



# **BREAST CENTRES NETWORK**

Synergy among Breast Units

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# ASST Mantova - Mantova, Italy

# **General Information**



New breast cancer cases treated per year 310

Breast multidisciplinarity team members 13

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

Clinical Director: Massimo Busani, MCh

The Breast Unit of Mantua ASST operates as a corporate reference centre for the prevention, diagnosis and treatment of breast disease. With a view to a total and multidisciplinary take-over of the breast patient, dedicated specialists such as radiologists, pathologists, surgeons / reconstructors, oncologists, geneticists, radiotherapists, nuclear doctors, psychologists, gynecologists, physiotherapists and nutritionists operate within the BU. Surgical activity is carried out by the same team, both on outpatient and hospitalization level, in the three hospitals of the company. Weekly multidisciplinary meeting represent the decision-making moment of all the activities: on the basis of the clinical-instrumental data acquired, the most appropriate therapeutic indication is shared in compliance with a pre-established PDTA and national and international guidelines. The BU is accompanied by both Mammographic Screening for the early diagnosis of breast cancer, and Genetic Counseling Clinic for the management of patients with hereditary or high family risk pathology.

### **ASST Mantova**

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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	4
✓ Mammograms per year	21000
✓ Breast	
radiographers	
Screening program	
✓ Verification for	
non-palpable breast lesions	
on specimen	
Axillary US/US-guided	
FNAR	

# 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 **M** BONE SCAN Primary technique for localizing non-palpable lesions ☐ Hook-wire (or needle localization) ☐ Charcoal marking/tattooing ROLL: radio-guided occult lesion

Available breast tissue sampling equipment
✓ Stereotactic Biopsy (Mammography guided)
☑ 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)	367
☑ Dedicated Breast Surgeons	4
☑ Surgeons with more than 50 surgeries per year_	4
✓ Breast Surgery beds	6
☐ Breast Nurse specialists	
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 surgeons	3	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
		<ul><li>Autogenous tissue flap</li><li>Latissimus dorsi flap</li></ul>
		$\square$ Transverse rectus abdominis (TRAM)
		$\square$ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.)
		lacksquare Surgery on the contralateral breast for symmetry
		☑ LIPOFILLING
athology		
☑ Dedicated Breast Pathologists	2	Other special studies available
Available studies		
☑ Cytology		☐ Fluorescence in-situ Hybridization for HER-2 gene (FISH
☑ Cytology ☑ Haematoxylin & eosin section (H&E)		✓ Oncotype Dx (21-gene assay)
✓ Surgical specimen		MammaPrint (70-gene microarray)
✓ Sentinel node		☐ Prediction Analysis of Microarray 50-gene set (PAM 50)  ✓ SISH
☑ Core biopsy		✓ SISH
✓ Frozen section (FS)		Parameters included in the final pathology report
Surgical specimen		lacksquare Pathology stage (pT and pN)
Sentinel node		lacksquare Tumour size (invasive component in mm)
☑ Immunohistochemistry stain (IHC)		☑ Histologic type
Estrogen receptors		☑ Tumor grade
✓ Progesterone receptors		✓ ER/PR receptor status
₩ HER-2		☑ HER-2/neu receptor status
<b>☑</b> Ki-67		lacksquare Peritumoural/Lymphovascular invasion
		☑ Margin status
		<b>☑</b> Ki-67

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

#### ASST Mantova

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### How to reach us



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# From airport:

The nearest airport is Verona (Valerio Catullo airport) just 30 Km from Mantova. The airports of Milan and Bologna are respectively 120 Km and 90 km faraway, it takes an average of 1h 30' by car on the highway.

# By train:

Several trains regularly arrive in Mantova. From the railway station it takes about 12 minutes by bus: line n°4S, 5, 7E (every 15 minutes) and 5 minutes by Taxi.

# By bus or sub-way/underground:

The Hospital is near the city centre, therefore it is served by many buses both from the city center and from outside: line n° 4S, 4T, 5, 7E. The Hospital is quite big and has three entrances, one for car parking, and two pedestrian entrances, one on via Pompilio one on via Albertoni. The Breast Unit is located inside the Senology Departemnt block A, third floor.

# By car:

Coming from the highway A22 Modena-Brennero, we recommend 'Mantova nord' exit. From the exit follow the indications 'Ospedale'.

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