, seraina.schmid@srrws.ch

— St. Gallen, Brustzentrum ZeTuP, Klinik Stephanshorn. St. Gallen,

Dr. med. Véroniqe Dupont, veronique.dupont@zetup.ch

— Thun, Brustzentrum Thun, Berneroberland,

Dr. med. Peter Diebold, brustzentrum@spitalstsag.ch

— Winterthur, Brustzentrum KSW, Winterthur,

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- Zürich, Brustzentrum Klinik Hirslanden, Zürich,

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