

**Date:** June 30th 2020, 17:30 @ Star Logistique, Rue Eugène Marziano 33, 1227 Carouge

**Participants:** Julia Quintanar(JQ), Isabel Garcia-Gill (IGG), Marcel Niederer (MN), Jeanne Terracina (JT), Nathaly Moro (NM), Chrystèle Schoenlaub (CS) and Bárbara de Castro Marugán (BCM).

**By Zoom:** Eugenia Carrelli (EC), Giacomo Montagna (GM).

**Excuses :** Julia Cerf Gordon (JCG), Nadia Jonsson (NJ), Salomé Sommer (SS).

- (MN) starts the meeting after all agree with the order of the day.

#### Agenda:

##### 1. Presentation of the Activity Report:

-Introduced by (CS), who starts thanking all private donors and the four main foundations for the donations received since April 2019, as well as the Pretac+ team for its contributions, currently focussed on the training of the EMTs.

-(CS) proceeds presenting the project and explaining the Pretac+ mission, its current funds and the total budget of 4.6 thousand CHF for the training of 4 EMTs over a time of 15 months.

-(CS) continues outlining the latest developments and anticipating the agreement signed of a letter of intention with DH International to sign the Pilot contract in due course.

-Additionally (CS) mentions the change of name of the Swiss umbrella association to Pretac+, the appointment of Dr. Giacomo Montagna as president at the AGE on Sept 23 2019 and the creation of Pretac+ Geneva on Nov 12 2019, to ensure the effectiveness of the pilot project in Geneva.

-(CS) clarifies that since the donations were specifically given by the donors to run the project in Geneva, these funds had to be transferred from the Zurich bank account to a new account opened in Geneva at Migros Bank.

- (CS) gives an outline of the 2018-2020 Pretac+ activity, mentioning some of the most important events:

1. The meeting in June 2019 with Dr Lilly Gutnik, ambassador of DH Germany to present to donors the DH method and introduce Ebby, our first candidate for the training in Geneva.
2. The letter of intention LOE signed in August 2019 with Dr Hoffmann, committing to sign the final pilot project contract agreement for Geneva in due course.
3. The last generous donation the association receives in 2020, after a new foundation joins the list of our supporters and a new partner an insurance broker named "Swiss Care", starts helping us with the contracts of trainers and EMTs.
4. A media room is finally identified for training purposes close to Cornavin station in Geneva.
5. A meeting with Dr Hoffman in Vienna takes place to understand the challenges of running the project. (CS), (EC) and (MN) attend a two-day workshop in order to identify potential threats, learn from previous experiences in other countries and exchange with other teams interesting ideas.

##### 2. Presentation of the Accounts for the activity Jan 2018-Dec 2019.

-(MN) goes through the numbers, which can be found in the document DH Schweiz Buchhaltung 2018. It is agreed this document will be sent per e-mail to the participants after the meeting. (Total Profit 1.798,10).

-(MN) reiterates donor's intention to spend their donations in Geneva. Hence the urge to transfer the funds originally sent to an account in Zurich to the recently opened Geneva account at Migros Bank.

-(GM) introduces himself via Zoom from New York, as a Swiss gynecologist currently based in New York, who did his training in Basel but travelled to the US to participate in a research program. He is now about to start a year of investigation on breast cancer surgery, having a background in public health and particularly interested in epidemiology in breast cancer in young women, by definition under the age of 40. As a breast cancer surgeon he mentions he is particularly interested in the deescalation of surgery to avoid any unnecessary harm. Hence his research intends to cover any strategies available, which could reduce the amount of surgery required to fight against breast cancer; still first cause of death of many women in many countries, despite apparently good prognoses.

-(GM) recalls his experience during the recent lockdown as a difficult situation, where the hospital

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where he works, one of the biggest centers of cancer research in the US had to shut down 90 per cent of its activity, due to the pandemic and many women could not carry on with their planned surgeries. As a result, a vast majority of diagnoses were delayed, few mammographies performed and tests and screenings postponed, consequently risking the life of many patients, who could be in an advanced cancer phase.

-(GM) sees this as a new challenge the world will face after the COVID-19 crisis and seems quite worried about its future consequences.

-(CS) kindly invites (GM) to share with the association any document he publishes in the next months and he gives reassurance the pandemic should not affect his plans to stay in New York as planned.

### 3. Appointment of new members of the board.

- At the AGO meeting of the Swiss Association for Tactile Screening, members unanimously approved the annual accounts for the 2018-2019, the actions of the Committee and the appointment of (EC) as Vice-President of Pre tac+ Geneva and the third member of the Board of the Swiss umbrella association, together with (MN) and (CS).

-At the AGE meeting of the Geneva Association for Tactile Screening, members unanimously voted to appoint (JT) as “Legal Adviser” of the association and (JQ) as “Marketing/Communication Adviser” also in charge of the fundraising and the interview/training of candidates; both new members of the Committee.

-Additionally, an annual membership fee of (60CHF) per member was also unanimously approved to cover the costs of the association and do not have to depend on the funds donated by the foundations.

-Please note that members unable to attend the meetings took part in the election by proxy and a member of the association also joined the meeting, Luisa XXX.

### Outlook

-(CS) informs that Zurich has a “Verlust” in June 2020, which is reflected in the Profit and Loss account as a lost. As she literally said “there is a virtual lost of -2.800 CHF, considering there was not “cotization” from members this year”, particularly after most of the funds were transferred to the Geneva Migros account in order to follow the specific purpose of the foundations, which had donated the money to the association for projects to be carried out in the canton of Geneva.”

-(CS) adds that future supporters could become members of any of the two entities; and choose to either contribute with the association in Zurich, which currently agreed a minimum membership fee of 101 CHF or with the association in Geneva with an agreed membership fee of 60 CHF.

-(MN) also mentions once Zurich will be ready to start a project, then it will be the right time for the association to start collecting funds more actively for that specific purpose. The current status of the account in Zurich is approximately 14.000 CHF thanks to the “cotization” from other years of 20 members, out of which 5 are in Zurich.

-(CS) remembers the association currently has approximately 110 members and donors between Zurich and Geneva, being the majority of the members registered with the Geneva association.

-(CS) proposes to keep donors and supporters updated and will send them shortly the association activity report with “fresh news” and an update of all the work that has been done lately, despite the pilot project has not started yet, to enable us find more members and donors interested in supporting Pre tac+ in Zurich and Geneva.

-(CS) encourages to find the 4 EMTS, the two trainers and the two doctors as soon as possible to be ready to start with the pilot project preferably before October.

-(CS) informs that (GM) is kindly planning to send an email to Dr Tam Lang, which (CS) will phrase, at the Swiss Society of Senology (SSS) also a partner of our association, where Dr Walter Weber Giacomo Montagna’s boss is

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also a member. The intention is to set up a meeting next September, to introduce Dr Tam Lang with the idea of (SSS) providing the internships in addition to explore Dr Tam Lang's connections with gynecologists based in Geneva, who could be extremely helpful to organise potential internships.

-(CS) ensures that if the two doctors are found soon, we could start the project immediately, because 85 per cent of the budget is already in our accounts and potentially we could raise some more funds relatively soon, from the Commune of Anieres, the Rotary Club and one other public institution, which would convince doctors to support the project without hesitation.

-(GM) replies to (CS) that he does not think it will be a problem to have Dr Tam Lang's support as she is a gynecologist and more interested and inclined in aspects of the diagnostic of the breast cancer and finds it a good strategy to approach her first. He adds, that in case there would be an inconvenience he could always approach Professor Walter Weber for his support.

-(GM) explains on the other hand that breast cancer surgeons in Switzerland, tend to be less sensitive and not so interested in diagnosing the disease per se, as they do not see it as part of their competence.

-(JT) confirms she arranged to meet the former president of the Geneva Societe de Senology Dr Vespy, through her first husband's connections, who was also a gynecologist and a very close friend, who did many breast cancer surgeries during his 20-year mandate and he was not very optimistic about the project. He is willing to talk to us and add value if possible, but he feels Swiss gynecologists are too selfish, want to keep their business secure and do not want any help as they prefer to do the "depistage" themselves.

-(GM) agrees with (JT) and suggests not to give doctors the impression this project will negatively affect their work, take away part of their income or modify the nature of the tasks traditionally assigned to the role of a gynecologist. He explains we should present doctors this new methodology as an alternative approach, which could be integrated in their model adding value to everyone involved.

-(GM) argues the mindset in Geneva might be less flexible than in Zurich and is the opinion that it should be clearly explained to doctors that it is an additional treatment, something complementary to their job.

-(GM) insists having everyone on board is of utmost importance, for the project to be feasible and guarantee it will go ahead. He finds counting with at least two doctors, who share our mission would be immensely beneficial.

-(CS) met Dr Tam Lang once and agrees to mention this meeting in the email to Dr Tam Lang, which will be addressed by (GM), but written by (CS).

-(CS) reinforces the importance to do a pilot phase asap to see its results and move on from there.

-(GM) reminds (CS) that the Austrian system is a different one to the one in Switzerland. He argues that gynecologists are only in charge of the diagnosis in Austria, as they are in the US and they therefore do not engage in the surgery specifically. He points out the fact that not all countries count with the same system and the variety of realities worldwide are not always comparable.

-(GM) advises the best approach to compare with the Swiss system is the German one, where gynecologists are also in charge of the breast cancer surgery.

-(CS) mentions we are currently working on the business model and is the opinion it would be interesting to offer doctors a little financial compensation, for enabling do the internships and signing the pilot agreement contract. It is agreed it should be emphasised to them, that as well as it provides benefits for the patients, it does not take anything from the doctors.

-(GM) intervenes and adds, it should be mentioned "loud and clear" that there is enough evidence that proves the effectiveness of this new methodology, hence the importance for doctors to discuss these benefits with their patients during consultation, with the objective to keep them informed of these innovative procedures and make them aware of other alternatives and new methodologies, which could lead combined with other tests to an earlier accurate diagnose.

-(CS) continues adding that doctors should not be in charge of the employment of the EMTs to liberate them from this hassle and any paper work, but instead, EMTs should be self-employed.

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- (CS) describes the job profile of the EMTs candidates and explains in detail the case of Ebby, our first trainer.
- (GM) agrees with (CS) and particularly with giving minimal work to doctors to avoid affecting their workload. Ideally, (GM) says it would be to find doctors that actually schedule their patients on different days, depending on the specific matter that needs to be treated. This way it could enable EMTs organise their agendas more efficiently as well. "The most similar organisation to a **hospital setting** would be ideal", says (GM).
- (CS) suggests EMTs should be paid by doctors and should come to work to their praxis independently and self-employed.
- (CS) insists that she really counts on Dr. Tam Lang for the internships and the first six months. After the pilot phase is concluded, it is agreed a survey should take place to analyse and evaluate the results.
- (GM) reiterates a survey after the pilot project would be an excellent initiative, to make the project a more interesting idea from an academic point of view.
- (GM) argues that during the pilot phase, data could be collected, the integration could be defined enabling institutions evaluate results and analyse the findings, offering the opportunity to scholars to publish any interesting and innovative findings. He adds that this academic setting would be a very good argument and indirectly could add value and offer everyone involved something in return.

#### Legal

- On June 30 2020, a letter of intentions to commit to the Pilot Project Agreement was signed LOI. It is a non-binding agreement, but something to hold on to in the meantime. It was agreed, that it is of utmost importance to avoid delaying the signature of the Pilot contract any further with DH International and run the Pilot Phase relatively soon, start the training and count with two doctors based in Geneva asap.
- (JT) confirms the arbitrage has been agreed to be in English at the Essen Court for mediation purposes.
- Corporation Agreement, Lalive by mid-August (JT).

#### EMTs

- Zemza, (Marzia) was interviewed by (IGG). An EMT candidate from Afghanistan, visually impaired since a very young age (5-6 years old), who has never worked before. Apparently she gained confidence at the age of 20, when she discovered technology and how to use a computer. As she quoted during the interview "a computer changed my life and I now can see the world through it". A refugee in Pakistan with no means, who managed to study English and travel to Geneva, recommended by the director of ABA. She holds a Permit B, has excellent tactile skills and now would like to work full time.
- July 1 2020, 9:45am (MN) and (JQ) interviewed Martial Robellaz in Geneva.
- Francois Marti would like to become also a trainer. He is very serious and can work 8 hours/day.
- (NM) to contact again Selma Faisal responsible for training at ABA, "The Association for the Well-being of the Visually impaired".

End of the meeting at 7pm.

NEXT Meeting

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