

BREAST CENTRES NETWORK

Synergy among Breast Units

😫 Unità di Senologia Ospedale Valduce - Como, Italy

General Information



New breast cancer cases treated per year 189

Breast multidisciplinarity team members 12 Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Clinical Director: Luciana Ambrosiani, MD

Valduce Hospital is a local district hospital, located in Como city centre and serving Como lake area and its surroundings. Our Breast Service receives referrals from local GPs as well as from its dedicated Breast Screening Unit; 1600 new referrals are seen per year. Outpatient clinics allow urgent referrals to be seen within 7 days and all patients have appointments in 4 weeks. We treat surgically about 190 new breast cancers per year, along with surgery for benign breast disease. We offer a full range of operations for breast cancer, including conservative surgery with SN biopsy, immediate reconstruction following radical surgery and oncoplastic procedures (remodelling, lipofilling, contralateral symmetrisation and nipple areola reconstruction). The service is provided by a Multidisciplinary Team, consisting of Breast Surgeons, Breast Radiologists, Pathologist, Clinical Oncologist and Radiotherapist. The Breast Cancer Screening Programme is well established and provides 15,000 mammograms/year. Adjuvant treatments are discussed at our weekly MDT meetings: chemotherapy is given on site while radiation therapy (incl APB Radiation) is provided at our regional Radiotherapy centre.

Unità di Senologia Ospedale Valduce

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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 Supportive and Palliative Care Medical Oncology Psycho-oncology **Radiotherapy** Breast Nurses Manual Integrative Medicine Radiology **V** Dedicated Radiologists 3 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 17000 Mammography Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Screening program Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for Vacuum assisted biopsy Elastography non-palpable breast lesions 🗹 Ultrasound-guided biopsy Available work-up imaging on specimen equipment Fine-needle aspiration biopsy Axillary US/US-guided (FNAB, cytology) Computer Tomography **FNAB** Core Biopsy VItrasound Clinical Research Vacuum assisted biopsy Magnetic Resonance Imaging (MRI) MRI-guided biopsy PET/CT scan Core Biopsy CEUS Vacuum assisted biopsy Primary technique for localizing 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) 290
Dedicated Breast Surgeons 3
Surgeons with more than 50 surgeries per year 3
Breast Surgery beds 6
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 Reconstructive/Plastic surgeons 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.)

Surgery on the contralateral breast for symmetry

Nipple areola reconstruction

Pathology

Dedicated Breast Pathologists	2	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		✓ OSNA
🗹 Core biopsy		Parameters included in the final pathology report
 Frozen section (FS) Surgical specimen 		Pathology stage (pT and pN)
 Sentinel node Immunohistochemistry stain (IHC) Estrogen receptors 		Histologic type
		Tumor grade
V Progesterone receptors		V ER/PR receptor status
HER-2		☑ HER-2/neu receptor status
¥ Ki-67		🗹 Peritumoural/Lymphovascular invasion
		🗹 Margin status
		Evaluation of presence and percentage of in situ carcinoma

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Medical Oncology

Z Dedicated Breast Medical Oncologists

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	🗹 Breast Surgery
Every two weeks	Reconstructive/Plastic Surgery
Other Schedule	V Pathology
Cases discussed at MDM/TB	Medical Oncology
	🗹 Radiotherapy
Preoperative cases	Senetic Counselling
Postoperative cases	Marcast Nurse Service
	Psycho-oncology

Further Services and Facilities

Nuclear Medicine

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

Rehabilitation

- V Prosthesis service
- Physiotherapy
- V Lymph-oedema treatment

Genetic Counselling

Specialist Providing Genetic Counselling/Risk assessment service:

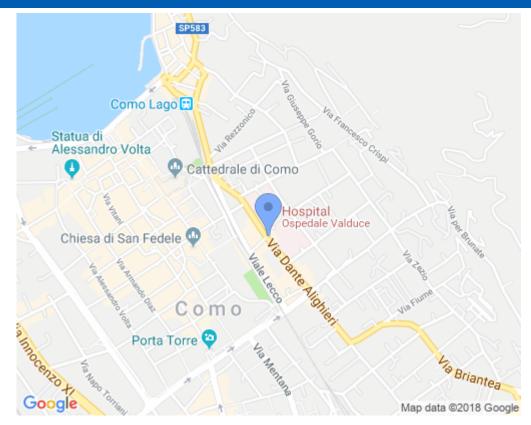
- Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- V Dedicated Consultant Geneticist
- Senetic Testing available
- Surveillance program for high-risk women

Data Management

- Database used for clinical information
- 🗌 Data manager available

Contact details			
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Radiology			
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How to reach us



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From airport:

From Malpensa Airport: take the A8 Motorway (Autostrada dei Laghi) towards Como, exit at Como Sud, then follow the indications for Como city centre and Valduce Hospital.

By train:

From Milan Cadorna Station, take the Ferrovie Nord train to Como Lake, then follow the indications (within walking distance).

From Milan Centrale Station, take the FS Train to Como San Giovanni station.

By car:

From Milan: A8 Motorway (Autostrada dei Laghi), exit at Como Sud, follow the indications to the city centre and Valduce Hospital (the main entrance is located in Via Dante, 11).

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