

## Editorial

**Senology Manifesto — why the awareness of senology should be increased?**Marcin Śniadecki<sup>1,\*</sup>, Paweł Guzik<sup>2</sup>, Michał Brzeziński<sup>3</sup>, Paweł Basta<sup>4</sup><sup>1</sup>Department of Gynecology, Gynecologic Oncology and Gynecologic Endocrinology, Medical University of Gdańsk, 80-210 Gdańsk, Poland<sup>2</sup>Clinical Department of Gynecology and Obstetrics, City Hospital, 35-241 Rzeszów, Poland<sup>3</sup>Department of Gynecologic Oncology, PCK Marine Hospital in Gdynia, 81-519 Gdynia, Poland<sup>4</sup>Department of Gynecology and Oncological Gynecology, University Hospital in Krakow, Jagiellonian University, 31-008 Kraków, Poland\*Correspondence: [marcinskiadecki@gumed.edu.pl](mailto:marcinskiadecki@gumed.edu.pl) (Marcin Śniadecki)

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**To all gynecologists in Europe and throughout the world, especially in those places where gynecology does not deal with the breast in a systemic way.**

Dear Colleagues!

Breast cancer is the most common cancer type in women and a leading cause of physical and emotional suffering [1]. As doctors who treat the breast—with its non-cancerous conditions—we know it is an important, intimate, and symbolic organ for women. It is our responsibility to help our female patients in the most up-to-date ways, fully committed to compassion and professionalism.

A senologist is a specialist who brings together all the medical disciplines pertinent to the health of the breast: gynecology, general surgery, internal medicine, pathomorphology, plastic surgery, radiology, and radiation oncology [2]. In Poland, the term “senologist” is not widely known. In France, Germany, Austria, Switzerland, Luxembourg, other European countries, and in the USA (breast surgeon), the senologist’s skills and functions are well-established [3]. Though in most countries senology does not have the status of a specialization, physicians certified as specialists in breast disease have the professional title of “senologist” [4].

Even in Germany as recently as 30 years ago, gynecologists were effectively “competing” with surgeons over the treatment of breast conditions, including cancer, and a similar situation still occurs in Poland [5]. Although, the role of surgeons in treating women with breast cancer in Germany remains important, it is limited to multimodal treatments (local recurrence, distant metastases, and supportive procedures in radiation therapy, chemotherapy, and hormone therapy) [6].

It is not archaic that in Germany, inter alia, the practice of senology, the integrated care for patients with breast disorders, has been consciously systematised within gynecology [5]. In this setting, the woman’s holistic needs are the center of attention; and the breast, not being separated from the treatment of the whole organism, receives the special attention it deserves.

It stands to reason that given the availability of gynecologists, including the generally short waiting times for patients seeking an appointment, and the documented regularity of women’s visits to the gynecologist, this specialist ought to be taking care of breast disorders along with the woman’s other care needs that occur throughout her life. This applies mainly to gynecologists and obstetricians from Europe, where they often ignore breast problems in their patients, focusing only on diseases of the reproductive organ [7]. This understanding of integrated caregiving and treatment for women is, to a degree, understood and structurally embedded within higher education medical programs where breast examination is placed within gynecology rather than surgery [8].

Nevertheless, immediate changes are needed both in the education of gynecologists (in the fields of diagnosis and treatment) and patients (to increase expectations of the health care system). Such changes would lead to improved and earlier identification of breast diseases, which would likely reduce the existing burden that is placed on the few breast units, and remove current obstacles to effective diagnosis and treatment, especially in the situation where the availability of specialist doctors is limited [9]. The sum of these factors is the possibility of improved help for patients.

In a word—the responsibility for women is in our hands.

Considering all the above, we propose:

(1) Preparation of a set of recommendations, a kind of Senology Constitution, whose principles could be used by those who already have a well-developed system as well as those who are currently building one.

(2) Establishment of a model reference center (or centers) where many of the specialists mentioned in the guidelines could train other physicians in terms of dealing with varied breast diseases. In such a place, gynecologists would be the backbone or at least a part of the team.

(3) Opening new breast units and comparing the treatment results obtained by them according to specific criteria, to enable improved access for patients to specialists and improved quality of care.



(4) Promoting the concept of a senologist gynecologist in the media.

We are aware that building senology awareness and infrastructure are long-term goals and processes. However, taking the above proposed actions may be the necessary first steps along that path, whose most important signpost points us towards a marked improvement in the care of the most important people in this matter - women. To achieve success, above all, we need the solidarity and consistency of the medical community. On this basis, we appeal to you, our colleagues.

### Author contributions

MŚ, PG and MB designed the article. PB provided help and advice in formulating guidelines. MŚ analyzed the data lying in the background of this article. MŚ wrote the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

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### Conflict of interest

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