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Concerning the changing of diagnostic approach, guidelines, role and importance on decision of the different medical specialties involved (in the last 30 years) in the setting of a screening and treatment reference hospital

Manuela Lacerda
Institute of Pathology and Molecular Immunology of the University of Porto, Portugal

In 1978 I started working as surgical pathologist in the cancer hospital Instituto Português de Oncologia Francisco Gentil (IPOFG), Coimbra, Portugal. At that time the patients who came to the hospital had large breast tumors and the diagnosis was made by the triple approach: The members of the multidisciplinary team were a surgeon, a radio-therapist and a medical oncologist. The pathology report was descriptive. Frozen section or biopsy of the lesion was mandatory when the first therapeutic approach was surgery or when there was no concordance in the triple approach. In 1987 the papers and the book published by David L Page and William D Dupont, became a landmark in the histoclinical approach of breast lesions. The reproducibility of the prognostic index of Nottingham proposed by Elston and Ellis was an important method for the follow-up of breast cancer. Immunohistochemistry became routine either for differential diagnostic or for therapeutic guidance. In 1990 a breast cancer screening program in the central zone of Portugal was implemented. It was one of the European pilot projects approved by the European Commission. This program covers a female population (age groups 45-70) of 320,225 women (mammography every two years). In 1994 I was designated, by the management of the program to integrate the European Working Group on breast screening pathology that elaborated European guidelines for quality assurance in breast cancer screening and diagnosis - quality assurance guidelines for pathology - European Commission. The Cancer Registry-Central Zone (R.O.R. –Zona Centro) data show the influence of breast cancer screening on the incidence and mortality of breast cancer. In the last years the multidisciplinary team also includes a radiologist and a surgical pathologist. The therapeutic approaches became much more conservative, individual driven and have cosmetic criteria. The pathology report has very well defined guidelines. There have also been changes in the way how women view their health; now, the majority is concerned with the risk of having breast cancer. The society, as a whole, has also changed to accept the difference that the name cancer implies.

Biography

Manuela Lacerda is a Specialist in Surgical Pathology. She started working at Instituto Português do Oncologia Francisco Gentil (IPOFG), Coimbra, Portugal in 1978. She was the Director of the Laboratory Department of IPOFG, Coimbra, Portugal from 1986 to 2009 and was the Director of the Service of Surgical Pathology of IPOFG, Coimbra, Portugal from 2009 to 2011. She was part of the Technical Team of the Regional Cancer Registry - Central Zone (R.O.R.Centro), Portugal from 1989 to 1995. She was the Clinical Director of IPOFG, Coimbra, Portugal from 1998 to 2001. She was part of the European Working Group on Breast Screening Pathology, which have developed European Guidelines for quality assurance in breast cancer screening and diagnosis - European Commission from 1994 to 2011. Since 2012 she was the Consultant at Instituto de Patologia e Imunologia Molecular da Universidade do Porto (IPATIMUP), Porto, Portugal. She did her PhD in 2005 from Faculty of Medicine, Porto, Portugal. She is co-author of 6 papers in national journals with scientific arbitration and 20 articles in journals of international circulation with scientific arbitration.

mmplacerda@gmail.com