



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Centro Hospitalar Barreiro-Montijo - Barreiro, Portugal

### General Information



**New breast cancer cases treated per year** 245

**Breast multidisciplinary team members** 16

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

**Clinical Director:** Lurdes Ramalho, MD

Our Breast Unit is dedicated to the diagnosis and treatment of Breast pathology in both genders, with a special focus on Breast cancer, as well as teaching and research. Aiming to provide the best care to our patients, we follow a multidisciplinary methodology, with weekly meetings since 2000, for discussion and guidance of clinical cases, for adequate diagnosis and therapy, with decisions by consensus and supported by international guidelines of well-known scientific organisations. The treatment of breast cancer in our Unit complies with the highest standards of demand and is designed to meet the individual needs of each patient. The excellence of the results is therefore the consequence of the work developed by all the professionals, all of them with specific expertise in domains of Senology. In order to achieve the goals already established, commitment with research is of paramount importance. During 2019-2021, we had a cooperation for that purpose with a national renowned university, which resulted in very relevant lessons to us, therefore, we are committed in keep pursuing this kind of collaboration.

### **Centro Hospitalar Barreiro-Montijo**

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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** 3
- Mammograms per year** 10000
- 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)
- mammography with tomosynthesis

**Available work-up imaging equipment**

- Computer Tomography
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- PET/CT scan
- bone scintigraphy

**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)** 227
- 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** 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
- breast surgeons perform all steps, except flaps (outside)

## 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** 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

Specialized referral centre

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

João Granadeiro, MD	Head of Imaging Department	<a href="mailto:imagdir@chbm.min-saude.pt">imagdir@chbm.min-saude.pt</a>	+351212147345
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## Breast Surgery

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## Reconstructive Surgery

Maria Bandeira, MD	Staff Surgeon	<a href="mailto:mariaexpeditobandeira@chbm.min-saude.pt">mariaexpeditobandeira@chbm.min-saude.pt</a>	+351917507333
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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 Lisbon Airport: You can either take the metro, táxi or rental car. By metro and boat: get on 'Aeroporto' to 'Terreiro do Paço'. Change to the Soflusa boat going to 'Barreiro' where you can reach the CHBM by taxi or by TCB Bus nº14 or 15. By Taxi or car: 1. Take the A12 route ('Vasco da Gama' bridge) and the exit number 1 to A33/IC32. After 31Km, take the A39/IC21 to 'Barreiro', or 2. Take the A2 route ('25 Abril Bridge') and exit number 3 to A39/IC21 to 'Barreiro' Av. Movimento das Forças Armadas, 2834-003 Barreiro GPS:

38°39'19.4"N 9°03'26."W Phone: 00 351 21 214 73 00 Site: [www.chbm.min-saude.pt](http://www.chbm.min-saude.pt)

**By train:**

You can reach the CHBM by Train 'Linha do Sado' and leave at the Lavradio Station , walking upwards 5mn on Av. Movimento Forças Armadas to reach our Unit.

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

You can reach the CHBM by TCB Bus nº14 or 15 or the TST to Barreiro.

**By car:**

1. Take the A2 route and the exit number 3 to A39/IC21 to 'Barreiro' or 2. Take the A12 route and the exit

number 1 to A33/IC32. After 31Km, take the A39/IC21 to 'Barreiro'.

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