



# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Centro Donna, Ospedale Montecchio Maggiore - Montecchio Maggiore, Italy

## **General Information**



New breast cancer cases treated per year 544

Breast multidisciplinarity team members 27

Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Clinical Director: Graziano Meneghini, MD

The BREAST UNIT is involved in the diagnosis and treatment of female diseases and in particular the breast cancer. Our diagnostic-therapeutic-rehabilitative approach to breast disease is an interdisciplinary one and is coordinated by a multidisciplinary team made up of a breast surgeon, an oncologist, a radiologist, an anatomy pathology technologist, a radiotherapist, a nuclear medicine doctor, a plastic surgeon, a physiatrist, psychologists, nurses and volunteer associations. The procedures follow the national and international standards and guidelines, and the whole process is regulated by quality controls. Senology Department uses the techniques of oncoplastic surgery to minimize any cosmetic damage from operations such as the quadrantectomy, and offers reconstructive breast interventions after such operations as mastectomies. We also offer a Plastic Surgery Clinic at the Women's Centre, which provides various options for breast reconstruction to operated women. Finally, psychological assistance is available both for patients and their families.

## Centro Donna, Ospedale Montecchio Maggiore

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## Available services

- ✓ Radiology
- ✓ Breast Surgery
- ☑ Reconstructive/Plastic Surgery
- ✓ Pathology
- Medical Oncology
- ✓ Radiotherapy

- ✓ Nuclear Medicine
- ✓ Rehabilitation
- ☑ Genetic Counselling
- ✓ Data Management
- ✓ Psycho-oncology
- ✓ Breast Nurses

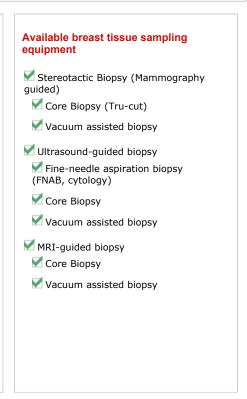
localization

- ✓ Social Workers
- ✓ Nutritional Counselling
- ✓ Survivorship Groups
- ☐ Sexual Health Counselling
- ✓ Supportive and Palliative Care
- ☐ Integrative Medicine

## Radiology

| ✓ Dedicated Radiologists    | 3     |
|-----------------------------|-------|
| ☑ Mammograms per year       | 10000 |
| ✓ Breast                    |       |
| radiographers               |       |
| Screening program           |       |
| ✓ Verification for          |       |
| non-palpable breast lesions |       |
| on specimen                 |       |
| Axillary US/US-guided       |       |
| FNAB                        |       |
| ☑ Clinical Research         |       |

# Available imaging equipment Mammography ✓ Ultrasound Magnetic Resonance Imaging (MRI) **tomosynthesis** Available work-up imaging equipment Computer Tomography ✓ Ultrasound Magnetic Resonance Imaging (MRI) ✓ PET/CT scan Primary technique for localizing non-palpable lesions ✓ Hook-wire (or needle localization) ☐ Charcoal marking/tattooing ROLL: radio-guided occult lesion



#### **Breast Surgery**

| ✓ New operated cases per year (benign and malignant) | 740 |
|--|-----|
| ☑ Dedicated Breast Surgeons                          | -   |
| ☑ Surgeons with more than 50 surgeries per year_     | 4   |
| ☑ Breast Surgery beds                                | 14  |
| ☑ Breast Nurse specialists                           | 10  |
| ☑ Outpatient surgery                                 |     |
| ☑ Intra-operative evaluation of sentinel node        |     |
| ☑ Reconstruction performed by Breast Surgeons        |     |
| ☑ Clinical Research                                  |     |

# Primary technique for staging the axilla

- Axillary lymph node dissection
- Sentinel lymph node biopsy:
  - ☐ Blue dye technique
- Radio-tracer technique
- ✓ Blue dye + Radio-tracer
- Axillary sampling

# Reconstructive/Plastic Surgery Reconstructive/Plastic surgeons Type of breast reconstructive surgery available Immediate Reconstruction available Remodelling after breast-conserving surgery ☑ Reconstruction after mastectomy: Two-stage reconstruction (tissue expander followed by implant) ✓ One-stage reconstruction Autogenous tissue flap ✓ Latissimus dorsi flap ✓ Transverse rectus abdominis (TRAM) ✓ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.) ☑ Surgery on the contralateral breast for symmetry Lipofilling **Pathology** Dedicated Breast Pathologists 3 Other special studies available Available studies ✓ Fluorescence in-situ Hybridization for HER-2 gene (FISH) Cytology ✓ Oncotype Dx (21-gene assay) ✓ Haematoxylin & eosin section (H&E) MammaPrint (70-gene microarray) ✓ Surgical specimen Prediction Analysis of Microarray 50-gene set (PAM 50) ✓ Sentinel node Parameters included in the final pathology report ✓ Core biopsy ✓ Pathology stage (pT and pN) ✓ Frozen section (FS) ✓ Tumour size (invasive component in mm) ✓ Surgical specimen ✓ Histologic type ✓ Sentinel node ✓ Tumor grade Immunohistochemistry stain (IHC) ✓ ER/PR receptor status Estrogen receptors ✓ HER-2/neu receptor status ✓ Progesterone receptors Peritumoural/Lymphovascular invasion MHER-2 Margin status ✓ Ki-67 **Medical Oncology**

✓ Dedicated Breast Medical Oncologists

Outpatient systemic therapy

Clinical Research

| Radiotherapy                                   |   |
|--|---|
|  |   |
| ✓ Dedicated Radiation Oncologists              | Available techniques after breast-conserving surgery (including experimental)                     |
| Clinical Research                              |   |
|  | ☑ Whole-Breast RT (WBRT)  |
|  | Partial breast irradiation (PBI):  External beam PBI  |
|  |   |
|  | ☐ Interstitial brachytherapy ☐ Targeted brachytherapy (MammoSite, SAVI applicator, other devices) |
|  | ☐ Intra-operative RT (IORT)   |
|  |   |
| Multidisciplinary Meeting (MDM) / Tumour Board | (TB)  |
| Devide MDM/TD for one management discussion    | Consisting to making a mouth in sting in MDM/TD   |
| Regular MDM/TB for case management discussion  | Specialties/services participating in MDM/TB  |
| Twice a week                                   | ☑ Radiology   |
| Weekly   | ☑ Breast Surgery  |
| ☑ Every two weeks                              | ✓ Reconstructive/Plastic Surgery  |
| Other Schedule                                 | ✓ Pathology   |
| Cases discussed at MDM/TB                      | ✓ Medical Oncology  |
| ✓ Preoperative cases                           | ☑ Radiotherapy  |
| Postoperative cases  Postoperative cases       | ✓ Genetic Counselling   |
|  | ☑ Breast Nurse Service  |
|  | ☑ Psycho-oncology   |
| Further Services and Facilities                |   |
| Nuclear Medicine                               | Genetic Counselling   |
| ✓ Lymphoscintigraphy                           | Specialist Providing Genetic Counselling/Risk assessment service:                                 |
| ☑ Bone scan                                    | Dedicated Clinical Geneticist   |
| ☑ Positron Emission Tomography (PET)           | ✓ Medical Oncologist  |
| ☑ PET/CT scan                                  | ☐ Breast Surgeon  |
| Rehabilitation                                 | ☐ General Surgeon   |
| ✓ Prosthesis service                           | Gynaecologist   |
| ✓ Physiotherapy                                | ☑ Genetic Testing available   |
| ✓ Priysiotierapy ✓ Lymph-oedema treatment      | ☑ Surveillance program for high-risk women  |
|  | Data Management   |
|  | ✓ Database used for clinical information  |
|  | ☑ Data manager available  |

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## How to reach us



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## From airport:

From Venice airpot, follow A4 highway in direction Milan (Montecchio Maggiore exit). From Verona airport follow A4 highway direction Venice (Montecchio exit).

## By train:

Closest train station available: Vicenza. Then by bus FTV direction Montecchio.

## By car:

The centre is located on the A4 highway, close to Verona (30 km) and Vicenza (20 km).

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