



Breast Centres Network

Synergy among Breast Units

Breast Centres Network (BCN) Membership Definitions (This document must be displayed or printed in colour)

Breast Centres or Units must pass the Eligibility Gate to be included in the Network.

Eligibility Gate:

1. Treating at least 150 new breast cancer cases (any stage) per year.
2. Having at least one dedicated breast surgeon*
3. Having at least one dedicated radiologist**
4. Having at least one dedicated pathologist**

* Defined as focusing at least 50% of the time in breast diseases or as being the referral surgeon for all breast cases.

** Defined as focusing at least 30% of the time in breast diseases or as being the referral radiologist/pathologist for all breast cases.

Two types of Membership

As a joint program between ESO and EUSOMA, BCN shares the goal of improving breast cancer care in Europe and throughout the world. There are two types of membership:

- **Affiliate Member** is a Multidisciplinary Breast Centre that has passed the **Eligibility Gate** and meets **some BCN Full Membership Criteria**.
- **Full Member** is a Centre that meets **all BCN Full Membership Criteria** (please read below). □ Both types of members are welcome to participate in our activities and are published in the online and printed Directories. Full Members are designated with a star.

Important Note: Joining Breast Centres Network could be considered a step towards pursuing the Breast Unit Certification according to EUSOMA requirements. However, please be aware that Full Membership is not the equivalent of having this Certification. Members are encouraged to apply for this evaluation process, but this is not mandatory and it is not initiated automatically. Furthermore, being a Full Member of Breast Centres Network does not necessarily guarantee the acquisition of this Certification.



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Breast Centres Network Full Membership Criteria

The following criteria are shown in the corresponding order of the application Questionnaire (please refer to question numbers). Items **in red are mandatory Breast Centres Network Full Membership Criteria**. Items **in blue are NOT mandatory**, but represent additional recommendations of the Breast Centres Network Committee.

A Breast Centre or Unit must **HAVE or PERFORM**:

2. Multidisciplinary

All the following Department/Services inside or outside the facility:

- a) Radiology
- b) Breast Surgery
- c) Reconstructive/Plastic Surgery
- d) Pathology
- e) Medical Oncology
- f) Radiation Oncology
- g) Nuclear Medicine
- h) Rehabilitation
- i) Genetic Counselling
- j) Data Management
- k) Psycho-Oncology
- l) Breast Nurses
- m) Supportive and Palliative Care

3. Radiology

3.1. At least one dedicated radiologist* who reads at least 1000 mammograms per year.

* defined as focusing at least 30% of the time in breast diseases or as being the referral radiologist for all breast cases.

3.2. Breast radiographers (technicians).

3.5. Minimum breast imaging equipment available (must have “a” and “b”):

- a) Mammography
- b) Ultrasound
- c) Breast Magnetic Resonance Imaging (MRI)



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3.7. Minimum breast tissue sampling equipment/procedures available (must have “a” and “b”):

a) Stereotactic Biopsy:

- Core (Tru-cut) or Vacuum assisted biopsy (i.e. Mammotome, Vacora, others)

b) Ultrasound-guided biopsy:

- Core or Vacuum assisted biopsy

c) MRI-guided biopsy

- Core or Vacuum assisted biopsy

3.8. At least one technique for localizing non-palpable breast lesions:

- a) Hook-wire (or needle localization)
- b) Charcoal marking/skin tattooing
- c) ROLL: radio-guided occult lesion localization
- d) If other, must be specified

3.9. Routine specimen radiography or radio-guided verification for non-palpable breast lesions.

3.10. Routine axillary US and US-guided FNAB/core biopsy of suspicious axillary nodes.

4. Breast Surgery

4.3. At least one dedicated breast surgeon* who performs more than 50 new breast cancer surgeries per year at the Unit.

* defined as focusing at least 50% of the time in breast diseases or as being the referral surgeon for all breast cases.

4.6. Staging of the axilla with sentinel lymph node biopsy.

5. Reconstructive Surgery

5.1. (4.8). At least one reconstructive/plastic surgeon collaborating with the Unit or a breast surgeon who performs reconstruction.

5.2. Immediate breast reconstruction.



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6. Pathology

6.1. At least one dedicated pathologist* in breast diseases collaborating with the Unit.

* defined as focusing at least 30% of the time in breast diseases or as being the referral pathologist for all breast cases.

6.4. The following parameters should be included in the final pathology report:

- a) Pathologic stage (pT and pN)
- b) Tumour size (invasive component in mm)
- c) Histologic type
- d) Tumour grade
- e) ER/PR receptor status
- f) Her-2/neu receptor status
- g) Peritumoural/Lymphovascular invasion
- h) Margin status

7. Medical Oncology

7.1. At least one dedicated medical oncologist* collaborating with the Unit.

* defined as being a referral medical oncologist for breast cancer cases.

8. Radiation Oncology

8.1. At least one dedicated radiation oncologist* collaborating with the Unit.

* defined as being a referral radiation oncologist for breast cancer cases.

9. Multidisciplinary Meeting

9.1. A regular Multidisciplinary Meeting (MDM) / Tumour Board (TB) for case management discussion.

9.1. Weekly Multidisciplinary Meeting (MDM) for case management discussion.

9.3. The following Department/Services must participate in the MDM:

- a) Radiology
- b) Breast Surgery
- c) Pathology
- d) Medical Oncology
- e) Radiation Oncology
- f) Reconstructive/Plastic Surgery
- g) Breast Nurse Service



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10. Further Services and Facilities

10.4.1. Database for clinical information.

10.4.2. Specifically appointed data manager.

For all Clinical Department/Services

Participation in multi-institutional clinical research trials or independently conduct Institutional Review Board (IRB) approved clinical research.

Breast Centres Network Committee

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