



BREAST CENTRES NETWORK

Synergy among Breast Units

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Ospedale di Prato ASL Centro - Prato, Italy

General Information



New breast cancer cases treated per year 300

Breast multidisciplinarity team members 18
Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Clinical Director: Laura Biganzoli, MD

Breast Surgery Division at Prato Hospital started its activity in 2000. From the beginning, the main goal was to integrate clinical research and surgical treatment of breast cancer. The team, composed by oncologists, radiologists, radiotherapists, pathologists, cytologists, breast surgeons, nuclear physicians, psycologists and physiotherapists, meets once a week for patient evaluation and for diagnostic and therapeutic strategies definition and scientific update. The Breast Unit provides care for all stages of breast cancer, including conservative and demolitive surgery with reconstruction.

Ospedale di Prato ASL Centro

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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 2 Mammograms per year 9500 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

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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)	600
☑ Dedicated Breast Surgeons	3
☑ Surgeons with more than 50 surgeries per year	3
☑ Breast Surgery beds	6

- Breast Nurse specialists Outpatient surgery
- Intra-operative evaluation of sentinel node
- Reconstruction performed by Breast Surgeons
- Clinical Research

Primary technique for staging the axilla

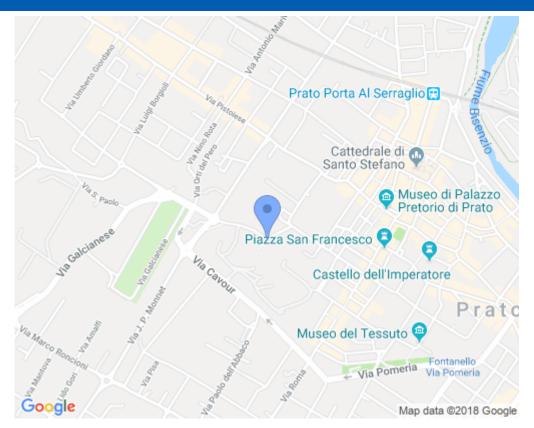
- Axillary lymph node dissection
- ✓ Sentinel lymph node biopsy:
 - ☐ Blue dye technique
- Radio-tracer technique
- ☐ Blue dye + Radio-tracer
- Axillary sampling

Reconstructive/Plastic 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.)
	lacksquare Surgery on the contralateral breast for symmetry
thology	
Dedicated Breast Pathologists	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✓ Core biopsy✓ Frozen section (FS)	Parameters included in the final pathology report
	☑ Surgical specimen
✓ Sentinel node	☑ Histologic type
☑ Immunohistochemistry stain (IHC)	☑ Tumor grade
✓ Estrogen receptors	☑ ER/PR receptor status
✓ Progesterone receptors	✓ HER-2/neu receptor status
☑ HER-2	Peritumoural/Lymphovascular invasion
☑ Ki-67	✓ Margin status

adiotherapy	
☑ Dedicated Radiation Oncologists	Available techniques after breast-conserving surgery
☑ Clinical Research	(including experimental)
	✓ Whole-Breast RT (WBRT)
	☑ Partial breast irradiation (PBI):
	☑ External beam PBI
	\square Interstitial brachytherapy
	\square Targeted brachytherapy (MammoSite, SAVI applicator other devices)
	\square Intra-operative RT (IORT)
lultidisciplinary Meeting (MDM) / Tumour Board ((TB)
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
	✓ Radiotherapy
Preoperative cases	Genetic Counselling
Postoperative cases	✓ Breast Nurse Service
	Psycho-oncology
	☑ Data manager
urther Services and Facilities	
Nuclear Medicine	Genetic Counselling
✓ Lymphoscintigraphy	Specialist Providing Genetic Counselling/Risk assessmen service:
₩ Bone scan	Dedicated Clinical Geneticist
✓ Positron Emission Tomography (PET)	☐ Medical Oncologist
▼ PET/CT scan	☐ Breast Surgeon
Rehabilitation	General Surgeon
✓ Prosthesis service	Gynaecologist
✓ Physiotherapy	✓ Genetic Testing available
☑ Lymph-oedema treatment	☑ Surveillance program for high-risk women
	Data Management
	✓ Database used for clinical information
	☑ Data manager available

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How to reach us



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From airport:

Bus to Florence S.M.N. central station and then take the train to Prato 'Borgonuovo' station. It takes 5' to get to the Hospital from there.

By train:

Prato Central Station or Serraglio station. Taxi available at number +390574574758.

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