Eligibility criteria for EBSQ examinations in Breast Surgery- 15 December 2013

1. The applicant must hold a current license to practice as a surgeon or gynecologist.

2. The applicant must be able to demonstrate that he/she has worked for a minimum of one year in a breast surgery unit with at least 150 new primary breast cancer cases a year.

3. The applicant should also have attended at least one national/international training course in breast surgery and has attended at least one well recognized international congress on breast disease during the last 3 years.

4. The applicant should present the log book for breast surgery with the application. The logbook should be signed by the applicant’s supervisor/department head/hospital director or the president of the national breast surgery/surgical/gynecological society.

5. The applicant should have published either one scientific paper in the field of breast disease in a peer reviewed journal or written a chapter in a national or international textbook on breast disease or alternatively presented one paper (oral or poster) in a well recognized international congress on breast disease or cancer.

6. The applicant should be able to show that he/she has

   1. Attended a regular, at least weekly, pre- and post-surgical multidisciplinary case management meeting at least 20 times

   2. Attended at least 70 outpatient clinics during a regular 1-2 year work on a surgical unit with at least 150 primary breast cancer cases a year, according to the local organization practise, including:

       A. diagnostic, preoperative and postoperative clinics

       B. clinics with the radiation/medical/clinical oncologist at which the decisions on adjuvant therapy are made.

       C. follow-up clinics at which the side-effects of surgery and radiation can be assessed

       D. clinics at which the management of women with advanced disease (both locally advanced and metastatic) takes place

       E. genetic/family historic clinics, in which women at risk are advised

       F. clinics at with oncoplastic and reconstructive counseling and planning are made
3. Personally performed during the last two recent years and assisted during one’s entire career surgical procedures as follows

A: Personally performed during the last two recent years
- at least 40 operations on benign or borderline lesions
- at least 100 full axillary lymph node dissections or sentinel node biopsies, including at least 30 full ALND and at least 30 SNB
- at least 100 breast cancer operations during the two last recent years, including
  1. at least 40 breast conserving surgeries, including at least 5 oncoplastic level I - II breast remodeling procedures
  2. at least 40 mastectomies, including at least 10 NAC- or skin-sparing mastectomies

B: Assisted at (during one’s entire career)
- at least 10 operations on benign or borderline lesions
- at least 20 axillary lymph node surgeries, including both full axillary dissections and sentinel lymph node biopsies
- at least 20 breast conserving cancer operations including at least 5 observed or assisted oncoplastic level I - II breast remodeling procedures
- at least 20 mastectomies, including at least 10 NAC- or skin-sparing mastectomies

observed or assisted at altogether 10 immediate and delayed total breast reconstructions using both implants and autologous tissue.