

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Candiolo Cancer Institute - FPO, IRCCS - Candiolo, Italy

**General Information** 



New breast cancer cases trea

Breast multidisciplinarity tea Radiologists, surgeons, pathologists, medica

The mission of the Institute for Cancer Research and Treatment (IRCC) of Candiolo is to make a significant cor basics and by providing optimal diagnostic and therapeutic services. The interaction between experimental and innovative biological models into the clinic. An "interdisciplinary group of cure" (IGC) is responsible for the mana coordination of clinical activities, formal auditing and revision of procedures. The breast IGC is composed by all radiologists, breast surgeons, plastic surgeons, pathologists, medical oncologists, radiotherapists, nuclear med breast nurses. Over the last 15 years, the IRCC has consolidated its reputation as one of the leading breast can primary breast cancer treated per year and constant scientific production.

# **Candiolo Cancer Institute - FPO, IRCCS**

Strada Provinciale 142, Km 3.95 10060 Candiolo, Phone: +390119933444 Fax: +390119933440 E-mail: <u>riccardo.ponzone@ircc.it</u> Web-site: <u>www.ircc.it</u> Candiolo Cancer Institute - FPO, IRCCS

# Available services

| <ul> <li>Radiology</li> <li>Breast Surgery</li> <li>Reconstructive/Plastic Surgery</li> </ul> | <ul> <li>✓ Nuclear Medicine</li> <li>✓ Rehabilitation</li> <li>✓ Genetic Counselling</li> </ul> |              |
|---|---|--------------|
| Pathology   | V Data Management   | $\checkmark$ |
| Medical Oncology  | Psycho-oncology   | $\sim$       |
| Radiotherapy  | Breast Nurses   |              |

## Radiology

| ✓ Dedicated Radiologists                        | 3    | Available imaging equipment                             | A |
|---|------|---|---|
| Mammograms per year                             | 3500 |   |   |
| Breast radiographers                            |      | Mammography   |   |
| Screening program                               |      | Vltrasound  |   |
| Verification for non-palpable breast lesions on |      | Magnetic Resonance Imaging (MRI)                        |   |
| specimen  |      | Available work-up imaging equipment                     |   |
| Axillary US/US-guided FNAB                      |      | Available work up integing equipment                    |   |
| Clinical Research                               |      | Computer Tomography                                     |   |
|   |      | VIItrasound   |   |
|   |      | Magnetic Resonance Imaging (MRI)                        |   |
|   |      | PET/CT scan   |   |
|   |      | Primary technique for localizing non-palpable lesions   |   |
|   |      | Hook-wire (or needle localization)                      |   |
|   |      | Charcoal marking/tattooing                              |   |
|   |      | $\square$ ROLL: radio-guided occult lesion localization |   |

### **Breast Surgery**

| Vew operated cases per year (benign and malignant) | 559 |
|--|-----|
| Z Dedicated Breast Surgeons                        | 3   |
| Surgeons with more than 50 surgeries per year      | 3   |
| Breast Surgery beds                                | 10  |
| 🗹 Breast Nurse specialists                         | 1   |
| V Outpatient surgery                               |     |
| Intra-operative evaluation of sentinel node        |     |
| Reconstruction performed by Breast Surgeons        |     |
| ☑ Clinical Research                                |     |

#### Primary technique for staging the ax

- 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 Type of breast reconstructive surge          |
|--------------------------------------|--|
| Immediate Reconstruction available   |  |
|                                      | Remodelling after breast-conservin             |
|                                      | Reconstruction after mastectomy:               |
|                                      | V Two-stage reconstruction (tissue             |
|                                      | One-stage reconstruction                       |
|                                      | Autogenous tissue flap Latissimus dorsi flap   |
|                                      | Transverse rectus abdominis (T                 |
|                                      | □ Free-flaps (free TRAM, DIEP, SI              |
|                                      | $\swarrow$ Surgery on the contralateral breast |
|                                      | 🗹 Lipofilling, Extended LD flap                |
| Pathology                            |  |
| Dedicated Breast Pathologists        | 2 Other special studies available              |
| Available studies                    | 🗹 Fluorescence in-situ Hybridization f         |
| Z Cytology                           | Oncotype Dx (21-gene assay)                    |
| 🗹 Haematoxylin & eosin section (H&E) | MammaPrint (70-gene microarray)                |
| V Surgical specimen                  | Prediction Analysis of Microarray 50           |
| Sentinel node                        | Parameters included in the final pat           |
| Core biopsy                          |  |
| ✓ Frozen section (FS)                | Pathology stage (pT and pN)                    |
| Surgical specimen                    | V Tumour size (invasive component i            |
| Sentinel node                        | Mistologic type                                |
| Munohistochemistry stain (IHC)       | M Tumor grade                                  |
| Z Estrogen receptors                 | M ER/PR receptor status                        |
| V Progesterone receptors             | MER-2/neu receptor status                      |
| ☑ HER-2                              | M Peritumoural/Lymphovascular inva             |
| ✓ Ki-67                              | Margin status                                  |
|                                      |  |
|                                      | MKI67  |

## **Medical Oncology**

| Z Dedicated Breast Medical Oncologists | 3 |
|--|---|
| ☑ Outpatient systemic therapy          |   |
| Clinical Research                      |   |

### Radiotherapy

Dedicated Radiation Oncologists

🗹 Clinical Research

#### Available techniques after breast-co

- Whole-Breast RT (WBRT)
- Partial breast irradiation (PBI):
- 🗹 External beam PBI
- Interstitial brachytherapy
- Targeted brachytherapy (Mammos
- □ 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

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

#### **Nuclear Medicine**

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

#### Rehabilitation

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

#### Specialties/services participating in



- Radiotherapy
- Senetic Counselling
- Marcast Nurse Service
- Psycho-oncology

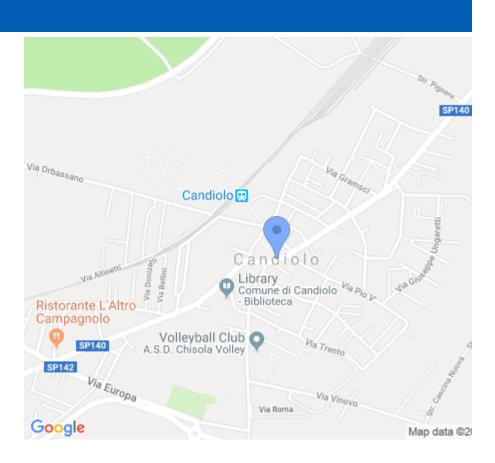
#### **Genetic Counselling**

- Specialist Providing Genetic Counsel
  - V Dedicated Clinical Geneticist
  - Medical Oncologist
  - Breast Surgeon
  - General Surgeon
- 🗌 Gynaecologist
- 🗹 Genetic Testing available
- Surveillance program for high-risk v

#### Data Management

- Z Database used for clinical information
- V Data manager available

| Contact details           |   |                          |
|---------------------------|---|--------------------------|
| Radiology                 |   |                          |
| Laura Martincich, MD      | Head of Breast Imaging                          | laura.martincich@ircc.it |
| Breast Surgery            |   |                          |
| Riccardo Ponzone, MD, PhD | Head of Gynecological Oncology Dpt.             | riccardo.ponzone@ircc.   |
| Reconstructive Surgery    |   |                          |
| Alessandro Rivolin, MD    | Head of Plastic and Reconstructive Surgery Dpt. | info@alessandrorivolin.i |
| Pathology                 |   |                          |
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| Medical Oncology          |   |                          |
| Filippo Montemurro, MD    | Head of Breast Medical Oncology Dpt.            | filippo.montemurro@ircc  |
| Radiotherapy              |   |                          |
| Marco Gatti, MD           | Head of Breast Radiotherapy Dpt.                | marco.gatti@ircc.it      |



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## From airport:

From 'Sandro Pertini' international airport in Caselle, you can reach the institute by taxi or take a bus to Torino(http://www.sadem.it/upload/orari/estivi/000268.pdf) and then to the Institute(http://www.autoservizinovarese.it/admin/file\_orari/LINEA%20TORINO%20IRCC%20VOLVERA%20DA

## By train:

You can reach 'Porta Nuova' railway station in Torino (www.trenitalia.it) and then the Institute by taxi or bus connection(http://www.autoservizinovarese.it/admin/file\_orari/LINEA%20TORINO%20IRCC%20VOLVERA%2C Alternatively, from Candiolo railway station(www.trenitalia.it) you can reach the Institute by bus (www.autoservizi

## By bus or sub-way/underground:

http://www.autoservizinovarese.it/; http://www.sadem.it/oraristampabili2.asp#; http://www.buscompany.it/ **By car:** 

The IRCC is just outside Candiolo, near Torino - Piemonte (Italia).

IRCC, Strada Provinciale 142, Km. 3.95, 10060 Candiolo (Torino), Italy.

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