



BREAST CENTRES NETWORK

Synergy among Breast Units

Centro Hospitalar e Universitário de Coimbra - Coimbra, Portugal

General Information



New breast cancer cases treated per year 320

Breast multidisciplinarity team members 36

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

Clinical Director: Joana Belo, MD

In the era of personalized cancer care, the creation of specialized units to treat these patients is crucial. Our Breast Unit is part of the Gynaecology Service of Coimbra Hospital and University Centre (CHUC). It consists of a cohesive and dedicated multidisciplinary group of specialists in breast pathology who work together to ensure high-quality care. We have created a model focused on the patient, where the concept of the single act prevails. This allows the Multidisciplinary Decision Team (MDT) to rapidly define the diagnosis and treatment fulfilling the temporal criteria defined by EUSOMA. The MDT incorporates Medical Oncologists, Radiotherapy, Radiologists, Anatomopathologists taking place weekly. All clinical cases are discussed following the European Guidelines in an attempt to standardise procedures. To achieve the holist approach to the patient, our Breast Unit works in straight relation with Genetics, Plastic Surgery, Psychiatry, Rehabilitation and Palliative Care Team. Specialized nurses work as a link between numerous departments, such as Psychology, Nutrition, Social Work, signalling and channelling patients' needs.

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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 Mammograms per year 4408
- Breast radiographers
- Screening program
- Verification for
- non-palpable breast lesions
- on specimen
- Axillary US/US-guided
- **FNAB**
- ✓ Clinical Research

Available imaging equipment

- Mammography
- Ultrasound

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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

- Mook-wire (or needle localization)
- ☐ Charcoal marking/tattooing

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ROLL: radio-guided occult lesion localization

Available breast tissue sampling equipment

- Stereotactic Biopsy (Mammography
- 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) 570
- Dedicated Breast Surgeons Surgeons with more than 50 surgeries per year
- ☑ Breast Surgery beds 20
- 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 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 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 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 Outpatient systemic therapy Clinical Research

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
	☐ Interstitial brachytherapy
	\square Targeted brachytherapy (MammoSite, SAVI applicator, other devices)
	☐ Intra-operative RT (IORT)
fultidisciplinary 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
✓ Preoperative cases ✓ Postoperative cases	✓ Radiotherapy
	☐ Genetic Counselling
	☐ Breast Nurse Service
	Psycho-oncology
urther Services and Facilities	
Nuclear Medicine	Genetic Counselling
✓ Lymphoscintigraphy	Specialist Providing Genetic Counselling/Risk assessment
✓ Bone scan	service: Dedicated Clinical Geneticist
$ lap{N}$ Positron Emission Tomography (PET)	☐ Medical Oncologist
☑ PET/CT scan	☐ Breast Surgeon
Rehabilitation	General Surgeon
₩ Parathesis consists	Gynaecologist
✓ Prosthesis service	
M Physiotherapy	Genetic Testing available
☑ Lymph-oedema treatment	✓ Surveillance program for high-risk women
	Data Management
	lacksquare Database used for clinical information
	☑ Data manager available

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How to reach us



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From airport:

Coimbra is located in the center of Portugal with an airport closer to 120km (in the city of Porto) or about 200km from the city of Lisbon.

By train:

The distance between train station and hospital is about 3 km

By bus or sub-way/underground:

There are buses with stops at the hospital entrance

By car:

The hospital has parking for cars **Last modified:** 20 November 2020