



BREAST CENTRES NETWORK

Synergy among Breast Units

★ CHU UCL Namur, site Sainte Elisabeth - Namur, Belgium

General Information



New breast cancer cases treated per year 273

Breast multidisciplinary team members 19

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

Clinical Director: Donatienne Taylor, MD

Our breast clinic has been working for more than 20 years in a multidisciplinary way though it was officially established in 2004. List of clinicians, meeting twice a week: - 4 breast surgeons (plus colleagues); - 5 plastic surgeons; - 6 radiation oncologists breast oriented; - 6 medical oncologists; - 4 breast radiologists; - 3 nuclear medicine physicians; - 2 pathologist; - 2 breast nurse; - 6 psychologist; - residents in many specialties. Structural collaborations with collaborative multidisciplinary discussions with the other hospitals of the City: CHU UCL Namur site Godinne and Dinant, Clinique St Luc Bouge, locally at CHR Sambre et Meuse

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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** 5
- Mammograms per year** 8500
- 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)
- Scinti Mammography

Available work-up imaging equipment

- Computer Tomography
- Ultrasound
- Magnetic Resonance Imaging (MRI)
- PET/CT scan
- Echo Guided Nodal Ponction, Echo Second Look Post MRI

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)** 222
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 12
- 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** 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

Pathology

- Dedicated Breast Pathologists** 2

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)
- Mapquant

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
- Tumor Location, Present in OR and at Discussions

Medical Oncology

- Dedicated Breast Medical Oncologists** 5
- 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)

Prone Irradiation, Breath Hold

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

Secretary, Data-management

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

Sentinel Node

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Aesthetician, Massages

Genetic Counselling

Specialist Providing Genetic Counselling/Risk assessment service:

Dedicated Clinical Geneticist

Medical Oncologist

Breast Surgeon

General Surgeon

Gynaecologist

internal and external genetic counseling

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:

Ring direction Namur. Highway E411 direction Namur. Exit 'Namur Nord- Bouge', straight on the right. At the first roundabout (Place Léopold) follow indications to the station, first exit on the right, straight, direction Charleroi. After the tunnel, follow signs towards 'Clinique Sainte Elisabeth'.

By train:

Namur is reachable by train from Arlon, Brussels, Charleroi, Liège, Mons. The Clinique Sainte Elisabeth is reachable from the city either by Bus n. 5 or by taxi or car (5 minutes).

By bus or sub-way/underground:

Bus from the station: Number 5.

By car:

Direction Namur, at the first roundabout (Place Léopold) follow indications to the station, first exit on the right, straight, direction Charleroi. After the tunnel, follow signs towards 'Clinique Sainte Elisabeth'.

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