



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Hospital Espirito Santo Evora - Evora, Portugal

### General Information



**New breast cancer cases treated per year** 160

**Breast multidisciplinary team members** 12

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

**Clinical Director:** Rosa Felix, MD

UMAlentejo is the breast unit of Central Alentejo, a region in the south of Portugal, being Évora its capital. We work in close proximity with other hospitals in Alentejo. We have a regional multidisciplinary meeting, being the purpose to offer every woman in Alentejo equality and accessibility to treatment of Breast Cancer. We have written and shared working protocols, so that every patient in Alentejo can benefit from the existing equipment, technology and knowledge in our region. Whenever necessary (appointment with geneticist, nuclear medicine service and reproductive and fertility service), we have collaborating protocols with other hospitals. We are a young, active and enthusiastic multidisciplinary team actively involved in the treatment of breast cancer centered in the patient. Our goal is to treat patients according to international guidelines, with treatment plans tailored accordingly and having the patient always involved in the decision-making process. We are able to offer our patients what we consider the standard of care for Breast Cancer.

### Hospital Espirito Santo Evora

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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** 1
- Mammograms per year** 1500
- 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)
- we have available outside tomosynthesis

Available work-up imaging equipment

- Computer Tomography
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- PET/CT scan
- we have available outside PET

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)** 165
- Dedicated Breast Surgeons** 2
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 8
- Breast Nurse specialists** 3
- 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
  - Blue dye+ magtrace and whenever necessary TC99 on the outside
- Axillary sampling

## Reconstructive/Plastic Surgery

- Reconstructive/Plastic surgeons** 2
- 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)
- Endopredict

### 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, citokeratina 19, E-caderina

## Medical Oncology

- Dedicated Breast Medical Oncologists** 3
- 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

pharmaceutical

## 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

Rosa Felix, MD	Consultant in General Surgery and Responsible for the Breast Unit	<a href="mailto:rcolaco@hevora.min-saude.pt">rcolaco@hevora.min-saude.pt</a>	+351 913591876
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## Radiology

Maria Joao Hrotko, MD	Director of Radiology Unit	<a href="mailto:mj.hrotko@sapo.pt">mj.hrotko@sapo.pt</a>	+351962730738
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## Breast Surgery

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Susana Ribeiro, MD	Staff surgeon -Master degree on Breast Pathology	<a href="mailto:ribeirosusana28@gmail.com">ribeirosusana28@gmail.com</a>	+351963734558
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## Reconstructive Surgery

Elsa Bento, MD	Head of Plastic Surgery department	<a href="mailto:ebento@hevora.min-saude.pt">ebento@hevora.min-saude.pt</a>	0351 963709378
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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:

Take the highway to the south of Portugal A2, then leave in direction to Évora and take the highway A6 and get out when the sign reads Évora when entering the city drive straight to the ancient wall surrounding the city and then follow the traffic signs to the hospital.

#### By train:

From the airport to the train station(in Sete Rios or Oriente) you can go by taxi ou by bus, there is an airport bus that leaves you at the train station. There is a train to take you directly from Lisbon to Évora. When you reach the town take a táxi to the hospital

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

From the airport to the bus station(in Sete Rios) you can go by taxi ou by bus, there is an airport bus that leaves you at the bus station. There is a bus that leaves Lisbon straight to Évora. When reaching the bus station in Évora, take a táxi to the hospital.

#### By car:

The same description as from the airport.

**Last modified:** 24 May 2020