

BREAST CENTRES NETWORK

Synergy among Breast Units

Santa Maria Annunziata Hospital/Breast Unit / Azienda Sanitaria di Firenze - Bagno a Ripoli, Italy

General Information



New breast cancer cases treated per year420Breast multidisciplinarity team members16Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and
nurses16Clinical Director: Francesca Martella, MD

The Breast Unit of the Ospedale Santa Maria Annunziata, Usl Toscana Centro, is located in Bagno a Ripoli, very close to the center of Florence. The multidisciplinary team meets once a week for cases discussion, diagnostic and therapeutic strategies definition, and scientific updates. The Multidisciplinary team (MDT) provides care for all stages of breast cancer, including conservative and demolitive surgery, reconstructive and oncoplastic approach to surgery; breast irradiation (including breath-hold technique); pre-operative and adjuvant systemic therapy; treatment of locally advanced and/or metastatic breast cancer; psychological and rehabilitative support for cancer patients and survivorship (body imaging and lifestyle). The Breast Unit team is involved in many clinical trials (observational and interventional), mainly for medical treatments.

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Available services

Radiology Vuclear Medicine Social Workers 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 Mareast Nurses Manual Integrative Medicine Radiology **V** Dedicated Radiologists 3 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 16000 Mammography 🗹 Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Screening program Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for Vacuum assisted biopsy 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

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New operated cases per year (benign and malignant)	382
Z Dedicated Breast Surgeons	3
Surgeons with more than 50 surgeries per year	4
✓ Breast Surgery beds	6
🗹 Breast Nurse specialists	2
☑ Outpatient surgery	
Intra-operative evaluation of sentinel node	
Reconstruction performed by Breast Surgeons	
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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 Immediate Reconstruction available Remodelling after breast-conserving surgery Reconstruction available Reconstruction available 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

M Lipofilling

Pathology

Dedicated Breast Pathologists	2	Other special studies available
Available studies		\Box 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		SISH
🗹 Core biopsy		Parameters included in the final pathology report
Frozen section (FS) Surgical specimen		\checkmark Pathology stage (pT and pN)
Sentinel node		V Tumour size (invasive component in mm)
Immunohistochemistry stain (IHC)		🗹 Histologic type
Estrogen receptors		🗹 Tumor grade
Progesterone receptors		🗹 ER/PR receptor status
HER-2		✓ HER-2/neu receptor status
₩ Ki-67		🗹 Peritumoural/Lymphovascular invasion
		🗹 Margin status
		🗹 ki-67 value

Medical Oncology

Dedicated Breast Medical Oncologists 5

W 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)
- 🗹 IMRT, VMAT

Multidisciplinary 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 Reconstructive/Plastic Surgery Every two weeks Other Schedule Pathology Medical Oncology Cases discussed at MDM/TB Radiotherapy Preoperative cases Senetic Counselling Postoperative cases Marcast Nurse Service Psycho-oncology Physiotherapist, Gynecologist, Nutritionist, Complementary Medicin Physitian, Endocrinologist

Further Services and Facilities

Nuclear Medicine

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

Rehabilitation

- V Prosthesis service
- 🗹 Physiotherapy
- 🗹 Lymph-oedema treatment
- 🗹 articular deficit treatment

Genetic Counselling

- Specialist Providing Genetic Counselling/Risk assessment service:
- V Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Senetic Testing available
- Surveillance program for high-risk women

Data Management

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

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