



BREAST CENTRES NETWORK

Synergy among Breast Units

★ Canisius Wilhelmina Ziekenhuis - Nijmegen, Netherlands

General Information



New breast cancer cases treated per year 327

Breast multidisciplinary team members 19

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

Clinical Director: Luc Strobbe, MD, PhD

The Nijmegen Breast Unit (Canisius Hospital) is one of the largest BU in the eastern part of the Netherlands. We focus on patient-centered, quality-driven care and cure. If possible a one-stop shop diagnosis and treatment planning is provided. Four breast care nurses, four breast radiologists, dedicated pathologists and three breast surgeons provide the patient with up to date information, complete diagnosis and integrated therapy. Sentinel node biopsy is routinely performed. Breast conserving surgery is increasingly using oncoplastic principles. I-125 seed localization and peroperative US are standard of care. Immediate breast reconstruction is routinely offered when ablative therapy is indicated. All cases are discussed in a multidisciplinary panel prior to primary treatment and again after surgical treatment. Radiation treatment is given in close cooperation with the Radboudumc. All modalities of systemic treatment can be offered, including neo-adjuvant and herceptin. Attention is given to optimal hormonal treatment. In this field we participate(d) in several clinical trials. Great care is given to the patient as a person in relation to her environment.

Canisius Wilhelmina Ziekenhuis

Weg door Jonkerbos 100

6532 SZ Nijmegen,

Phone: +31243658720

Fax: +31243658725

E-mail: ljastrobbe@cwz.nl

Web-site: www.cwz.nl

CERTIFICATION(S) ACCREDITATION(S)

Pink Ribbon

Expiration date: 03 October 2016

Borstkanker vereniging 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** 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)
- ✓ digital tomomammography

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)** 367
- ✓ **Dedicated Breast Surgeons** 4
- ✓ **Surgeons with more than 50 surgeries per year** 3
- ✓ **Breast Surgery beds** 7
- ✓ **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** 3
- 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

Pathology

- Dedicated Breast Pathologists** 3

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
- DCIS

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)

axillary RT as alternative to ALND, hyperthermia

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

nuclear medicine

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

integral exercise & reintegration program

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

Luc Strobbe, MD, PhD	Surgical Oncologist / Breast Surgeon	ljastrobbe@cwz.nl	+31243658720
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Radiology

Dick Venderinck	Senior Breast Radiologist	d.venderinck@cwz.nl	+31243657464
Lucien Duijm, MD, PhD	Breast Radiologist	l.duijm@cwz.nl	+31243657464
Marieke Vermaat, MD	Staff Radiologist	m.vermaat@cwz.nl	

Breast Surgery

Luc Strobbe, MD, PhD	Surgical Oncologist / Breast Surgeon	ljastrobbe@cwz.nl	+31243658720
Frits vanden Wildenberg, MD	Surgical Oncologist / Breast Surgeon	f.v.d.wildenberg@cwz.nl	+31243658720
Mariel Keemers-Gels, MD, PhD	Surgical Oncologist / Breast Surgeon	m.keemers@cwz.nl	+31243658720
Margrethe Schlooz, MD	Breast Surgeon	M.Schlooz-Vries@cwz.nl	+31243658720

Reconstructive Surgery

Erwin Heine, MD	Staff Surgeon	e.heine@cwz.nl	+31243657657
Jan Fabr�, MD	Staff Plastic Surgeon	j.fabe@cwz.nl	

Pathology

Carla Wauters, MD, PhD	Senior Pathologist	c.wauters@cwz.nl	+31243658514
Saskia van den Berg, MD, PhD	Staff Pathologist	s.vdberg@cwz.nl	
Willem Vreuls, MD	Staff Pathologist	w.vreuls@cwz.nl	

Medical Oncology

Caroline Mandigers, MD, PhD	Medical Oncologist / Hematologist	C.mandigers@cwz.nl	+31243658740
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Radiotherapy

Hanneke Meijer, MD, PhD	Breast Radiation Oncologist	hanneke.meijer@radboudumcn.nl	+31243611111
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How to reach us



Canisius Wilhelmina Ziekenhuis

Weg door Jonkerbosch 100

6532 SZ Nijmegen,

Phone: +31243658720

Fax: +31243658725

E-mail: ljastrobbe@cwz.nl

Web-site: www.cwz.nl

By train:

Train to Nijmegen Centraal station.

From there by bus to CWZ.

By bus or sub-way/underground:

Bus stop 'CWZ'.

By car:

In Nijmegen, follow signs 'CWZ'

Last modified: 18 October 2016