Letter to the Editor

Reply to letter from Suguatti et al.

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The authors of the European Breast Cancer Conference Manifesto on breast centres/units [1] thank Gianni Suguatti et al. for their interest in our paper and the opportunity to underline the importance of cooperation between screening programmes and breast cancer centres.

Their comments are aligned with what EUSOMA has fostered for nearly 20 years. Suguatti et al. suggest that in addition to our recommendation that mammography screening services be part of (or be located very close to) breast units, ‘a more compelling reason is that screening providers can make a substantial contribution to the creation of breast units’. We agree that a screening programme must be organised within the breast cancer centre or in close collaboration with it, and indeed screening has been a key driver in the establishment of multidisciplinary breast centres. It is not acceptable to organise breast screening without having a breast centre to refer patients to, as we risk losing the advantages obtained with an early diagnosis. Breast lesions diagnosed through a screening programme require much experience to offer personalised treatment and avoid under- or overtreatment. Only a specialist breast centre can guarantee the correct multidisciplinary approach.

Second, the EUSOMA requirement [2] to have a breast centre for about 250,000 inhabitants is intended to guarantee that the centre treats at least 150 new cases a year. But it is only an indication that should ensure there are enough experienced and dedicated specialists in the breast centre.

Finally, data collection is a mandatory requirement of a breast centre because it is essential to have quality control and evaluation of the centre performance with regard to quality indicators. Without any doubt, in writing the EUSOMA recommendations, the screening programme experience in monitoring quality has been inspirational.

The role played by GISMa (Italian Group for Mammography Screening) is well known in Italy. Its recent position statement [3] on screening as a multidisciplinary driver is important and sharable; as noted, breast screening is the only widespread programme of its type in Europe. Unfortunately, in Italy there are inter-
regional differences in the organisation of breast centres, which is currently one of the most important problems facing the Italian Ministry of Health. As we indicated in our manifesto, the reasons why we do not have a universal provision of specialist breast cancer centres in Europe or even within some countries are complex and multifactorial.

But we agree that ‘all radiologists and radiographers staffing breast units work in both screening and diagnostic imaging’, and that the screening organisation plays a pivotal role in post-treatment follow-up and be strictly connected with breast centres and the management of high-risk women.

We wish that in all European countries, screening services and breast cancer centres work together—preferably as one unit—to offer the best possible care to all patients, according to standards of care quality, and at the same time provide teaching and research on this major disease.

**Conflict of interest statement**

None declared.

**References**

