



TRAVEL FOR BEST PRACTICE

Breast and Endocrine Surgeon Dr Anita Skandarajah visited major cancer centres in the hope to build her knowledge of best models of care

Dr Anita Skandarajah and Dr Kevin Hughes, Breast Surgeon Mass General Hospital

Breast and Endocrine Surgeon Dr Anita Skandarajah visited three major American cancer centres last year to analyse models of cancer care delivery in anticipation of the opening this year of one of Australia's most advanced cancer centres.

The \$1 billion Victorian Comprehensive Cancer Centre (VCCC) is a State and Federally funded facility which brings together the expertise and services of the Peter MacCallum Cancer Centre, the Royal Melbourne and Royal Women's Hospitals and the University of Melbourne and other partners.

Expected to open in June, the VCCC will have a dedicated clinical trials unit, more than 25,000 square metres of specialised research space, 160 overnight inpatient beds, eight operating theatres, eight radiation therapy bunkers and education and training facilities.

An employee of all four organisations, Dr Skandarajah used the funds attached to the Hugh Johnston ANZ Chapter American College of Surgeons (ACS) Travelling Fellowship to attend the annual ACS Clinical Congress and visit the MD Anderson Cancer Centre, the Memorial Sloan Kettering Cancer Centre and the Massachusetts General Hospital (MGH).

Dr Skandarajah, who has research interests in risk reduction and cancer risk assessment, said she had deliberately selected internationally renowned cancer centres along with a tertiary general hospital to allow her to compare models of cancer care delivery.

She said that in the US, as in Australia, there had been a move towards developing treatment models based on strong links between regional services and specialised tertiary care.

"The historical model of cancer care delivery was to centralise specialist services which often caused a great deal of disruption to patients and their families, particularly those who had to travel," she said.

"In recent years, however, there has been a push to develop high quality regional services, particularly to treat patients with relatively common cancers like breast and colon cancers, with strong links to a tertiary centre and much the same has happened in America.

"In Houston I visited both the main campus of the MD Anderson Cancer Centre and a regional centre which bolstered my opinion that cancer patients should not be forced to travel for high quality care, while understanding that some cancers will, of course, require tertiary care in a specialist centre."

Dr Skandarajah said her visit to the MD Anderson Cancer Centre in Houston, Texas, had been a particular highlight of the trip.

"The MD Anderson is extremely well funded so it is an extraordinary place because it can afford to be, it attracts patients from around the world and while it offers world-class care it is also very expensive care," she said.

"It was interesting then to compare this level of care with that offered by the MGH and see how the US system works because I did my Post Fellowship training in Europe which is more closely aligned with the Australian health system.

"The focus on patient care and the patient experience was most impressive."

Dr Skandarajah praised the generosity and support of her

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supervisors at the MD Anderson Cancer Centre - Dr Kelly Hunt, Chief of Breast and Endocrine Surgery, and Endocrine Surgeon Dr Nancy Perrier who allowed her access to patients with rare endocrine conditions which are infrequently seen in Australia.

"The visit with Dr Hughes at MGH was a highlight in learning about how to assess risk of breast and ovarian cancer development in all patients and using risk calculators to enable focused and tailored prevention plans to be designed for each patient," she said.

"Dr Hughes has developed a computer-based risk app which all patients complete upon arrival as they wait for a consultation which not only uses up otherwise empty time but gives treating physicians a great deal of useful information in developing a treatment plan.

"All my hosts and mentors in the US also impressed me with their dedication to fostering and mentoring younger doctors and developing and sustaining surgical teams which is a focus I hope to take forward throughout my career."

While she was in the US, Dr Skandarajah also attended the ACS Clinical Congress in Chicago as an International Fellow along with other surgeons from Europe, Africa and Asia.

She said the group forged strong bonds through a structured program and through the warm welcome they received at the ACS.

"As a group of surgeons in our early to mid careers, we were able to discuss the challenges of balancing our clinical commitments with our research and teaching duties while also striving for a degree of balance outside our working lives," she said.

"Our discussions also brought home to us the differences in the global provision of health care resources.

"I believe these links will be professionally rewarding as was attending the meeting itself.

"It was particularly astounding to be part of the Convocation and to be part of the opening ceremony of the ACS and to be honoured repeatedly throughout the meeting."

Dr Skandarajah said some of the academic highlights of the Congress were discussions surrounding the optimal frequency of breast screening, the introduction of the 2015-revised edition of the American Thyroid Association Guidelines and issues surrounding the management of primary cancers in the setting of metastatic disease.

She said that while she had been impressed by the attention given in the US to patient-centred care, her pre-opening viewings of the VCCC inspired similar excitement.

"I've already had a walk around the VCCC and it is a beautiful place, on a level with some of the facilities I saw in the US in terms of creating lovely spaces for patients and their families," she said.

"The trip last year was wonderful in terms of what I gained in clinical knowledge and leadership skills but overwhelmingly, it made me very proud of the skills, knowledge and facilities that we have in Australia and while I learned a lot, I also learned that it was a very exciting time to be a cancer surgeon in Melbourne."

With Karen Murphy



Dr Skandarajah's research has taken her around the world