

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Cliniques universitaires Saint-Luc / Institut Roi Albert II -Brussels, Belgium

### **General Information**



New breast cancer cases treated per year	310
Breast multidisciplinarity team members	21
Radiologists, surgeons, pathologists, medical oncologists, radiothera	nists and
nurses	

Our breast unit was established in October '98 and has been working in a multidisciplinary setting since then. Our team is comprised of breast surgeons, medical oncologists, radiotherapists, pathologists, plastic surgeons, geneticists, breast nurses, psychologists, physiotherapists, research coordinators, social workers, etc. We treat over 350 breast cancer patients every year, a steep increase from the initial 150 new breast cancer cases treated in 1998. Despite this high volume of patients, our aim is always to keep the patients at the centre of our attention and provide them with the best possible quality care. The clinical outcomes of our patients are ranked among the best in the country, and we continuously try to improve the level of care by taking part in numerous scientific studies. We understand that having a diagnosis of breast cancer is very hard on patients and systematically offer them psychological support and exercise medicine therapy. We have a wellness centre which is open to all our patients. Finally, hypnosis is proposed for the different breast cancer treatment modalities, e.g. hypnosis sedation for surgery and hypnorelaxation for surgery and chemotherapy.

# Cliniques universitaires Saint-Luc / Institut Roi Albert II

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## CERTIFICATION(S) ACCREDITATION(S)

## BCCERT - Breast Centres Certification Expiration date: 29 October 2024



<u>Certification document (original lang.)</u> <u>Certification document (eng lang.)</u> Cliniques universitaires Saint-Luc / Institut Roi Albert II

### Available services

Radiology Vuclear Medicine Social Workers Rehabilitation Mutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Senetic Counselling Survivorship Groups **Pathology** Z Data Management Sexual Health Counselling Psycho-oncology Supportive and Palliative Care Medical Oncology **Radiotherapy** Mareast Nurses Manual Integrative Medicine Radiology **V** Dedicated Radiologists 3 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 10000 Mammography 🗹 Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Screening program Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for Vacuum assisted biopsy Available work-up imaging non-palpable breast lesions equipment 🗹 Ultrasound-guided biopsy on specimen Fine-needle aspiration biopsy Computer Tomography Axillary US/US-guided (FNAB, cytology) **V**Itrasound **FNAB** Core Biopsy Magnetic Resonance Imaging (MRI) Clinical Research Vacuum assisted biopsy V PET/CT scan MRI-guided biopsy Primary technique for localizing Core Biopsy non-palpable lesions Vacuum assisted biopsy Hook-wire (or needle localization) Charcoal marking/tattooing ROLL: radio-guided occult lesion localization

### **Breast Surgery**

New operated cases per year (benign and malignant)	355
V Dedicated Breast Surgeons	2
Surgeons with more than 50 surgeries per year	2
☑ Breast Surgery beds	15
🗹 Breast Nurse specialists	8
☑ 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 surgeons	3	Type of breast reconstructive surgery available
Immediate Reconstruction available		Type of broad reconstructive surgery available
		Remodelling after breast-conserving surgery
		🗹 Reconstruction after mastectomy:
		$\mathbf{M}$ 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.)

# Pathology

Z Dedicated Breast Pathologists 2	Other special studies available
Available studies	V 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
✓ Frozen section (FS)	Pathology stage (pT and pN)
Surgical specimen	🗹 Tumour size (invasive component in mm)
Sentinel node	🗹 Histologic type
☑ Immunohistochemistry stain (IHC)	🗹 Tumor grade
Strogen receptors	Server and the status Server and the
Progesterone receptors	MER-2/neu receptor status
V HER-2	Meritumoural/Lymphovascular invasion
✓ Ki-67	Margin status

# Medical Oncology

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V 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	Specialties/services participating in MDM/TB
Twice a week	Z Radiology
🗹 Weekly	V Breast Surgery
Every two weeks	Reconstructive/Plastic Surgery
Other Schedule	Z Pathology
Cases discussed at MDM/TB	Medical Oncology
	🗹 Radiotherapy
Preoperative cases	Senetic Counselling
Postoperative cases	V Breast Nurse Service
	Z Psycho-oncology

### **Further Services and Facilities**

#### **Nuclear Medicine**

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

#### Rehabilitation

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

### **Genetic Counselling**

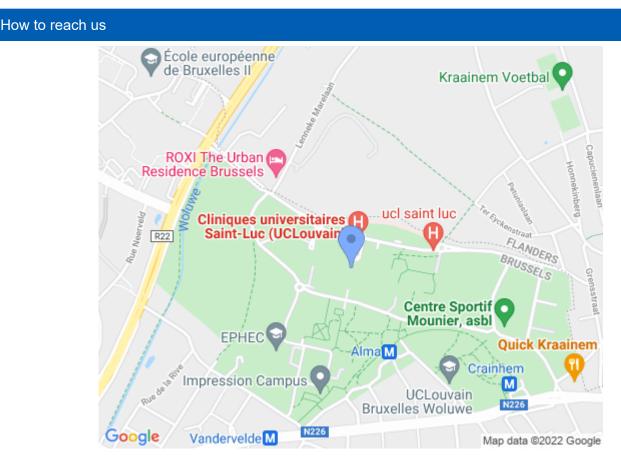
Specialist Providing Genetic Counselling/Risk assessment service:

- V Dedicated Clinical Geneticist
- Medical Oncologist
- Breast Surgeon
- General Surgeon
- Gynaecologist
- Senetic Testing available
- Surveillance program for high-risk women

### **Data Management**

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

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## From airport:

From Brussels National airport at Zaventem, by car, follow 'H - UCL - St-Luc' (6 km). There are 2 direct 'De Lijn' buses between the airport and Cliniques universitaires Saint-Luc, journey time twenty minutes: bus 659, stop 'Hippocrate', 5 minutes' walk from Cliniques, or bus 359, stop 'Thiry Woluwé', 10 minutes' walk from Cliniques.

# By train:

From Brussels-Central and Brussels-Shuman stations: take Metro 1, heading to Stockel, exit at 'Alma'. From Brussels-Midi station: take Metro 2 then Metro 1 (change at 'Arts-Loi').

# By bus or sub-way/underground:

Metro Line 1 – 'Alma' Station Bus (STIB)Route 42 - 'UCL- Saint-Luc' stop or Route 79 - 'Cliniques-UCL' stop. Crainhem metro station (Metro line 1), located approximately 15 minutes' walk from Cliniques universitaires Saint-Luc, is served by several different STIB (76 - 77 - 79), TEC (Conforto Bis) and De Lijn (315 - 316 - 317 -352) bus routes.

By car:

Highway E 40 (Brussels-Liège), Exit 20 'Kraainem' and follow signs for 'UCL - St-Luc' or Ring Road, Exit 2 'Wezembeek-Oppem' and follow signs for 'UCL – St Luc'. Coming from the center of Brussels, follow 'Boulevard de la Woluwe' then 'Avenue Hippocrate', and follow the signs for 'Hôpital UCL-St Luc' or take Exit 20 'Kraainem' from the E40. From Brussels National airport at Zaventem, follow 'H - UCL - St-Luc' (6 km). **Last modified:** 25 October 2021