



BREAST CENTRES NETWORK

Synergy among Breast Units

Asst Bergamo Est - Seriate, Italy

General Information



New breast cancer cases treated per year **207**

Breast multidisciplinary team members **14**

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

Clinical Director: **Domenico Gerbasi, MD**

The 'BERGAMO-EST BREAST UNIT' of Seriate (BG) ITALY is a functional breast unit involved in breast cancer management. The members follow every woman who receives breast cancer surgery within the Unit and offer them an optimal treatment, complying to the International Breast Cancer Guidelines. Our Breast Unit deals with surgical treatment of benign and malignant breast diseases. The activity includes surgical oncology demolition (radical or conservative), interventions for benign and/or inflammatory disease and male breast cancer. We perform post-mastectomy breast reconstructive surgery, and contralateral symmetrization. The diagnostic and therapeutic approach is performed in a single defined path by the Multidisciplinary Group. Therapeutic choices and settings of care plans are discussed and shared in multidisciplinary meetings. Scientific Director of Breast Unit: Prof Giuseppe Nastasi Clinical Director of Breast Unit: MD Domenico Gerbasi

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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)** 256
- Dedicated Breast Surgeons** 2
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 8
- Breast Nurse specialists** 1
- 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** 3

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

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

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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Breast Surgery

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Reconstructive Surgery

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Pathology

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Medical Oncology

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Radiotherapy

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How to reach us



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From airport:

From the International Airport Milan/Orio al Serio 'Il Caravaggio' take SS 671, exit Grassobbio/Seriate then follow direction to Seriate city centre till via Paderno; then follow (Ospedale) Hospital indications.

By train:

Seriate Station then South-West direction till via Paderno; then follow (Ospedale) Hospital indications.

By bus or sub-way/underground:

ATB BUS line 1 from Bergamo railway station/Orio al Serio Airport to Seriate (stop near the Hospital).

By car:

From Highway A4 Milano-Venezia exit Seriate; then follow (Ospedale) Hospital indications.

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