The Catalan Institute of Oncology (ICO) located in Badalona (Barcelona) is an ESMO designated centre of integrated oncology and palliative care and the referral oncologic centre for an area of more than 800,000 inhabitants in Catalunya, Spain. It offers multidisciplinary oncologic attention to patients and provides facilities for translational and clinical research including clinical trials, epidemiology, and cancer prevention. In 2018, a new Breast Cancer Unit was created with the scope to provide high standards in cancer care and to actively promote clinical and translational research. Dr Mireia Margeli, head of the Breast Cancer Unit.
Unit, is a medical oncologist with an extensive experience in the clinical management of several tumor types and co-author of several scientific papers published in peer-reviewed journals.

Considering these characteristics of excellence, I decided to pursue the Clinical Unit Visit Fellowship at the Breast Cancer Unit of the ICO in Badalona under the supervision of Dr. Margelí and in collaboration with her experienced team of clinical oncologists, nurses, and researchers. The purpose of the visit was to detect commonalities and divergences between two geographically different regions in Europe with regards to the management of breast cancer and to explore how the two approaches can complement each other.

**Six-week timetable**

- On Monday mornings, I attended the session of multidisciplinary visits of patients with newly diagnosed breast cancer. During the visits, a team of oncologists and surgeons carefully evaluated each case and decided on the most appropriate sequence of local and/or systemic therapy approach. During the afternoon, I took part to the multidisciplinary conference where oncologists, surgeons, radiotherapists, and radiologists meet to discuss new clinical cases or follow up on previous diagnoses.
- Tuesdays were usually dedicated to research. During the Fellowship, I had the opportunity to build up a clinical database of patients to investigate how breast cancer management has evolved over time following the introduction of gene expression signatures. An analysis of the health-related costs of gene-expression signatures was also planned. I also worked on a research proposal to explore predictive factors in oestrogen-dependent early breast cancer treated with neoadjuvant endocrine therapy. This proposal was later granted a two years’ post-doctoral Fellowship by the Swedish Foundation for Medical Research.
- On Wednesdays and Fridays, I met patients in the outpatient clinic together with Dr. Margelí and her team.
- Thursdays were dedicated to the multidisciplinary visit and follow-up of patients recently diagnosed with breast cancer.

Many clinical trials are active at ICO Badalona. The identification of patients to enrol in clinical trials and their management follows a very effective flow thanks to a well-structured collaboration model with a large team of data managers, nurses, and study coordinators. As a result, ICO Badalona is among the top recruiting sites in most of the active trials and is well-recognized for delivering high quality patient care according to study schedule and instructions.
Commonalities do exist between the patient care models at ICO Badalona and at Karolinska Hospital and they consist predominantly in the multidisciplinary approach for cancer management put in place at the two institutions and in the existence of standard operating procedures regulating and optimizing the collaboration models between and within departments. Globally, patients are diagnosed, treated, and followed up according to international guidelines in both hospitals with only few divergences due to local accessibility and reimbursement of new drugs and/or routine use of genomic tests. While their use has been implemented on a large scale in Spain, genomic tests are not routinely performed in clinical practice in Sweden where they are approved for research purposes only. Thanks to that, I had the opportunity to see how these tests are employed outside the research environment and in a real-life scenario. More specifically, I could learn how they effectively contribute to the decision-making process in those cases in which a clear indication to a de-escalation or escalation therapy approach cannot be extrapolated based exclusively on clinic-pathological variables.

Conclusion and acknowledgements
The ESMO Clinical Visit at the ICO Badalona was rewarding not only from a medical but also from a personal perspective. I had the opportunity to meet Dr. Margelí who is a passionate clinician and inspiring mentor. She welcomed, supported, and guided me during the Fellowship and even after that. She provided me with all the facilities for a successful Fellowship. She is an example of resilience and a constant point of reference for her team. This is the greatest lesson I took home with me. Her strength and determination helped me in always keeping the patient perspective when taking decisions and in pursuing my dream to follow on the path of clinical and translation research in breast cancer.

SIGNATURES

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<tr>
<th>Award Recipient</th>
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<tr>
<td>Mireia Margelí Vila</td>
<td>5/19/2022</td>
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