



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Ospedale Sacro Cuore Don Calabria - Negrar, Italy

### General Information



**New breast cancer cases treated per year** 240

**Breast multidisciplinary team members** 17

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

**Clinical Director:** [Alberto Massocco, MD](#)

Breast Surgery takes care of the woman who has been diagnosed with breast cancer. We provide multidisciplinary care and the most advanced therapies. Physicians collaborate within the Multidisciplinary Group, including surgeons, medical oncologists, pathologists, radiologists, radiation oncologists, nuclear physicians, and plastic surgeons. A weekly meeting is organized. Our goal is to offer a tailored therapy for every woman at every stage of the disease. Breast conservative surgery has great importance. Intraoperative frozen section examination of sentinel node and intraoperative radiotherapy (IORT) is available. In the case of mastectomy, we offer skin-sparing mastectomy and nipple-sparing mastectomy with immediate reconstruction.

### **Ospedale Sacro Cuore Don Calabria**

Via Don Sempredoni 5

37024 Negrar,

Phone: +390456013111

Fax: +390457500480

E-mail: [chirurgia.senologica@sacrocuore.it](mailto:chirurgia.senologica@sacrocuore.it)

Web-site: [www.sacrocuoredoncalabria.it](http://www.sacrocuoredoncalabria.it)

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** 5
- Mammograms per year** 9000
- 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)
- Digital Tomosynthesis. 3D Ultrasound

**Available work-up imaging equipment**

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

**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)** 305
- Dedicated Breast Surgeons** 3
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 10
- 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
- Axillary sampling

## Reconstructive/Plastic Surgery

**Reconstructive/Plastic surgeons** 3

**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
- Lipofilling

## 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)
- SISH

### 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** 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

## Further Services and Facilities

**Nuclear Medicine**

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

**Rehabilitation**

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Scar 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**

Alberto Massocco, MD	Head of Breast Surgery	<a href="mailto:Alberto.massocco@sacrocuore.it">Alberto.massocco@sacrocuore.it</a>	+390456013548
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**Radiology**

Cecilia De Santis, MD	Staff Radiologist	<a href="mailto:cecilia.desantis@sacrocuore.it">cecilia.desantis@sacrocuore.it</a>	+390456013111
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Anna Russo, MD	Staff Radiologist	<a href="mailto:anna.russo@sacrocuore.it">anna.russo@sacrocuore.it</a>	+390456013111
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Eugenio Oliboni, MD	Staff Radiologist	<a href="mailto:eugenio.oliboni@sacrocuore.it">eugenio.oliboni@sacrocuore.it</a>	+390456013111
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**Breast Surgery**

Alberto Massocco, MD	Chief of the Breast Surgery Unit	<a href="mailto:alberto.massocco@sacrocuore.it">alberto.massocco@sacrocuore.it</a>	+390456013548
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Rossella Bettini, MD	Staff Surgeon	<a href="mailto:rossella.bettini@sacrocuore.it">rossella.bettini@sacrocuore.it</a>	+390456013548
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Modestino Pezzella, MD	Staff Surgeon	<a href="mailto:modestino.pezzella@sacrocuore.it">modestino.pezzella@sacrocuore.it</a>	
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**Reconstructive Surgery**

Cesare Cristofoli, MD	Head of the Plastic Surgery Dpt.	<a href="mailto:cesare.cristofoli@sacrocuore.it">cesare.cristofoli@sacrocuore.it</a>	+390456013944
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Roberto Forcignanò, MD	Staff Plastic Surgeon	<a href="mailto:roberto.forcignano@sacrocuore.it">roberto.forcignano@sacrocuore.it</a>	+390456013944
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Francesca Cicala, MD	Staff Plastic Surgeon	<a href="mailto:francesca.cicala@sacrocuore.it">francesca.cicala@sacrocuore.it</a>	+390456013944
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**Pathology**

Giuseppe Bogina, MD	Staff Pathologist	<a href="mailto:giuseppe.bogina@sacrocuore.it">giuseppe.bogina@sacrocuore.it</a>	+390456013415
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Giuseppe Zamboni, MD	Head of the Pathology Dpt.	<a href="mailto:giuseppe.zamboni@sacrocuore.it">giuseppe.zamboni@sacrocuore.it</a>	+390456013415
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Laura Bortesi, MD	Staff Pathologist	<a href="mailto:laura.bortesi@sacrocuore.it">laura.bortesi@sacrocuore.it</a>	
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**Medical Oncology**

Stefania Gori, MD	Head of the Oncology Dpt.	<a href="mailto:stefania.gori@sacrocuore.it">stefania.gori@sacrocuore.it</a>	+390456013472
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Monica Turazza, MD	Staff Oncologist	<a href="mailto:monica.turazza@sacrocuore.it">monica.turazza@sacrocuore.it</a>	+390456013472
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alessandra Modena, MD	staff oncologist		
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**Radiotherapy**

Filippo Alongi, MD	Head of the Radiotherapy Dpt.	<a href="mailto:filippo.alongi@sacrocuore.it">filippo.alongi@sacrocuore.it</a>	
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Venessa Figlia, MD	Staff Radiotherapist	<a href="mailto:vanessa.figlia@sacrocuore.it">vanessa.figlia@sacrocuore.it</a>	
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How to reach us



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#### From airport:

From Verona Airport take a shuttle bus to the railway station Verona Porta Nuova. In front of the station take a bus to Negrar (information on tickets and timetable at the APT Office, just outside the Station). Bus stop: Negrar Hospital. From the airport by car, take Brennero Highway (A22), exit Verona Nord. Go straight on the main road until the end, then turn right and follow indications to Negrar.

#### By train:

Railway station Verona Porta Nuova.

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

In front of the railway station Verona Porta Nuova take a bus to Negrar (lines 21 and 93). Information on tickets and timetable at the ATP Office, just outside the Station. Bus stop: Negrar Hospital.

#### By car:

Take Brennero Highway, exit Verona Nord. Go straight on the main road until the end, then turn right and follow indications to Negrar.

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