



# **BREAST CENTRES NETWORK**

Synergy among Breast Units

## 當

# Centro Hospitalar Lisboa Central - Lisbon, Portugal

### **General Information**



New breast cancer cases treated per year

220

**Breast multidisciplinarity team members** 

18

Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and

**Clinical Director: Ana Correia** 

The multidisciplinary group of breast pathology began its activities in 1992 with the purpose of evaluating and treating patients according to the recommendations of EUSOMA and EuropaDonna. It integrates all specialties and professionals in the diagnostic evaluation (clinical, pathological and imaging), in therapeutic and follow-up, including psycho-oncological and social support. The multidisciplinary group was converted into a Unit for Breast Pathology in May 2008, treating more than 200 new cases of breast cancer each year, implementing the latest guidelines.

## **Centro Hospitalar Lisboa Central**

Rua José António Serrano 1150-199 Lisbon,

Phone: +351218841342 Fax: +351218841061

E-mail: <a href="mailto:ana.correia@chlc.min-saude.pt">ana.correia@chlc.min-saude.pt</a>
Web-site: <a href="mailto:http://www.chlc.min-saude.pt/">http://www.chlc.min-saude.pt/</a>

#### 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 Mammograms per year 3000 Breast radiographers
- Screening program
- Verification for
- non-palpable breast lesions
- on specimen
- Axillary US/US-guided
- **FNAB**
- ☐ Clinical Research

## Available imaging equipment

- Mammography
- Ultrasound

4

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

4

5

3

localization

- ROLL: radio-guided occult lesion

#### 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) 346
- Dedicated Breast Surgeons
- Surgeons with more than 50 surgeries per year
- ✓ Breast Surgery beds
- 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

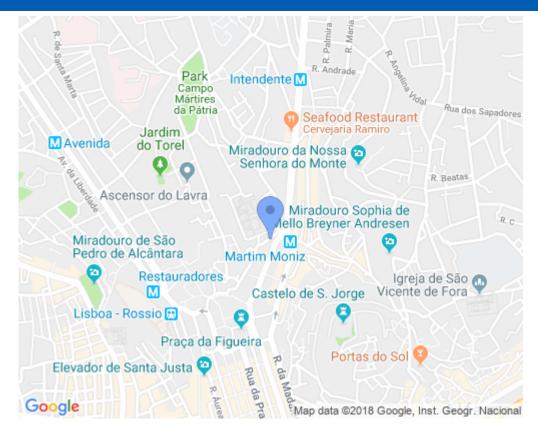
### Reconstructive/Plastic Surgery Reconstructive/Plastic surgeons Type of breast reconstructive surgery available Immediate Reconstruction available Remodelling after breast-conserving surgery ☑ Reconstruction after mastectomy: Two-stage reconstruction (tissue expander followed by implant) ✓ One-stage reconstruction Autogenous tissue flap Latissimus dorsi flap ✓ Transverse rectus abdominis (TRAM) ✓ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.) ☑ Surgery on the contralateral breast for symmetry **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 Core biopsy Parameters included in the final pathology report ✓ Frozen section (FS) ✓ Pathology stage (pT and pN) ✓ Surgical specimen ☑ Tumour size (invasive component in mm) ✓ 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 ☑ ki-67 **Medical Oncology** Dedicated Breast Medical Oncologists 3 Outpatient systemic therapy ✓ Clinical Research

adiotherapy		
✓ Dedicated Radiation Oncologists	Available techniques often broad annual in a survival	
☐ Clinical Research	Available techniques after breast-conserving surgery (including experimental)	
	☑ Whole-Breast RT (WBRT)	
	✓ Partial breast irradiation (PBI):	
	☑ External beam PBI	
	lacksquare Interstitial brachytherapy	
	$\square$ Targeted brachytherapy (MammoSite, SAVI applicator, other devices)	
	$\square$ Intra-operative RT (IORT)	
ultidisciplinary Meeting (MDM) / Tumour Board	(ТВ)	
Regular MDM/TB for case management discussion	Specialties/services participating in MDM/TB	
☐ Twice a week	<b>☑</b> 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	
	☑ Social worker	
urther Services and Facilities		
Nuclear Medicine	Genetic Counselling	
☑ Lymphoscintigraphy	Specialist Providing Genetic Counselling/Risk assessment	
☑ Bone scan	service:   Dedicated Clinical Geneticist	
☑ Positron Emission Tomography (PET)	Medical Oncologist	
☑ PET/CT scan	☐ Breast Surgeon	
Rehabilitation	General Surgeon	
✓ Prosthesis service	Gynaecologist	
	✓ Genetic Testing available	
<ul><li>✓ Physiotherapy</li><li>✓ Lymph-oedema treatment</li></ul>	✓ Genetic Testing available  ✓ Surveillance program for high-risk women	
	Data Management  ✓ Database used for clinical information	
	☑ Data manager available	

## Contact details

Clinical Director	T		
Ana Correia	Clinical Director	ana.correia@chlc.min-saude.pt	+351218841342
Radiology			
Isabel Oliveira	Staff Radiologist	imoliveira4@gmail.com	+351966065060
<b>Breast Surgery</b>			
Ana Correia	Clinical Director	ana.correia@chlc.min-saude.pt	+351927820094
Reconstructive	Surgery		
Gerardo Millan	Staff Plastic Surgeon	millan.gerardo@gmail.com	+351917505465
Pathology			
Manuela Martins	Staff Pathologist	mmanuelacmartins@gmail.com	+351917322331
Medical Oncolo	ду		
Ligia Costa	Staff Medical Oncologist	ligia_dacosta@yahoo.com	+351965637150
Radiotherapy			
Lurdes Batarda	Staff Radiotherapist	rbatarda@netcabo.pt	+351914637736

#### How to reach us



## **Centro Hospitalar Lisboa Central**

Rua José António Serrano

1150-199 Lisbon,

Phone: +351218841342 Fax: +351218841061

E-mail: <a href="mailto:ana.correia@chlc.min-saude.pt">ana.correia@chlc.min-saude.pt</a>
Web-site: <a href="mailto:http://www.chlc.min-saude.pt/">http://www.chlc.min-saude.pt/</a>

From airport:

Subway

By train:

Rossio Station

By bus or sub-way/underground:

Subway - Green line - Martim Moniz Station

Last modified: 19 January 2016