



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Azienda Ospedaliera di Perugia - Perugia, Italy

### General Information



**New breast cancer cases treated per year** **354**

**Breast multidisciplinary team members** **18**

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

**Clinical Director:** **Antonio Rulli, PhD**

The Breast Unit Perugia (S.S.Dip. Breast Unit) is an initiative of Perugia University together with the Azienda Ospedaliera di Perugia. At the moment it represents the main breast cancer center in Umbria. Each week we have a multidisciplinary meeting for case management. We offer a service based on breast conserving surgery, nipple sparing mastectomy with immediate reconstruction, axillary staging with sentinel node biopsy, PBI. Research and teaching activities are part of our mission. Gene Expression Tests are performed.

### **Azienda Ospedaliera di Perugia**

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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** 4
- Mammograms per year** 15000
- 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
- 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)** 474
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 8
- Breast Nurse specialists** 3
- 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** 1
- 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

**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)
- Endopredict - OSNA for BLS

**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** 4
- 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 Data Manager**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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## Reconstructive Surgery

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How to reach us



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**From airport:**

Nearest airport: International Airport Umbria - S. Francesco

**By train:**

Nearest station: Stazione Centrale FFSS Fontivegge

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

Nearest bus stop: Stazione Piazza Partigiani

**By car:**

From highway E 45, exit Perugia Madonna Alta.

**Last modified:** 12 September 2017