



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ University Hospital Ghent - Ghent, Belgium

### General Information



**New breast cancer cases treated per year** 305

**Breast multidisciplinary team members** 14

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

**Clinical Director:** Rudy Van den Broecke, MD, PhD

The University Hospital is a 900 bed facility which provides tertiary care to the whole region of Flanders. Within the department of Gynaecologic Oncology, a long existing interest in breast disease led to the development of a multidisciplinary breast unit, dedicated not only to the diagnosis and treatment of malignant disease, but with a keen interest in all aspects of senology. The activity of our multidisciplinary team involves daily outpatient clinics for women who are referred by their general practitioners or who are anxious because of certain senological problems.

### University Hospital Ghent

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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** 2
- Mammograms per year** 10000
- 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)
- elastography

**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)** 380
- Dedicated Breast Surgeons** 3
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 10
- Breast Nurse specialists** 3
- 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
- oncoplastic surgery

**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)
- array protocols under study

**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
- DCIS components

**Medical Oncology**

- Dedicated Breast Medical Oncologists** 3
- 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)

hypofractionation

## 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

## Further Services and Facilities

**Nuclear Medicine**

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

**Rehabilitation**

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Cosmetic support

**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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**Radiology**

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**Breast Surgery**

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**Reconstructive Surgery**

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**Pathology**

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**Medical Oncology**

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**Radiotherapy**

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How to reach us



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**From airport:**

Follow the highway (E40) to Ghent as indicated. In proximity of Ghent, change direction to Antwerp (E17). The exit (number 9) to the University hospital is indicated.

**By train:**

Take the train to Ghent (St. Pieters station).

**By bus or sub-way/underground:**

Sint-Pieters station is situated in the immediate surrounding area of our hospital. The local bus and tramway company (De Lijn) has introduced a bus route (n. 65) and a tramway (n. 21 - n. 22) between Sint-Pieters station and the hospital. Tramway n. 21 goes to Melle-Leeuw and n. 22 to Gentbrugge. Bus routes 5 (Heuvelpoort, Tolpoort, Van Beverenplein and Zwijnaarde Hekers) ensure direct connection with the hospital.

**By car:**

THROUGH THE MOTORWAYS E40 AND E17 (through 'Zwijnaarde' interchange): motorway E40 (Oostende-Brussel) is connected to the E17 (Antwerpen-Kortrijk). There is a special exit n. 9 'Universitair

Ziekenhuis' or 'UZG' on the E17. THROUGH THE TOWN: in and around the town signs have been placed on the main crossroads.

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