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Multidisciplinary team meeting as a highly recommended EUSOMA criteria evaluating the quality of breast cancer management between centers



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To the editor.

We read with great interest the article written by Mrabti and colleagues [1]. This article tried to describe the pattern of care of breast cancer in Morocco reporting the experience of the 2 main public-funded comprehensive oncology centers (INO [2] in Rabat and CM -VI in Casablanca) in this country with a separate evaluation. The authors succeed in comparing the two centers showing the higher performance of INO using well validated criteria EUSOMA [3] and survival outcomes.

However, the authors used only 2 surgical criteria of the 9 recommended by the EUSOMA (omitting the most essential which is multidisciplinary discussion [4]) evaluating the expertise of the centers, knowing that the quality of surgery remains the best indicator in managing early stage breast tumors.

The authors should also describe more how they managed lost of follow up patients, since only 174 out of 915 (20%) from CM-VI and 343 out of 1205 (28.4%) of INO reached the 3 year recurrence free survival number at risk and this number rapidly decreased to 95 and 179 at 5 years respectively. This bias may certainly decrease the high recurrence free-survival reported in this series.

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