Instituto Portugues de Oncologia do Porto - Porto, Portugal

General Information

<table>
<thead>
<tr>
<th>New breast cancer cases treated per year</th>
<th>900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast multidisciplinarity team members</td>
<td>33</td>
</tr>
<tr>
<td>Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses</td>
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<tr>
<td>Clinical Director: Joaquim Abreu de Sousa, MD</td>
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The Breast Clinic of the Portuguese Institute of Oncology of Porto is an integrated multidisciplinary unit of a comprehensive cancer center. The Breast Clinic follows the recommendations of the European Society of Mastology (EUSOMA) in order to offer high quality standards in breast cancer care. It is dedicated to clinical, research and teaching activities in the area of breast cancer. The Clinic offers a multidisciplinary approach including the early diagnosis, primary tumor local treatment, breast conservative surgery, sentinel node biopsy, breast reconstruction, systemic therapy, radiotherapy, risk assessment and genetic counselling, treatment of advanced disease and palliative care.

Instituto Portugues de Oncologia do Porto
Rua Dr António Bernardino de Almeida
4200-072 Porto, Portugal
Phone: +351225084000
Fax: +351225084001
E-mail: diripo@ipoporto.min-saude.pt
Web-site: ipoporto.min-saude.pt
## Available services

<table>
<thead>
<tr>
<th>Radiology</th>
<th>Nuclear Medicine</th>
<th>Social Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Surgery</td>
<td>Rehabilitation</td>
<td>Nutritional Counselling</td>
</tr>
<tr>
<td>Reconstructive/Plastic Surgery</td>
<td>Genetic Counselling</td>
<td>Survivorship Groups</td>
</tr>
<tr>
<td>Pathology</td>
<td>Data Management</td>
<td>Sexual Health Counselling</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Psycho-oncology</td>
<td>Supportive and Palliative Care</td>
</tr>
<tr>
<td>Radiotherapy</td>
<td></td>
<td>Integrative Medicine</td>
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### Radiology

<table>
<thead>
<tr>
<th>Available imaging equipment</th>
<th>Available breast tissue sampling equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography</td>
<td>Stereotactic Biopsy (Mammography guided)</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Core Biopsy (Tru-cut)</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI)</td>
<td>Vacuum assisted biopsy</td>
</tr>
<tr>
<td>Computer Tomography</td>
<td>Ultrasound guided biopsy</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>Fine-needle aspiration biopsy (FNAB, cytology)</td>
</tr>
<tr>
<td>Magnetic Resonance Imaging (MRI)</td>
<td>Core Biopsy</td>
</tr>
<tr>
<td>PET/CT scan</td>
<td>Vacuum assisted biopsy</td>
</tr>
<tr>
<td><strong>Primary technique for localizing non-palpable lesions</strong></td>
<td>MRI-guided biopsy</td>
</tr>
<tr>
<td>Hook-wire (or needle localization)</td>
<td>Core Biopsy</td>
</tr>
<tr>
<td>Charcoal marking/tattooing</td>
<td>Vacuum assisted biopsy</td>
</tr>
<tr>
<td>ROLL: radio-guided occult lesion localization</td>
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</tbody>
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### Breast Surgery

| New operated cases per year (benign and malignant) | 1400 |
| Dedicated Breast Surgeons | 12 |
| Surgeons with more than 50 surgeries per year | 12 |
| Breast Surgery beds | 38 |
| Breast Nurse specialists | 6 |
| 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
- 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
- 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
- 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
- Social Service

#### 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
<tr>
<td>Joaquim Abreu de Sousa, MD</td>
<td>Head of Surgical Oncology</td>
<td><a href="mailto:abrsousa@ipoporto.min-saude.pt">abrsousa@ipoporto.min-saude.pt</a></td>
<td>+351969039698</td>
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<tr>
<td></td>
<td>Department</td>
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### Radiology

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<tr>
<td>Margarida Gouvea</td>
<td>Director of Radiology</td>
<td><a href="mailto:Mgouvea@ipoportomin-saude.pt">Mgouvea@ipoportomin-saude.pt</a></td>
<td>+351961761046</td>
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### Breast Surgery

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<td>Director of Surgical Oncology Dpt.</td>
<td><a href="mailto:abrsousa@ipoporto.min-saude.pt">abrsousa@ipoporto.min-saude.pt</a></td>
<td>+351225084000</td>
</tr>
<tr>
<td>Matilde Ribeiro</td>
<td>Director of Plastic Surgery Dpt.</td>
<td><a href="mailto:mribeiro@ipoporto.min-saude.pt">mribeiro@ipoporto.min-saude.pt</a></td>
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<tbody>
<tr>
<td>Conceição Leal</td>
<td>Breast Pathology Coordinator</td>
<td><a href="mailto:cleal@tvtel.pt">cleal@tvtel.pt</a></td>
<td>+351917202911</td>
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### Medical Oncology

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<th>Name</th>
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<tbody>
<tr>
<td>Deolinda Pereira, MSc</td>
<td>Head of medical Oncology Dpt.</td>
<td><a href="mailto:dpereira@ipoporto.min-saude.pt">dpereira@ipoporto.min-saude.pt</a></td>
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### Radiotherapy

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<tbody>
<tr>
<td>Helena Pereira</td>
<td>Director of Radiotherapy Dpt.</td>
<td><a href="mailto:marg.bastos@ipoporto.min-saude.pt">marg.bastos@ipoporto.min-saude.pt</a></td>
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From airport:
The Portuguese Institute of Oncology of Porto Breast Clinic is located in the northern perimeter of Porto, near the Circunvalação road (EN12), about 15Km from Porto International Airport. The journey from the airport to IPO can be done by taxi (about 12 min, approximate cost 15€), bus or sub-way.
SUBWAY: take the purple line (“E”), direction “Estadio do Dragão” and change to the yellow line (“D”), direction “Hospital de S. João” at the “Trindade” station. The station that serves IPO is the last station before the terminus.

By train:
If you arrive in Porto by train, get off at “Campanhã” and then take a taxi or the sub-way to Portuguese Institute of Oncology of Porto.

By bus or sub-way/underground:
The Portuguese Institute of Oncology of Porto is served by several bus routes. For information please go to itinerarium.pt.
The sub-way has a station that serves IPO, in the yellow line, “D”.

6/7
By car:
The best way to find Portuguese Institute of Oncology of Porto, coming from Circunvalação road (EN12), from VCI/IC23 or from A3 highway, is to follow the directions to “Hospital S. João” and then “IPO”.

Last modified: 20 May 2016