



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Breast Unit, Azienda Ospedaliero-Universitaria di Parma - Parma, Italy

### General Information



**New breast cancer cases treated per year** **450**

**Breast multidisciplinary team members** **30**

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

**Clinical Director:** **Antonino Musolino, MD, MSc, PhD**

The Breast Unit was established in 2007 as a consequence of an over-12-year-long multidisciplinary approach to breast cancer diagnosis and treatment. The team, composed by oncologists, radiologists, radiotherapists, pathologists, cytologists, general and plastic surgeons, nuclear physicians, psychologists and physiatrists, meets once a week for patient's evaluation and for the definition of diagnostic and therapeutic strategies and scientific update. The breast unit arranges all the diagnostic steps, including mammotome and open biopsies; it provides care for all stages of breast cancer including oncoplastic surgery, immediate and delayed plastic reconstruction, sentinel node biopsy, breast irradiation, preoperative and adjuvant systemic therapy, treatment of locally advanced and metastatic breast cancer, rehabilitative and psychological support. The unit offers also a multidisciplinary approach for risk assessment and genetic counselling. As a University Hospital we have residents in all specialties such as breast and plastic surgery, oncology and radiology. The unit organizes one/two annual meetings about breast issues and the Breast Cancer Awareness Month (BCAM).

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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** 10
- Mammograms per year** 40000
- 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)
- Tomosynthesis

**Available work-up imaging equipment**

- Computer Tomography
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- PET/CT scan
- Bone 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)** 650
- Dedicated Breast Surgeons** 3
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 3
- Breast Nurse specialists** 10
- 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
- Nipple-Areola Reconstruction, Lipofilling

## 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)

### 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 Cytologists**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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## How to reach us



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#### **From airport:**

In Parma we have a small airport, quite close to the city centre, easily reachable by taxi and bus, line n°6. The airports of Milan and Bologna are respectively 120 Km and 90 km faraway, it takes an average of 1h 30' by car on the highway.

#### **By train:**

Several national trains regularly arrive in Parma directly or with a stopover in Bologna. From the railway station it takes about 12 minutes by bus: line n°11, 12, 20 (every 20 minutes).

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

The Hospital is in the middle of the city, therefore it is served by many buses both from the city center and from outside: line n° 3, 4, 5, 12, 20, 23, 11. The Hospital is quite big and has three entrances, one for cars (via Abbeveratoia) with pay and display parking, two pedestrian entrances, one on via Gramsci and one on via Volturno, the latter one with a large free parking. The Breast Unit is located close to via Abbeveratoia car entrance, but very faraway from the pedestrian entrances. Therefore, the most convenient bus lines are n°12 and 5.

**By car:**

Coming from the highway A1 Bologna-Milano,we recommend 'Parma' exit. From the exit, keep right until the ring road, from there follow the indications 'Ospedale'. Coming on the highway A15 Parma-La Spezia, we recommend the exit 'Parma Ovest': arriving directly on via Emilia Ovest, follow the indications to 'Parma' and then to 'Ospedale'.

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