



BREAST CENTRES NETWORK

Synergy among Breast Units

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Centre Oscar Lambret - Lille Cedex, France

General Information



New breast cancer cases treated per year

1000

Breast multidisciplinarity team members

31

Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and

Clinical Director: Jacques Bonneterre

The Breast Unit of the Centre Oscar Lambret, the Regional Comprehensive Cancer Centre in the Northern part of France, has the following main goals: • to develop new equipments and treatment strategies, such as oncoplastic procedures, sentinel node biopsy, new drugs development; • to develop new diagnostic procedures such as percutaneous biopsy, magnetic resonance, positron emission tomography; • to participate to national and international trials; • to be in charge of the initial and continuous education on Breast Diseases for students as well as for specialists.

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Available services

- ✓ Radiology
- ✓ Breast Surgery
- ☑ Reconstructive/Plastic Surgery
- ✓ Pathology
- Medical Oncology

✓ Clinical Research

✓ Radiotherapy

- ✓ Nuclear Medicine
- Rehabilitation
- M 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
 ✓ Mammograms per year
 ✓ State of the state o
- Available imaging equipment

 Mammography
 Ultrasound
 Magnetic Resonance Imaging (MRI)
 tomosynthesis, angiomammography

 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
Core Biopsy
Vacuum assisted biopsy

Breast Surgery

- ✓ New operated cases per year (benign and malignant) 1150

 ✓ Dedicated Breast Surgeons
 6

 ✓ Surgeons with more than 50 surgeries per year
 7

 ✓ Breast Surgery beds
 20

 ✓ Breast Nurse specialists
 12

 ✓ 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

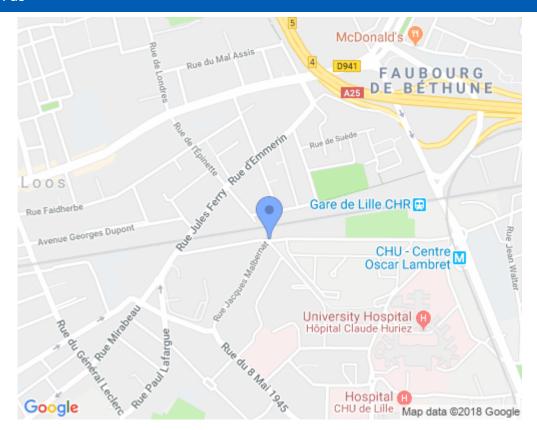
■ Axillary sampling

Reconstructive/Plastic Surgery Reconstructive/Plastic surgeons Type of breast reconstructive surgery available Immediate Reconstruction 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 Other special studies available Available studies ✓ Fluorescence in-situ Hybridization for HER-2 gene (FISH) Cytology Oncotype Dx (21-gene assay) ✓ Haematoxylin & eosin section (H&E) ☐ MammaPrint (70-gene microarray) ✓ Surgical specimen Prediction Analysis of Microarray 50-gene set (PAM 50) ✓ Sentinel node Parameters included in the final pathology report Core biopsy ✓ Pathology stage (pT and pN) ✓ Frozen section (FS) ✓ Tumour size (invasive component in mm) ✓ Surgical specimen Mistologic type ✓ Sentinel node ✓ Tumor grade Immunohistochemistry stain (IHC) ✓ ER/PR receptor status Estrogen receptors ✓ HER-2/neu receptor status Progesterone receptors Peritumoural/Lymphovascular invasion ☑ HER-2 Margin status ✓ Ki-67 **Medical Oncology** ✓ Dedicated Breast Medical Oncologists 5 Outpatient systemic therapy Clinical Research

adiotherapy	
✓ 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
	\square Targeted brachytherapy (MammoSite, SAVI applicator, other devices)
	\square Intra-operative RT (IORT)
Iultidisciplinary Meeting (MDM) / Tumour Board ((ТВ)
Regular MDM/TB for case management discussion	Specialties/services participating in MDM/TB
Twice a week	☑ Radiology
✓ Weekly	✓ Breast Surgery
Every two weeks	✓ Reconstructive/Plastic Surgery
Other Schedule	✓ Pathology
Cases discussed at MDM/TB	✓ Medical Oncology
Cases discussed at Midim/16	✓ Radiotherapy
□ Preoperative cases☑ Postoperative cases	✓ Genetic Counselling
	Breast Nurse Service
	Psycho-oncology
urther Services and Facilities	
Nuclear Medicine	Genetic Counselling
✓ Lymphoscintigraphy	Specialist Providing Genetic Counselling/Risk assessment service:
☑ Bone scan	✓ Dedicated Clinical Geneticist
Positron Emission Tomography (PET)	☐ Medical Oncologist
☑ PET/CT scan	☐ Breast Surgeon
Rehabilitation	General Surgeon
✓ Prosthesis service	Gynaecologist
✓ Prostnesis service✓ Physiotherapy	✓ Genetic Testing available
✓ Physiotherapy✓ Lymph-oedema treatment	✓ Genetic resting available ✓ Surveillance program for high-risk women
M Lymph-oedema treatment	Data Management
	✓ Database used for clinical information
	Data manager available
	— Data manager available

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From airport:

The nearest airport is Lesquin.

By train:

From Paris or Brussels or London by Eurostar or TGV to Lille Station (every hour from Paris).

By bus or sub-way/underground:

From Lille Flandres Station: metro line 1 (direction CHRB-Calmette), exit CHR-Oscar Lambret)

By car:

From the Highways:

- if you arrive from A1, A27 (Valenciennes, Arras, Paris, Lesquin Airport), E1 (Bruxelles), E41 (Liège), exit Centre Hospitalier 4;
- if you arrive from A25, E42 (Dunkerque, Bethune), exit Centre Hospitalier.

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