



BREAST CENTRES NETWORK

Synergy among Breast Units

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Centro Oncológico ALIADA - Lima, Peru

General Information



New breast cancer cases treated per year 400

Breast multidisciplinarity team members 16

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

Clinical Director: Silvia Falcon, MD

UICAM is the acronym of the "Unidad Interdisciplinaria de Cáncer de Mama" (Interdisciplinary Unit of Breast Cancer), which is part of ALIADA Cancer Center, one of the most specialized private centres in cancer management in Peru. It is associated with Johns Hopkins Medicine International and accredited by the Union for International Cancer Control (UICC) as well as by Acreditas Global, the international arm of the Accreditation Association for Ambulatory Health Care (AAAHC). In UICAM, we have a staff of first-class medical specialists trained in the best international centres, dedicated solely to treating patients with breast cancer. That interacts under an interdisciplinary vision studying each case weekly with the participation and opinion of all the specialities linked to the management of breast disease: mastology, plastic surgery, medical oncology, radiation oncology, pathology, radiology and genetics. In UICAM, we are also interested in providing a humanistic approach to our daily practice in combination with the latest technology, the most innovative treatments and clinical trials. Due to all of this, we have everything necessary to become strategic allies of our patients.

Centro Oncológico ALIADA

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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	\/\/∩	rkers

✓ Nutritional Counselling

☐ Survivorship Groups

Sexual Health Counselling

✓ Supportive and Palliative Care

☐ Integrative Medicine

Radiology

FNAB

✓ Clinical Research

✓ Dedicated Radiologists 3 Mammograms per year 12000 ✓ Breast radiographers ✓ Screening program ✓ Verification for non-palpable breast lesions on specimen Axillary US/US-guided

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

Mook-wire (or needle localization)

☐ Charcoal marking/tattooing

ROLL: radio-guided occult lesion localization

Available breast tissue sampling equipment

Stereotactic Biopsy (Mammography

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) 200 Dedicated Breast Surgeons Surgeons with more than 50 surgeries per year 2 ☑ Breast Surgery beds 20 ☑ 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

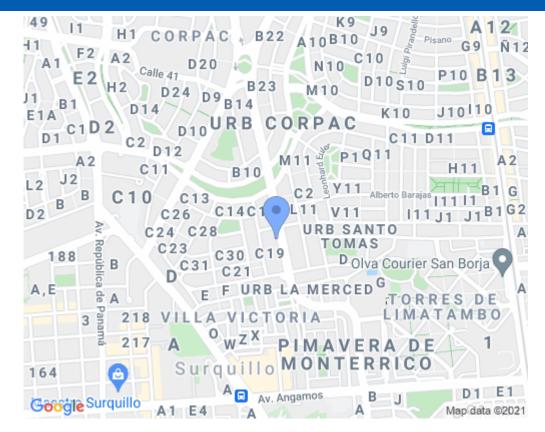
Reconstructive/Plastic Surgery Reconstructive/Plastic surgeons Type of breast reconstructive surgery available ✓ Immediate Reconstruction available Remodelling after breast-conserving surgery ☑ Reconstruction after mastectomy: Two-stage reconstruction (tissue expander followed by implant) One-stage reconstruction 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 ☑ nipple reconstruction, Fat Transfer to breast, Lymphedema post axillary surger: Lymph node Transfer **Pathology** Dedicated Breast Pathologists 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) ✓ Sentinel node Parameters included in the final pathology report Core biopsy ✓ Pathology stage (pT and pN) Frozen section (FS) ✓ Tumour size (invasive component in mm) ✓ Surgical specimen Mistologic type Sentinel node ✓ Tumor grade ✓ Immunohistochemistry stain (IHC) ER/PR receptor status Estrogen receptors ✓ HER-2/neu receptor status ✓ Progesterone receptors Peritumoural/Lymphovascular invasion ☑ HER-2 Margin status ✓ Ki-67 **Medical Oncology** Dedicated Breast Medical Oncologists 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		
	\square Targeted brachytherapy (MammoSite, SAVI applicator, other devices)		
	☐ Intra-operative RT (IORT)		
Multidisciplinary Meeting (MDM) / Tumour Board	(ТВ)		
Regular MDM/TB for case management discussion	Specialties/services participating in MDM/TB		
☐ Twice a week	☑ Radiology		
✓ Weekly	✓ Breast Surgery		
Every two weeks	✓ Reconstructive/Plastic Surgery		
Other Schedule	✓ Pathology		
Cases discussed at MDM/TB	☑ Medical Oncology		
	☑ Radiotherapy		
Preoperative cases	✓ Genetic Counselling		
Postoperative cases	☐ Breast Nurse Service		
	Psycho-oncology		
Further Services and Facilities			
Nuclear Medicine	Genetic Counselling		
✓ Lymphoscintigraphy	✓ Specialist Providing Genetic Counselling/Risk assessment		
✓ Bone scan	service:		
Positron Emission Tomography (PET)	☑ Dedicated Clinical Geneticist		
□ PET/CT scan	☐ Medical Oncologist		
Rehabilitation	Breast Surgeon		
_	General Surgeon		
Prosthesis service	Gynaecologist		
☑ Physiotherapy	Genetic Testing available		
☑ Lymph-oedema treatment	Surveillance program for high-risk women		
	Data Management		
	☑ Database used for clinical information		
	☐ Data manager available		

Contact details

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From airport:

Take Av Faucett, then Av La Marina, then Av Javier Prado, then Av Galvez Barrenechea.

By train:

We do not have trains in Lima.

By bus or sub-way/underground:

Take a Bus to Av Guardia Civil, then take a taxi or walk for 10 minutes.

By car:

Av Galvez Barrenechea 1044 - San Isidro.

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