



BREAST CENTRES NETWORK

Synergy among Breast Units

★ Alexander Monro Breast Cancer Hospital - Bilthoven, Utrecht, Netherlands

General Information



New breast cancer cases treated per year **320**

Breast multidisciplinary team members **19**

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

Clinical Director: **Marjolein de Jong**

The Alexander Monro Breast Cancer Clinic is the first specialized breast cancer clinic in the Netherlands. All care is concentrated in one organization, including diagnosis, operations (including reconstructions), chemotherapy, after-treatment and psychosocial support, physiotherapy and genetic counseling. This holistic approach is targeting patients' personal needs next to a comprehensive multidisciplinary approach. Twice a day the patient conditions are discussed by medical experts in the fields of radiology, (plastic) surgery, oncology, radiotherapy, nuclear medicine and pathology (and on demand anesthesiology, genetic counseling and physiotherapy). Our mission is to provide state-of-the-art personal breast cancer care with a focus on the patient and to set a new and remarkable higher level of quality in (breast) healthcare. • Instant access to care • Top level individualized service • Multidisciplinary • 24/7 availability The hospital is proud to state that quality results on the medical performance are among the highest of Dutch hospitals. The patient score of 9.8 in overall satisfaction indicates the hospital provides high quality and excellent treatment.

Alexander Monro Breast Cancer Hospital

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CERTIFICATION(S) ACCREDITATION(S)

ZKN accreditation

Expiration date: 15 February 2022

Image: ZKN accreditation

Kiwa Nederland

This Centre has notified to be certified and, as such, been requested to upload the certification document for further information. When the certification document/s is/are provided, it is/they are made available hereafter.

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** 4
- 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)
- Tomography, 3D Ultrasound, E-nose

Available work-up imaging equipment

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

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)** 388
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 10
- Breast Nurse specialists** 4
- 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** 4
- 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/ LICAP

Pathology

- Dedicated Breast Pathologists** 4

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
- angio-invasion

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)

Whole-Breast RT (WBRT), Partial Breast Irradiation (PBI); External Location

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

Anesthesiology, Nuclear Medicine, Physiotherapy

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

DEXA scan, MUGA

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Psychotherapy (Helen Dowling Institute), Job Reintegration

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

Marjolein de Jong	Clinical Director	info@alexandermonro.nl	+31-30 2250910
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Radiology

Femme Zijlstra	Radiologist	info@alexandermonro.nl	+31-30 2250910
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Breast Surgery

Miranda Ernst	Surgeon	info@alexandermonro.nl	+31-30 2250910
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Reconstructive Surgery

Daniëlle Derks	Plastic Surgeon	info@alexandermonro.nl	+31-30 2250910
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Pathology

Paul van Diest	Pathologist	info@alexandermonro.nl	+31-30 2250910
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Medical Oncology

Johanna (Anja) Timmer-Bonte	Medical Oncologist	info@alexandermonro.nl	+31-30 2250910
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Radiotherapy

Joeke Felderhof	Radiotherapist		
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How to reach us



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From airport:

The Alexander Monro Breast Cancer hospital is located in the Berg & Bosch area. It can be easily reached by car.

By train:

If you travel by public transport, you can take the train to Bilthoven train station.

By bus or sub-way/underground:

Bus 258 or bus 58 (direction Hilversum) will take you from Bilthoven train station to the Berg & Bosch area.

The best connection can be found via www.9292.nl

By car:

If you travel by car you can easily follow the sign postings at the Berg & Bosch area that will lead you to Parking nr 9.

Last modified: 05 June 2017