



Letter

Response

R.W. Blamey*

City Hospital, Heathfield House, Hucknall Road, Nottingham NG5 1PB, UK

The aim of the EUSOMA Guidelines is to ensure delivery of good diagnosis and treatment. Considering the numbers of patients presenting for diagnosis and coming under care for malignant or benign lesions, psychological morbidity is a small part. Furthermore, in the UK, and increasingly on the European mainland, breast care nurses have been appointed to Breast Units (a recommendation in the Guidelines). They are able to address the anxieties of the cancer patients.

In our experience, only a small number of women require full psychological or psychiatric intervention and on my Unit we have liaised with one psychiatrist for this (again a recommendation of the Guidelines).

Although the core teams should be composed of those spending the majority of their time on breast cancer, several ancillary groups feel they should be included: plastic surgeons, calcium metabolism physicians, general practitioners (GPs), alternative care groups, self-help groups. It would be unwise for a woman to have to see all of these, unwieldy to have all attend case management meetings and neither of these would be cost-effective. There is a limit to the budget which can be spent on any disease. The main aim is to reduce mortality from breast cancer and this is most likely to be achieved by early diagnosis and applying the correct treatments, underpinned by high work standards.

* Tel.: +44-115-962-5707; fax: +44-115-962-7765.

E-mail address: wendy.bartlam@nottingham.ac.uk (R.W. Blamey).