



BREAST CENTRES NETWORK

Synergy among Breast Units

★ hospital de Braga - braga, Portugal

General Information



New breast cancer cases treated per year **222**

Breast multidisciplinary team members **13**

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

Clinical Director: arlindo ferreira, MD

We have 2 consultation room (breast surgeon and group decision) and one more to ultrasonography and nurse appointments. We have no permanent beds; our patients, when needed, are interned in Gynecology/Senology nursery or Oncology in advanced breast cancer in need. Oncology, radiotherapy and pathology and nuclear medicine are done in the original services. All weeks we have a meeting with pathologist, breast surgeons(all gynaecologists) and radiologist to case review. All weeks, Wednesday, we have a group decision appointment where all new cases are discussed, and a clinical/surgical decision is taken and communicated and approved by the de patient. There is always a written form. We have weekly 12h surgery and additional 12h/month for benign pathology. We have developed a breast data system with Minho University but problems with data protection and the decision of Portuguese Senology Society we are waiting for administrative approval to internalize a data system already in use in some Portuguese breast units. However, all the data is collected by the data manager for the National Oncology registry.

hospital de Braga

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Web-site: www.hospitaldebraga.pt/

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** 2
- Mammograms per year** 2500
- 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)
- tomosintesis

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)** 309
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 0
- 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
 - + targeted lymph node when NACHemo
- 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** 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)
- endopredict EPclinic

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

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

arlindo ferreira, MD	assistente hospitalar senior - breast unit coordinator	arlindo.ferreira@hb.min-saude.pt	+351964031809
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Radiology

manuela certo, MD	Staff radiologist	manuel.certo@hb.min-saude.pt	
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Breast Surgery

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Reconstructive Surgery

hugo sequeira, MD	Staff plastic surgery	hugo.sequeira@hb.min-saude.pt	
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Pathology

margarida teixeira, MD	staff pathologist	margarida.teixeira@hb.min-saude.pt	
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Medical Oncology

catarina portela, MD	staff oncology	catarina.portela@hb.min-saude.pt	
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Radiotherapy

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How to reach us



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From airport:

oporto airport, Take A3 (highway 3), exit 8-Braga-Celeirós, follow stadium direction and exit to Hospital (is after stadium exit) r. das Comunidades Lusíadas 133

By train:

oporto airport to oporto train station by subway ; take the train to braga train station and take a taxi to Hospital

By bus or sub-way/underground:

oporto-braga

By car:

oporto braga through A3 and do as in first label

Last modified: 10 December 2020