



European Society for Medical Oncology



ESMO Clinical Unit Visit

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Fellow: Dr Ana Belen Rupérez Blanco

Host Institute: Department of Gastrointestinal, Medical Oncology, Guy's, St Thomas and King's College Hospitals Integrated Cancer Centre, London

Home Institute: Hospital General Universitario Gregorio Marañón, Madrid, Spain

When I started planning my Clinical Unit Visit, I was sure that I wanted to spend the two months that my training programme offers abroad, as it would provide me with outstanding opportunities to learn different ways of working, with teams in other Health Systems and Hospitals and most importantly improve my English. For that reason, when offered the chance to visit the gastrointestinal oncology's team at Guy's Hospital in London, I didn't hesitate for a second.

As soon as I contacted Dr. Sarker, He was very kind to receive me and explained all the details (even the ESMO application). I've always had a special interest in GI cancer, so this experience has given me the opportunity to learn many things and to further improve my knowledge and experience in gastrointestinal cancers acquired in Spain.

Guy's and St Thomas' (most recently with Kings College Hospital) NHS Foundation Trust includes two of London's most famous teaching hospitals. I'm very happy to have been in one of the largest comprehensive cancer centres in United Kingdom. During my rotation I took part in multi-disciplinary conferences and to emphasizing the importance of joint working with surgeons, radiologists, radiation oncologists, and other specialists to deliver high quality individualized patient care. And, this multi-disciplinary management has been one of the things that more caught my attention, because this way of working is different in my hospital. This fact has helped me to enlarge my vision about the management of each tumor in particular.

Upon arrival, they gave me my timetable organized by my Supervisor, Dr. Sarker. This timetable consisted:

- On Monday morning: Private study. The last weeks, I used this time to review patients diagnosed of cholangiocarcinoma to carry out a retrospective study that will probably be displayed at some next meeting.
- On Monday afternoon: Hepato-Pancreatic-Biliary (HPB) cancer clinic at Guy's Hospital where we saw mainly newly diagnosed patients and trial patients.
- On Tuesday: All activity is performed at Guy's Hospital. At 8.00 am, I attended to the Journal Club, which along with the rest of the clinical Registers and Clinical fellows and supervised by a Consultant, We reviewed an important clinical and/or translational article published in a major journal. The appraiser added his comments analysing the clinical relevance of the article and possible considerations. After the meeting, we started Colorectal (CRC) Clinic until the afternoon. In that monographic clinic, we saw the patients with colon cancer diagnosis, included new patients, trial patients, patients in follow-up and patients on treatment. This way I could get an overview of the management CRC in the UK, the drugs and most commonly used schemes there, the use of biologic agents, multidisciplinary management of liver metastases (conversion therapy), and of course the overall management of toxicities, the information to the patient and the different treatment indications.

Furthermore, in this clinic (and in other pathologies as well) I have learnt how to evaluate the elderly population and how taking the choice for adjuvant or palliative chemotherapy based in the comorbidity, drug toxicity and benefit of the chemotherapy. To assist the medical oncologist there is the POP's team, with a geriatrics specialist that helps in the management of the elderly

patients. This fact seemed very important, because of the proportion of patients aged 70 years and older who received chemotherapy has increased over time in our clinics.

- On Wednesday Morning: At 8-10 am had instead the oesophago-gastric (OG) MDM at St Thomas Hospital. In the multidisciplinary meetings, they present all the cases to the different pathologies. The cases are discussed by the multidisciplinary team in their weekly meeting, attended by staff from all the specialties that may need to be involved in the management of the disease.

After the MDM, we started OG clinic in which we reviewed the patients that has been seen this morning in the meeting. We saw their case, we explained them the current situation and we proposed the therapeutic strategy. As in the other pathologies, I could understand the management of the OG tumors and I could check the different clinical trials currently available.

- On Thursday: All activity was at KCH. At 8 am I attended at hepatocellular (HCC) MDM. Just like other MDM, in this one, the different specialist presented the patients with HCC. After the meeting the HCC and NET (Neuroendocrine tumors) clinic it started. In that clinic as in the others, We review the patients with HCC and NET diagnosis,
- On Friday morning: The war round (At Guy's Hospital) specialises in looking after patients with different types of cancer and undergoing chemotherapy. Seen daily by a specialist registrar (senior doctor). The specialist registrar is assisted by 3 junior doctors who are based on the ward. The consultant ward rounds take place two days in the week. In my case, I went with the GI team.

My stay in London has been very enriching. This experience has allowed develop skills and expertise in the care and treatment of patients with a gastrointestinal cancer to achieve the best treatment and management in my clinical practice.

I have had the opportunity to participate in a lot of specialist multi-disciplinary conferences emphasizing the importance of joint working with surgeons, radiologists, radiation oncologists, and other specialists to deliver high quality individualized patient care.

Likewise, I could complete one of my academic training requirements and this experience has given me the opportunity to improve my knowledge in GI cancer and having another point of view. Furthermore, as an observer I could gain experience in clinical trial (phase I, II and phase III) and translational oncology. With the visit I had the chance to become acquainted with the specific challenges of research in the field

of GI cancer. I have acquired knowledge and experience – usable in Spain - how to plan assessments and how to integrate them in clinical oncology routine practice.

I have planned to work on the research project started during my visit and complete the abstract with the help of Dr. Sarker so we can send in the results to some annual meetings. The project consisted in the review of patients with cholangiocarcinoma diagnosis that have received treatment with Cisplatin-Gemcitabine and analyzing survival, grade of response, toxicity, etc...

In Spain with this analysis, my objective is to compare with the standard treatment (Gemcitabine-Oxaliplatin). Furthermore, because I am involved in the Spanish group of thrombosis I would like to assess whether there is a greater risk of thrombosis associated with cisplatin in the UK chemotherapy combination.

I would like to thank the ESMO Fellowship and Award Committee for providing financial support. The grant has offered me the opportunity to further extend my knowledge and skills in clinical and academic aspects of gastrointestinal cancer that clearly will be of significant value when I finish my training in Medical Oncology.

