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**Your Unit name goes here**

Address

**File for application**

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**Standards for quality requirements**

|  |  |
| --- | --- |
| **1. Breast Centers should be independent units possessing autonomous capacities.** | |
|  |  |
| **2. The Multidisciplinary Centers should include specialists of all diagnosis and treatment disciplines and hold weekly meetings for the discussion of all individualized clinical cases.** | |
|  |  |
| **3. All specialists of the Breast Center should undergo continuous updating training. It is highly recommended that all members of the Breast Center have accredited training in Communication and Interview Skills. The quality of communication between medical staffs and between the patients and physicians is considered to be a key point of the team approach and the patient should be at the center of this approach.** | |
| *In-service training is organised within ICANS : - « DEPULP » Training : Patient and Breast Cancer for Caregivers – 3 days (September 21-23, 2020) - « DU » of breast diseases “Participation in diagnosis and treatment” for doctors  - Breast Surgery IUD March 11-13, 2020 - Medical Gynecology IUD - Medical ethics training in senology - « TD » Cancer to Medical Students - « TD » Breast Pathology to Medical Students - Training of Interns « DES » 2 and 5 years - Courses at the Nursing Institute - Courses at the School of Midwives* |  |
| **4. The Center should have updated protocols for diagnosis, treatment and monitoring of Breast Cancer.** | |
|  |  |
| **5. The Center should provide services in the fields of prevention, early diagnosis and treatment of breast cancer, breast pathology, genetic studies, psycho-oncology assistance and social support. It should also provide promotion of breast health.** | |
|  |  |
| **6. A Database Unit should record all quality indicators. These data will be available to conduct an audit. Records of activities should be dated back for the last year for the first accreditation process and for the last three years for further re-accreditations .** | |
|  |  |
| **7. Patients should be provided with information on clinical trials and all treatment options.** | |
|  |  |
| **8. Accreditation will be offered to Breast Centers with medical teams that are members of societies affiliated to SIS.** | |
|  |  |

**Breast Center**

|  |  |  |
| --- | --- | --- |
| **Components** | | |
| **1. Imaging** | | |
| a. Screening mammography - (digital or analog) | **YES / NO** |  |
| b. Diagnostic mammography (additional views beyond screening mammography and workup of a clinical abnormality) | **YES / NO** |  |
| c. Ultrasound | **YES / NO** |  |
| d. Breast MRI | **YES / NO** |  |
| **2. Needle Biopsy (core preferred)** | | |
| a. Palpation-guided | **YES / NO** |  |
| b. Image guided – stereotactic | **YES / NO** |  |
| c. Image guided – ultrasound | **YES / NO** |  |
| d. Image guided – MRI | **YES / NO** |  |
| **3. Pathology** | | |
| a. Report /CAP protocols | **YES / NO** |  |
| b. Radiology-pathology correlation | **YES / NO** |  |
| c. Prognostic and predictive indicators | **YES / NO** |  |
| d. Genetic studies (if available) | **YES / NO** |  |
| **4. Interdisciplinary Conference** | | |
| a. History and findings | **YES / NO** |  |
| b. Imaging studies | **YES / NO** |  |
| c. Pathology | **YES / NO** |  |
| d. Pre- and post-treatment interdisciplinary discussion | **YES / NO** |  |
| **5. Genetic Evaluation and Management** | | |
| a. Genetic risk assessment | **YES / NO** |  |
| b. Genetic counseling | **YES / NO** |  |
| c. Genetic testing | **YES / NO** |  |
| **6. Surgical Care** | | |
| a. Surgical correlation with imaging/concordance | **YES / NO** |  |
| b. Pre-operative planning after biopsy for surgical care | **YES / NO** |  |
| c. Breast surgery: lumpectomy or mastectomy | **YES / NO** |  |
| d. Lymph node surgery: sentinel node/axillary dissection | **YES / NO** |  |
| e. Post initial surgical correlation/treatment planning | **YES / NO** |  |
| **7. Plastic Surgery Consultation/Treatment** | | |
| a. Tissue expander/Implants | **YES / NO** |  |
| b. TRAM/Latissimus flaps | **YES / NO** |  |
| c. DIEP flap/free flaps (if available) | **YES / NO** |  |
| d. Gracilis flaps | **YES / NO** |  |
| **8. Nursing** | **YES / NO** |  |
| **Specialist members** | | |
| **1. Head of the Breast Unit, Clinical Director or Coordinator of the Breast Center** | **YES / NO** |  |
| **2. Breast surgeons** | **YES / NO** |  |
| **3. Plastic Surgeon** | **YES / NO** |  |
| **4. Breast Radiologists** | **YES / NO** |  |
| **5. Radiology Technicians** | **YES / NO** |  |
| **6. Pathologists** | **YES / NO** |  |
| **7. Medical Oncologists** | **YES / NO** |  |
| **8. Radiotherapy Oncologists** | **YES / NO** |  |
| **9. Oncology Nurse** | **YES / NO** |  |
| **10. Navigator** | **YES / NO** |  |
| **11. Psycho – oncologist** | **YES / NO** |  |
| **12. Case Manager** | **YES / NO** |  |
| **Provided Services** | | |
| **1. Health Education and Psycho-Social Support for patients with Breast Cancer** | **YES / NO** |  |
| **2. Service of psychological care** | **YES / NO** |  |
| **3. Programs for patients following breast cancer treatment** | **YES / NO** |  |
| **4. Fertility preservation program for young women with breast cancer** | **YES / NO** |  |
| **5. Palliative Care in patients with metastatic disease** | **YES / NO** |  |
| **6. Work in Multidisciplinary Teams** | **YES / NO** |  |
| **7. Pathology** | **YES / NO** |  |
| **8. Imaging Diagnosis** | **YES / NO** |  |
| **9. Interventional Radiology** | **YES / NO** |  |
| **10. Surgical Care (also, see below)** | **YES / NO** |  |
| **11. Immediate or Delayed Reconstructive Surgery** | **YES / NO** |  |
| **12. Radiation therapy** | **YES / NO** |  |
| **13. Medical Oncology:** | |  |
| Adjuvant and Neoadjuvant Chemotherapy | **YES / NO** |  |
| Adjuvant and Neoadjuvant Hormonal Therapy | **YES / NO** |  |
| Hormonal therapy and Chemotherapy treatment for advanced and metastatic disease | **YES / NO** |  |
| Molecular Therapy | **YES / NO** |  |
| Chemoprevention | **YES / NO** |  |
| Hematologic support for treatment complications | **YES / NO** |  |
| Immunotherapy with Monoclonal Antibodies, when necessary | **YES / NO** |  |
| Molecular therapy | **YES / NO** |  |
| **14. Nursing** | **YES / NO** |  |
| **15. Data Management** | **YES / NO** |  |
| **16. Genetic Council** | **YES / NO** |  |
| **17. Research** | **YES / NO** |  |
| **18. Teaching** | **YES / NO** |  |
| **19. Continuous Improvement of the quality of care** | **YES / NO** |  |

**Appendix 1**

|  |  |
| --- | --- |
| **Accreditation application form** | |
| **Dr** |  |
| **Serving as :** |  |
| **Head of the Breast Center** |  |
| **Coordinator of the Breast Center** |  |
| **Applying for the accreditation for the Breast Center of :** |  |
| **The HOSPITAL** |  |
| **The CLINIC** |  |
| **Address** |  |
| **Breast Center phone No** |  |
| **Breast Center e-mail** |  |
| **Head/Coordinator's mobile phone** |  |
| **Head/Coordinator's e-mail** |  |

|  |  |  |
| --- | --- | --- |
| **Requested documentation** | | |
| **1. Certification of application by the Hospital Director** | **YES / NO** |  |
| **2. Composition of the Breast Center by Specialties, identifying each one of the specialists** | **YES / NO** |  |
| **3. Reference Services (if any), identifying each one of the specialists** | **YES / NO** |  |
| **4. Diagnosis and Treatment Protocols for Breast Diseases** | **YES / NO** |  |
| **5. Non-medical personnel assigned to the Breast Center. Specification of names and positions** | **YES / NO** |  |
| **6. Specification of diagnostic imaging equipment** | **YES / NO** |  |
| **7. Records of the care activity over the last year for the first accreditation.** | **YES / NO** |  |
| **8. Records of scientific research and teaching activities** | **YES / NO** |  |

**Appendix 2**

|  |  |  |
| --- | --- | --- |
| **Form to be completed by the Breast Center applicant** | | |
| **1. Head/Coordinator of the Breast Center:** | | |
| Name |  |  |
| Specialty |  |  |
| Mobile phone |  |  |
| Member of the SIS | **YES / NO** |  |
| **2. The Hospital to which the Breast Center belongs is under management:** | | |
| Public | **YES / NO** |  |
| Private | **YES / NO** |  |
| **3. The Breast Center incorporates services provided by different Hospitals** | **YES / NO** |  |
| Specify |  |  |
| **4. Number of Hospital beds assigned to Breast Care** |  |  |
| **5. The Breast Center has management autonomy** |  |  |
| Is under the authority of |  |  |
| **6. The Breast Center has its own designated area and is conveniently signposted in the Hospital's labeling system** | **YES / NO** |  |
| **7. If the answer is no, specify the location** |  |  |
| **8. The Breast Center has assigned full-time staff** | **YES / NO** |  |
| If YES, Specify | | |
| Specialties + Title of specialists |  |  |
| Members of the SIS | **YES / NO** |  |
| Specific Training in Senology (Master's degree or specific courses) : |  |  |
| If NO, Specify | | |
| Part-Time shared with the service of : |  |  |
| Number of staff members assigned exclusively to the Breast Center : |  |  |
| **9. Number of Nurses assigned to the Breast Center** | | |
| Number of Auxiliary Staff : |  |  |
| **10. The Breast Center has Administrative Staff** | **YES / NO** |  |
| **11. There is a population screening program for Breast Cancer:** | | |
| The Breast Center is the referral center of the Program : | **YES / NO** |  |
| The Breast Center participates in the management of the Program : | **YES / NO** |  |
| **12. Office hours of Outpatient Clinic devoted exclusively to Breast Diseases** | **YES / NO** |  |
| Monday | **YES / NO** |  |
| Tuesday | **YES / NO** |  |
| Wednesday | **YES / NO** |  |
| Thursday | **YES / NO** |  |
| Friday | **YES / NO** |  |
| **13. The Breast Center serves ONLY patients with cancer** | **YES / NO** |  |
| Serves patients with Benign Pathology : | **YES / NO** |  |
| **14. Number of total number of patients with benign pathology attended over the last year** |  |  |
| **15. Outpatient consultation activity conducted over the last year :** | | |
| Number of 1st visits pathological benign |  |  |
| Number of 1st visits pathological malignant |  |
| Number of 2nd visits pathological benign |  |
| Number of 2nd visits pathological malignant |  |
| **16. Schedule of operating theater devoted exclusively to Breast Surgery** |  |  |
| Monday | **YES / NO** |  |
| Tuesday | **YES / NO** |  |
| Wednesday | **YES / NO** |  |
| Thursday | **YES / NO** |  |
| Friday | **YES / NO** |  |

|  |  |  |
| --- | --- | --- |
| **Activity since January 2020** | | |
| **1. Surgical Statistics : a. Number of interventions for** | | |
| Benign Diseases |  |  |
| Breast Cancer |  |  |
| Reconstructive Surgery |  |  |
| Oncoplastic Surgery |  |  |
| Surgical Biopsies |  |  |
| **2. Sentinel lymph node biopsies:** | | |
| Number per year: |  |  |
| Average nodes studied per patient |  |  |
| Average node biopsies in the internal mammary |  |  |
| **Technique :** | | |
| Isotopic | **YES / NO** |  |
| ROLL/SNOLL | **YES / NO** |  |
| Coloring | *Linfazurin :* **YES / NO**  *Patent Blue :* **YES / NO**  *Methylene Blue :* **YES / NO** |  |
| In Neoadjuvancy: | *Pre-treatment Biopsy :* **YES / NO**  *Post-treatment Biopsy* *:* **YES / NO** |  |
| Peroperative Study of SLN | **YES / NO** |  |
| Technique: | *Imprint :* **YES / NO**  *Freezing :* **YES / NO**  *Mixed :* **YES / NO**  *Immunohistochemistry :* **YES / NO**  *AutoAnalizer :* **YES / NO** |  |
| **3. Diagnostic radiology statistics: Number of :** | | |
| Mammographies |  |  |
| Sonographies |  |  |
| Galactographies |  |  |
| Guided Biopsies |  |  |
| Diagnostic MRI |  |  |
| Pretreatment MRI |  |  |
| **4. Casuistry of new cases of Breast Cancer cared for in the last three years (specify Staging)** | | |
| Stage 0 |  |  |
| Stade 1 |  |  |
| Stage II A |  |  |
| Stage II B |  |  |
| Stage III A |  |  |
| Stage III B |  |  |
| Stage III C |  |  |
| Stage IV |  |  |
| **5. The Center has a specific database for Breast Diseases** | **YES / NO** |  |
| **6. Types of Quality Controls used by the Center** | | |
| Specify : |  | 🛈 EP-20  🛈 EP-21 |
| **7. Delays control system in the care network** | | |
| For the first visit |  |  |
| For additional tests : |  |  |
| For the Histological/Cytological Report of the biopsies of the surgical specimens |  |  |
| For the beginning of treatment of Breast Cancer patients |  |  |
| For the beginning of Chemotherapy after Surgery |  |  |
| For the beginning of RT after Surgery |  |  |
| For the beginning of RT after Chemotherapy |  |  |
| **8. The Breast Center has Computerized Clinical Records** | **YES / NO** |  |
| **9. The Breast Center provides Breast Cancer patients with written information or Audio-Visual material on:** | |  |
| Health Education about treatments and side effects | **YES / NO** |  |
| Prevention of Breast Cancer | **YES / NO** |  |
| Early Diagnosis | **YES / NO** |  |
| Breast Health Promotion | **YES / NO** |  |
| Participation in clinical trials | **YES / NO** |  |
| Follow up monitoring | **YES / NO** |  |
| Contacts with Support Groups | **YES / NO** |  |
| Psycho-Social Support | **YES / NO** |  |
| Palliative Care | **YES / NO** |  |
| Per-operative radiography |  |  |
| Biopsy equipment |  |  |
| **10. Equipment of Imaging Diagnosis:** | | |
| Analogue mammography device | **YES / NO** |  |
| Digital Mammography device |  |  |
| Ultrasound device |  |  |
| MRI |  |  |
| Nuclear medicine |  |  |
| Scanners |  |  |
| **11. Laboratory of Pathological Anatomy:** | | |
| Uses Immunohistochemistry | **YES / NO** |  |
| FISH Technology | **YES / NO** |  |
| **12. Radiotherapy Equipment:** | **YES / NO** |  |
| **13. For the follow-up of Breast Cancer patients:** | | |
| There are Protocols |  |  |
| Involved staff : | *Surgeons*: **YES / NO**  *Gynecologists*: **YES / NO**  *Medical oncologists* : **YES / NO**  *RT Oncologists* : **YES / NO** |  |
| **14. Psycho-oncology Consultation services** | **YES / NO** |  |
| **15. Genetic counseling** | **YES / NO** |  |
| **16. Treatment of fertility preservation for young Breast Cancer patients** | **YES / NO** |  |
| **17. Services provided:** | | |
| Nuclear Medicine | **YES / NO** |  |
| Bone Mass | **YES / NO** |  |
| MRI | **YES / NO** |  |
| Radiation therapy | **YES / NO** |  |
| Plastic Surgery | **YES / NO** |  |
| Psycho-oncology | **YES / NO** |  |
| Rehabilitation | **YES / NO** |  |
| **18. The psycho-morbidity of cancer patients is evaluated:** | | |
| By the QLQ C-30 (EORTC) questionnaire | **YES / NO** |  |
| By the B-23(EORTC) questionnaire | **YES / NO** |  |
| Other | **YES / NO** |  |
| **19. Patients satisfaction is evaluated through some kind of survey** | **YES / NO** |  |
| **20. Publications and Communications of the Center staff on topics related to Breast Diseases.** | | |
| Research activity and involvement in Clinical Trials. (National and International) |  |  |
| Educational activity |  |  |
| Participation in training courses |  |  |

|  |  |
| --- | --- |
| **Multidisciplinary Meetings** |  |
| **1. Breast Cancer treatments committees with all the specialists:** | |
| Weekly Frequency … ……..hours invested………. |  |
| Average number of cases studied……. |  |
| Monthly frequency ….hours dedicated……… |  |
| Average number of cases studied……. |  |
| **2. Breast Cancer diagnosis committees with the specialists involved (Surgeons, radiologists, pathologists, etc)** | |
| Weekly frequency….. hours invested…………. |  |
| Average number of cases studied….. |  |
| Monthly frequency ….hours dedicated……… |  |
| Average number of cases studied….. |  |
| Others committees |  |

**Appendix 3**

|  |  |  |
| --- | --- | --- |
| **Quality indicators in the clinical care for patients** | | |
| The following data are objectives that the Center must achieve in the medium term and that the SIS Accreditation Committee does not consider essential at this time for the granting accreditation. However, is recommended that the Center introduce them into its database to be used in the follow-up checks that the accreditation Committee conduct for all units 3-5 years after the granting of accreditation. | | |
| **1. The Diagnosis of Breast Cancer should be communicated in an interview (never by phone or by letter) and within < 5 working days after the completion of the biopsy** | **YES / NO** | https://www.chtoen.com/image/check.png  Afficher l’image source |
| **2. Histologic diagnosis of cancer must be prior to surgery in > 90 per cent of cases i.e. the number of surgical biopsies for Breast Cancer diagnosis is considered an exceptional practice (< 10%). Breast Cancer patients should be taken to the operating room knowing the diagnosis** | **YES / NO** |  |
| **3. Conserving Surgery for Breast Cancer should be > 65 % for States I and II** | **YES / NO** |  |
| **4. Conserving surgery should be achieved with a maximum of 2 interventions** | **YES / NO** |  |
| **5. Histological assessment of margins should be carried out in 100 % of cases** | **YES / NO** |  |
| **6. The percentage of Non-Detection of Sentinel node must be < 5%** | **YES / NO** |  |
| **7. The surgical specimens for axillary dissection may contain less than 10 nodes in < 10 % of the cases** | **YES / NO** |  |
| **8. Breast Cancers should statistically be classified using stages according to the UICC classification for the Database** | **YES / NO** |  |
| **9. Global survival and Disease-free survival should be recorded at 5 and 10 years of follow up in all cases of breast cancer** | **YES / NO** |  |
| **10. Local recurrences in Conserving Surgery for IDC at 5 years < 5% , for CIS at 5 years <10%** | **YES / NO** |  |
| **11. Local recurrences post Mastectomy within 5 years < 5%** | **YES / NO** |  |
| **12. Axillary recurrence after axillar dissection at 5 years < 5% on N +, <3% in NO** | **YES / NO** |  |
| **13. Axillary recurrence after LNB < 3%** | **YES / NO** |  |
| **Delay Control:** | | |
| **14. First visit for suspected cancer < 5 working days** | **YES / NO** |  |
| **15. First visit for benign disease < 10 days** | **YES / NO** |  |
| **16. Histological Report after biopsy < 5 days** | **YES / NO** |  |
| **17. Histological Report after Surgery < 10 days** | **YES / NO** |  |
| **18. Beginning of Surgical Treatment < 15 days** | **YES / NO** |  |
| **19. Percentage of Breast Reconstructions out of Total Mastectomies performed:** | | |
| **Immediate** |  |  |
| **Differed** |  |  |
| **20. Establishment of a Program for Preserving Fertility in young women** | **YES / NO** |  |
| **21. Genetic counseling for young patients if appropriate** | **YES / NO** |  |
| **22. Patients survey on level of satisfaction with the care received** | **YES / NO** |  |
| **23. Continuous Training of the Breast Center staff in Breast Diseases. A minimum of 10 hours** | **YES / NO** |  |