

BRESO – European Breast Surgical Oncology Certification

Training Programme
Logbook

Certification process will be based on the following:

1. Knowledge: Acquisition of knowledge as demonstrated by passing approved examinations.

The candidates will be expected to demonstrate they have attained knowledge in breast cancer management and more in-depth expertise in surgical management, as set out in the knowledge curriculum.

This will be attested to by:

- the passing of the UEMS European Board of Surgery Qualification (EBSQ) in Breast Surgery exam or holding an approved higher degree or certificate of competence (including but not limited to that offered by the European School of Oncology (ESO) or the University of East Anglia MSc.), plus
- the attendance at certified/approved courses
- the attendance at a minimum of 1 international breast congress.

2. Practical skills: Acquisition of practical skills as demonstrated by a certified period of training in an approved breast unit and by review of a signed logbook.

The candidate will have to complete a minimum of 6 months' fellowship in a breast unit practicing intermediate level care, exposing trainees to wide local excision (WLE), sentinel lymph node biopsy (SLNB), axillary clearance and mastectomy, with good MDT working (tier 1 training centres, basic training). This will enable trainees to develop basic skills and a broad understanding of the subject. This may either be during or after residency (certification) or a mixture of the 2. The candidate will have to demonstrate their practical skills by means of a certified log book with evidence of a prescribed number of index cases being performed and certified evidence of ability to undertake key procedures to a good standard (axillary clearance (ANC), level 1 and 2 oncoplastic surgery (OCBS), wide local excision (WLE), mastectomy (Mx) and skin and nipple sparing mastectomy (SSM/NSM) for example). This will be by means of a reference from a supervisor.

3. Training quality

In addition, a period of high-quality training in a specialist breast centre (minimum 1 year) is required where higher level skills will be attained such as oncoplastics, reconstruction (although not necessarily practical expertise in all countries), research literacy, oncology and genetics. These latter centres (tier 2 training centres, advanced level skills) will need to be quality assured (for example EUSOMA certified). This training may be post residency (certification) in most countries to allow full immersion in breast surgery without the distraction of emergency surgery and other specialist subject areas, unless such a specific post can be arranged during standard residency training (as in the UK where Oncoplastic training is a routine part of training for breast specialists). As a result, surgeons will be expected to have acquired a minimum number of procedures to the level required for post residency practice, certified by a recognised trainer.

4. Post certification skills maintenance

Following completion of training and certification (as above) all breast surgeons should engage with on-going continuous professional development (CPD) and apply for re-certification at intervals of 5 years by submission of proof of approved course attendance. Such courses should be evidence based, free from commercial bias and of high quality.

Acquisition of relevant practical skills and knowledge is estimated to take 2 years of full time training (for someone with basic general, gynaecological or plastic surgery competencies) with minimum 6 months in a tier 1 training centre and 1 year in a tier 2 centre either during or following completion of standard general, gynaecological or plastic surgery training. Tier 1 and 2 training centres should be BRESO approved.

BRESO Curriculum

The Breast Surgery theoretical and practical knowledge curriculum comprehensively describes the knowledge and skills expected of a fully trained surgeon practicing in the European Union and European Economic Area (EEA). It forms part of a range of factors that contribute to the delivery of high-quality cancer care.

The curriculum has been developed by a panel of experts from across Europe and has been validated by professional breast surgery societies in Europe. It maps closely to the syllabus of the Union of European Medical Specialists (UEMS) Breast Surgery Exam, the UK FRCS (breast specialist interest) curriculum and other professional standards across Europe and globally (USA Society of Surgical Oncology, SSO).

It is envisioned that the curriculum will serve as the basis for breast surgery training, examination and accreditation across Europe to harmonise and raise standards as breast surgery develops as a separate discipline from its parent specialties (general surgery, gynaecology, surgical oncology and plastic surgery).

The curriculum was published in open access in the EJSO-European Journal of Surgical Oncology in February 2020. It is not static but will be revised and updated by the curriculum development group of the European Breast Surgical Oncology Certification group (BRESO) every 2 years.

Breast Surgery theoretical and practical knowledge curriculum (EJSO, volume 46, issue 4, Part B, p717-736, February 2020).

Update in online-version (included genomic testing-surgical logbook- trials- patients-centred care)

Application and selection process

The BRESO certification programme can be undertaken during or following completion of standard general, gynaecological or plastic surgery training. The acquisition of relevant practical skills and knowledge is estimated to take 2 years for surgeons with basic general, gynaecological or plastic surgery competencies.

Candidates wishing to undertake the BRESO certification programme shall submit a **training programme application**, which will be reviewed by BRESO. If approved, candidates will have two years to complete the training programme.

In addition to the **application form**, candidates should provide the following in **pdf format**:

- 2-page Curriculum vitae
- Board certification in general surgery or gynaecology in their country*
- Letter of interest from the candidate regarding breast cancer training and academic interests
- Letter(s) of recommendation from the candidate's Head of Department and/or mentor
- License to practice as a general surgeon, and/or gynaecologists in the country where the training fellowship will take place
- Documentary proof of identification such as a passport or National identity card

*Graduates from medical schools outside the E.U. must have a valid medical license in an E.U. country

An administration fee of **500 EUR** is requested to cover administrative costs.

The timeline to complete the practical training programme is 2 years that can be distributed as needed and agreed by the fellows and the Institutions.

The candidates must keep a logbook signed off by their trainer of the operations they have attended as an assistant or operations they have carried out, supervised or unsupervised, and also of the clinics they have attended and the multidisciplinary meetings they have attended.

The trainee must complete all the following requirements in a time manner agreed with the host Institution. 70% of the time will be in the Breast Surgical Oncology rotation and the other 30% to accomplish with the rest of rotations.

MODULE 1: DIAGNOSTIC: RADIOLOGY/PATHOLOGY

RADIOLOGY

- 8 screening cases
- 20 diagnostic mammograms
- 10 breast MRIs
- Breast ultrasound: 15 (hands on) or 30 (observation only)
- Percutaneous Procedures: 30 including Fine needle aspiration, Cyst aspiration, Percutaneous core needle sampling, palpation or image guided, Seroma aspiration with/without drain placement, Percutaneous abscess drainage with/without drain placement

PATHOLOGY

- 8 cancer case sign outs
- 8 frozen or intraoperative evaluations
- 8 benign and/or high risk lesions

MODULE 2: SURGERY

- Participate in preoperative clinics including oncoplastic/reconstructive clinics
- Participate in breast cancer –specific operating lists
- Participate in breast oncoplastic and reconstructive operating lists
- Participate in postoperative clinics (assessing wound healing, primary aesthetic outcome and recovery from surgery, is further surgery required, or follow-up etc)
- Attend at least 20 regular, at least weekly, pre- and post-surgical multidisciplinary case management meetings
- Attend at least 70 outpatient clinics during a regular 1-2 year work in a surgical unit with at least 150 primary breast cancer cases a year, according to the local organisation's practice, including:
 - A. Diagnostic, preoperative and postoperative clinics
 - B. Clinics at which oncoplastic and reconstructive counselling and planning are made
 - C. Genetic/family historic clinics, in which women at risk are advised
 - D. Clinics at which the management of women with advanced disease (both locally advanced and metastatic) takes place
 - E. Follow-up clinics at which the side-effects of surgery and radiation can be assessed
 - F. Clinics with the radiation/medical/ clinical oncologist at which the decisions on adjuvant and neoadjuvant therapy are made.

- **BRESO Surgical Log-book (two years)**

Personally perform during the last two recent years

at least 70 breast conserving surgeries (including at least 35 localization guided procedures on US- Wires or other methodologies)
 at least 30 mastectomies (including at least 20 nipple/skin sparing mastectomies)
 at least 70 axillary surgeries (including min 10 ANC and SNB)
 at least 30 level II oncoplastic procedures – min 15 performed and 15 assisted (*)
 at least 7 local flaps procedures for partial breast reconstruction (*)
 at least 22 implant-based breast reconstruction (DTI-Two stages) (*)
 at least 20 operations for benign conditions (excision of benign disease; contralateral symmetrisation; duct excision; implant removal; abscesses evacuation)

(*) or assisted in units supported by plastic surgeons.

MODULE 3. MEDICAL ONCOLOGY

LOG BOOK

- 15 New breast cancer / recurrent disease consultations
- 15 Follow up visits
- 15 Secondary effects that affect surgery

MODULE 4. RADIATION ONCOLOGY

LOG BOOK

- 15 new breast cancer consultations
- 10 partial breast irradiation (brachytherapy and or intraoperative RDT)
- 15 f/u visits and/or physics reviews

MODULE 5. RESEARCH

It is recommended that the trainee attends a Good Clinical Practice (GCP) course and obtain a certificate.

Included in these rotations, the trainee should be involved and aware of the research programme:

- Protection of Human Subjects
- Inclusion of diverse study populations

- Basic Statistical Analysis
- Institutional Review Board process and application
- Database management, Retrospective Reviews
- Defining Hypothesis and Study Aims
- Evaluation of Study Design
- Assessment of Clinical Trial, Defining levels of Evidence/meta-analysis
- Selection of primary and secondary endpoints
- Defining study populations, sample size, power
- Basic Survival Analysis
- Assessment of Health Related QOL
- Fundamentals of Health Outcomes Studies

MODULE 6. COMMUNICATION SKILLS

- Communication with and education of the non-medical community
- Communication and interaction with patients
- Communication and interaction with cancer support groups
- Communication with and education of non-oncologic physicians
- Understand disparities in screening, diagnosis, and treatment of cancer

MODULE 7. OPTIONAL

- Autologous tissue transfer
- Aesthetic breast surgery
 - a) Free flap for breast reconstruction: o DIEP
 - b) o Gluteal
 - c) o TUG
- Cosmetic breast
- Implant placement
- Reduction mammoplasty benign

ADDITIONAL TRAINING REQUIREMENTS

- Attend at least 1 international breast cancer meeting/conference
- Attend the annual ESSO Conference
- Attend at least 2 international ESSO breast courses