



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Arcispedale Santa Maria Nuova - Reggio Emilia, Italy

### General Information



**New breast cancer cases treated per year** 500

**Breast multidisciplinary team members** 20

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

**Clinical Director:** Giancarlo Bisagni, MD

The Breast Unit of Reggio Emilia Ospedale S. Maria Nuova was established in 2009 as a result of a more-than-20-year-long multidisciplinary approach to breast cancer diagnosis and treatment. We offer a coordinated approach provided by a team of experts in all fields involved in breast diseases including all steps from risk assessment to long term follow up.

The multidisciplinary team, constituted by oncologists, radiologists, radiation oncologists, pathologists and surgeons, meets every two week for patient's evaluation and for the definition of diagnostic and therapeutic strategies. The Breast Unit provides care for all stages BC: neo- and adjuvant chemotherapy, oncoplastic and conserving surgery, breast reconstruction, radio-guided surgery, treatment of locally advanced and metastatic BC, rehabilitative and psychological support. Our strategy is to tailor individualized treatment according to clinical stage and tumor biology.

### **Arcispedale Santa Maria Nuova**

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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

- Dedicated Radiologists** 3
- Mammograms per year** 25000
- 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)

**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 localization

**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

- New operated cases per year (benign and malignant)** 470
- Dedicated Breast Surgeons** 5
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 5
- Breast Nurse specialists** 3
- 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** 1
- Immediate Reconstruction available**

### Type of breast reconstructive surgery 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** 2

### Available studies

- Cytology
- Haematoxylin & eosin section (H&E)
  - Surgical specimen
  - Sentinel node
  - Core biopsy
- Frozen section (FS)
  - Surgical specimen
  - Sentinel node
- Immunohistochemistry stain (IHC)
  - Estrogen receptors
  - Progesterone receptors
  - HER-2
  - Ki-67

### Other special studies available

- Fluorescence in-situ Hybridization for HER-2 gene (FISH)
- Oncotype Dx (21-gene assay)
- MammaPrint (70-gene microarray)
- Prediction Analysis of Microarray 50-gene set (PAM 50)

### Parameters included in the final pathology report

- Pathology stage (pT and pN)
- Tumour size (invasive component in mm)
- Histologic type
- Tumor grade
- ER/PR receptor status
- HER-2/neu receptor status
- Peritumoural/Lymphovascular invasion
- Margin status
- MIB1

## Medical Oncology

- Dedicated Breast Medical Oncologists** 4
- Outpatient systemic therapy**
- Clinical Research**

## Radiotherapy

**Dedicated Radiation Oncologists**

**Clinical Research**

**Available techniques after breast-conserving surgery (including experimental)**

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)

**Regular MDM/TB for case management discussion**

Twice a week

Weekly

Every two weeks

Other Schedule

**Cases discussed at MDM/TB**

Preoperative cases

Postoperative cases

**Specialties/services participating in MDM/TB**

Radiology

Breast Surgery

Reconstructive/Plastic Surgery

Pathology

Medical Oncology

Radiotherapy

Genetic Counselling

Breast Nurse Service

Psycho-oncology

rehabilitation, nuclear medicine

## Further Services and Facilities

**Nuclear Medicine**

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

**Rehabilitation**

Prosthesis service

Physiotherapy

Lymph-oedema treatment

**Genetic Counselling**

Specialist Providing Genetic Counselling/Risk assessment service:

Dedicated Clinical Geneticist

Medical Oncologist

Breast Surgeon

General Surgeon

Gynaecologist

Genetic Testing available

Surveillance program for high-risk women

**Data Management**

Database used for clinical information

Data manager available

## Contact details

## Clinical Director

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**From airport:**

Reggio Emilia has no airport. The airports of Milan and Bologna are respectively 120 Km and 90 km faraway, on average 1h 30' drive on the highway.

**By train:**

Several national trains regularly arrive in Reggio Emilia either directly or with a call in Bologna. From the railway station it takes about 10 minutes by bus: line 1 or minibus H.

**By bus or sub-way/underground:**

The Hospital is inside the city, therefore it is served by 2 buses both from city center and railway station: line n° 1 and minibus H (every 10-15 minutes).

**By car:**

Coming from the highway A1 Bologna-Milano, 'Reggio Emilia' exit is unique.

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