

## Organizational Model in a Reference Oncological Hospital at Worldwide. What can we Transfer into Spain?

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### Abstract

Cancer is the new epidemic of the 21st century and the second cause of death. In 2012, the annual incidence was 215,534 cases, while for 2020 it is expected to be 246,713 new cases, an increase of 12.6%. Australia is a country with a population of > 20 million inhabitants. Peter Mc Callum Cancer Center serves a population of more than 3 million inhabitants. This is a descriptive analysis of the most outstanding items in the daily organizational activity during the 2-month rotation at the PMCC, the only cancer hospital in the country and considered among the 10 best hospitals worldwide.

**Keywords** Cancer; Pathologies; Oncology; Tumor

### Opinion

The relationship with both the patient, nursing and primary care physician is very close. The consultation time is 30 minutes, with 8-10 patients per day and some day of research/study. After the first visit is given an information sheet of what their treatment consists ([www.eviq.com](http://www.eviq.com)). The consultations are divided for days and pathologies, being in the same area both the medical oncologist, oncologist RT and surgeon to consult doubts or seeing patients at the same time.

For each consultation, in case of Sarcoma Tumours, the doctor has an average of 30 minutes, close consultations with Plastic Surgeon, Traumatologist and Radiation Oncologist. Also Centralized clinical trials, everybody can find it at [www.australiansarcomagroup.org](http://www.australiansarcomagroup.org). Nursing support (appointments, telephone/Email contact to avoid emergency visits) and adolescent counselors (OnTrac) are very important to take care for these young patients.

In case of Skin tumors, they have a lot of experience since Australia is the first country with an incidence of 160.000 diagnosis a year. Many clinical trials are available, in fact many of them start in Australia and afterwards, they continue in Europe. Examples of clinical trials in relation with immunotherapy (melanoma first line of treatment) are EORTC18021, Keynote 054 (Pembrolizumab), Checkmate 095 (Ipilimumab, Nivolumab or the combination).

As for hospitalization, Peter Mc Callum Cancer Center includes more than 40-50 patients and great support from Palliative Care, Social Worker and music therapist.

Multidisciplinary Committees are essential, with reports of radiology/pathology within a maximum of 48 hours. Clinical trials are centralized in 4-5 hospitals. Patients are familiar with web pages detailing the availability of trials at each center. Since many have >500 km of distance, they are provided apartments for the patient and 1 relative, also covering travel expenses. Another important thing is that the doctor has very good working conditions. Not only in salary question, but of the 5 working days, the attend consultation in 3 of them (with no more than 10-12 patients) and another 2 can dedicate them to research/study. It is essential in a scenario where there are monthly advances and it is very difficult to be up to date and able to combine assistance and research in parallel. In Spain, Medical Oncologists usually attend 20-25 patients every day, without any time to investigate.

Management in Reference Centers benefits the survival of the patient and makes the doctor get more experience. We need to optimize resources in our country given the increased incidence expected for the next few years.

The proximity of the Consultations with other specialists, the agility in the Tumor Committees as well as the guarantee of days of study/research could be aspects to improve in our country. Nursing support, Social Work and Palliative Care improves patient care. The centralization of clinical trials is key to gaining experience on the part of the practitioner and ensuring the best treatment for patients.