



BREAST CENTRES NETWORK

Synergy among Breast Units

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Sint Augustinus Hospital - Wilrijk, Belgium

General Information



New breast cancer cases treated per year

383

Breast multidisciplinarity team members

18

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

Clinical Director: Annemie Prové

The Breast Unit of GZA ziekenhuizen-Sint Augustinus provides up to date multidisciplinary breast cancer care. A team of breast surgeons, radiologists, medical oncologists, radiation oncologists, pathologists, reconstructive plastic surgeons, geneticists, breast care nurses, psychologists and social workers treat patients according to validated international guidelines. Rapid diagnosis and personalised treatment is our standard of care. All patients are discussed in the multidisciplinary meeting (MDM) at diagnosis and during treatment. Optimal psychosocial support is offered. Hightech treatment modalities (e.g. intraoperative radiotherapy, gating techniques, IMRT and Rapid Arc) are available. The unit is actively participating in phase I-III breast cancer trials and has an important translational research program (www.TCRU.be).

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CERTIFICATION(S) ACCREDITATION(S)

BCCERT - Breast Centres Certification

Expiration date: 06 June 2023



Certification document (original lang.)

Available services

- ✓ Radiology
- ✓ Breast Surgery
- ☑ Reconstructive/Plastic Surgery
- ✓ Pathology
- Medical Oncology
- ✓ Radiotherapy

- ✓ Nuclear Medicine
- Rehabilitation
- ✓ Genetic Counselling
- ✓ Data Management
- ✓ Psycho-oncology
- ✓ Breast Nurses

localization

- ✓ Social Workers
- ✓ Nutritional Counselling
- ✓ Survivorship Groups
- Sexual Health Counselling
- ✓ Supportive and Palliative Care
- ✓ Integrative Medicine

Radiology

☑ Dedicated Radiologists	3
✓ Mammograms per year	11000
✓ Breast	
radiographers	
✓ Screening program	
✓ Verification for	
non-palpable breast lesions	
on specimen	
Axillary US/US-guided	
FNAB	

Available imaging equipment Mammography ✓ Ultrasound ✓ Magnetic Resonance Imaging (MRI) ✓ Tomosynthesis 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

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

✓ Clinical Research

✓ New operated cases per year (benign and malignant)	633
☑ Dedicated Breast Surgeons	4
☑ Surgeons with more than 50 surgeries per year	3
☑ Breast Surgery beds	8
☑ Breast Nurse specialists	3
☑ Outpatient surgery	
☑ Intra-operative evaluation of sentinel node	
☐ Reconstruction performed by Breast Surgeons	
☑ Clinical Research	

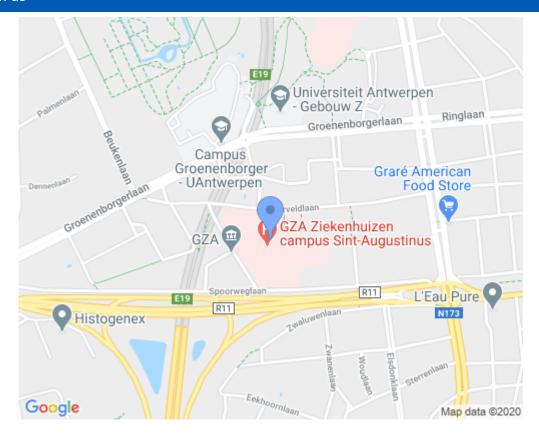
Primary technique for staging the axilla

- ☐ Axillary lymph node dissection
- ✓ Sentinel lymph node biopsy:
 - ☐ Blue dye technique
- Radio-tracer technique
- ☑ Blue dye + Radio-tracer
- Axillary sampling

Reconstructive/Plastic surgeons	2	Type of breast reconstructive surgery available
Immediate Reconstruction 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)
		$ lap{N}$ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.)
		lacksquare Surgery on the contralateral breast for symmetry
athology		
✓ Dedicated Breast Pathologists	4	Other special studies available
Available studies		$ lap{N}$ 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
Core biopsy		
☑ 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
Estrogen receptors		ER/PR receptor status
Progesterone receptors		☑ HER-2/neu receptor status
☑ HER-2		Peritumoural/Lymphovascular invasion
☑ Ki-67		☑ Margin status

echniques after breast-conserving surgery experimental)
reast RT (WBRT)
reast irradiation (PBI):
al beam PBI
tial brachytherapy
ed brachytherapy (MammoSite, SAVI applicator, ces)
perative RT (IORT)
/services participating in MDM/TB
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Providing Genetic Counselling/Risk assessment
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Surgeon
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From airport:

E19 Brussels to Antwerp, exit Mortsel/Wilrijk/Hoboken, direction Hoboken-Wilrijk (R11) centrum, turn left at the first crossroad into Groenenborgerlaan, then follow the sign for 'Sint-Augustinus'.

By train:

Antwerp-Berchem: train station or Antwerp Central station. Bus, tram and taxi available.

By bus or sub-way/underground:

Tram 21: Central Station Antwerp - Berchem. Antwerp train station - Wilrijk: stop Oosterveldlaan;

https://www.delijn.be/nl/lijnen/lijn/1/21/7/21_Centraal_Station_-_Middelheim_-_Neerland Bus 32: Central Station Antwerp - Berchem.Antwerp train station- Wilrijk:stop Oosterveldlaan

https://www.delijn.be/nl/lijnen/lijn/1/32/7/32_Centraal_Station_-_Berchem_Station_-_Edegem Bus 501-502: Central Station - Wilrijk: busstop Oosterveldlaan.

By car:

Oosterveldlaan 24, B2610 Wilrijk Belgium.

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