



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Azienda Ospedaliero-Universitaria di Bologna Policlinico S.Orsola-Malpighi - Bologna, Italy

### General Information



**New breast cancer cases treated per year** **323**

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

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

**Clinical Director:** **Mario Taffurelli, MD**

The Breast Unit was established in 2004 due to a more-than-20-year-long multidisciplinary approach to breast cancer diagnosis and treatment. The multidisciplinary team, made up of oncologists, radiologists, radiation oncologists, pathologists and surgeons, meets twice a week for patient's evaluation and the definition of diagnostic and therapeutic strategies. On average, 600 cases are evaluated, and 400 are treated for breast carcinoma every year. The Breast Unit provides care of all stages of breast cancer, including conservative and demolitive surgery with reconstruction and oncoplastic surgery, partial and whole breast irradiation, pre-operative and adjuvant systemic therapy, treatment of locally advanced and metastatic breast cancer, psychological and rehabilitative support. The diagnostic phase takes about a week, and the waiting time from diagnosis to treatment is about 2-3 weeks. A case-manager nurse is dedicated to planning the multidisciplinary team meetings and provides the organization of the different steps of pre-operative and post-surgical phases.

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CERTIFICATION(S) ACCREDITATION(S)

**BCCERT - Breast Centres Certification**

Expiration date: 14 February 2023



Certification document (eng lang.)

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** 21000
- ✓ **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)** 560
- ✓ **Dedicated Breast Surgeons** 4
- ✓ **Surgeons with more than 50 surgeries per year** 3
- ✓ **Breast Surgery beds** 8
- ✓ **Breast Nurse specialists** 2
- ✓ **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** 3

**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)

**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
- Ki67, Bcl2, P53, P21, EGFR

**Medical Oncology**

**Dedicated Breast Medical Oncologists** 5

**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

## 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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## 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:**

Bologna International Airport 'G. Marconi' is 6 km away from S.Orsola-Malpighi Hospital and there are easy connections by public transportation (20 minutes by bus or taxi).

**By train:**

'Bologna Centrale' railway station is close to S.Orsola-Malpighi Hospital (10 minutes by bus n°32 or taxi).

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

S.Orsola-Malpighi Hospital is easily reachable from the center of Bologna by bus (n°14,25).

**By car:**

Bologna is easily reachable by car from the main Italian high-ways (A1 Milano-Napoli, A14 Bologna-Taranto, A13 Bologna-Padova).

From A1 Milano: exit 'Bologna Borgo Panigale', take the 'Tangenziale' and exit 'S.Donato' or 'S. Vitale' (exits n°9 or 10 or 11).

From A1 Firenze: exit 'Bologna Casalecchio', take the 'Tangenziale' and exit 'S.Donato' or 'S. Vitale' (exits n°9 or 10 or 11).

From A14: exit 'Bologna S.Lazzaro', take the 'Tangenziale' and exit 'S. Vitale' (exit n°11)

From A13: exit 'Bologna Arcoveggio', take the 'Tangenziale' and exit 'S.Donato' or 'S. Vitale' (exits n°9 or 10 or 11).

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