

BREAST UNIT

BEIT-JALA HOSPITAL

My paper will be short and synthetic; really I have only one slide to show, but let me say that this slide is the result and the synthesis of a common work in Beit-Jala of many many hours and days and based on papers and documents travelling from Palestine to Italy and back.

And I think that I can say that the two teams discussed a lot here in Beit-Jala or by mail, but always with the purpose to reach the best and more affordable solution in view of the specific finality of this cooperation program.

This is the lay-out of the Diagnostic Department of the breast unit in Beit-Jala Hospital.

This is the mammography room with a Tomosynthesis unit of the last generation (and I will explain the characteristics of this unit in a few words, and afterwards Dr Sammarra will show you the images).

The unit is similar to a traditional mammography system, but the technology is much much more advanced.

Very simply: instead of viewing the entire volume of a breast, with all his components in a flat (2 D) image, you may examine the tissues of the breast one millimeter at a time, slice after slice, without overlapping of different structures or tissues that may hide a small tumor or a distortion or microcalcifications.

The time for each exam is the same; the x-ray dose to the Patient is the same of a traditional mammography.

Very large statistics in Europe, USA, etc. have demonstrated that with this new technique you can detect a 40% more breast cancer; this improvement is higher for dense breasts (that usually means younger Patients), but covers also fatty breasts, that means more aged women.

But there are other important points:

The tomosintesis unit is equipped with a very precise and easy to use device to perform biopsies; there is also the possibility, in selected cases to make biopsies under ultrasound guide (and an Ultrasound Unit , complete with probes for breast, but also for abdomen (just in case) is already in site.

The room is almost ready to receive Tomosintesis unit, and this is planned for next month.

Finally, this breast unit can receive images from external units for a second opinion from the Doctors of the hospital, and can also send images to CBM in Rome for a let's say third opinion.

Planning the Diagnostic Department we have designed two different paths: one for out-patients that come from the waiting room, meet the Doctor and go to Tomosintesis and Ultrasound. And the other way, that is for in-patients and for the personnel of the hospital.

All this seems to be very functional.

We can archive all the images for many years in order to compare them with new exams of the Patients followed as screening in this centre; and every Patient is given a DVD with her own exam; we will not print on films, also for economic reasons.

Is this Diagnostic Department for screening or for diagnostic mammography? Is it for first or second level?

At the moment I don't have a sharp answer; no doubt that from a technical point of view it is possible to cover the two functions; the answer will follow from a general view of the health organization of the area.

One conclusion that I would propose is that for the screening of the breast pathology we have all the technical means that the international guide lines suggest.

Next step is the organization and training.

To close, a personal comment. This project has the characteristics of a pilot project: may be repeated for the breast in other locations of the Country, but may be an example for tumor of the lung or uterus or colon, etc.

Changing technical means of course, but not changing the spirit that has given life to the common action of the people that at various levels worked at this project.

Thanks to everybody for the friendship.