

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Istituto Tumori 'Giovanni Paolo II' - I.R.C.C.S. Bari - Bari, Italy

**General Information** 



New breast cancer cases treated per year 404

Breast multidisciplinarity team members 17 Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Clinical Director: Maurizio Ressa, MD

The treatment of breast cancer necessarily requires a multidisciplinary approach. Several figures contribute to this goal: breast surgeons, plastic surgeons, oncologists, radiologists, radiation therapists, anesthesiologists, pathologists, nuclear physicians, physicists, geneticists, physiotherapists, dedicated nurses. To offer patients the best treatment possible, the European Community has established that, from 1st of January 2016, breast cancer treatment should only take place in specialized centres, performed by a multidisciplinary dedicated team. Following this statement and thanks to the considerable efforts of strategic management, 'I.R.C.C.S - Giovanni Paolo II Cancer Institute' in Bari opened its Breast Unit, a centre of excellence in the treatment of breast cancer. Our breast unit is efficient and follows the criteria and quality guidelines issued by EUSOMA, the European Society of Mastology.

# Istituto Tumori 'Giovanni Paolo II' - I.R.C.C.S. Bari

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# CERTIFICATION(S) ACCREDITATION(S)

O.E.C.I. Expiration date: 01 January 2024



Oragnisation of European Cancer Institutes

This Centre has notified to be certified and, as such, been requested to upload the certification document for further information. When the certification document/s is/are provided, it is/they are made available hereafter.

# Available services

Radiology Vuclear Medicine Social Workers Rehabilitation Mutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Senetic Counselling Survivorship Groups **Pathology** Z Data Management Sexual Health Counselling Psycho-oncology Supportive and Palliative Care Medical Oncology **Radiotherapy** Mareast Nurses Integrative Medicine Radiology **V** Dedicated Radiologists 3 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 10000 Mammography 🗹 Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Core Biopsy (Tru-cut) Screening program Magnetic Resonance Imaging (MRI) Vacuum assisted biopsy Verification for Available work-up imaging non-palpable breast lesions equipment 🗹 Ultrasound-guided biopsy on specimen Fine-needle aspiration biopsy Computer Tomography Axillary US/US-guided (FNAB, cytology) **V**Itrasound **FNAB** Core Biopsy Magnetic Resonance Imaging (MRI) Clinical Research Vacuum assisted biopsy PET/CT scan MRI-guided biopsy Primary technique for localizing Core Biopsy non-palpable lesions Vacuum assisted biopsy Hook-wire (or needle localization) Charcoal marking/tattooing ROLL: radio-guided occult lesion localization

# **Breast Surgery**

New operated cases per year (benign and malignant)	452
Z Dedicated Breast Surgeons	5
Surgeons with more than 50 surgeries per year	4
☑ Breast Surgery beds	12
🗹 Breast Nurse specialists	2
☑ 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 6 Type of breast reconstructive surgery available Immediate Reconstruction available 6 Remodelling after breast-conserving surgery Reconstruction after mastectomy: 7 7 Two-stage reconstruction (tissue expander followed by implant) 7 0 One-stage reconstruction 4 Autogenous tissue flap Transverse rectus abdominis (TRAM) 7 Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.) Surgery on the contralateral breast for symmetry 1

# M Lipofilling

# Pathology

Dedicated Breast Pathologists	3 Other special studies available
Available studies	Section 2 Section 2 In the section of the section o
🗹 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)
<ul> <li>✓ Sentinel node</li> <li>✓ Core biopsy</li> </ul>	Parameters included in the final pathology report
Frozen section (FS)	Pathology stage (pT and pN)
Surgical specimen	V Tumour size (invasive component in mm)
Sentinel node	🗹 Histologic type
🗹 Immunohistochemistry stain (IHC)	🗹 Tumor grade
Estrogen receptors	R/PR receptor status
Progesterone receptors	🗹 HER-2/neu receptor status
HER-2	Peritumoural/Lymphovascular invasion
✓ Ki-67	🗹 Margin status
	Presence of intraductal carcinoma and dysplastic lesions associated percentage

# **Medical Oncology**

Dedicated Breast Medical Oncologists 3

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	Marast Surgery
Every two weeks	Reconstructive/Plastic Surgery
Other Schedule	Z Pathology
Cases discussed at MDM/TB	Medical Oncology
<b>54</b> -	🗹 Radiotherapy
Preoperative cases	🗹 Genetic Counselling
Postoperative cases	Marcast Nurse Service
	V Psycho-oncology
	🗹 Data Manager

# **Further Services and Facilities**

## **Nuclear Medicine**

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

# Rehabilitation

- 🗹 Prosthesis service
- 🗹 Physiotherapy
- 🗹 Lymph-oedema treatment

## **Genetic Counselling**

Specialist Providing Genetic Counselling/Risk assessment service:

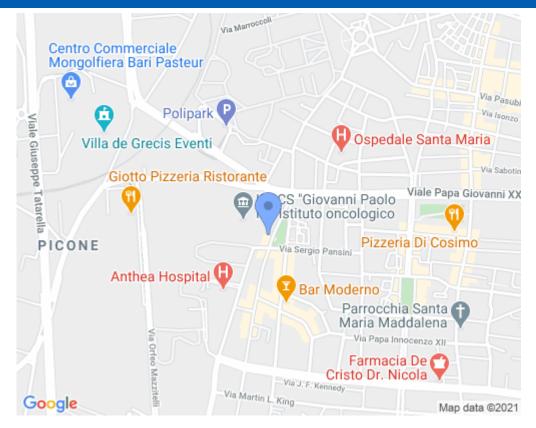
- V Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Genetic Testing available
- Surveillance program for high-risk women

# **Data Management**

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

Contact details					
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# How to reach us



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# From airport:

Exit from the airport, follow indications for 'Tangenziale SS16', take SS16 Road in direction South (Bari Centro/Brindisi Taranto), take the exit N°11 (Bari centro/Poggiofranco), follow the street Via Camillo Rosalba: you will encounter the hospital right at the end of the road.

# By train:

Take the Train FR2 from the train station at the Airport K.W. Stop at Bari central station. Then you can take a taxi (almost 10 min) or walk (almost 35 min).

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