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Laura Sánchez Escudero*, María Yeray Rodríguez Garcés, Francisco Javier Jiménez Ruiz

Servicio Oncología Médica, Hospital Juan Ramón Jiménez, Huelva, Spain

*Corresponding author.lsanchezes1992@hotmail.com (L. Sánchez Escudero).

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International cooperation for general surgeons: Results of the national survey about the implication and importance of the Spanish surgery in international cooperation

Cooperación internacional para especialistas en cirugía general: resultados de la encuesta nacional sobre la importancia y la implicación de la cirugía española en cooperación internacional

According to the Declaration of Human Rights and the World Health Organisation (WHO) the attainment of the highest standard of health is a fundamental human right.[1,2] In a world of increasing inequalities it seems that we are far from achieving this.

In terms of global health, surgery has been neglected due to the high cost of its activities and on consideration that its ability to reduce the global burden of disease is relatively low. The global burden of disease is a comparative magnitude of health loss due to diseases, injuries and risk factors according to age, sex and geographical location in specific moments in time.[3,4] However, surgical treatment is necessary to reduce this burden up to 30%. Countries with higher disease burden are less able to manage this.[5,6] Difficulty of access, the high costs of treatment or inequalities between high income and lower-middle income countries are the main restricting factors.[3,7,8] Lack of qualified healthcare personnel and the use of obsolete or damaged instruments reduce quality and increase complications.[3] On the other hand, high quality surgery is cost-effective, increasing patients' quality of life and reducing the economic impact of disease in low and middle-income countries.[9,10]

Surgical associations participate in the implementation of training campaigns, in the development of surgical campaigns or by creating bilateral agreements and relationships with fellow international associations. From its Humanitarian Collaboration Group (GCH for its initials in Spanish), the Spanish Association of Surgeons (AEC for its initials in Spanish) promotes training initiatives, alliances and project sustainability, solidifying the role of the surgeon within Global Surgery. The relationship of its members with humanitarian collaboration needs to be known in order to report actions and establish priorities. To this end, a 20-question survey was designed to ask about participation in projects, as well as the perceived importance and training in international cooperation and humanitarian collaboration ((ICHC).

The survey received 570 responses. Respondents were mostly practicing specialists (80,4%), the majority of whom were women (51%), and performed general surgery 62%) or coloproctology (12,5%). Mean age was 46 years. By age groups there was an increase in the presence of women of new generations. Seventy-three per cent of those who had participated in a humanitarian collaboration campaign had done so in surgical projects. There was a difference between the age groups in terms of participation and a strong interest in taking part in a project amongst those who had not already done so (Table 1).

Fifty-eight per cent of those who had participated in a surgical project were male. Only 28% of female surgeons had participated in surgical projects, compared with 40% of males. Fifty per cent of female surgeons had not participated in any surgical project but would like to do so. There was an upward trend in female participation in ICHC projects among the new generations (Fig. 1).

Ninety per cent stated their desire to be part of a project in the future. It was considered essential (52%) or at least important (37%) to be trained and/or have participated in ICHC projects at some time.

Table 1 – Participation in ICHC projects in the surgical setting according to age group

	Residents	Practising specialists	Retired specialists
Participation in surgical projects	4%	39%	32%
Interest in participating for the first time	79%	37%	29%

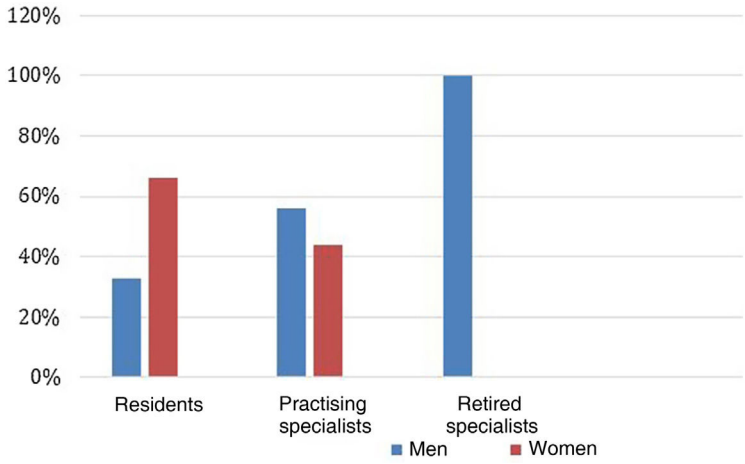

Fig. 1 – Participation in ICHC projects according to age group and gender.

Pre-participation training was considered important for dealing with challenges and problems during campaigns (71%). There was a preference for training between the last years of residency and the first years as a specialist, and it was to include the development of skills in other specialties, such as gynaecology, urology or traumatology (65%). Courses should be imparted by the AEC (82%).

It is important to facilitate participation from residents in the projects, although the introduction of a specific rotation in the training programme of the speciality was not considered essential (66%).

The training of local staff is one of the basic pillars of the surgeon's actions in the field (81%), together with care work (88%) or action in humanitarian crises (56%). Ninety-eight per cent supported the creation of professional or academic exchange programmes with subsidiary regional hospitals. Traditional models based on donations and the transfer of patients into our environment were less important.

AEC support for ICHC initialise, either financially or organisationally (98%) or through webinars/chats (95%), is of great interest. The issues arousing the greatest interest are the development of care activities in low-resource areas, the resolution of emergency pathology and the legal and organizational aspects of projects.

The results of this survey demonstrate a high level of support for ICHC projects. We can state that the training of the assistant surgeon and the training of healthcare staff in subsidiary areas are priority. The GCH of the AEC should aim at developing specific actions to improve global health through surgery, supporting and encouraging the role of AEC members in this endeavour.

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Ainhoa Aixa Maestu Fonseca[a,*,◇], Marc Vallve-Bernal[b,◇], Itziar Larrañaga Blanc[c,◇], Fernando Turégano Fuentes[d,◇], Juan Carlos Puyana[e,◇]

[a]*Hospital Universitario Puerta del Mar, Cádiz, Spain*
[b]*Hospital Universitari Joan XXIII, Tarragona, Spain*
[c]*Hospital Mútua Terrassa, Terrassa, Barcelona, Spain*
[d]*Hospital Universitario Gregorio Marañon, Madrid, Spain*
[e]*Presbiterian Hospital, Pittsburg, Pennsylvania, United States*

*Corresponding author.
E-mail address: ainhoa.maestu@gmail.com
[1]◇All authors are members of the Humanitarian Collaboration Group (GCH) of the Spanish Association of Surgeons (AEC). (A.A. Maestu Fonseca).

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Breast cancer and Poland's syndrome

Síndrome de Poland y cáncer de mama

Poland's syndrome (PS) is a very rare congenital musculoskeletal disorder characterised by hypoplasia or absence of the pectoralis major muscle and may be associated with breast hypoplasia, ammastia, chest wall deformities and ipsilateral upper limb abnormalities. A higher incidence of certain malignant tumours, including infiltrating ductal carcinoma (IDC) of the breast, has been reported in these patients. We present 2 cases of PS associated with breast carcinoma operated on in our department, describing their characteristics and oncological evolution.

Case 1

A 39-year-old woman with right PS (breast hypoplasia, absence of pectoralis, shortening of the ipsilateral arm and malformations of the fingers), and with a history of a contralateral symmetry mammoplasty. She started with a 20 mm nodule in the upper outer quadrant of the right breast, with no pathological lymphadenopathies. Mammography showed a 2 cm spiculated nodule, BIRADS 5. The core needle biopsy indicated IDC. She underwent lumpectomy and sentinel node biopsy (SNB) with definitive anatomopathological results of grade III IDC, hormone receptor (HR) positive and Her2-positive enlargement, stage T1N0M0. After surgery, she evolved favourably and was discharged 24 h after surgery. She received 6 cycles of fluorouracil, epirubicin and cyclophosphamide (FEC) associated with trastuzumab for one year. In addition to radiotherapy (50 Gy + boost 10 Gy) and hormone therapy with tamoxifen for 5 years. There was no recurrence with a 10-year follow-up.

Case 2

A 48-year-old female patient with a history of right PS due to breast hypoplasia. She was assessed for pain and local discomfort in the right breast. Physical examination showed induration and retraction of the nipple, with no palpable nodules or lymph nodes. Mammography revealed small retroareolar punctate calcifications with no other alterations and a skin biopsy of the nipple was performed. The result was positive for stage T4bN0M0 IDC. She received neoadjuvant treatment with 4 cycles of doxorubicin and cyclophosphamide followed by 12 cycles of paclitaxel with subsequent skin-sparing mastectomy, SNB and immediate reconstruction with direct prosthesis. Pathological anatomy showed a 3 cm grade III IDC with free borders, HR positive, Ki-67 of 15% and negative Her2 magnification. The SNB was negative for metastasis. She had a satisfactory evolution and was discharged 48 h postoperatively. Subsequently, hormone therapy with exemestane was started, and treatment