



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Istituto Clinico Humanitas Gavazzeni - Bergamo, Italy

### General Information



**New breast cancer cases treated per year** 300

**Breast multidisciplinary team members** 13

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

**Clinical Director:** Massimo Maria Grassi, MD

The Breast Unit of Humanitas Gavazzeni offers a multidisciplinary approach to breast cancer, including all steps from risk assessment to long term follow up. We treat about 160 new breast cancers per year. We offer a full range of surgical operations, including conservative surgery with sentinel lymph node biopsy, radio-guided occult lesion localization for non-palpable lesions, and immediate reconstruction following radical surgery oncoplastic procedures. All the cases are weekly collegially discussed by the various experts: the therapeutic choices are always shared with the patients.

### **Istituto Clinico Humanitas Gavazzeni**

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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** 12000
- 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)
- Tomosynthesis

**Available work-up imaging equipment**

- Computer Tomography
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- PET/CT scan
- ABUS

**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)** 400
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 4
- 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** 2
- 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

## Medical Oncology

- Dedicated Breast Medical Oncologists** 2
- 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

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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## Radiology

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## Reconstructive Surgery

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## Pathology

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## Radiotherapy

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How to reach us



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**From airport:**

From Orio al Serio: Follow the signs to the highway and then to the city center at the roundabout. At the first intersection, turn right, go straight over the next junction, take Via Gavazzeni.

**By train:**

With public transport, cars and motorcycles from the Railway Station Train and Bus: we are accessible, from the Railway Station and from the Station of Bus Lane Rural, public transport line 1 / A and 1 / B (direction Boccaleone) and, by private means, by following the simple directions of the map.

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

With public transportation, cars and motorcycles from the Railway Station Train and Bus: we are accessible, from the Railway Station and from the Station of Bus Lane Rural, public transportation line 1 / A and 1 / B (direction Boccaleone) and, by private means, by following the simple directions of the map.

**By car:**

With public transportation, cars and motorcycles from the Railway Station Train and Bus: we are accessible, from the Railway Station and from the Station of Bus Lane Rural, public transportation line 1 / A and 1 / B

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