

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I am grateful for this exchange opportunity offered by Barts together with Université Paris Cité to undertake an elective placement in Gynaecology Oncology at the Hôpital Européen Georges-Pompidou, in Paris. This has been an incredible opportunity to explore the specialty further, confirm my interests, build connections and strengthen my portfolio alike. Since the taster week during our Obstetrics and Gynaecology placement at Royal London Hospital in year 4, I am determined to pursue Gynaecology Oncology as a specialty and career, as I believe it fits my interests and skills perfectly. In fact, it combines medicine and surgery, making it a holistic yet highly skilled specialty; moreover, it focuses on oncology in particular, which I have been interested in since before starting university and requires deep empathy and excellent communication skills; and lastly it presents great opportunities for research, for which I developed a passion throughout my Biomedical Science degree and that I am hoping to continue to pursue and integrate throughout my career in Medicine as well. I had a truly wonderful time throughout the placement in Paris. I had opportunities to become part of the team, attend clinics with different doctors, observe and actively participate in theatre sessions as well as learning from specialists in the field during teaching and multi-disciplinary team meetings.

Located in the 15th arrondissement of Paris and opened in 2000, the Hôpital Européen Georges-Pompidou is a centre of cancer excellence across the city, and of Gynaecology Oncology in particular. Managing cancer patients requires highly skilled and holistic care, which indeed the hospital offers: it recruits specialists in both medicine and surgery and invests not only in cutting-edge technology and training, such as the *Da Vinci* surgical system, but also in providing psychological, rehabilitating and other holistic support services for patients and their families. The *Service de Chirurgie cancérologique gynécologique et du sein*, the Gynaecology Oncology and Breast Surgery department, is also centre of excellence not only in Paris but also across Europe, according to the European Society of Gynaecological Oncology, and it focuses mainly on patients with a genetic predisposition to gynaecological and breast cancers. In fact, all patients are screened for genetic biomarkers, such as BRCA1/2 and CA125 for breast and ovarian cancers. Furthermore, the hospital utilises cutting-edge technologies, including minimally-invasive laparoscopy and robotics-assisted surgery techniques (1). Therefore, the patients who are seen and managed are usually younger in age, and most present with family history of disease or personal conditions that would predispose them to early gynaecological cancers, such as Lynch syndrome.

Gynaecological cancers, which include disease to the ovaries, fallopian tubes, uterus, cervix and vagina, affect almost 15,000 new women each year in France (2). For comparison, it is estimated that there are about 10,000 new diagnoses of gynaecological cancers each year in the United Kingdom (3).

Similarly to the United Kingdom, the national healthcare system in France is funded publicly and organised in primary and secondary care. Therefore, the Hôpital Européen Georges-Pompidou is part of *Assistance Publique – Hôpitaux de Paris (AP-HP)*, all hospitals in Paris providing public healthcare.

In the United Kingdom, usually suspected tumours present to primary care with non-specific symptoms and referred to secondary care via the 2-week-wait referral pathway, or are identified during screening campaigns. Similarly, France also runs extensive screening campaigns, including for breast and cervical cancer, which are carried out every 2 years for breast cancer for women aged 50 and over and every 3 years between 25 and 65 years of age for breast, and of course family doctors can refer patients for further specialist assessment.

Interestingly, in specialised centres like Hôpital Européen Georges-Pompidou, the multi-disciplinary team works highly efficiently, with investigations and imaging arranged and completed within a few days, and they aim to schedule any required operations within very few weeks.

A typical initial assessment for a suspected gynaecological or breast tumour would include history and examination, blood tests to include cancer markers such as CA125 and imaging, which includes mammography and ultrasound scan, and lastly a biopsy if indicated. When the patients present for assessment at the Hôpital Européen Georges-Pompidou, they would have already had most or all of these investigations and the consultants can efficiently ask a focused history and examine the patient, review all investigations and reports, and make a management plan decision. Furthermore, doctors are allowed 30-minute appointments for new patients and procedures such as hysteroscopies and colposcopies, and 20-minute appointments for follow-up appointments, which gives them a good amount of time to run complete consultations.

Overall, I had a truly wonderful experience at Hôpital Européen Georges-Pompidou. I was welcomed with a supportive environment and an incredible variety of opportunities for me to take part. The placement in itself was quite flexible and I was able to organise my time between theatre (emergencies, ambulatory procedures and robotics cases), clinics, and MDT meetings.

In clinics, I shadowed several doctors with different specialties, which gave me a broad understanding and plenty of learning opportunities, from doctors and patients alike. I learned about history taking in French and witnessed breaking bad news – in particular, something that I noticed is how all doctors take as much time as they need and use diagrams and drawings for the patients to better and fully understand the anatomy, pathophysiology and management of their condition, which is something not as common in the UK to explain such details.

During ward rounds, I again learned about history taking in French, as well as having the chance to independently clerk English-speaking patients, which gave me an insight into how different conditions might present as well as hearing the perspective of the patient pre- and post-operatively.

Finally, I attended theatre and scrubbed in almost every day, which allowed me to truly feel part of the team and help as much as I could, such as inserting the catheters at the beginning and helping to suture at the end. In theatres, I was also not only encouraged to scrub in for every surgery, but I was also taught how to prepare the instruments and the patient before the start of the operation. Smaller, shorter and laparoscopic procedures do not normally require a scrub nurse, therefore as the student, I had the opportunity to help with handling the instruments as well, which gave me the chance to start learning the names of surgical instruments in French as well.

Throughout the placement, I built connections and improved my knowledge of French, which was one of my learning objectives and which doctors and students were happy to support me with. The language barrier was challenging but I was keen on immersing myself into the culture and language fully. Moreover, most doctors at the hospital speak English and were happy to translate what I had not understood in clinics, meetings or theatres. Furthermore, I was keen on learning French again, and this has been the perfect opportunity to kick-start my learning and I am hoping to enroll in a French class in London in autumn. Despite good efforts, 4 weeks was not enough time to design and complete a project unfortunately, however I am hoping to maintain good relationships with the wonderful team and perhaps collaborate on research and projects in the longer term.

References

- (1) <https://www.aphp.fr/service/service-32-075>
- (2) <https://institut-curie.org/page/gynaecological-cancer#:~:text=Endometrial%2C%20cervical%20and%20ovarian%20or,women%20each%20year%20in%20France>
- (3) <https://www.royalmarsden.nhs.uk/your-care/cancer-types/gynaecological/gynaecological-cancer-awareness>

Word count: 1198