



BREAST CENTRES NETWORK

Synergy among Breast Units

★ AZ Groeninge - Kortrijk, Belgium

General Information



New breast cancer cases treated per year 250

Breast multidisciplinary team members 13

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

Clinical Director: Gracienne Staelens, MD

The breast unit of AZ Groeninge is made up of a specialized team of doctors and paramedics who closely cooperate: gynaecologists, oncologists, radiologists, radiotherapists, nuclear doctors, genetic counsellors, plastic surgeons, pathologists, nurses and clinical psychologists. Two specialized breast nurses offer the patients personalised support during the complete treatment.

The members of the breast unit gather on a weekly basis to discuss the patient files and to decide in mutual consultation on the best individual treatment, based on the most recent international guidelines and making use of the most modern techniques. The patient's GP is invited to these meetings in order to ensure the follow-up outside the hospital. A common patient file ensures the coordination of the provided care.

The breast nurses offer personalised psychosocial support. They can accompany the patient and her family from the very first diagnosis till the phases after treatment including support before and after surgery. They provide information on the course of the treatment and on many administrative and practical issues such as prosthesis, wigs, etc.

AZ Groeninge

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CERTIFICATION(S) ACCREDITATION(S)

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** 3
- Mammograms per year** 6500
- 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)

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)** 283
- Dedicated Breast Surgeons** 2
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 15
- 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
- Axillary sampling

Reconstructive/Plastic Surgery

Reconstructive/Plastic surgeons 1

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
- Remodellation by Breast Sparing Surgery

Pathology

Dedicated Breast Pathologists 3

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
- Ki 67 Expression

Medical Oncology

Dedicated Breast Medical Oncologists 2

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

Medical Students

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Supportive and palliative care by PST and unit "Ten Oever"

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

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From airport:

By car or public transportation: follow the directions to Ghent and then to Kortrijk.

By train:

Take the train to the centre of Kortrijk. There is only one railway station in Kortrijk. From there follow bus instructions.

By bus or sub-way/underground:

From the railway station, take bus n° 1 (direction Kinopolis) or 12 (direction Kinopolis / Rollegem).

By car:

Coming from Paris/Lille or from Ghent/Antwerp, take exit 2 (Kortrijk Zuid or Expo) on the E17. At the final roundabout before Expo, follow direction AZ Groeninge onto the President Kennedylaan.

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