

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Fondazione IRCCS Policlinico San Matteo - Pavia, Italy

**General Information** 



New breast cancer cases treated per year305Breast multidisciplinarity team members17

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

Clinical Director: Adele Sgarella, MD

A Breast Cancer Multidisciplinary Group has been working in our hospital since 2004. In april 2010 the Breast Center was established at Fondazione IRCCS Policlinico San Matteo. The multidisciplinary team includes radiologists, breast surgeons, one plastic surgeon, medical oncologists, radiation oncologists, pathologists, nuclear doctors, one psychologist, residents and breast nurses whose activity is dedicated to breast diseases. Our facility includes a Diagnostic Imaging Center (screening and diagnosis) and the Breast Center Outpatient Clinic (Surgery). The Tumour board is held weekly for case discussion and scientific update. The Breast Center provides care for all stages of BC: neo- and adjuvant chemotherapy, oncoplastic and mini-invasive video-assisted surgery, breast reconstruction, radio-guided surgery (ROLL), Sentinel Node Biopsy, treatment of locally advanced and metastatic BC, rehabilitative and psychological support. We also offer a multidisciplinary approach for risk assessment, including BRCA 1-2 test, surveillance program and risk-reduction surgery for high-risk women described in a PDTA of the breast unit.

## Fondazione IRCCS Policlinico San Matteo

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# CERTIFICATION(S) ACCREDITATION(S)

# **BCCERT - Breast Centres Certification**

Expiration date: 31 December 2022



Certification document (eng lang.)

#### Available services

Vuclear Medicine Social Workers Radiology Rehabilitation Mutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Genetic Counselling Survivorship Groups **Pathology** Z Data Management Sexual Health Counselling Psycho-oncology Supportive and Palliative Care Medical Oncology **Radiotherapy** Breast Nurses V Integrative Medicine Radiology **V** Dedicated Radiologists 4 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 4390 Mammography **W** Breast radiographers Stereotactic Biopsy (Mammography 🗹 Ultrasound Screening program quided) Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for non-palpable breast lesions Vacuum assisted biopsy 🗹 Tomosintesis, CESM on specimen 🗹 Ultrasound-guided biopsy Available work-up imaging Axillary US/US-guided equipment Fine-needle aspiration biopsy **FNAB** (FNAB, cytology) Computer Tomography Clinical Research Core Biopsy VItrasound Vacuum assisted biopsy Magnetic Resonance Imaging (MRI) MRI-guided biopsy V PET/CT scan Core Biopsy Primary technique for localizing Vacuum assisted biopsy non-palpable lesions Hook-wire (or needle localization) Charcoal marking/tattooing ROLL: radio-guided occult lesion localization

#### **Breast Surgery**

- New operated cases per year (benign and malignant) 342
  Dedicated Breast Surgeons 3
  Surgeons with more than 50 surgeries per year 3
  Breast Surgery beds 8
  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

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# Reconstructive/Plastic surgeons 1 Type of breast reconstructive surgery available Immediate Reconstruction (tissue expander followed by implant) Immediate Reconstruction Immediate Reconstructi

#### Pathology

Dedicated Breast Pathologists	2	Other special studies available
Available studies		Selection of the second state of the second st
🗹 Cytology		🗹 Oncotype Dx (21-gene assay)
🗹 Haematoxylin & eosin section (H&E)		MammaPrint (70-gene microarray)
🗹 Surgical specimen		$\Box$ Prediction Analysis of Microarray 50-gene set (PAM 50)
✓ Sentinel node ✓ Core biopsy		Parameters included in the final pathology report
Frozen section (FS)		☑ Pathology stage (pT and pN)
Surgical specimen		🗹 Tumour size (invasive component in mm)
Sentinel node		🗹 Histologic type
✓ Immunohistochemistry stain (IHC)		🗹 Tumor grade
Strogen receptors		R/PR receptor status
Progesterone receptors		☑ HER-2/neu receptor status
V HER-2		🗹 Peritumoural/Lymphovascular invasion
✓ Ki-67		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	Specialties/services participating in MDM/TB
Twice a week	☑ Radiology
🗹 Weekly	Sreast Surgery
Every two weeks	Reconstructive/Plastic Surgery
Other Schedule	Z Pathology
Cases discussed at MDM/TB ✓ Preoperative cases ✓ Postoperative cases	Medical Oncology
	🗹 Radiotherapy
	Genetic Counselling
	V Breast Nurse Service
	Sycho-oncology

#### **Further Services and Facilities**

#### **Nuclear Medicine**

- V Lymphoscintigraphy
- 🗹 Bone scan
- Positron Emission Tomography (PET)
- V PET/CT scan

#### Rehabilitation

- V Prosthesis service
- Physiotherapy
- 🗹 Lymph-oedema treatment
- Steo-metabolic Pathology Outpatient

#### **Genetic Counselling**

Specialist Providing Genetic Counselling/Risk assessment service:

- V Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Genetic Testing available
- Surveillance program for high-risk women

#### **Data Management**

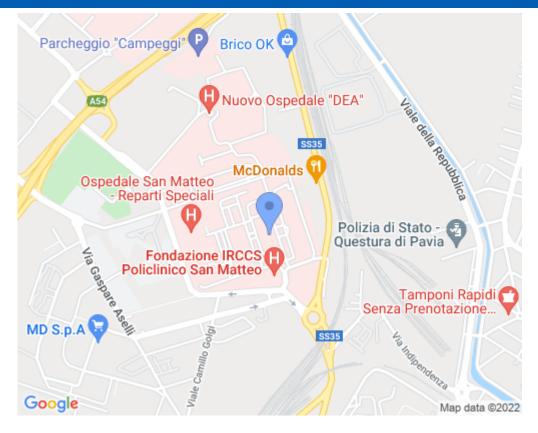
- ☑ Database used for clinical information
- 🗹 Data manager available

#### Fondazione IRCCS Policlinico San Matteo

## Contact details

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### How to reach us



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