Prior to DBCG

- General surgeon.
- Surgical standard: Simple mastectomy.
- Combined treatment: Surgery and XRT.
- Survival: 25% died within 1.5 year after diagnosis, and 50% within 4.5 years.
- Mortality varied geographically in DK.

DBCG:

- Initiated by Danish Surgical Society in 1975.
- Multidisciplinary approach.

Aims:

- Standardize b. c. treatment nationally.
- Introduce novel therapeutic principles.
- National database.
- Data analysis.

Treatment of b. c.:

- Ordinarily, surgery is the first step.

At the beginning of DBCG:

- Approx. 100 surgical units participated.
- Surgeons involved:
  - General surgeons
  - Urologists
  - Thoracic surgeons
  - Surgical gastroenterologists
  - Gynaecologists

Critical comment:

- Too many surgeons operated too few patients.
- Outside their field of expertise.

Dogmas influencing surgical strategy:

- **Halstedian dogma: Loco-regional treatment.**
- **Fisher´s dogma: Adj. systemic therapy.**
- **Hellman´s spectrum concept:**

  Emphasis on loco-regional treatment

  as well as adj. systemic therapy.

- **Surgical strategy: Intent-to-cure**

In 1998, at the 1st European Breast Cancer Conference, Florence, a working party was established to consider what should comprise a breast specialist unit:

<u>Surgical members appointed by EUSOMA & EORTC:</u>

- **Roger Blamey, UK**
- **Mogens Blichert-Toft, DK**
- **Luigi Cataliotti, It**
- **Alberto Costa, It**
- **Richard Sainsbury, UK**
- **Cornelius van de Velde, NL**
- **Marie Christiaens, Be**
- **Jean Pierre Julien, Fr**
- **Emile Rutgers, NL**

EUSOMA standards/guidelines:

(Position papers in Eur. J. Cancer)

1. **Requirements of a specialist breast unit. (2000)**
2. **Quality assurance in diagnosis of breast disease. (2001)**
3. **Quality control in loco-regional treatment of breast cancer. (2001)**
4. **Standards for training of specialized health professionals dealing with breast cancer. (2007)**
5. **Eur. guidelines for quality assurance in breast cancer screening and diagnosis. Ed. 4. Eur. Commission, Brussels, 2006. (Position paper 1-3).**

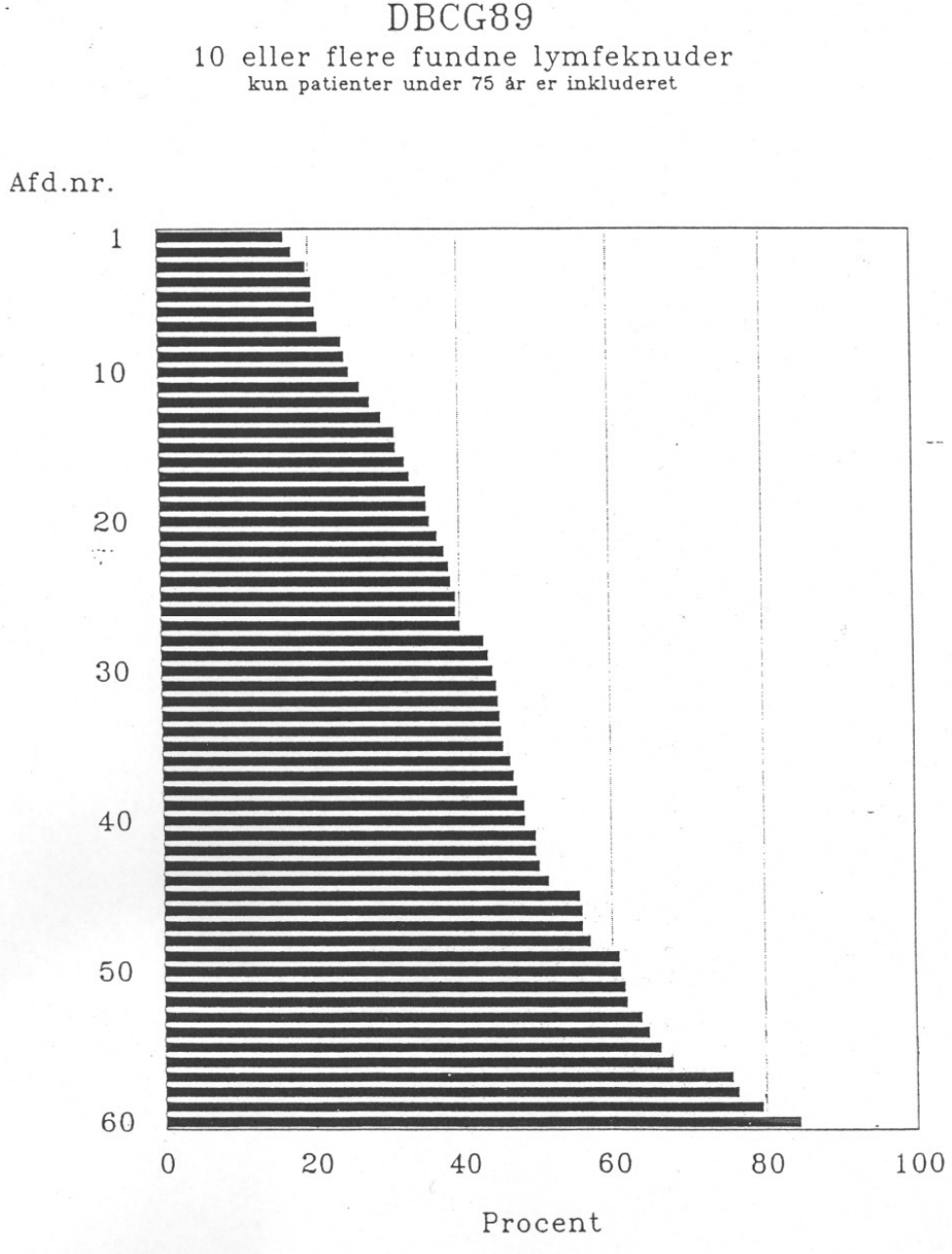
The specialist breast unit:

- The surgeon can no longer treat breast diseases alone.
- The surgeon should be a member of a multi-disciplinary team.
- Catchment area: Population of 250 - 300,000. University units larger.
- Caseload: More than 150 incident cases annually. University clinics larger. (Maintain expertise, cost-effective).
- The surgeon must carry out (supervise) at least 50 incident cases of b. c. annually.
- Members of the team (surgeon, diagn. radiologist, pathologist, oncologist, etc.) must obtain special training in breast disease.

Impact of EUSOMA standards on DBCG:

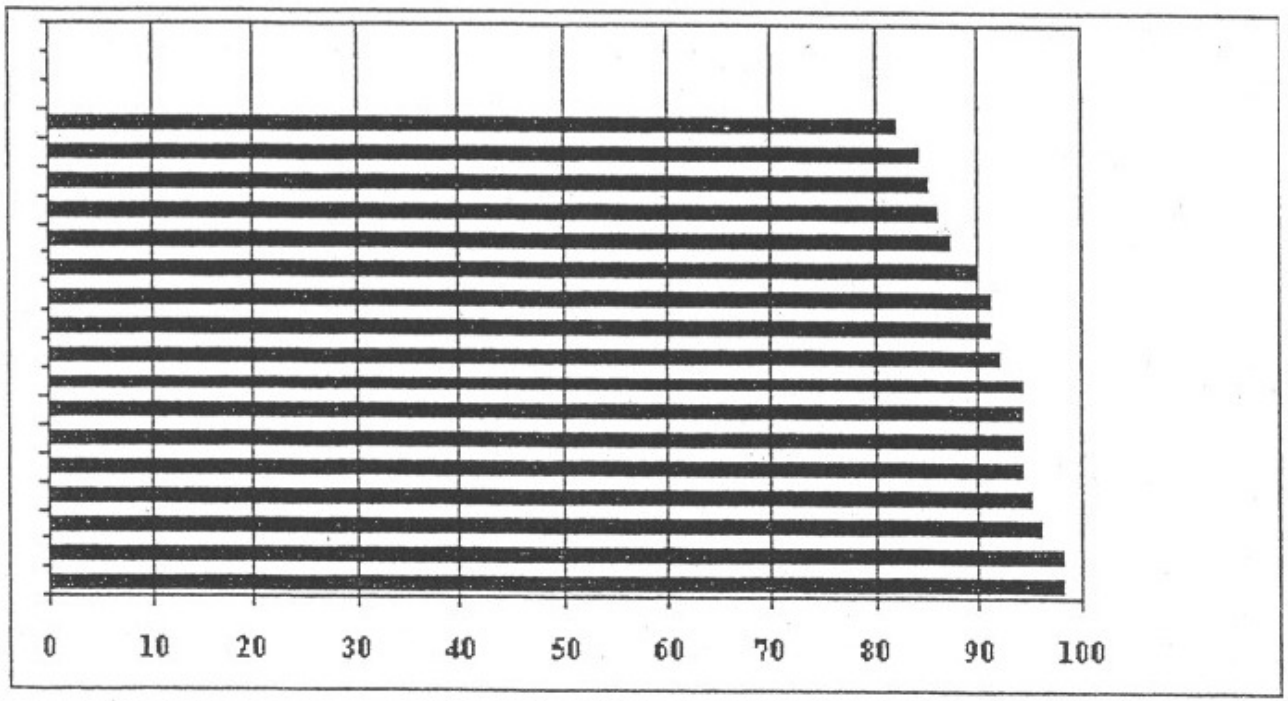
- Number of surgical units reduced to 15 clinics.
- Surgery must fulfil requirements assuring radical loco-regional removal of cancerous disease.
- Axillary staging must be accurate.
- Cosmesis must be optimal.
- The surgical specimen should allow the pathologist to measure relevant prognostic and predictive markers.

1994 – 95 (Gns. 48,5%)



2005

Andel af operationer (-SN) eller (+SN men N+) i 2005 på kvinder <75 år med 10 eller flere påviste lymfeknuder pr patologiafd. (n > 20) med: 92%



DBCG, SM

Influence of EUSOMA standards on outcome:

- One university clinic compared with rest of Dk.
- Study period 1980 - 1990.
- Median observation time 11.2 years, (6.0 - 16.9).
- OS significantly superior compared with rest of Dk for all groups taken together, ($p = 0.02$).
- Highest impact on OS seen in pre-menopausal high-risk group, ($p = 0.009$).
- Loco-regional recurrence in low- and high-risk patients without XRT showed RR 0.5 (0.4 - 0.7).
- Surgery might represent a risk factor by itself. More accurate staging? (Eur J Surg Oncol 1998;24:499).

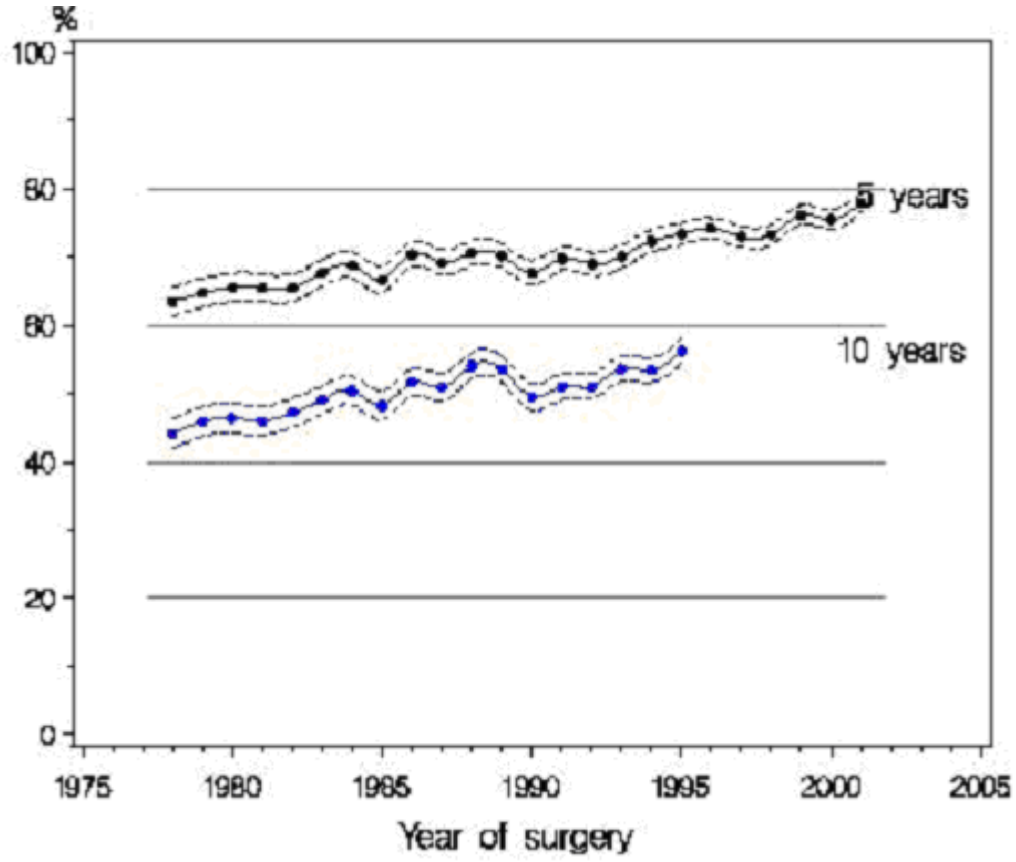
Specialization in breast disease:

- Breast surgery has been carried out by the general surgeon before the era of specialization.
- The general surgeon has vanished.
- In the early 1980s DKS declined approval of breast surgery as a specialty.
- In 2002 DKS/SSt approved breast surgery as a subspecialty.
- The breast surgeon works within a specialist team.
- Education and training of breast surgeons in DK is in accordance with international requirements.

Landmarks in b. c. surgery accomplished by DBCG:

- Multidisciplinary approach by 1978: Specialist team.
- Triple assessment in diagnostics 1980s.
- Hook wire excision 1980s.
- Introduction of mod. radical mastectomy 1980s.
- Axillary dissection 1980s.
- Breast conserving surgery 1990s.
- Sentinel node 1990s.
- Skin sparing mastectomy 2000s.
- Primary reconstruction of breast 2000s.
- Oncoplastic surgery 2000s.
- Breast surgery subspecialty 2002.

5 yrs and 10 yrs overall survival of Danish breast cancer patients registered in the DBCG database.



Contractor behind the DBCG project

- **Kaj Fischerman.**
- **Surgeon-in-Chief at Rigshospitalet, Copenhagen.**
- **6th October 1922 – 11th February 1996.**
- **Secretary General at Danish Surgical Society 1975 - 1976.**
- **President of DBCG until 1989.**