




**Treating
Cancer**
The EU's commitment
To tackling cancer inequalities

28 October 2024
9.30-13.30
Roundtable
14.30-16.00

Rome
Venue CNR
Piazzale Aldo Moro, 7



Professor Vittorio Altomare
Chief **Breast Unit**
University Hospital Campus Bio-Medico



**UNIVERSITA'
CAMPUS
BIO-MEDICO
DI ROMA**



CAMPUS BIO-MEDICO UNIVERSITY OF ROME
Via Álvaro del Portillo, 21 - 00128 Rome - Italy
www.unicampus.it

Claudia Salvi Passione Per La Vita



Grazie Claudia

Breast Unit

Pathologist

Radiologist

Nurse

Genetist

Psycho
logist

Radio
therapist

Data
Manager

Plastic
Surgeon

Clinical
Nutrition

Oncologist

Nuclear
physician

Surgeon

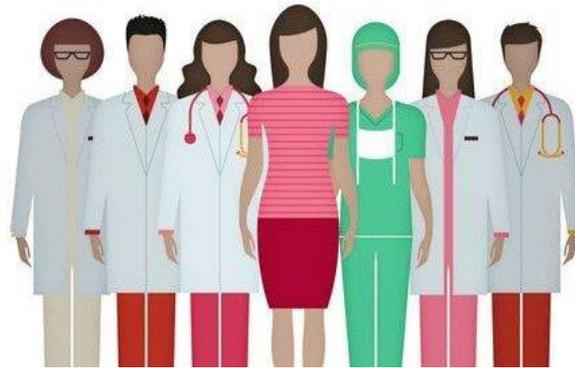


the Woman in the middle of the scene

Breast Unit



gender
equality



RESOLUTION 2003

European Committee for
women's Rights and Gender
Equality



European Parliament

Written declaration
on the Fight Against Breast Cancer in the European
Union





EUROPEAN PARLIAMENT

A FURTHER RESOLUTION 2006

B6-0528/2006

GUARANTEE THE CREATION OF BREAST UNITS IN ALL
MEMBER STATES AS CERTIFIED MODEL OF CARE BY
2016



Ministero della Salute

DIPARTIMENTO DELLA PROGRAMMAZIONE E
DELL'ORDINAMENTO DEL SSN
DIREZIONE GENERALE DELLA PROGRAMMAZIONE
EX UFFICIO III DG PROG

Documento del Gruppo di lavoro per la definizione di specifiche
modalità organizzative ed assistenziali della rete dei centri di
senologia

Roma, Maggio 2014

SENATO DELLA REPUBBLICA
XVI LEGISLATURA

Doc. XVII
n. 9

DOCUMENTO APPROVATO DALLA 12ª COMMISSIONE PERMANENTE
(Igiene e sanità)
nella seduta dell'8 marzo 2011

Relatrici RIZZOTTI (sulle linee generali), BIANCONI (settore relativo al tumore della mammella), BIONDELLI (settore relativo alla sindrome HIV) e CHIAROMONTE (settore relativo alle malattie reumatiche croniche)

A CONCLUSIONE DELL'INDAGINE CONOSCITIVA

proposta dalla Commissione stessa nella seduta del 13 gennaio 2010; svolta nelle sedute del 3 febbraio 2010, 9 marzo 2010, 14 aprile 2010, 15 aprile 2010, 6 maggio 2010, 20 maggio 2010, 17 giugno 2010, 23 giugno 2010, 15 luglio 2010, 21 luglio 2010, 27 luglio 2010, 23 settembre 2010, 30 settembre 2010, 6 ottobre 2010, 14 ottobre 2010, 20 ottobre 2010, 28 ottobre 2010, 4 novembre 2010, 10 novembre 2010, 16 novembre 2010, 23 novembre 2010, 18 gennaio 2011, 26 gennaio 2011, 27 gennaio 2011, 1º febbraio 2011, 2 febbraio 2011, 8 febbraio 2011 (antimeridiana e pomeridiana), 9 febbraio 2011, 16 febbraio 2011 (antimeridiana e pomeridiana), 17 febbraio 2011, 24 febbraio 2011, 1º marzo 2011 e conclusasi nella seduta dell'8 marzo 2011

SULLE MALATTIE AD ANDAMENTO DEGENERATIVO DI PARTICOLARE RILEVANZA SOCIALE, CON SPECIFICO RIGUARDO AL TUMORE DELLA MAMMELLA, ALLE MALATTIE REUMATICHE CRONICHE ED ALLA SINDROME HIV

(Articolo 48, comma 6, del Regolamento)

Comunicato alla Presidenza l'11 marzo 2011

REGIONE LAZIO



Decreto del Commissario ad acta
(delibera del Consiglio dei Ministri del 21 marzo 2013)

N. 400038 del 29 FEB. 2015

Proposta n. 824 del 26/01/2015

Oggetto:

Recepimento dell'Atto d'intesa del 18 dicembre 2014 della Conferenza Stato - Regioni sul documento recante "Linee di indirizzo sulle modalità organizzative ed assistenziali della rete dei Centri di Senologia" ed adozione del documento tecnico inerente "Rete oncologica per la gestione del tumore della mammella nel Lazio" ai sensi del DCA n. 1/0024/2014.

Estensore

MACCIPALONORA

Responsabile del Procedimento

MACCIPALONORA

Il Dirigente d'Area

D. DI LALLO

Il Direttore Regionale

F. DEGRASSI

Si esprime parere favorevole
Il Sub-Commissario

G. BISSONI

Pagina 1/117

Richiesta di pubblicazione sul BUR: NO



Ministero della Salute



Senato della
Repubblica



REGIONE LAZIO



available at www.sciencedirect.comjournal homepage: www.ejconline.com

Position Paper

Guidelines on the standards for the training of specialised health professionals dealing with breast cancer

L. Cataliotti^{a,*}, C. De Wolf^b, R. Holland^c, L. Marotti^d, N. Perry^e, K. Redmond^f,
 M. Rosselli Del Turco^g, H. Rijken^c, N. Kearney^h, I.O. Ellisⁱ, A. Di Leo^j, R. Orecchia^k,
 A. Noel^l, M. Andersson^m, W. Audretschⁿ, N. Bjurstam^o, R.W. Blamey^p, M. Blichert-Toft^m,
 H. Bosmans^q, A. Burch^r, G. Bussolati^s, M.R. Christiaens^q, M. Colleoni^t, G. Cserni^u, T. Cufer^v,
 S. Cush^w, J. Damilakis^x, M. Drijkoningen^q, P. Ellis^y, J. Foubert^z, M. Gambaccini^{aa},
 E. Gentile^g, F. Guedea^{ab}, J. Hendriks^{ac,ap}, R. Jakesz^{ad}, J. Jassem^{ae}, B.A. Jereczek-Fossa^k,
 O. Laird^{af}, E. Lartigau^{ag}, W. Mattheiem^{ah}, N. O'Higgins^{ai}, E. Pennery^{aj}, D. Rainsbury^{ak},
 E. Rutgers^{al}, M. Smola^{am}, E. Van Limbergen^q, K. von Smitten^{an}, C. Wells^{ao}, R. Wilson^p,
 on behalf of EUSOMA^{aq}

Each breast unit should have a core team made up of health professionals who have undergone **specialist training in breast cancer** in order to increase the quality of breast cancer patient care

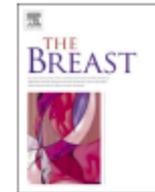




Contents lists available at ScienceDirect

The Breast

journal homepage: www.elsevier.com/brst



Original article

The requirements of a specialist breast centre

Laura Biganzoli ^{a,*,1}, Fatima Cardoso ^{b,1}, Marc Beishon ^c, David Cameron ^d,
Luigi Cataliotti ^e, Charlotte E. Coles ^f, Roberto C. Delgado Bolton ^g, Maria Die Trill ^h,
Sema Erdem ⁱ, Maria Fjell ^j, Romain Geiss ^k, Mathijs Goossens ^l, Christiane Kuhl ^m,
Lorenza Marotti ⁿ, Peter Naredi ^o, Simon Oberst ^p, Jean Palussière ^q, Antonio Ponti ^r,
Marco Rosselli Del Turco ^s, Isabel T. Rubio ^t, Anna Sapino ^u, Elzbieta Senkus-Konefka ^v,
Marko Skelin ^w, Berta Sousa ^x, Tiina Saarto ^y, Alberto Costa ^c, Philip Poortmans ^z



At least 150 newly diagnosed cases of primary breast cancer
on a population base of about 250.000

Radiologist physician must refer 5000 mammograms, 250
ecographs and 100 ultrasound core biopsy per year





available at www.sciencedirect.com

SCIENCE @ DIRECT®

journal homepage: www.ejconline.com



Position Paper

EUSOMA accreditation of breast units

R.W. Blamey*, L. Cataliotti

EUSOMA Secretariat Via del Pratellino, 7, 50131 Florence, Italy
The Breast Institute, Nottingham City Hospital, NG5 1PB, UK

ARTICLE INFO

Article history:

Received 3 March 2006

Accepted 3 April 2006

Available online 12 June 2006

Keywords:

Breast

ABSTRACT

EUSOMA (European Society of Mastology) is the organisation representing Breast Cancer Specialists in all disciplines, covering all aspects of breast cancer from risk and prevention, through diagnosis and treatment of the primary tumour, follow-up, treatment of recurrent and advanced disease, pathology, reconstruction, psychology and audit. EUSOMA Guidelines have been published on several aspects of breast cancer and are on service provision as well as giving clinical guidance and providing the basis for audit.

© 2006 Published by Elsevier Ltd.

- ✓ A single integrated Unit
- ✓ Sufficient cases to allow effective working and continuing expertise
- ✓ Care by breast specialists in all the required disciplines
- ✓ Working in multidisciplinary fashion in all areas
- ✓ Providing all the services necessary – from genetics and prevention, through the treatment of the primary tumour, to care of advanced disease and palliation.
- ✓ Patient support
- ✓ Data collection and Audit (MDT, **MultiDisciplinary Team**)





Available online at www.sciencedirect.com



EJSO 36 (2010) S27–S35

EJSO
the Journal of Cancer Surgery

www.ejso.com

Review

A systematic review and meta-analysis of the volume-outcome relationship in the surgical treatment of breast cancer. Are breast cancer patients better off with a high volume provider?[☆]

G.A. Gooiker^a, W. van Gijn^a, P.N. Post^c, C.J.H. van de Velde^a, R.A.E.M. Tollenaar^{a,*},
M.W.J.M. Wouters^{a,b}

^a Department of Surgery, Leiden University Medical Center, PO Box 9600, 2300 RC Leiden, The Netherlands

^b Department of Surgical Oncology, Netherlands Cancer Institute – Antoni van Leeuwenhoek hospital, Amsterdam, The Netherlands

^c The Dutch Institute for Healthcare Improvement, CBO, Utrecht, The Netherlands

Accepted 9 June 2010

... survival after breast cancer surgery is significantly better with high volume providers.

.... concentration of breast cancer treatment in a limited number of centres can be beneficial.





Med Care. 2015 Dec;53(12):1033-9. doi: 10.1097/MLR.0000000000000439.

Reexamining the Relationship of Breast Cancer Hospital and Surgical Volume to Mortality: An Instrumental Variable Analysis.

Pezzin LE¹, Laud P, Yen TW, Neuner J, Nattinger AB.

Hospital volume is associated with better survival among women with BC.

The magnitude of the potential improvement was substantial and comparable with the benefit conferred by many systemic therapies.

These findings highlight the importance of accounting for patient self-selection in volume-outcome analyses, and provide support for policy initiatives aimed at centralizing breast cancer care



Effects of multidisciplinary team working on breast cancer survival: retrospective, comparative, interventional cohort study of 13 722 women

BMJ

 OPEN ACCESS

Eileen M Kesson *project manager*^{1,4}, Gwen M Allardice *statistician*^{1,4}, W David George *school of medicine honorary professor*², Harry J G Burns *chief medical officer for Scotland*³, David S Morrison *director*⁴

Introduction of multidisciplinary care was associated with improved survival and reduced variation in survival among hospitals

18% lower breast cancer mortality at five years

BMJ 2012;344:e2718 doi: 10.1136/bmj.e2718

Published 26 April 2012



INDICATORI DI QUALITA'

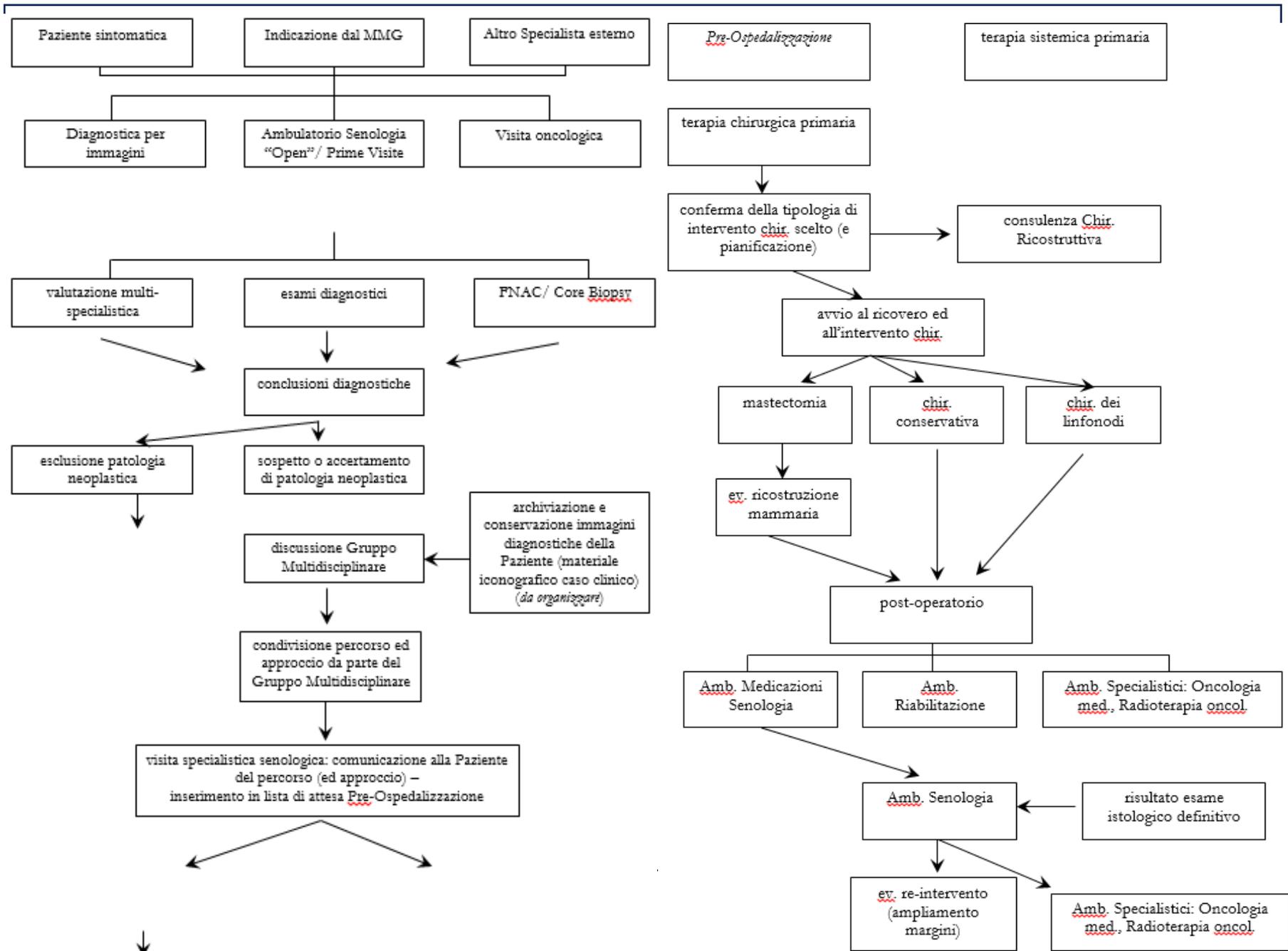
Appendice n.1

Tabella riassuntiva degli indicatori (definizione, livelli di evidenza e standard)

Definizione	Liv. di evidenza	Standard Mini mo %	Standard ottimale %
A: DIAGNOSI			
1. Proporzioni di casi di carcinoma mammario (invasivo o intraduttale) con una diagnosi pre-operatoria definitiva (CS o B5)	III	>= 80	>= 90
2.a Proporzioni di casi di carcinoma invasivo nei quali siano disponibili le informazioni relative a tipo istologico, grading, stato recettoriale ER/PR, stadio e dimensioni patologiche, stato recettori HER2, valore Ki67, presenza di invasione vascolare peritumorale, distanza minima dal margine libero	II	>= 90	>= 95
2.b Proporzioni di casi di carcinoma non invasivo nei quali siano disponibili le informazioni relative a tipo istologico, grading, dimensioni patologiche, distanza minima dal margine libero	II	>=90	>=95
3. Proporzioni di casi di carcinoma invasivo con valutazione preoperatoria con Risonanza Magnetica	IV	> 5	n.a.
4. Radiografia del pezzo operatorio in due proiezioni perpendicolari nei casi con sole micro calcificazioni:	IV	>= 90	>= 98
B: TEMPI DI ATTESA			
5.a inizio trattamento entro 30 giorni dalla indicazione terapeutica	IV	>= 75	>= 90
5b. inizio trattamento entro 42 giorni dal primo esame diagnostico			
5c. inizio trattamento entro 60 giorni dalla mammografia di screening			
C. CHIRURGIA			
6.a Unico intervento chirurgico per il trattamento del carcinoma invasivo (escludendo eventuali interventi ricostruttivi)	III	>=80	>=90
6.b Unico intervento chirurgico per il trattamento del carcinoma non invasivo (escludendo eventuali interventi ricostruttivi)	II	>=80	>=90

7. Almeno 10 linfonodi asportati nella dissezione ascellare (escluso sampling)	III	>=80	>=90
8. Esame solo del linfonodo/i sentinella nei casi che poi risulteranno pN0	II	>=80	>=90
9. Non esecuzione della dissezione ascellare (di qualsiasi livello, sampling incluso) nei carcinomi non invasivi	II	>=90	>=95
10. Asportazione di non più di 3 linfonodi nella procedura di esame dell'ascella con linfonodo sentinella	IV	>=80	>=90
11. Intervento conservativo in carcinomi invasivi fino a 3 cm (inclusa eventuale componente non invasiva)	II	>=70	>=90
12. Intervento conservativo in carcinomi in situ fino a 2 cm	II	>=80	>=90
D. RADIOTERAPIA			
13. Radioterapia dopo intervento conservativo	I	>=80	>=90
14. Radioterapia post- mastectomia nei casi pN2a+	I	>=80	>=90
E. TERAPIA MEDICA			
15. Nei casi in cui non si effettui una chemioterapia adiuvante il trattamento radioterapico dovrà essere effettuata entro 12 settimane dall'intervento chirurgico	I	>=80	>=90
16. Effettuazione di una terapia ormonale adiuvante nei casi di carcinomi invasivi edocrino-sensibili	I	>=80	>=90
17. Effettuazione di una chemio-terapia adiuvante nei casi di carcinomi invasivi ER-(T>1cm o N+)	I	>=80	>=90
18. Effettuazione di una terapia con Trastuzumab nei casi trattati con chemioterapia per carcinomi invasivi N+ or (N- T>1cm) HER2+	I	>=80	>=90
19. Effettuazione di una chemioterapia neo-adiuvante nei casi di carcinoma infiammatorio	I	>=80	>=90

PDTA



RX mammography

Breast Ultrasound

Breast specialist visit

Core biopsy

**OPEN SENOLOGY
CAMPUS BIOMEDICO of
ROME**

Monday and Thursday with urgent prescription of breast visit!

Without booking



<https://www.policlinicocampusbiomedico.it/news/lambulatorio-di-senologia-e-open-anche-nellemergenza-covid>



The New England Journal of Medicine

Copyright © 2002 by the Massachusetts Medical Society

VOLUME 347

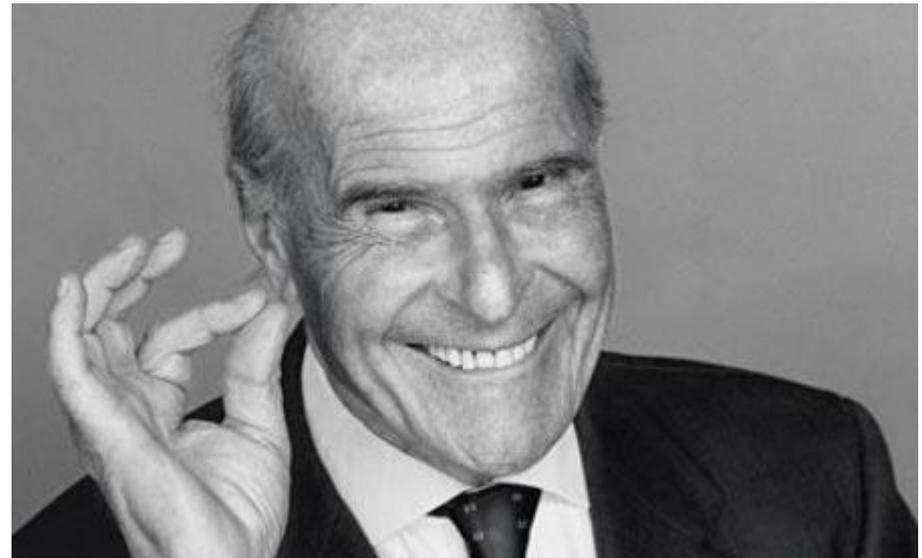
OCTOBER 17, 2002

NUMBER 16

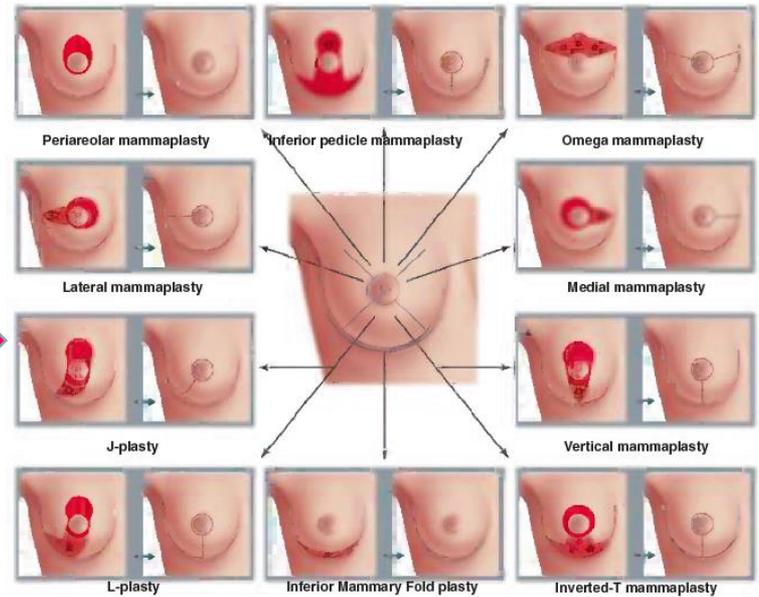
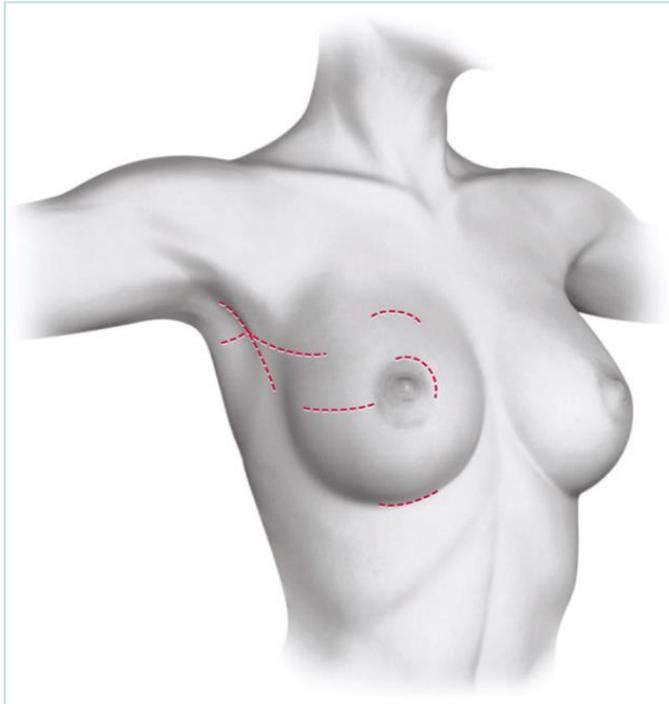


TWENTY-YEAR FOLLOW-UP OF A RANDOMIZED STUDY COMPARING BREAST-CONSERVING SURGERY WITH RADICAL MASTECTOMY FOR EARLY BREAST CANCER

UMBERTO VERONESI, M.D., NATALE CASCINELLI, M.D., LUIGI MARIANI, M.D., MARCO GRECO, M.D.,
ROBERTO SACCOZZI, M.D., ALBERTO LUINI, M.D., MARISEL AGUILAR, M.D., AND ETTORE MARUBINI, PH.D.



EVOLUTION OF BREAST CANCER TREATMENT



Oncoplastic surgery



Available online at www.sciencedirect.com

ScienceDirect

EJSO 42 (2016) 926–934

EJSO
the Journal of Cancer Surgery

www.ejso.com

Review

Oncoplastic breast conserving surgery: Volume replacement vs. volume displacement



M. Noguchi ^{a,*}, M. Yokoi-Noguchi ^a, Y. Ohno ^a, E. Morioka ^a,
Y. Nakano ^a, T. Kosaka ^b, T. Kurita ^c

^a Department of Breast and Endocrine Surgery, Kanazawa Medical University Hospital, Uchinada-daigaku, Ishikawa, Japan

^b Department of Surgical Oncology, Kanazawa Medical University Hospital, Uchinada-daigaku, Ishikawa, Japan

^c Breast Center, Yale Cancer Center, New Haven, CT, USA

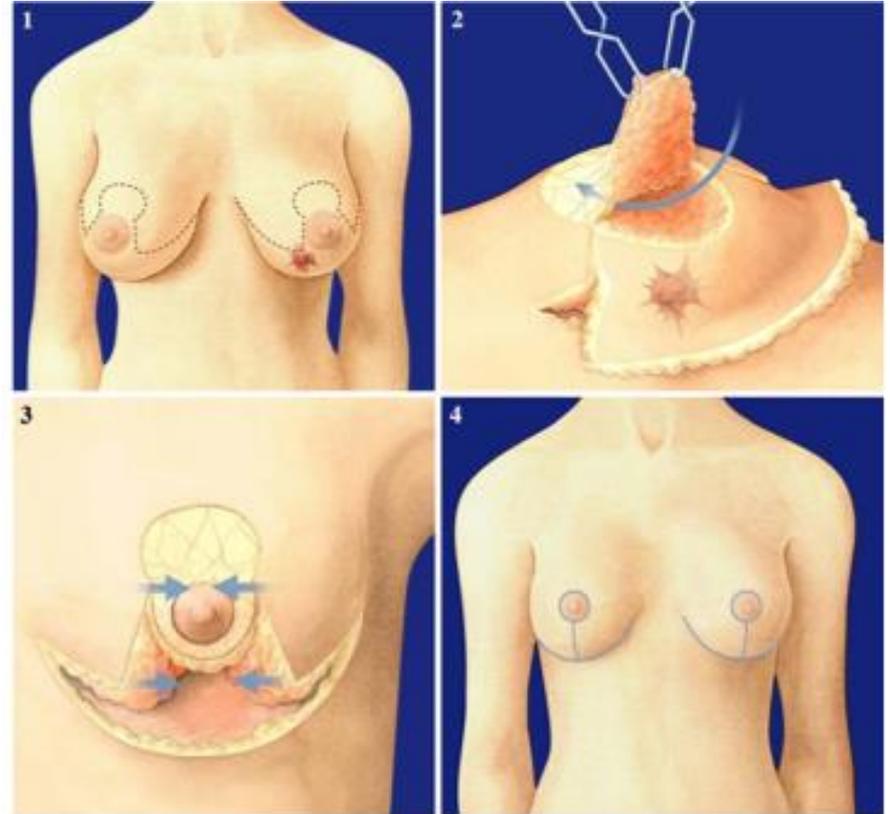
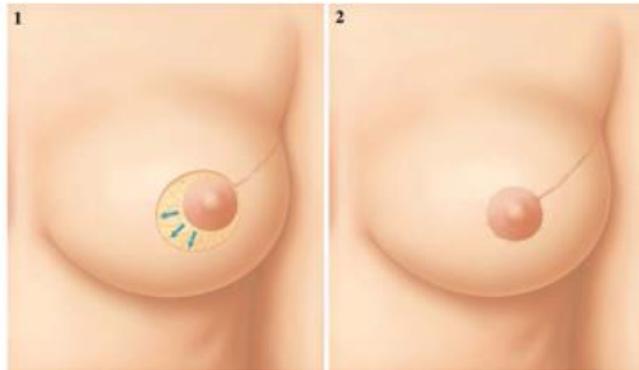
Accepted 19 February 2016
Available online 4 March 2016

1- Volume displacement

2-Volume replacement



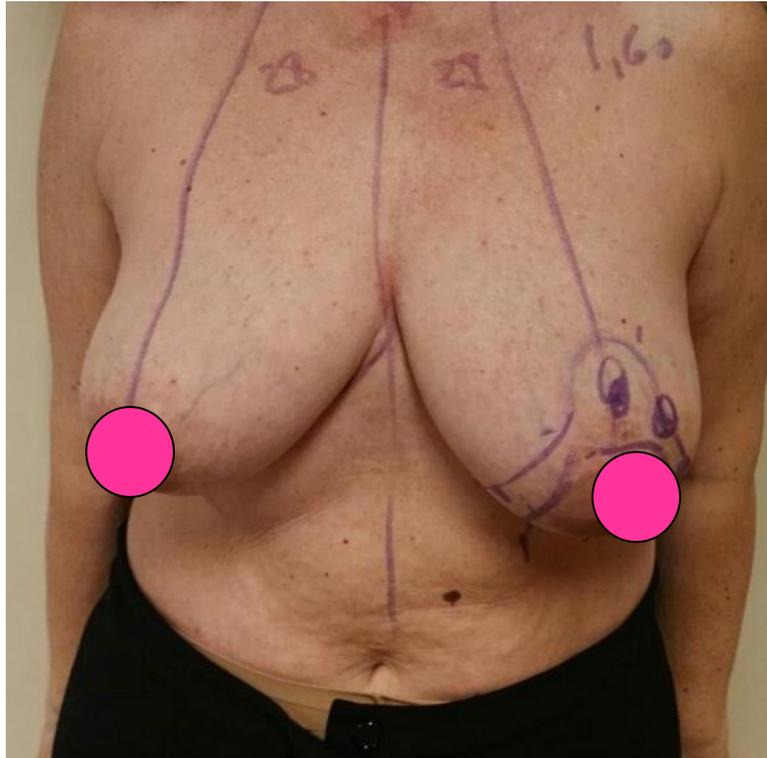
EVOLUTION OF BREAST CANCER TREATMENT



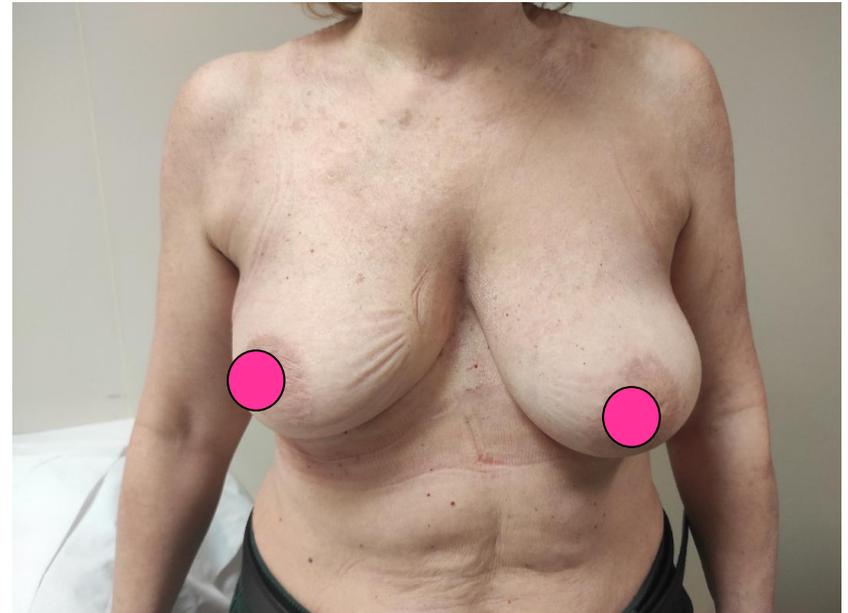
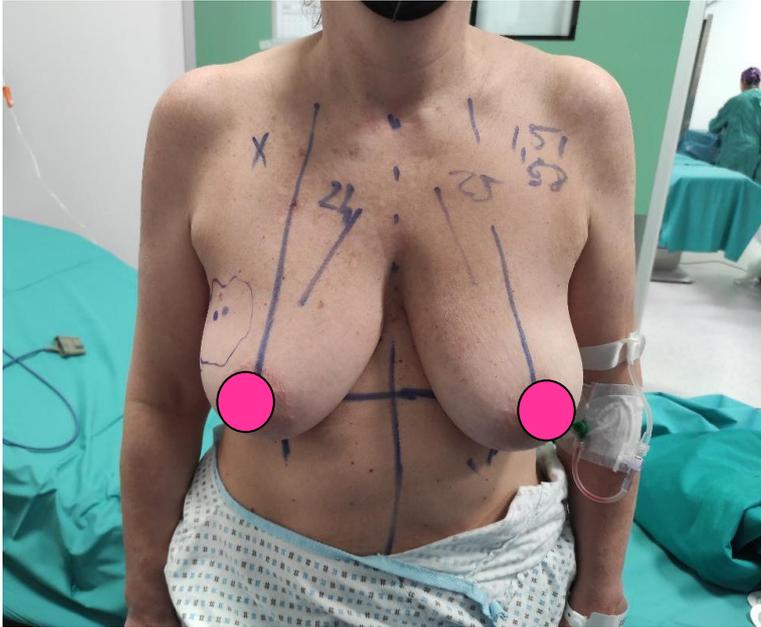
EVOLUTION OF BREAST CANCER TREATMENT



EVOLUTION OF BREAST CANCER TREATMENT



EVOLUTION OF BREAST CANCER TREATMENT





Italian ODA Funded Project

تم افتتاح وحدة سرطان الثدي

بدعم من مركز ELIS / الحكومة الإيطالية

Full Support from Associazione Centro ELIS - Università
Campus Bio-Medico Roma - Italian Agency for Development
Cooperation

في عهد معالي وزير الصحة / د. جواد عواد



1



3

Provision of the best technologies for breast cancer care

- Digital mammogram
- Tomosynthesis
- Dedicated Breast Ultrasound
- MRI
- Vacuum-assisted Core biopsy (stereotactic/ultrasound-guided biopsies)
- Sentinel node biopsy (nuclear medicine injection, intraoperative lymphatic mapping probe)
- Breast reconstruction (expander, prosthesis, flaps)

4

Staff mobility for Teaching and Training

Health professionals from Campus Bio-Medico will give support to Palestine physicians realizing **their own Breast Unit**

Breast surgeon

Plastic surgeon

Oncologist

Radiotherapist

Nurse



1 Workshop «Breast unit and evolution of breast cancer care»

Location: *Beit Jala Hospital*

Duration: 1 DAY

Relators:

Vice Health Minister

Oncologist

Pathologist

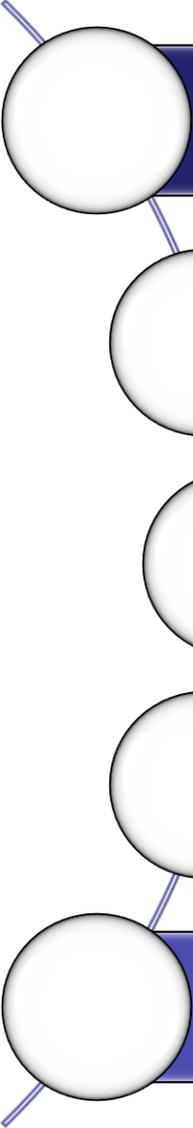
Chief of Breast Unit of Campus Bio-Medico

International guests



2 Medical Training at University Hospital Campus Bio-Medico

- Duration: 2 weeks
- Direct to health professionals of **Future Palestine Breast Unit** (Surgeon, Oncologist, Radiologist, Pathologist, Nurse)
- Admission to Wards and Operating Theatre
- Frontal lessons to focus the most important topics of breast cancer care



A new department to hospitalize women

US-guided oncoplastic surgery

New sentinel node technique SENTIMAG

II congress at Campus Bio-Medico in March 2019

Scientific study: early detection with core biopsy
(PROBE)

THE NEXT JOINT ITALIAN-PALESTINIAN CONGRESS IN ROME: MARCH 2019

Save
the
date

US-guided oncoplastic surgery

The role of the case manager in
the breast unit

Mammogram with Tomosynthesis
for the screening











3

Italian- Palestinian conference

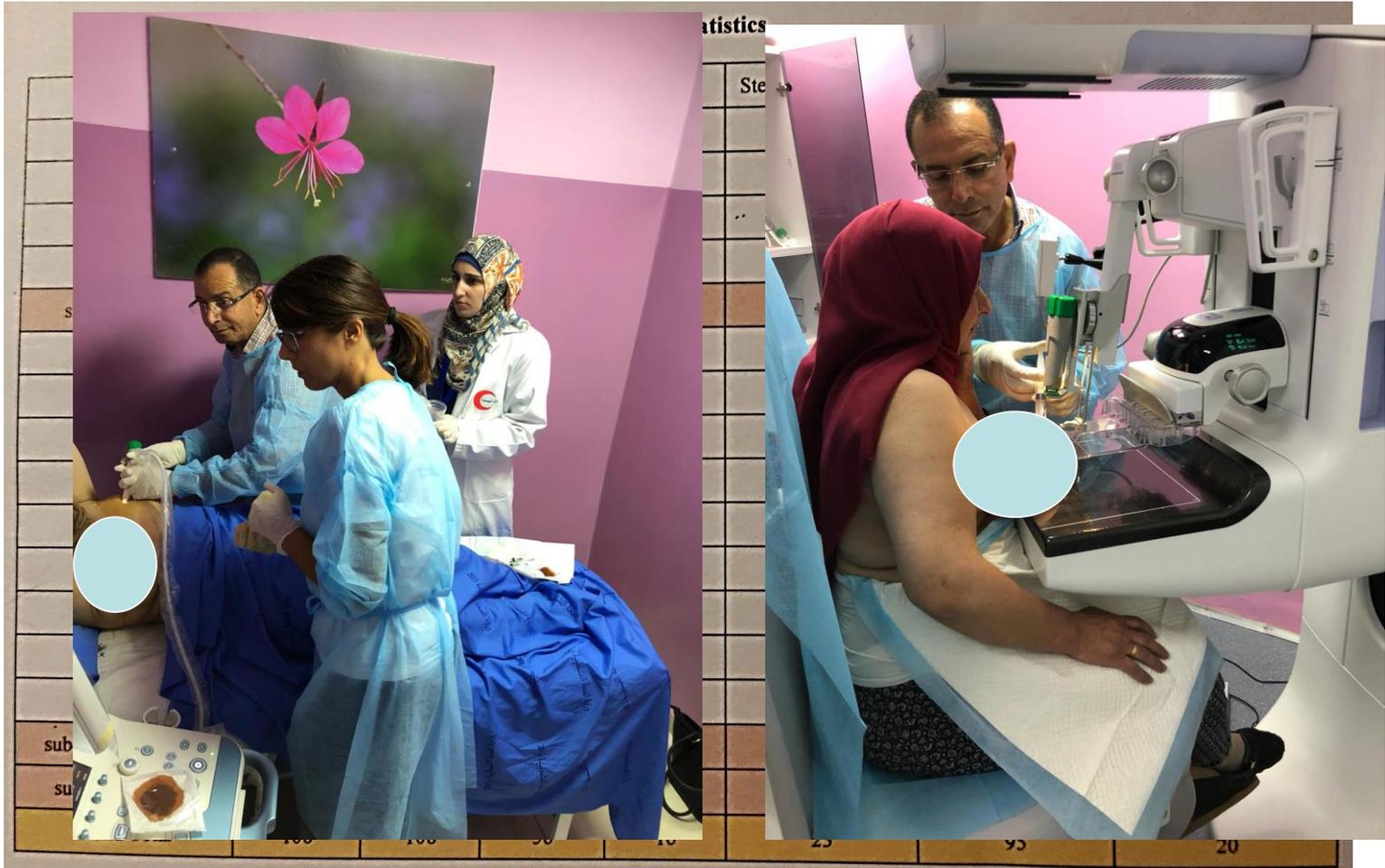
Bethlehem,
12-13th February 2018



2

Increased number of core biopsy for breast cancer diagnosis

Vacuum-assisted Core biopsy (stereotactic/ultrasound-guided biopsies)



1

New diagnostic equipment for early detection

- Digital mammogram and Tomosynthesis
- Dedicated Breast Ultrasound







CAMPUS BIO-MEDICO UNIVERSITY OF ROME
www.unicampus.it

Thank you very much for your attention



I wish you a very good day

