

BREAST CENTRES NETWORK

Synergy among Breast Units

University of Szeged - Dept. of Oncotherapy - Szeged, Hungary

General Information



New breast cancer cases treated per year 350

Breast multidisciplinarity team members 19 Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Our Breast Unit was founded in 1999 based on the integration of teams of different departments that managed breast diseases. The Unit performs more than 250 breast cancer surgeries per year applying isotope-guided (ROLL)or rarely wire-guided excision of non-palpable tumours, sentinel lymph node biopsy with isotope and blue dye labelling, primary or delayed prosthesis implantation with the co-operation of a trained plastic surgeon. Medical treatments and radiotherapy are performed according to local protocols based on international guidelines or alternatively, in clinical studies. Different research fields are active, both as a multidisciplinar programs, and at the specific institutes. Graduate and post-graduate educational programs are ongoing. The biennial Szeged Breast Cancer Symposium is organized by the Breast Center. International and national cooperations are active in all fields. Recently a molecular genetics team has set off, and multigene assays are used for treatment of advanced/metastatic breast cancer after the multidisciplinary discussion of the case. More and more, individualized teratments are applied in all settings.

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Available services

Radiology Vuclear Medicine Social Workers Rehabilitation **W** Nutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Genetic Counselling Survivorship Groups Z Data Management Sexual Health Counselling **Pathology** Psycho-oncology Supportive and Palliative Care Medical Oncology **Radiotherapy** Breast Nurses Integrative Medicine Radiology **V** Dedicated Radiologists 2 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 6000 Mammography **W** Breast radiographers Stereotactic Biopsy (Mammography VItrasound Screening program quided) Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for non-palpable breast lesions Vacuum assisted biopsy V PET/CT on specimen 🗹 Ultrasound-guided biopsy Available work-up imaging Axillary US/US-guided equipment Fine-needle aspiration biopsy **FNAB** (FNAB, cytology) Computer Tomography Clinical Research 🗹 Core Biopsy VItrasound Vacuum assisted biopsy Magnetic Resonance Imaging (MRI) MRI-guided biopsy V PET/CT scan Core Biopsy Primary technique for localizing Vacuum assisted biopsy non-palpable lesions Hook-wire (or needle localization) Charcoal marking/tattooing ROLL: radio-guided occult lesion localization

Breast Surgery

- New operated cases per year (benign and malignant) 350
 Dedicated Breast Surgeons 3
 Surgeons with more than 50 surgeries per year 3
 Breast Surgery beds 6
 Breast Nurse specialists 5
 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 Type of breast reconstructive surgery available |
|--------------------------------------|--|
| ✓ Immediate Reconstruction available | |
| | M 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 |
| | Z Transverse rectus abdominis (TRAM) |
| | Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.) |
| | Surgery on the contralateral breast for symmetry |
| | Sethetic surgery |

Pathology

| Dedicated Breast Pathologists | 3 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 | 🗹 topo-2-alpha IHC | |
| 🗹 Core biopsy | Parameters included in the final pathology report | |
| Frozen section (FS) Surgical specimen | Pathology stage (pT and pN) | |
| Sentinel node | 🗹 Tumour size (invasive component in mm) | |
| V Immunohistochemistry stain (IHC) | Mistologic type | |
| Strogen receptors | 🗹 Tumor grade | |
| V Progesterone receptors | R/PR receptor status | |
| ₩ HER-2 | HER-2/neu receptor status | |
| ✓ Ki-67 | Z Peritumoural/Lymphovascular invasion | |
| | Margin status | |
| | \swarrow topo-2-alpha IHC status, multifocality, growth pattern, tumor extension, presence of DCIS | |

Medical Oncology

V Dedicated Breast Medical Oncologists

3

Outpatient systemic therapy

Clinical Research

Radiotherapy

Dedicated Radiation Oncologists

V 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 radiotherapy, IGRT, IMRT

Multidisciplinary Meeting (MDM) / Tumour Board (TB)

| 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 | V Pathology |
| Cases discussed at MDM/TB | Medical Oncology |
| Preoperative cases | Radiotherapy |
| | Genetic Counselling |
| | Marcast Nurse Service |
| | Psycho-oncology |
| | Vuclear Medicine Specialist |

Further Services and Facilities

Nuclear Medicine

- Lymphoscintigraphy
- 🗹 Bone scan
- 🗹 Positron Emission Tomography (PET)
- V PET/CT scan

Rehabilitation

- V Prosthesis service
- V Physiotherapy
- ✓ Lymph-oedema treatment

Genetic Counselling

Specialist Providing Genetic Counselling/Risk assessment service:

- Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Clinical geneticist at the Dept Medical Genetics
- Senetic Testing available
- Surveillance program for high-risk women

Data Management

- ✓ Database used for clinical information
- 🗹 Data manager available

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| Contact details Radiology | | | | | |
|---------------------------|----------------------------------|---------------------------------|---------------|--|--|
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How to reach us



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From airport:

Szeged may be directly reached from Ferihegy Airport via E75, M5 by car. Another option is to take the train at the Railway Station Ferihegy Airports I.

By train:

Szeged from Budapest, may be reached by train from Nyugati Station in Budapest or from Ferihegy Airport. Trains depart every hour, and it takes h.2.30 to reach Szeged.

By bus or sub-way/underground:

Buses from Budapest to Szeged, depart from the Central Bus Station in Budapest.

By car:

Szeged may be reached by car via E75, M5 in h.1.30. **Last modified:** 18 May 2016