



Do advances in surgical oncology require particular standards?

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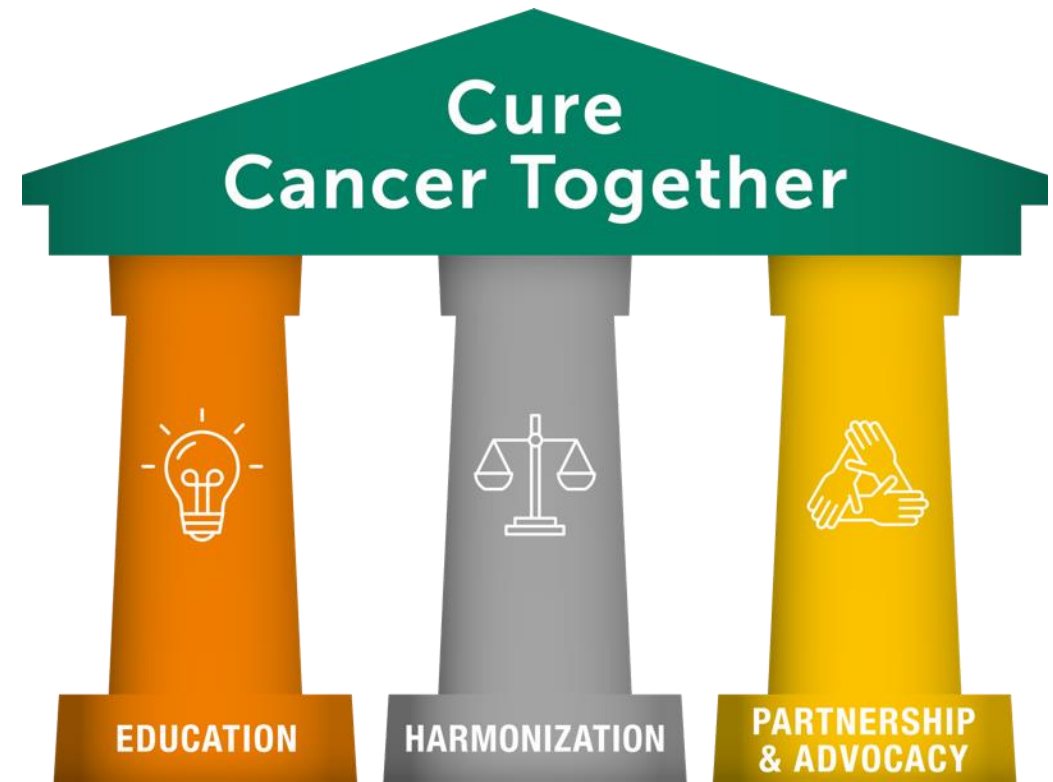
President of ESSO



Mission

To advance the science and practice of cancer surgery for the benefit of patients through education, research and innovation, multidisciplinary care, in Europe and beyond.

Vision





Education

PRIORITY:

CONGRESS

OBJECTIVES:

- **Enhance congress impact**
- Extend congress reach and **broaden target audience**
- **Increase value** creation and value capture
- **Nurture collaboration with industry** and establish a different way of interacting

PRIORITY:

TRAINING & CERTIFICATION

OBJECTIVES:

- Offer a **comprehensive training in surgical oncology**
- **Provide a certification** in surgical oncology
- **Create value from fellowship programme**

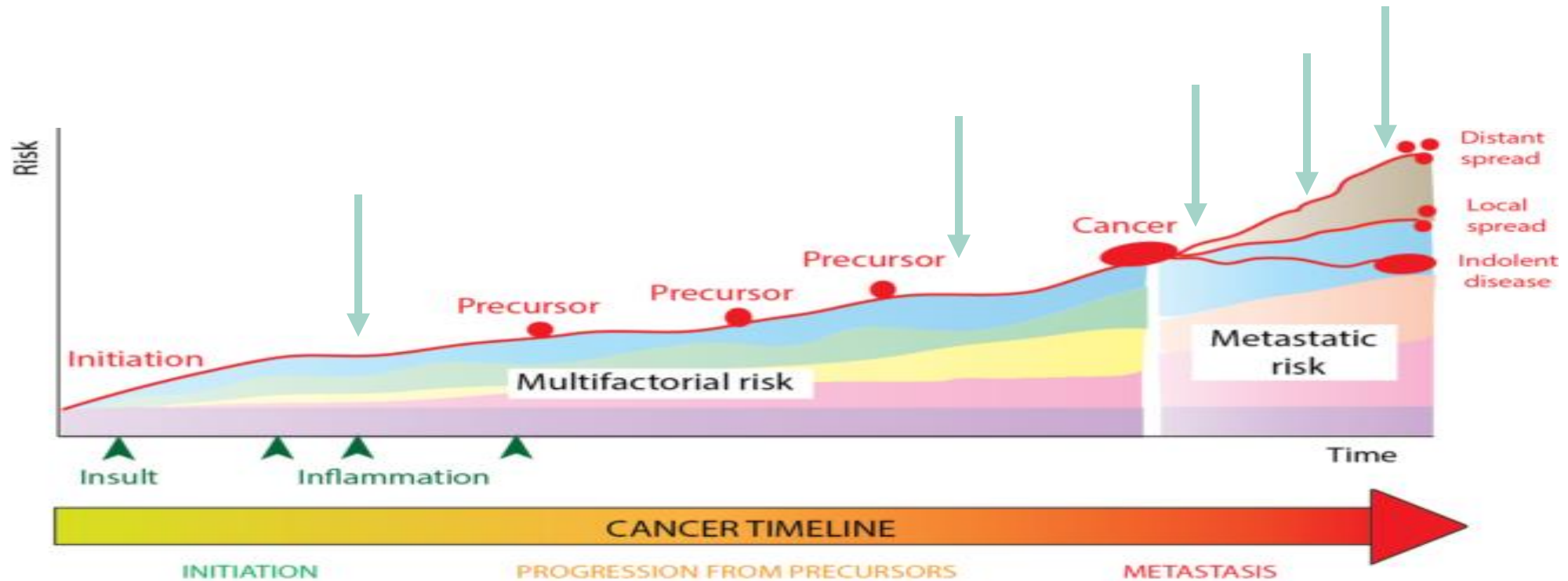
PRIORITY:

BLENDED LEARNING

OBJECTIVES:

- **Re-engineer the education and training offer**
- Increase outreach and **broaden target audience**
- Increase & **speed up the level of learning**
- Increase the **flexibility of learning**
- Increase **value capture**

Where is most to gain?



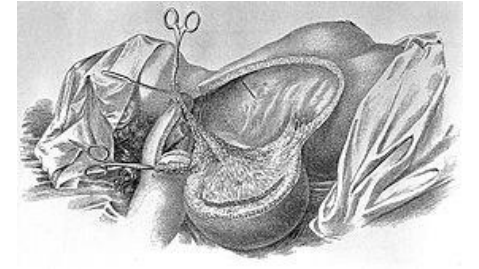
“Making Cancer a Chronic Disease”

“A cure for every cancer and excellent care for every

patient”

Changing field of Surgical Oncology

- Less extensive surgery
 - Change surgical principles?
- Survival not only relevant outcome
 - Quality of life – shared decision making
- Multimodality treatment \neq treating with everything we have
 - Predictive models, adaptive treatment,
- Technical developments
 - Perioperative care
 - Surgical navigation
 - Robotics
 - Non-surgical ablative techniques



Quality of surgeon/surgery matters

- Quality is difficult to measure – some surrogate markers
- Volume, with all its shortcomings, is consistently related to quality

JAMA Surgery | **Original Investigation**

Low-Volume Elective Surgery and Outcomes in Medicare Beneficiaries Treated at Hospital Networks

Stanley Kalata, MD, MS; Sara L. Schaefer, MD; Ushapoorna Nuliyahu, MPH; Andrew M. Ibrahim, MD, MSc; Hari Nathan, MD, PhD

PRESIDENTIAL ADDRESS

The Volume-Outcome Relationship in Cancer Surgery *A Hard Sell*

Ingemar Ihse, MD



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EDITORIAL

The Volume–Outcome Conundrum

Author: Kenneth W. Kizer, M.D., M.P.H. [Author Info & Affiliations](#)

Surgical case volume or Disease volume?

- The Netherlands 10-15 years of experience surgical case volume
- Primarily driven by specialists... but some external pressure helps
- Beware of some unintended effects
 - Non-operative management rectal cancer – oesophageal cancer
 - Disease volume?
- At present second wave
 - Higher volumes – Diseases volumes
 - Network
- Core standard OECl: “The cancer centre applies minimum numbers of surgical procedures per tumour type *according to National / International guidelines*”

Training matters

Review > [Cochrane Database Syst Rev. 2012 Mar 14;\(3\):CD005391.](#)

doi: [10.1002/14651858.CD005391.pub3.](#)

Workload and surgeon's specialty for outcome after colorectal cancer surgery

David Archampong¹, D: [Comparative Study](#) > [Br J Cancer. 2004 May 17;90\(10\):1920-5. doi: 10.1038/sj.bjc.6601846.](#)

Why does specialist treatment of breast cancer improve survival? The role of surgical management

D Kingsmore¹, D Hole, C Gillis

> [Ann Surg Oncol. 2003 Jul;10\(6\):606-15. doi: 10.1245/aso.2003.06.017.](#)

Breast cancer: do specialists make a difference?

Kristin A Skinner¹, James T Helsper, Dennis Deapen, Wei Ye, Richard Sposto

Education - certification

- Portfolio of postgraduate teaching
 - Basic - intermediate – advanced
 - Technical skills
 - Basic oncology knowledge
 - Multidisciplinarity
 - Decision making
 - Research
- Examination – Certification UEMS
- Accreditation of centres of excellence?



Challenges

- EU patchwork of
 - health care systems
 - educational systems
 - certification systems
- Surgical Oncology not recognized everywhere
 - ‘competing’ with organ based societies





EUROPEAN SOCIETY
OF ENDOCRINE SURGEONS



EFS

European Foregut Society



THE SOCIETY FOR SURGERY
OF THE ALIMENTARY TRACT



European-African Hepato-Pancreato-Biliary
Association (E-AHPBA)



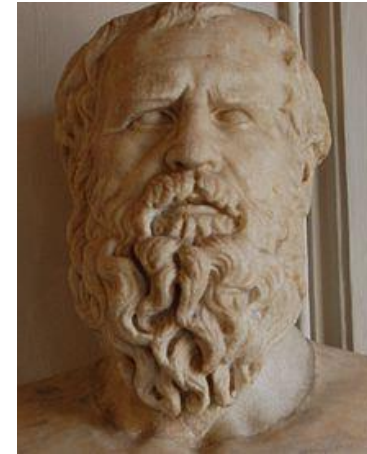
European Board of Surgery Qualification examination - certification

- Breast Surgery
- Surgical Oncology
- Coloproctology
- HepatoPancreaticoBiliary Surgery
- Upper Gastrointestinal Surgery
- Minimally Invasive Surgery



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS
Section of Surgery & European Board of Surgery

Conclusion



- “The only constant in life is change”
 - Technical changes surgical oncology
 - Conceptual changes surgical oncology
 - Local treatment +/- regional treatment
 - Multimodal/adaptive treatment
 - Treatment goals
- Volume requirements: crude but effective tool
- Training, certification, CME of professionals is essential
 - Surgeons need to do some homework – societies / UEMS
 - Avoiding overlap – wasting resources
 - Certification in subdomains of surgical oncology