

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# 😫 Azienda Ospedaliero-Universitaria di Parma - Parma, Italy

**General Information** 



New breast cancer cases treated per year450Breast multidisciplinarity team members30Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and<br/>nurses30Clinical 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, psycologists and physiatrics, 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).

# Azienda Ospedaliero-Universitaria di Parma

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## Available services

Radiology Vuclear Medicine Social Workers Rehabilitation Mutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Genetic Counselling Survivorship Groups **Pathology** Z Data Management Sexual Health Counselling Psycho-oncology Supportive and Palliative Care Medical Oncology Radiotherapy Mareast Nurses Manual Integrative Medicine Radiology **V** Dedicated Radiologists 10 Available breast tissue sampling Available imaging equipment equipment Mammograms per year 40000 Mammography 🗹 Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Screening program Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Vacuum assisted biopsy Verification for M Tomosynthesis 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 Bone Scan 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**

| Vew operated cases per year (benign and malignant) | 650 |
|--|-----|
| Dedicated Breast Surgeons                          | 3   |
| Surgeons with more than 50 surgeries per year      | 3   |
| Sreast Surgery beds                                | 3   |
| Sreast Nurse specialists                           | 10  |
| Support 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

| Immediate Reconstruction available | 1 Type of breast reconstructive surgery available                           |
|------------------------------------|---|
|                                    | Remodelling after breast-conserving surgery                                 |
|                                    | Reconstruction after mastectomy:  |
|                                    | $\mathbf{V}$ Two-stage reconstruction (tissue expander followed by implant) |
|                                    | One-stage reconstruction  |
|                                    | 🗹 Autogenous tissue flap  |
|                                    | 🗹 Latissimus dorsi flap   |
|                                    | Iransverse rectus abdominis (TRAM)  |
|                                    | 🗹 Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.)                         |
|                                    | $\checkmark$ Surgery on the contralateral breast for symmetry               |
|                                    | Mipple-Areola Reconstruction, Lipofilling                                   |

## 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)     |
| <ul> <li>✓ Sentinel node</li> <li>✓ Core biopsy</li> </ul> |   | 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  |

## **Medical Oncology**

| Medicated Breast Medical Oncologists | 4 |
|--------------------------------------|---|
| V 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)

| Specialties/services participating in MDM/TB |
|--|
| 🗹 Radiology                                  |
| Margary Breast Surgery                       |
| Reconstructive/Plastic Surgery               |
| V Pathology                                  |
| Medical Oncology                             |
| Madiotherapy                                 |
| M Genetic Counselling                        |
| Breast Nurse Service                         |
| Psycho-oncology                              |
| ☑ Cytologists                                |
|  |

#### **Further Services and Facilities**

#### **Nuclear Medicine**

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

#### Rehabilitation

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

#### **Genetic Counselling**

Specialist Providing Genetic Counselling/Risk assessment service:

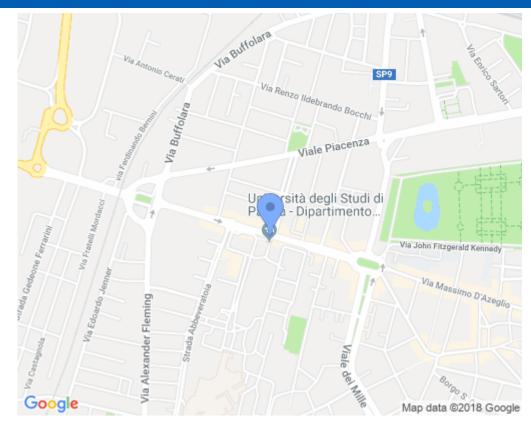
- Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Genetic Testing available
- Surveillance program for high-risk women

#### **Data Management**

- ☑ Database used for clinical information
- 🗹 Data manager available

|                                 | •<br>                                    |                        |               |
|---------------------------------|--|------------------------|---------------|
| Contact details                 |  |                        |               |
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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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