

SENATURK (Turkish Academy of Senology) – EURAMA (European Asian Society for Breast Disease)

CERTIFICATION PROGRAM FOR SENOLOGY

BASIC LEVEL

(For General Practitioners / Family Medicine Specialists)

CURRICULUM

AIM : To provide training in breast cancer epidemiology, screening, diagnosis and treatment in basic knowledge for practitioners.

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Assoc. Professor of Nuclear Medicine

PROGRAM : SENATURK and EURAMA in collaboration with Marmara University School of Medicine and Marmara University Hospital offer a 1-year senology training program.

The training curriculum encompasses knowledge about the epidemiology of breast cancer, screening, diagnosis of breast lesions and treatment of breast cancer elementarily.

The trainee will become familiar in patient interaction, as well as in interdisciplinary interaction with fellows of radiology, surgery, pathology, oncology and radiation oncology services. In addition to the rich clinical experience, trainees will be expected to participate in teaching and clinical research, journal clubs, as well as weekly multidisciplinary oncology board meetings, conferences, and weekly radiology-pathology-surgery correlation conferences.

Research opportunities are available.

Recommended training period is one year but it is subject to revision according to the tranee's requirements and expectations. Six month-duration is the minimum requirement for full certification.

VENUE : SENATURK-affiliated state and foundation university, state teaching and private hospitals.

ELIGIBILITY : Those with MD degree are eligible for application.

APPLICATIONS : Application request should be sent to Prof. Erkin Aribal (earibal@marmara.edu.tr) along with following documents:

1. Completed application form (*To download please click*)
2. A recent photograph of the applicant
3. Curriculum vitae, including the applicant's e-mail address
4. Personal statement detailing your choice of a senology training program.
5. Three (3) reference letters from faculty members or senior doctors who may describe you well

SENOLOGY TRAINING CURRICULUM :

Minimum of 6 full-time equivalent months training; 12 months is recommended.

By means of lectures, conferences, textbooks, syllabi, journal reprints, videotapes, teaching files, and other teaching materials, the trainee should become familiar with and understand the following topics in breast disease:

Breast anatomy, physiology, and pathology

- Breast development
- Normal breast anatomy and histology; alteration with age, pregnancy, menstrual cycle, and hormonal effects; male breast anatomy
- Pathologic appearance and clinical significance of:
 - Benign breast lesions
 - Atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH), lobular carcinoma in situ (LCIS), and other histologic risk factors
 - Ductal carcinoma in situ (DCIS), including its histologic subtypes
 - Invasive ductal carcinoma not otherwise specified (NOS); subtypes of invasive ductal carcinoma (mucinous, medullary, papillary, tubular); invasive lobular carcinoma
 - Other types of breast cancer, such as Paget's disease and inflammatory carcinoma
 - Other malignancies involving the breast, including phyllodes tumor, lymphoma, leukemia, sarcomas, and metastases
- Histologic grading
- Pathologic staging
- Multifocal and multicentric carcinoma
- Margin analysis for specimens containing malignancy

Epidemiology

- Risk factors for breast cancer
- Genetic and hereditary aspects of breast cancer
- Breast cancer incidence and mortality, including longitudinal trends
- Breast cancer staging and survival rates by stage

Mammographic equipment and technique

- Both screen-film and full-field digital mammography
- Importance of QA in mammography
- Image procedure

Mammographic interpretation

- Optimal viewing conditions, including a low ambient light environment
- Become familiar with:
- Recognizing normal mammographic anatomy
- Characteristically benign and suspicious breast calcifications
- Characteristically benign and suspicious breast masses

Screening mammography

- Randomized clinical trials, case-control studies, service-screening studies: purpose, methods, results
- Pitfalls in evaluating screening results: lead-time bias, length-bias sampling, selection bias, prevalence versus incidence screening, interval cancer rate, survival rates
- Relative screening efficacy of clinical breast examination, breast self-examination, and mammography
- Benefit-risk assessment, including radiation risk and false positives
- Controversies regarding screening women aged 40-49 years; younger than age 40
- Screening guidelines at the world

Breast ultrasound

- Become familiar with breast US indications

Breast MRI

- Become familiar with breast MR indications

Breast biopsy

- Techniques; when, why and how?

Therapeutic and management considerations

- Basic understanding of breast cancer treatment options
- Clinical staging of breast cancer
- Staging modalities for breast cancer
- Treatment-related decision making for breast malignancies
 - ✓ DCIS
 - ✓ Early stage invasive breast cancer
 - ✓ Locally advanced invasive breast cancer
 - ✓ Metastatic breast cancer
 - ✓ Breast sarcomas
- Technical aspects of breast cancer surgery (breast & axilla)

- Breast reconstruction (immediate and delayed); when, why and how?
- Defining women with high risk
- High risk counselling
- Breast ovarian cancer syndromes & Genetic counselling
- Management of those women with high risk lesions (LCIS, ADH, ALH, atypical papillary lesions)
- Management of those with BRCA1/2 gene mutation
- Hormone replacement for menopause and breast cancer
- Quality assurance in breast care
- Breast cancer-related lymphedema; prevention, diagnosis & treatment
- Prognostic & predictive factors
- Indications and methods for radiation treatment (including all stages)
- Indications and modalities of chemotherapy (including all stages)
- Definition of systemic targeted treatment and its indications (including all stages)
- Indications and modalities of hormone treatment (including all stages)
- Follow-up after breast cancer management
- Treatment of local recurrences
- Breast cancer in men, pregnancy and elderly.
- Strategies to improve the profitability

Other

- Becoming familiar in interacting with patients, including how to recommend biopsy, how to explain a cancer diagnosis, and how to develop sensitivity to patients' emotional needs
- Having experience on interacting with radiologists, surgeons, pathologists, medical oncologists, and radiation oncologists in providing multidisciplinary patient care
- Performing a medical audit
- Encouraging patients for participation in research projects

Minimum Requirements:

Must individually perform

- 100 Breast & Regional Lymph Node Basin Physical examination
- 20 Fine Needle Aspiration Biopsy

Must attend (observe)

- 30 Multidisciplinary Cancer Meeting (Board)
- 10 Mastectomy
- 10 Axillary dissection
- 10 Sentinel lymph node biopsy
- 10 Lumpectomy
- 2 Skin sparing mastectomy
- 2 Breast reconstruction (one with prosthesis, one with autologous flaps)
- 10 Oncology outpatient clinics
- 10 Radiation Oncology outpatient clinics
- 2 Lymphedema treatment sessions
- 2 Genetic counselling

Assessment Tools

- Written MCQ exam
- Log book
- Mini clinical evaluation examinations (m-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Case-based discussions (CbD)
- Procedure-based assessments (PBA)
- Professionalism mini-evaluation exercises (P-MEX)
- Portfolio