



BREAST CENTRES NETWORK

Synergy among Breast Units

★ Azienda Istituti Ospitalieri di Cremona - Cremona, Italy

General Information



New breast cancer cases treated per year **287**

Breast multidisciplinary team members **22**

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

Clinical Director: **Daniele Generali, D.Phil, MD**

The Unit of Breast Disease of Azienda Istituti Ospitalieri di Cremona is made up of the Senology Unit (Level 1) and the Breast Cancer Unit (level 4).

The Senology Unit is dedicated to breast screening and diagnosis. More than 8000 people are screened every year.

The invasive breast cancer ratio/per year is more than 250 new cases, 50 DCIS, 200 benign breast diseases, 30 metastatic new cases per year.

The Senology Unit provides: 1) Help desk for booking mammography and clinical visits; 2) Two rooms dedicated to senological and clinical visit; 3) One room dedicated to genetic counseling for people with BRCA 1 and 2 mutations, for people with familiarity or for risk assessment. An expert team (Oncologist and Geneticist) is in charge of this aspect; 4) Thanks to the collaboration with the Radiology Department, the Senology Unit offers mammography, breast ultrasounds and FNA daily; 5) It provides a core team (radiologist and surgeons) dedicated to the Mammotone procedure.

The Breast Cancer Unit is made up of the Breast Surgical Unit and the Breast Oncology Unit.

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Web-site: www.bucrema.org

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** 2
- Mammograms per year** 12000
- 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)** 437
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 4
- Breast Surgery beds** 8
- 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

Pathology

Dedicated Breast Pathologists _____ 1

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 _____ 3

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, Biologist, Pharmacist, Health Promotion Specialist

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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Radiology

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Breast Surgery

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Reconstructive Surgery

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Pathology

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Medical Oncology

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Radiotherapy

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How to reach us



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From airport:

From Malpensa or the closest Linate Airport:

Ovest Highway, direction to Bologna , then Motorway A1. Continue following BRESCIA – CREMONA direction and exit to CREMONA. Follow the direction for OSPEDALE “Hospital”, till VIA GIUSEPPINA, then turn right on VIALE CONCORDIA, at N1 you'll find Azienda Istituti Ospitalieri di Cremona.

By train:

From Milano Centrale: there are trains every hour to Cremona. From Railway Station follow the directions: Via Dante for 2.5 km, at PIAZZA LIBERTA' turn right in VIA GHISLERI for 1 km then straight into VIA GIUSEPPINA for 3 km then turn left into VIALE CONCORDIA, at N1 you'll find Azienda Istituti Ospitalieri di Cremona.

By car:

From Milan: Motorway A1 direction BOLOGNA then continue following direction BRESCIA – CREMONA and exit to CREMONA. Follow the direction for OSPEDALE “Hospital”, till VIA GIUSEPPINA, then turn right on VIALE CONCORDIA, at N1 you'll find Azienda Istituti Ospitalieri di Cremona.

Last modified: 02 May 2016