

## Groningen, Spring 2013

As a part of my expert training programme (EXPU), I visited Groningen, Holland to learn more about the sentinel node procedure in vulvar cancer and to experience the routines of a foreign European gynecologic oncologic department.

Groningen is a medium-sized university city in the northern part of the Netherlands, located just at the border of Friesland, which is famous for a flat landscape with hundreds of canals, mills, and biking routes. The university hospital in Groningen – the UMCG – is very modern, easy to find your way around, and is located just outside the canal ring that encircles the old city center of Groningen.

The ground floor of the hospital is more or less displayed as a shopping mall with easy access to the outpatient clinics intermixed with cafés, shops and lots of figurative art.

The department of gynecology and obstetrics has about 15 senior consultants, 4-5 fellows, 20 or so registrars, and 2200 annual deliveries. The onco-gynecologic department is one of 8 national Dutch centers. The onco team consists of 4 senior doctors (of which 3 are professors) and 1 fellow. A fellowship is a two-year training period after which you become a specialist doctor.

Four days a week the onco-gynecologic team has an OR line, and outpatient clinics take place every day. The outpatient clinic is designed with the fellow doctor or registrar sitting next door to the senior doctor, with whom every patient is discussed.

On Tuesdays, the onco-gynecologic team has a lunch meeting, a place to discuss issues and plans within the group. In the afternoon there is a very professional 2-hour MDO-meeting. This takes place at a conference room with three screens, one displaying the patients' gynecological file, one showing imaging results (most often CAT-scans) and finally one showing the pathology slides or reports.

Attending the meeting is the onco-gynecological team, a general surgeon, a radiotherapist, a medical oncologist, two pathologists and a doctor from the imaging department. Two of the registrars have spent

their day preparing a short resumé of each patient, and the senior doctors then discuss and decide.

UMCG is renowned for the GROINSS studies in vulvar cancer and sentinel node procedures. In cases with use of the sentinel node procedure, one of the senior doctors injects the tracer the day before surgery and then – knowing the injection sites – injects the blue dye just before surgery. This double procedure improves the chance of finding the correct sentinel node(s).

The surgical procedures in vulvar cancer are similar to the approach at my institution, and also in radical vulvectomies, where assistance from the plastic surgeons are needed. At the UMCG, they differ in treatment between VIN lesions that are undifferentiated (HPV-based) and those that are differentiated (Lichen Sclerosus based).

All in all I felt very wellcome as their Danish fellow and I participated in all daily routines.

I find it very valuable to visit and learn from other departments and to have a chance to reflect upon the differences between institutions.

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