



BREAST CENTRES NETWORK

Synergy among Breast Units

★ Centre Hospitalier Universitaire du Sart-Tilman - Liège, Belgium

General Information



New breast cancer cases treated per year 250

Breast multidisciplinary team members 24

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

Clinical Director: [Guy Jerusalem, MD, PhD](#)

The multidisciplinary Breast Team of the University Hospital in Liège is working according to the national and European regulations. About 250 new cases of breast cancer are treated each year in the centre. The majority of the team are specialists dedicating most of their time to breast diseases. Our breast unit offers all different steps for the diagnosis and treatment of breast cancer. The breast unit is highly active including in phase 1,2 and 3 trials in medical oncology.

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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** 7
- 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)
- breast thomosynthesis

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)** 280
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 4
- 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** _____ 5
- ✓ **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** _____ 4

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

Medical Oncology

- ✓ **Dedicated Breast Medical Oncologists** _____ 6
- ✓ **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)

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

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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How to reach us



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From airport:

By train to Liège main station (Guillemins) and then by bus or taxi, car (+/- 100km).

By train:

Liège is reachable by train (Guillemins train station) from Brussels; the CHU is reachable from the city either by Bus n. 48 or by taxi or car (10 minutes).

By bus or sub-way/underground:

Bus line number 48 from the city center or from the main train station.

By car:

From Aachen (E40), Antwerpen (E313), Brussels (E40) and from Maastricht (E25), follow indications Ring E25 Luxembourg and Liège A602. Going out from Liège, follow Luxembourg (E25), take exit n. 40 (Embourg). Follow 'Sart-Tilman Ulg CHU'.

From Wallonia motorway (E42), take exit A604 (Seraing). Before crossing la Meuse river, take exit n. 4, direction n. 617 Liège. Follow this direction on the left side of Meuse river, until Ougrée bridge. Then follow 'Sart-Tilman Ulg CHU'.

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From Luxembourg (E25), exit n. 40 (Embourg). Follow 'Sart-Tilman Ulg CHU'.

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