

ESMO European Integration Fellowship Report

Host institute:

Hopitaux Universitares de Genev, Geneva, Switzerland

Fellowship dates:

10 June, 2019 – 21 July, 2019

Fellow: Stefan-Alexandru Artene

"Filantropia" Municipal Clinical Hospital of Craiova

Mentor: Dr. Alexandre Bodmer and Assoc. Prof. Mihaela Danciulescu

Introduction and purpose of the European Integration Fellowship

The main aim of the project was to participate in as many multidisciplinary meetings as possible in the 6 weeks span of my fellowship. The purpose was to absorb and try to replicate the experience in my home institute which is in an area of Romania with one of the worst survivals for patients with breast, gynecological and urogenital cancers. This is partially due to the low socio-economical status of the area and the lack of healthcare professionals willing to import "best practices" from more advanced countries or hospitals in order to improve the survival and quality of life of the patients treated here.

Six-week timetable

The 6 week timetable was agreed beforehand with the Host Institute. I have attached it in a separate table below:

Weekday	AM	PM
Monday	8:00: Handover, then journal club	1:30: pharma meeting
	Case discussion	
		6:00: end of activity
Tuesday	8:00: Internal medicine meeting Case	1:00: Gyne tumour board 6: end of activity
	discussion	
	12:00: medical staff meeting	
Wednesday	8:00: Case discussion	14:00: uro tumour board 6: end of activity
	10:00 complicated cases	14.00. dio tumodi board o. end oi activity
Thursday	8:00 Case discussion	1:00: Breast tumour board
		6:00: end of activity
Friday	8:00 Case discussion	5:30: Handover
	12:00 molecular tumour board	6:00: end of activity



Expected transferable skills on return to home institute

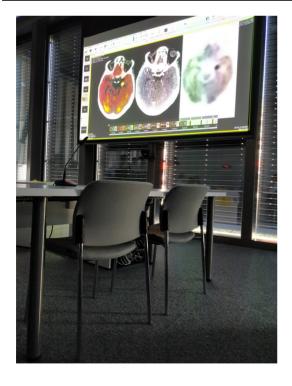
The capacity to understand the intricacies behind a successful tumor board; To be able to explain the importance and the benefits behind a tumor board to other medical professionals which are not yet involved in such activities; To be able to organize and successfully moderate a tumor board in which difficult cases could be discussed with a clear benefit for the patients.

Conclusion and acknowledgements

The benefit of this fellowship was immense to me because of the way cancer patients are treated in the HUG. I participated in all the tumor boards regarding the three main localisations indicated in the original application and also voluntarily participated in other scientific activities such as molecular tumor boards, the ESMOIASCO takeaways on Friday mornings and even attended a medical conference in Zurich during one of the weekends within my stay.

While in the hospital I tried to learn how patients are handled from the moment they walk in the hospital, how their cases are handled and discussed between professionals and how the doctors and nurses interpret this information and act in accordance to the decisions taken within the tumor boards. I was also highly interested in how different hospitals from the area of Geneve organize and harmonize discussions about patients through telemedicine.

I would like to extend my warmest gratitude towards dr. Alexandre Bodmer and to dr. Alfredo Addeo for their patience and welcoming attitude and for their willingness to walk me through the main steps of their day-to-day activity. Their contribution and mentorship was greatly appreciated.





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