



BREAST CENTRES NETWORK

Synergy among Breast Units

Policlinico Militare Celio - Rome, Italy

General Information



New breast cancer cases treated per year 167

Breast multidisciplinarity team members 17

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

Clinical Director: Caramanica Antonio, MD

The Bresat Unit was established in 1993. The unit offers a multidiscilinary approach to breast cancer diagnosis and treatment. We examine about 5000 patients yearly and about 180 of them are new breast cancer patients. The Unit performs about 180 breast cancer surgeries yearly applying mammorep excision for non-palpable tumours, sentinel lymph-node biopsy with isotope, conservative surgery with plastic reconstruction and primary or delayed prothesis implantation (cooperating with plastic surgeons). Once a month we have informative meetings. A case-manager nurse is dedicated to the planing of the multidisciplinary team meetings and provides the organization of the different steps of the pre-operative and post-surgical phases.

Policlinico Militare Celio

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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

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

Radiology

FNAB

✓ Clinical Research

- ✓ Dedicated Radiologists 4
 ✓ Mammograms per year 5000

 ☐ Breast radiographers
 ☐ Screening program
 ✓ Verification for
 non-palpable breast lesions
 on specimen
 ✓ Axillary US/US-guided
- Available imaging equipment

 Mammography
 Ultrasound
 Magnetic Resonance Imaging (MRI)

 Available work-up imaging equipment

 Computer Tomography
 Ultrasound
- ✓ Magnetic Resonance Imaging (MRI)☐ PET/CT scanPrimary technique for localizing

non-palpable lesions

- ✓ Hook-wire (or needle localization)
- ☐ Charcoal marking/tattooing ☐ ROLL: radio-guided occult lesion
- localization

Available breast tissue sampling equipment

- Stereotactic Biopsy (Mammography quided)
 - ☑ Core Biopsy (Tru-cut)
 - ✓ Vacuum assisted biopsy
- ☑ Ultrasound-guided biopsy
- Fine-needle aspiration biopsy (FNAB, cytology)
- Core Biopsy
- ✓ Vacuum assisted biopsy
- ☐ MRI-guided biopsy
- Core Biopsy
- ☐ Vacuum assisted biopsy

Breast Surgery

Clinical Research

 ✓ New operated cases per year (benign and malignant)
 282

 ✓ Dedicated Breast Surgeons
 3

 ✓ Surgeons with more than 50 surgeries per year
 2

 ✓ Breast Surgery beds
 6

 ✓ Breast Nurse specialists
 4

 ✓ Outpatient surgery

 ✓ Intra-operative evaluation of sentinel node

 ✓ Reconstruction performed by Breast Surgeons

Primary technique for staging the axilla

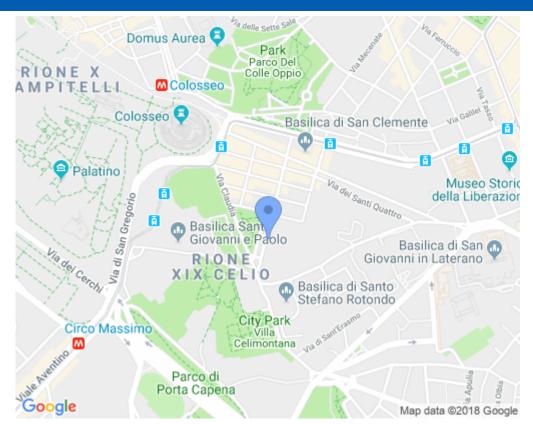
- Axillary lymph node dissection
- ✓ Sentinel lymph node biopsy:
- ☐ Blue dye technique
- ✓ Radio-tracer technique
- ☐ Blue dye + Radio-tracer
- Axillary sampling

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 **Pathology** Dedicated Breast Pathologists 2 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 Mistologic type ✓ Sentinel node ✓ Tumor grade Immunohistochemistry stain (IHC) ✓ ER/PR receptor status Estrogen receptors ✓ HER-2/neu receptor status Progesterone receptors Peritumoural/Lymphovascular invasion ☑ HER-2 Margin status ✓ Ki-67 **Medical Oncology** ✓ Dedicated Breast Medical Oncologists 4 Outpatient systemic therapy Clinical Research

Radiotherapy	
☐ Dedicated Radiation Oncologists	Available techniques after breast-conserving surgery
☑ Clinical Research	(including experimental)
	₩ Whole-Breast RT (WBRT)
	✓ Partial breast irradiation (PBI):
	☑ External beam PBI
	☐ Interstitial brachytherapy
	\square Targeted brachytherapy (MammoSite, SAVI applicator, other devices)
	☐ Intra-operative RT (IORT)
Multidisciplinary Meeting (MDM) / Tumour Board	(ТВ)
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
	✓ Radiotherapy
	✓ Genetic Counselling
Postoperative cases	☐ Breast Nurse Service
	✓ Psycho-oncology
Further Services and Facilities	
Nuclear Medicine	Genetic Counselling
✓ Lymphoscintigraphy	✓ Specialist Providing Genetic Counselling/Risk assessment
☑ Bone scan	service: ☑ Dedicated Clinical Geneticist
Positron Emission Tomography (PET)	
☐ PET/CT scan	☐ Medical Oncologist☐ Breast Surgeon
Rehabilitation	General Surgeon
	Gynaecologist
✓ Prosthesis service✓ Physiotherapy	✓ Genetic Testing available
✓ Physiotherapy✓ Lymph-oedema treatment	✓ Genetic Testing available ✓ Surveillance program for high-risk women
Lymph-oedenia treatment	Data Management
	✓ Database used for clinical information
	✓ Data manager available

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