



EDITORIAL

The Chirec Cancer Institute (CCI) celebrated its 10th anniversary in early 2018.

It was created to structure and develop cancer treatment at CHIREC, while instituting a quality process. It's not a "special building dedicated to cancer", but rather the structuring and the constant coordination of the care provided, using the best technical means, while combining personalized and humane treatment with the goal of medical excellence.

With some 5,000 cancer patients treated each year, resulting in more than 10,000 admissions per year, the Chirec Cancer Institute (CCI) is the largest private oncology centre in Belgium. The clinical activities are as much traditional hospitalization, for surgery of those newly diagnosed, as day hospitalization: more than 6,000 chemotherapies are administered in outpatient each year.

CCI is organized into 2 "Departments" and 13 "Clinics", corresponding to the various sectors of Oncology and bringing together specialist doctors, nurses and paramedics from all facets of a quality personalized care. Each Clinic has a very broad multidisciplinary dimension, collaborating with, or even integrating, many participants from the different CHIREC units. Diagnostic and therapeutic procedures are discussed for each patient in Multidisciplinary Oncology Consultations (MOCs) before and after treatment.

CCI offers innovative technology and treatments: the revolution in new, targeted therapies and immunotherapies is causing a real upheaval in oncology treatment. Beyond the completely renovated medical imaging equipment at the forefront internationally, CCI has such state-of-the-art equipment as a surgical robot and the latest generation radiotherapy, available in the new DELTA hospital. Just as with medical treatments, stereotactic radiotherapy allows targeting with sub-millimetre precision, while following the respiratory movements. In addition, patient access to new therapeutic approaches is made possible through the development of clinical research protocols.

The humanizing of care is illustrated by the Supportive Oncology Clinic, bringing together all the disciplines of supportive care, as you will discover in these pages.

Prof. Thierry VELU

Director of the Chirec Cancer Institute

SUPPORTIVE ONCOLOGY CARE

Early and continuous multi-professional help

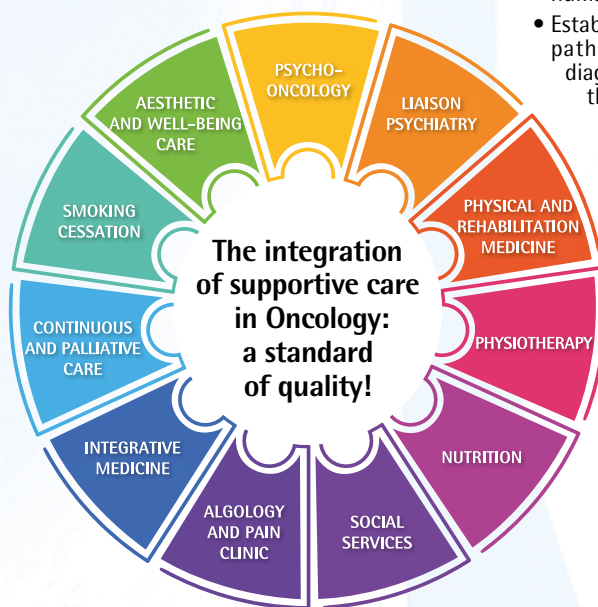
People living with cancer experience physical, emotional, family and social upheaval. To meet these multiple needs, supportive oncology care offers comprehensive multi-professional assistance, complementary to cancer treatments, accessible from the announcement of the diagnosis and throughout the cancer continuum. Supportive oncology care brings together professional approaches as diverse as psycho-oncology, liaison psychiatry, physiotherapy, rehabilitation, nutrition, social services, pain clinic, continuous and palliative care, integrative medicine, speech therapy, smoking cessation, beauty care, etc.

The objectives pursued by these different professionals are multiple: better relief of pain and other physical symptoms, reduced psychic, social and existential suffering, promotion of communication with the patient and his family, ensuring continuity when moving to another living environment, etc.



Achieving seamless integration of supportive care in an Oncology department poses multiple challenges:

- Early detection of the bio-psycho-social needs of each patient.
- Establishment of an ongoing attentive listening and dialogue with the patient to better understand their values, priorities and life goals in order to plan future care. Including those close to the patient in this process
- Working together as a team so that the multi-professional approach can be implemented harmoniously around the needs of each patient and provide them with the most humane and professional response possible.
- Establishing continuity throughout the care pathway, from the announcement of the diagnosis, through the treatment phase, and then post-treatment.
- Adapting the treatment aims depending on the therapeutic plan: functional rehabilitation, reintegration into an active life, management of chronicity, or comfort care.



Dr Dominique BOUCKENAERE
Head of the Supportive Oncology Clinic



The Quality Charter of the Chirec Cancer Institute

More than 180 CHIREC doctors have signed a quality charter for the treatment of cancer patients. It is available on request at cancer.institute@chirec.be



Article 10 of the CCI quality charter:

"Inform the patient of the different skills offered by supportive oncology care and integrate this multidisciplinary approach into the patient's therapeutic plan throughout the course of his or her treatment".

SUPPORTIVE ONCOLOGY CARE

THE CHIREC CANCER INSTITUTE SUPPORTIVE ONCOLOGY CLINIC

Créated in 2008, the Supportive Oncology Clinic aims to promote early and integrated supportive care within the Chirec Cancer Institute. It brings together representatives of the different disciplines in supportive care. Consultations within this group enable:

- Getting to know each other better and sharing a common vision to ensure consistency and continuity,
- Listing the different resources and centres of competence involved with supportive care within Chirec,
- Developing common thinking around certain themes,
- Being the seed for interdisciplinary unifying projects, such as the Re-Source house, the Children's area or the psycho-educational support groups.



| | DELTA | | SARE | | HBW | |
|--------------------------------------|--|--|--|------------------------------|---|------------------------------|
| | NAME | EXT | NAME | EXT | NAME | EXT |
| COORDINATING NURSES | D. Madaleno A-F. Klein D. Badifua-Bundu | 1746 1745 9698 | C. Delescaille | 2697 | L. Vaudon | 9776 |
| ONCO-PSYCHOLOGY | D. Grulois S. Lambert S. Schmit | 1744 1744 1744 | N. Chapeaux | 2771 | A. Pohl | 9979 |
| LIAISON PSYCHIATRY | Dr J-P Pennec Dr P. Tielemans Dr I. Vinçotte Dr C. Widakovich | 1778 1778 1778 1778 | A. Ferremans (secr.) | 3541 | Dr Jean-Marc Ber | 9839 |
| PHYSICAL AND REHABILITATION MEDICINE | Dr M. Goossens Dr N. Biltiau Dr D. Qin Dr C. Motte Dit Falisse | 5375 8417 4671 5593 | Dr R. Ricci Risso Dr F. Nae | 2688 2677 | Dr L. Delaunoy | 9072 |
| PHYSIOTHERAPY | F. Nicaise S. Gadenne E. Mohet J. Harfouche P. Steffen | 1230 8107 8107 8107 8107 | D. Burlot J. Delmotte V. Lissassi C. Maricq | 2794 3855 3855 3855 | C. Graffe M. Normand | 9227 9138 |
| NUTRITION | S. Roland C. Hallez V. Everaert L. Terruzzi | 8105 9049 1313 1316 | K. Sonck C. Van Huffel | 2753 2753 | C. Hallez V. Capelle J. Henry | 9049 9571 9231 |
| SOCIAL SERVICES | A. Magos | 8071 | A. Leone | 3946 | A.-S. Peeters | 9004 / 9725 |
| ALGOLOGY AND PAIN CLINIC | Dr L. Fodderie Dr A. Mazic de Sonis Dr A. Deltell Dr J-P. Van Buyten Dr S. Walckiers Dr B. Latrech Dr A. Baydoun Dr M. Oswald Duchateau C. De Greef (inf.) I. de Groeve (inf.) R. Hermans (psy.) P. Vienne (kiné) | 5089 8106/5368 5087 8106 2569 5592 4769 4741 1749 1747 0475/93 74 16 | B. Vanderick N. Aalaamdjaji | 2619 2737 | Dr A. Lecain Dr E. Guntz G. Verdonck | 9782 9008 9954 |
| CONTINUOUS AND PALLIATIVE CARE | Dr A-M Parmentier I. de Groeve (inf.) D. Grulois (psy.) S. Lambert | 1747 1747 1744 1744 | C. Arezzi (inf.) N. Chapeaux | 2742 2771 | Dr C. Finet A. Pohl (psy.) | 9982 9979 |
| AESTHETIC AND WELL-BEING CARE | S. Leroy J. Wieseler | 8099 8099 | I. Frey C. Detroy | 2759 2759 | Bénévoles: Association A cœurs ouverts P. Lochtenbergh, président I. Gaudibert | 9145 9145 |
| INTEGRATIVE MEDICINE | Dr I. Theunissen Dr A. Mazic de Sonis | 8100 8106 | | | Dr C. Finet | 9982 |
| SPEECH THERAPY | | | | | P. Brunin | 9016 |
| SMOKING CESSATION | C. Papanthasiou (inf.) | 8113 | E. Watelet | 2726 | Dr S. Velez | 9716 |
| CHILDREN'S AREA | D. Grulois | 1744 | | | | |
| PSYCHO-EDUCATIONAL GROUPS | D. Grulois S. Lambert | 1744 1744 | | | Asbl L'étincelle® Dr C. Finet A. Pohl (psy.) L. Vaudon (inf.) | 9982 9979 9776 |
| RE-SOURCES | J. Nicodème (Dir.) | 0479/034 592 | J. Nicodème (Dir.) | 0479/034 592 | | |
| MINDFULNESS | Dr O. De Lathouwer S. de Ribaucourt Mindfullife | 0473/968 990 0477/343 151 | | | Dr O. De Lathouwer S. de Ribaucourt Mindfullife | 0473/968 990 0477/343 151 |

This directory concerns only the three main hospital sites of the CHIREC
The telephone numbers indicated must be preceded by 02 - 434 for calls from outside the Chirec



Multidisciplinary Quality of care Consultation Communication Physical activity Role of the Generalist
Relaxation Continuity of care Reintegration Empowerment Excellence objective Accompaniment Aesthetic
well-being Support Accessibility Personalized care Importance of connecting Quality of life

THE ONCOLOGY CARE COORDINATOR: A CENTRAL LINK IN PATIENT TREATMENT

In recent years, the Oncology Care Coordinator (OCC) has become an indispensable person in the treatment of cancer patients. This function is carried out by a qualified nurse, specially trained to manage patients with oncology illnesses. This function covers two dimensions: quality of care and humane support.

The function of the OCC is above all to serve as a common thread in the maze of patient care: they propose an optimum pathway for the patient among the various stages of development, treatment and follow-up. The OCC also has a role in supporting and accompanying the patient. Available to answer all patient questions, they are the key person to link the different phases of treatment and orient the

patient, ensuring a good understanding of the situation.

More concretely, the OCC engages in:

- a better guidance and monitoring of the various stages: the announcement of the diagnosis, additional examinations, treatment(s) and follow-up.
- informing and supporting the patient. They are the reference person available to answer the patient's questions, in order to establish a link between all the different phases of treatment planning and to orient the patient towards the various professionals involved in diagnosis and treatment(s), or in the numerous types of supportive care.
- ensuring the overall management of all patients referred to them, necessarily after

the multidisciplinary oncology consultation (MOC), during which the file of each patient is discussed collaboratively in order to make recommendations on developing the diagnosis and treatment, and on the treatment approach, both before and after surgery.

It is in all these aspects that the OCC plays a determining role in providing humane and personalized quality care.

**D. DELESCAILLE, D. BADIFUA-BUNDU,
A-F. KLEIN, D. MADALENO, L. VAUDON**

Oncology Care Nurse Coordinators, CHIREC

CONSULTATION IN INTEGRATIVE ONCOLOGY

ASCO 2018 (American Society of Clinical Oncology) validates the guidelines in Integrative Oncology for breast cancer of the Society of Integrative Oncology (SIO) with the use of practices for the management of symptoms and effects during and after breast cancer. This international recognition by experts of the oncology community stresses the importance of informing patients' caregivers.

Integrative oncology is defined as "a patient-centered evidence-based medical approach to cancer treatment that uses mind-body approaches, natural products, and lifestyle modifications from different traditions in combination with conventional treatment".

Integrative oncology aims to improve health, quality of life and clinical outcomes throughout the course of treatment, as well as empowering people and their loved ones in preventing cancer and becoming active participants before, during and after cancer treatment.

The main indications for a medical consultation in integrative oncology are:

- **A significant decline** in quality of life, with risk of treatment interruption.
- **Questions** from the patient/family on the use of dietary supplements and complementary therapies.
- **A request** from the patient to have complementary treatment for the management of side effects.
- **The need to minimize risks** from self-medication and well-meaning advice from those close to the patient/internet.
- **The need to optimize compliance** with treatment. This last point is particularly relevant for adjuvant hormonal treatment after breast cancer, which can be accompanied by a deterioration in quality of life with a significant drop-out rate (30 to 70%, depending on the studies).

The benefits of an integrated medical consultation in multidisciplinary medical management are:

- **Having the patient become a participant in their illness**, with better management of side effects and disease symptoms.

- **Guaranteeing that complementary treatments** correspond to the needs of the patient, and in particular that they pose no risk of interaction with the specific oncology treatment.

The earlier the medical consultation in integrative oncology, the greater will be the benefits on quality of life, treatment tolerance and the return to an active life in the post-cancer period.

Dr Ingrid THEUNISSEN
*Gynaecology, Integrative
Medicine*



Overall care

Food supplements

Multidisciplinary

Empowerment

Control of adverse effects

Scientific evidence

Mind-body practices

Integrative medicine

Natural treatments
Health behaviours

Acupuncture
Quality of life

Multidisciplinary

Quality of care

Consultation

Communication

Physical activity

Role of the Generalist

Relaxation

Continuity of care

Reintegration

Empowerment

Excellence objective

Accompaniment

Aesthetic

well-being

Support

Accessibility

Personalized care

Importance of connecting

Quality of life

SUPPORTIVE ONCOLOGY CARE

THE ROLE OF ONCO-PSYCHOLOGISTS

The announcement of the diagnosis is usually traumatic. It frequently follows a moment of doubt, a multitude of exams, a waiting time... and then the word is pronounced, cancer. How to say it, how to name it, how to announce it? Everything changes... Then comes the work of acceptance, understanding and treatment. This path is traveled alone or accompanied, privately with those one is close to or with the team. Each person continues on their path with the tools that they consider useful. We, the psychologists, are there to accompany all those who wish it; patients, families, relatives, children.

To help patients find or recognize all the resources they have in and around them. Sometimes we suggest words for talking to children, or we support a family for whom the anxiety becomes too intense; we want this support to be the most respectful and the most appropriate for each one. At the Chirec Cancer Institute, it is freely accessible for anyone with cancer.

**Aline POHL, Daphné GRULOIS,
Nathalie CHAPEAUX**

Onco-psychology, CHIREC



ONCOLOGY AND PSYCHIATRIST IN LIAISON



Nearly half of all cancer patients have somato-psychological problems. In two-thirds of cases, it involves adjustment disorders; i.e., reactions to the cancer or its treatments.

Certain risk factors can be identified: cancer with poor prognosis, an advanced stage of the disease, social isolation, uncontrolled pain, psychiatric disorders or history.

These are some comments in order to make the involvement of the psychiatrist, attentive to patients' requests, understood in the treatment process.

Despite the steady increase in life expectancy of patients with neoplastic disease, cancer remains symbolically very emotionally charged. The impact of the disease explains the role of therapeutic support (individual or group) in treatment programs, especially as it can improve quality of life, and perhaps even survival (according to some recent randomized studies); if not life expectancy, at least quality of life in patients with cancer. Especially since physical treatments require a level of participation and responsibility difficult to attain, given the subjective ambiguities that the existential situation presents.

These are some comments in order to make the necessary involvement of the psychiatrist understood in the treatment process.

Liaison work consists of providing the services of professionals who are experts in the field of psychological distress and mental health, in order to meet the needs of patients, their families and those who care for them.

The team composing it is multi-professional (psychiatrist, psychologist, nurse), transversal (for any patient hospitalized at CHIREC) and mobile in terms of the procedures (from the traditional consultation to the interview at the patient's bedside at the request of the treating doctor during the hospital stay). It supports and helps to improve the quality of care and the therapeutic alliance.

Dr Jean-Pierre PENNEC

Psychiatrist, CHIREC

Multidisciplinary

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ONCOPSY: PSYCHO-EDUCATIONAL SUPPORT GROUPS

ONCOPSY is a support group for patients with cancer. This project was selected in 2012 by the National Cancer Plan, which allowed it to receive financial support for a period of three years. It's found a second life in the Re-source House.

The groups include between 5 and 10 women (most of whom have breast cancer). The program is psycho-educational. It includes eight sessions, some of which focus on psychological goals and others on educational goals (information about cancer and treatments, exercise, nutrition, "caring for yourself"). Two psychologists supervise the group. For educational sessions, a specialist external speaker is invited.

During the course of the study, 57 women, divided into 8 groups, were followed. The median age was 50 years; 82% had higher education or university degrees. Their expectations and satisfaction were assessed by the Beneval questionnaire. The three main

expectations were: "to manage the fear of recurrence, to feel better psychologically, to benefit from other people's experience". For the majority of items, the obtained benefits outweighed the expected benefits, except for "managing the fear of recurrence", where additional studies should improve the response offered to patients. Reminder sessions after 3 and 6 months ensured that patients had incorporated recommended behaviours into their daily lives.

We were struck by the high satisfaction rate and the stimulating nature of the groups. In addition, mutual support continued, with meetings spontaneously organized by the patients after the program, which demonstrates the strength of the links within the groups.

We conclude that psycho-educational groups should have a place in Oncology, in addition to other types of support. The sharing of experience between peers, the solidarity and social bonds are very powerful drivers of well-being and self-realization!

Dr Dominique BOUCKENAERE
Head of the Supportive
Oncology Clinic, CHIREC



Daphné Grulois
Onco-psychology, CHIREC

Camille Henne
Psychology, CHU Brugmann

SUPPORT GROUPS AT THE BRAINE SITE

At the Braine-l'Alleud site, a comfortable and bright room located next to the oncology day hospital and consulting rooms welcomes our patients.

The non-profit association L'Étincelle (The Spark) organizes sessions every Friday from 11:30 to 12:30 where all patients are welcome: we practice meditation, we learn hypnosis... and we also talk about nutrition, well-being, etc. These sessions are led by Dr. Finet, psychologist Aline Pohl and/or nurse coordinator Laura Vaudon.

There is also a library in this room, where our patients can borrow books about hope, resources, and also books for children whose parents have cancer.

"General public" conferences are organized by the municipality of Braine-l'Alleud, in association with the non-profit association l'Étincelle.

Dr. Finet has established integrative medicine consultations, in which the focus is on the role of the patient in the treatment and management of their disease.

You can record a personalized hypnosis session there that you can listen to at home or take with you during treatments. The non-profit association tries to organize a festive event every year, allowing patients and families to meet in a setting other than the hospital.

And of course, every year non-traditional classical music concerts are organized, the musicians wandering in the waiting room, and also in the rooms of the patients who wish it...

Information and programs can be found on the website of the non-profit association, www.etincelleasbl.be

Dr Claude FINET
Medical oncology, CHIREC

Aline POHL
Onco-psychology, CHIREC

Laura VAUDON
Nurse coordinator, CHIREC



Multidisciplinary

Quality of care

Consultation

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Physical activity

Role of the Generalist

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SUPPORTIVE ONCOLOGY CARE

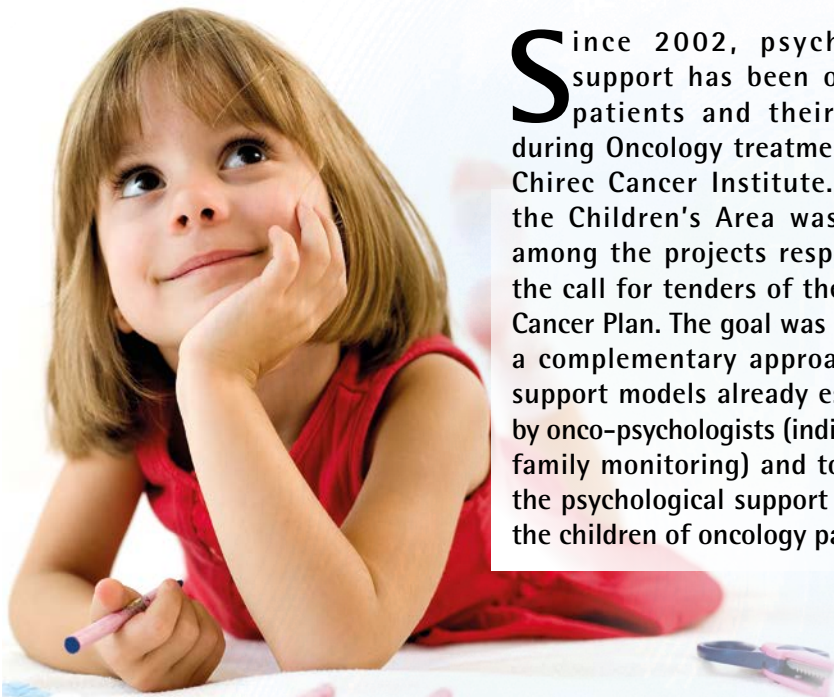
CHILDREN'S AREA

Children's area

Since 2002, psychological support has been offered to patients and their families during Oncology treatments at the Chirec Cancer Institute. In 2012, the Children's Area was selected among the projects responding to the call for tenders of the National Cancer Plan. The goal was to develop a complementary approach to the support models already established by onco-psychologists (individual and family monitoring) and to diversify the psychological support offered to the children of oncology patients.



The intention is to create a welcoming and expressive space for children and adolescents whose relatives (parents, grandparents) have cancer. There are two psychologists supervising the project who promote the expression of questions, feelings and emotions related to the illness of their loved one through speech and symbolic language (painting, modelling, symbolic games, etc.) in a playful and welcoming space. The space is open to children and adolescents from 0 to 18 years old every Wednesday from 2 pm to 6 pm. Its use is free and does not require any prior registration or financial procedure.



The main objectives of this space are:

- **enabling meetings** with other children/adolescents living in a similar situation and thus reduce the risk of turning inward;
- **promoting expression** (verbal, non-verbal, symbolic) of questions and experiences (emotions, feelings) about the disease and the effects of medical treatments, about the changes they bring about in family life and communication, in order to avoid unspoken things and/or misunderstandings;
- **strengthening the bond with the close relative** who has cancer and promoting communication among them (by words, gestures, writing a letter or creative work);
- **(re)mobilizing and validating the resources of children/adolescents** and their ability to overcome this life challenge;
- **supporting parents** in the development and transmission of information to give to their child(ren) dealing with the disease, using concrete and playful communication tools (books adapted to the age of the child, etc.);
- **sensitizing them to listening to their children's messages** (verbal and non-verbal);
- **supporting them in their parenting**, being tested by disease and/or treatments;
- **reorienting them**, possibly towards an individual follow-up of the child.

PHYSICAL REHABILITATION AT THE CHIREC CANCER INSTITUTE: IT'S ACTIVE!



Physical inactivity is one of the greatest public health challenges of the 21st century. It is linked to the prevalence of various diseases such as diabetes and coronary artery disease. With regard to cancer, scientific studies have shown that inactive people are up to 25% more likely to have breast or colon cancer compared to active people. The pathophysiological mechanisms involved are quite complex. The regulation of different sex and metabolic hormones such as oestrogen and insulin play a vital role. Various cytokines involved in the

chronic inflammatory state in the tissues can also be modulated by physical activity. Physical activity can also stimulate the repair system for defective DNA, as well as the immune system that eliminates cancer cells.

For cancer patients, physical activity has been shown to be as effective in tolerating difficult medical treatments as in preventing neoplastic recurrence. With well-structured physical activity, patients have significantly fewer symptoms such as fatigue, depression or neuropathic pain generated by surgery, chemotherapy, targeted therapies, immunotherapy or hormone therapy. Thus, patients can better continue their treatment.

More generally, studies have clearly shown improvement in the quality of life of cancer patients engaging in appropriate activity. Physical activity creates a space for reflection on well-being. It also offers a meeting space, a time for socialization, which allows patients

to leave the negative psychosocial spiral linked to cancer.

At present, the benefits of physical activity in Oncology is no longer in doubt. It is recommended by all national and international health authorities. The World Health Organisation has even established detailed recommendations and protocols for physical activity.

Dr Michel GOOSSENS

Head of the Physical and Rehabilitative Medicine Department, CHIREC

Dr Dongliang QIN

Physical and Rehabilitation Medicine, CHIREC

PHYSICAL ACTIVITY: A THERAPEUTIC TOOL IN THE MANAGEMENT OF BREAST CANCER

Studies show that physical activity practiced before the diagnosis of breast cancer reduces the overall mortality risk by 18%. After diagnosis, physical activity reduces the risk of breast cancer mortality by 34%, overall mortality risk by 41% and the risk of tumour recurrence by 24%.

When to engage in physical activity?

Physical activity is recommended as soon as the illness is diagnosed. It can be started during treatment and continued afterwards.

The benefits are multiple: increased muscle strength, improved self-esteem and quality of life and tolerance to treatment (reduced side effects).

The recommendations are:

- 150 minutes of moderate aerobic physical activity per week.
- 30 minutes daily walking, applying the principle of progression.

Oncology rehabilitation groups at the hospital

After a preliminary consultation with the specialist in Physical and Rehabilitation Medicine, which is essential in order to guide the treatment and whose agreement allows reimbursement of the sessions by health insurance, the patient can engage in a breast cancer rehabilitation cycle of 1.5 hours, 2x/week, including:

- Cardio workout with a heart rate monitor
- Bodybuilding work (abs, glutes, quadriceps)
- Stretching
- Balance

In conclusion: the effects of physical activity on health are demonstrated before, during and after illness. They enhance the effectiveness of systemic treatments. The key to success is regularity.

Françoise Nicaise
*Physiotherapy,
Breast Clinic, CHIREC*



SUPPORTIVE ONCOLOGY CARE

ANOREXIA AND CANCER, UNDERSTANDING THEM TO FIND APPROACHES

Cancer anorexia-cachexia syndrome (CACS) affects a large proportion of cancer patients and is responsible for death in 20% of cases. A weight loss of 5% can cause decreased immunity and healing abilities, increased treatment-related side effects and even mortality. It is consequently a major problem that must be treated early, since this syndrome may be present from the beginning of the disease.

Two components of this syndrome are responsible for weight loss: anorexia and cachexia.

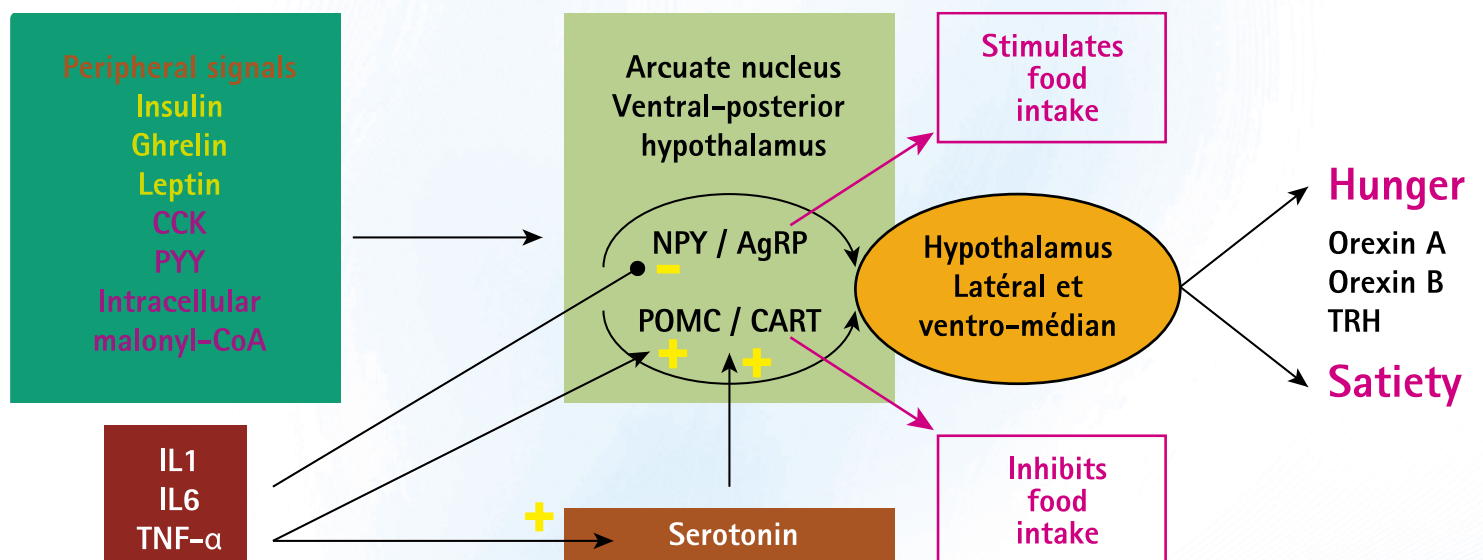
Cachexia is due to an acceleration of metabolism.

The causes of anorexia are multiple: mechanical damage to the digestive tract, taste changes, treatment side effects, sensory, emotional and psychological factors (depression, pain), and also neuro-hormonal or metabolic changes generated by the cancer itself, especially by inflammatory cytokines (TNF, IL1). These cytokines act on the central nervous system and induce anorexia via neurotransmitters, including serotonin. They also act on metabolism, increasing protein catabolism, lipolysis and glycolysis.

From a therapeutic perspective, early nutritional management is essential, as well as treatment of depression and pain. Treatment side effects need to be managed optimally.

Various medications have been tested in order to decrease anorexia, with highly variable results on appetite, weight gain and quality of life. None have been shown to be effective on disease progression and survival. A beneficial approach would probably be the combination of several treatments acting on both anorexia and cachexia.

Dr Sandrine ROLAND
Gastroenterology,
Head of the Digestive
Oncology Clinic, CHIREC



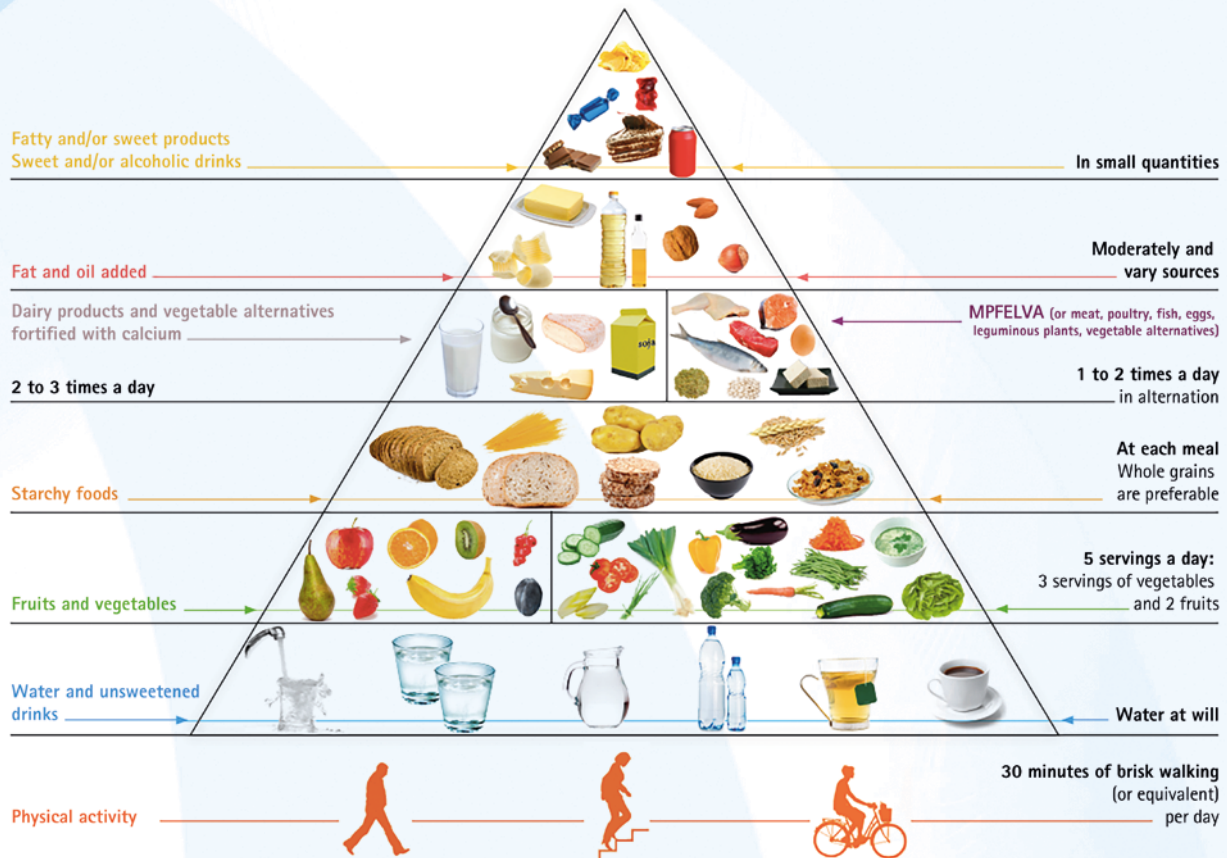
NPY : neuropeptide Y
AgRP : agouti-related peptide

POMC : pro-opiomelanocortin
TRH : thyrotropin-releasing hormone

CART : cocaine and amphetamine regulated transcript

"Central regulation of appetite"

NUTRITIONAL MANAGEMENT IN ONCOLOGY



Source: "La pyramide alimentaire" ("Food in Action") was developed by Karott' SA, with the scientific support of the dietary department of the Paul Lambin Institute (Haute Ecole Léonard de Vinci).

As soon as the diagnosis is announced, it is essential that cancer patients receive nutritional monitoring. This is carried out by dietitians and is an integral part of oncology treatment.

It makes it possible to evaluate the nutritional state of the patient in order to adapt their diet according to their illness and best provide for their nutritional needs.

The purpose of personalized dietary advice is to prevent the risk of developing malnutrition, to slow its progression if it is already present, and also in some cases to avoid the weight gain that can lead to excess weight or obesity.

The prevalence of malnutrition with cancer is 40% on average. It causes weight loss, which is the consequence of:

- the decrease in food intake caused by early satiety, nausea/vomiting, the onset of mucositis, changes in taste, asthenia, etc.
- protein-energy hypercatabolism;
- cachexia, characterized by a poor overall condition and significant thinness;
- sarcopenia, characterized by a loss of muscle mass and strength.

In practice, dietary management involves carrying out a complete nutritional assessment: a history of weight, a food survey, follow-up of laboratory tests, a survey of the side effects of oncology treatments, etc. This information allows us to create a personalized nutritional and dietary care plan to achieve the recommended nutritional goals.

Maintaining good nutritional status is one of the keys to a better quality of life and lower treatment toxicity.

In parallel with dietary monitoring, appropriate physical activity may limit the loss of muscle mass. Multi-modal management thus takes on an important role.

Katty SONCK, Chantal VAN HUFFEL, Virginie EVERAERT, Cécile HALLEZ

Onco-dietetics, CHIREC



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SUPPORTIVE ONCOLOGY CARE

THE CENTRAL ROLE OF SOCIAL SERVICES IN ONCOLOGY

If the announcement of the diagnosis and the illness cause a psychic and physical shock, it also generates an administrative upheaval. Treatment complexity is compounded by administrative complexity, and in some cases, "financial toxicity". In fact, faced with the multitude of documents to be completed, to have completed by doctors, to send to different organizations (supplemental insurance, health insurance, employer, etc.), patients are sometimes destitute, lost and exhausted. They need support in navigating this administrative labyrinth. There is increasing talk of "financial toxicity". In fact, even with good insurance, treatments are sometimes very long and very expensive. Adding to the costs are all the "non-medical" expenses: wigs, scarves, specific food, clothing, home help, transportation, etc., which are not always completely reimbursed. Dealing with all these costs, more and more patients are overwhelmed and can't cope. Treatments can last a long time, and returning to work (and therefore a more "comfortable" income) isn't always certain. The role of social services within

the hospital is therefore essential to support, guide and help orient patients. So, don't hesitate to call on them for different needs, such as:

- **information and orientation** to the various support services (organizing transportation, home health aides and home care services, home health care equipment, etc.)
- **support** when organizing the return home or transfer to a convalescence or rehabilitation centre, locating a rest home and treatment, etc.
- **assistance** in the various administrative procedures (supplemental health insurance, invoices, request for financial aid from the "Foundation Against Cancer", etc.)



Amandine MAGOS,
Anne-Sophie PEETERS,
Anaïs LEONE
Social workers,
CHIREC

WELLNESS SPACES : MASSAGE, BEAUTY CARE & PSYCHOLOGICAL SUPPORT

Each CHIREC site has developed various wellness treatments for patients being treated for cancer, in particular access to massage and beauty treatments.

Towards this end, the **Mimi Ullens* Foundation** has recently opened wellness spaces in the new CHIREC Delta Hospital. Its purpose is to improve the quality of life of people facing cancer. With this in mind, these spaces have been specifically designed and decorated by the Foundation to create a setting conducive to relaxation. Soft light, warm colours, natural materials, traditional furniture, etc. The first objective is to leave behind the "anxiety-generating" aspect of the hospital in order to create spaces imbued with a real conviviality and a soothing atmosphere.

These spaces have been opened within the Oncology Day Hospital at Delta Hospital. Patients can easily go there during the waiting times required by treatments. This facilitates patient treatment, in particular by avoiding

multiple trips. These spaces welcome patients in order to support them psychologically. The Foundation offers free wellness treatments, such as massage and beauty treatments, provided by specially trained professionals.

**FONDATION
MIMI ULLENS**

<http://www.mimi-foundation.org/>



RE-SOURCE: SUPPORT, SHARING AND ACTIVITIES TO BETTER LIVE WITH CANCER AND ITS TREATMENTS



Re-source is a welcoming place for people affected by cancer, offering a concept unique in Brussels, comprehensive support for patients and their loved ones. Through a broad program of activities complementary to traditional oncology care, the association encourages

the patient to become a participant in his/her healing. Close to the hospital, but outside its perimeter in order to create some necessary distance from the medical environment, the patient comes to Re-source to find attentive listening, sharing with other patients or former patients, and a focus on a person's well-being instead of their illness. In a warm and peaceful setting, some twenty participants - supervised by health professionals - offer activities related to 4 areas of support: Being, Moving, Eating, Sharing.

By actively focusing on these pillars of health, studies show that we can much better support patients in their tolerance of treatments and increase their chances in the struggle against cancer. This comprehensive complementary

support, inspired by the principles of integrative medicine, represents a valuable asset, not only for patients themselves, but also for the entire medical profession. This is the Re-source objective since its creation in June 2016.

Mme Janik NICODÈME,
Mme Débora BLITZ,
Dr Véronica MENDEZ,
Mme Pascale BERRYER,
Pr Thierry VELU
Steering Committee



Photo Olivier Floor



Contact info:

Re-source Chirec Delta Center
 Tel: +32 479 034 592
 info@re-source-delta.be
 Facebook: Re-source Center Asbl
 Director: Janik NICODÈME

Meetings by appointment

Hours:

Monday to Friday from 10:30 to 12:30
 at Delta Hospital - Espace Toujours Belle
 (The Always Beautiful Space).

Weekly activities and one-off workshops:

at Uccle and at Boitsfort, upon registration: yoga, qi gong, sophrology, mindfulness, shiatsu Zen, art therapy, nutrition, make-up, expressive dance, Nordic walking, harmony and muscle strengthening, coaching, etc.

Project for 2019:

a 200m² space in Delta Ouest (Delta West) entirely dedicated to the activities of Re-source.

Thematic cycles in 2018 and 2019 supported by the Foundation Against Cancer:

"Better living on hormone therapy"
 "Adjusting and returning to work"
 "Finding your place in the family after cancer"



Information and registration
 at info@re-source-delta.be

Fondation
 contre le Cancer

SUPPORTIVE ONCOLOGY CARE

VIRTUAL REALITY HYPNOSIS FOR MANAGEMENT OF STRESS AND ANXIETY



Anxiety is usually an integral part of a patient's medical journey. It especially increases at the beginning of treatment and before an invasive medical procedure.

If patients are the first to benefit from the positive impact of hypnosis, this solution also has an influence on all those involved (the health care team, the hospital, the family, etc.)

Diane Jooris, a psychotherapist trained in clinical hypnosis, founded the Oncomfort company, offering the first European medical device that combines Clinical Hypnosis and Virtual Reality to help patients better manage their anxiety and pain.

Before or during a medical procedure, patients are immersed in a 360-degree virtual environment that enables them to learn how to quickly and effectively manage their anxiety and pain.

At present, a large number of medical procedures can benefit from this technique: breast biopsies, interventional radiology, installation of a subcutaneous access reservoir (implantable chamber), breast surgery, radiotherapy, orthopaedic surgery, nuclear magnetic resonance, procedures in gastroenterology, gynaecology, major dentistry, or any other type of intervention under loco-regional anaesthesia

Virtual hypnosis is also used in everything clinical concerning pain (algology, rheumatology, etc.), palliative care, paediatrics, intensive care, nursing and treatment homes, etc.

The library currently contains 7 modules that are adapted to the type of procedure and the age of the patient, and are available in 7 languages (French, Dutch, English, Spanish, Portuguese, Classical Arabic, Korean), and in several durations, depending on the length of the medical procedure (2 to 60 minutes)

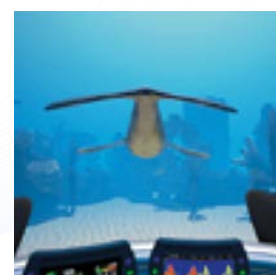
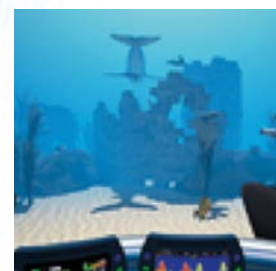
"Aqua", for example, is an immersive virtual reality experience focused on inducing relaxation in an underwater world. "Aqua" takes the patient on a pleasant emotional experience, allowing them to dive into a soothing environment. The patient is led to perform simple stress management exercises. Pain and anxiety are effectively reduced. In addition,

these learned techniques can be reused by the patient without the device.

The first results of ongoing studies are extremely encouraging: more comfort for patients, less pain, better anxiety management, reduced need for medication, and a shorter hospital stay. For doctors, this tool allows better patient management and increased efficacy.

CHIREC currently has two virtual hypnosis devices, used in radiology and radiotherapy, and eleven more devices have just been ordered.

Dr Véronica MENDEZ-MAYORGA
 Manager of the breast imaging unit, CHIREC



"Aqua": virtual diving in a 360-degree underwater environment... A unique and deeply relaxing experience before or during an invasive procedure.

"with the authorization of the patient and RTBF-TV for this excerpt from the broadcast "Matière Grise (Grey Matter)" dealing with hypnosis during a breast biopsy"

MINDFULNESS AND CANCER



Thanks to its ability to think, the human brain is a wonderful tool. Yet this ability very often removes us from what we are experiencing in the moment, because our attention is carried away by our thoughts about past or future events. We could say that our mind acts like a little frenetic monkey, jumping from thought to thought while continually capturing our attention. Many elements strongly activate our little monkey, and not surprisingly illness is part of that, feeding powerful reflections about the past and anxious projections about the future... cutting us off radically from the only moment we are really given to live: the present.

Mindfulness teaches us to reconnect with the present by intentionally focusing our attention on the experiences (including bodily sensations, emotions and thoughts) that we experience from moment to moment in a non-judgemental way, judgement being a powerful activator of our frenetic little monkey. It offers us the possibility of not letting ourselves be caught in the multiple traps of our thoughts (like taking

them for absolute truth, feeding an anxious spiral about the future, etc.), taking fuller advantage of what is good in every moment and responding in the best possible way to the difficult or painful elements of our experience rather than reacting automatically.

To integrate that, there is no magic wand. It requires serious commitment and daily practice. It involves a real training of our attention to become more present in our lives through the different practices taught in the MBSR (Mindfulness-Based Stress Reduction) program. This program, consisting of 8 weekly sessions from 2.5 to 3 hours, has been widely validated since its creation in 1979 by Jon Kabat-Zinn as part of the management of stress and its multiple causes and consequences.

Mindfullife is pleased to collaborate with Re-Source to offer MBSR programs in the Oncology setting. For further information please visit our website: www.mindfullife.be

Dr Olivier De LATHOUWER,
Plastic surgery, CHIREC,
ULB-certified MBSR instructor



Sybille De RIBAU COURT,
Psychology,
ULB-certified MBSR instructor



Multidisciplinary

Quality of care

Consultation

Communication

Physical activity

Role of the Generalist

Relaxation

Continuity of care

Reintegration

Empowerment

Excellence objective

Accompaniment

Aesthetic

well-being

Support

Accessibility

Personalized care

Importance of connecting

Quality of life

SUPPORTIVE ONCOLOGY CARE

UNITING AROUND THE PATIENT'S TREATMENT PATHWAY: THE EXAMPLE OF THE PERITONEAL CLINIC

Some patients with neoplastic lesions of the peritoneum (as in the case of ovarian or colorectal cancer) may benefit from a technique combining debulking (tumour resection) and HIPEC (Hyperthermic IntraPeritoneal Chemotherapy). This technique gives remarkable results in terms of remission and survival, but it is not well tolerated. In addition, it can create a good deal of anxiety and stress in patients. At CHIREC, all medical specialists and support care disciplines work together to provide patients with biopsychosocial support tailored to their needs before, during and after the procedure.

Before hospitalization:

The patient is seen at the preoperative multidisciplinary consultation 1 month before hospitalization to:

- 1. Optimize their general physical**, nutritional and psychological status with management by physiotherapists, dieticians and psychologists. This new concept of 'prehabilitation' reduces the risk of postoperative complications.
- 2. Developing patient confidence** in the procedure they will undergo by explanations of all aspects of the procedure and the course of hospitalization, in meetings with the surgeon and with all other medical and paramedical participants of the team and with a visit to the intensive care unit. The patient can be put in contact with ex-HIPEC patients if they wish, in order to ask questions and exchange experiences. The volunteer will provide them with moral support. The coordinating nurse is a safe and reassuring reference point.
- 3. Optimizing perioperative medical management** through consultation with the anaesthetist, intensivist, cardiologist, oncologist.
- 4. Optimizing perioperative paramedical management** through meetings with intensive care physiotherapists, the stomatherapist and tobacco cessation therapist.
- 5. Offer practical assistance** by meeting the social workers and, where appropriate, the reception team for foreign patients.

During hospitalization:

The patient is supported to the maximum in all aspects 'disturbed' by the procedure, by the surgical and medical team and by the nursing teams of the operating room, the intensive care unit and the hospital floor. The last week of their stay, the patient will go twice for 2 hours to the rehabilitation department to prepare for discharge.

After hospitalization:

Follow-up is ensured in order to allow the patient to recover their quality of life and former preoperative 'equilibrium' (rehabilitation) as soon as possible through physiotherapy, psychological support, dietary advice, monitoring of possible stomas, practical home help organized by the social worker, etc.

The staff of the Peritoneal Clinic participate in ongoing training on various aspects of HIPEC. They meet regularly to share their experiences and the latest scientific news with a view to continuous improvement in the quality of care. The Chirec Cancer Institute is proud to be able to offer this new comprehensive and integrated multidisciplinary approach, and in this sense it is unique among other HIPEC centres.



Multidisciplinary team management of HIPEC patients:

- decreases the risk of complications
- facilitates post-op rehabilitation
- decreases the hospital stay
- reassures patients and is highly appreciated
- highlights the work of each staff member
- facilitates the exchange of experiences
- stimulates continuous training

Dr Stefaan MULIER
Oncological and Digestive
Surgeon, CHIREC
Head of the Peritoneal
Clinic



Chirec
**Peritoneum
Clinic**

IN PALLIATIVE CARE, EARLIER IS BETTER!

The progress made over the last 20 years in the field of oncology screening, diagnosis and treatment has profoundly changed the course of the disease. When it is incurable, cancer is increasingly a chronic condition, ranging from periods of stabilization to recurrence. The treatments that are undertaken during these long courses aim at both prolonging patients' lives and preserving their quality of life. Palliative care is specifically designed to improve the quality of life of patients with incurable conditions. One of the challenges of the next few years will be to better integrate it in the process of oncology care. Ideally, it should be introduced as soon as possible. It should begin at the moment when cancer becomes incurable and continue until the patient's death, adapting to the progressive stages of the disease and adjusting to the physical and psycho-social needs of the patient. Palliative care will therefore coexist for some time with oncology treatments. Several randomized trials illustrate the benefits of such a care model.

The quality of life of patients is improved. Physical and psychological symptoms are better relieved. Aggressive treatments and unnecessary hospitalizations are reduced. These encouraging results have led international scientific associations as prestigious as the American Society of Clinical Oncology (ASCO) or the National Comprehensive Cancer Network (NCCN) to recommend early integration of palliative care into the practice of oncology care. Patients with advanced cancer should routinely benefit from careful assessment and appropriate treatment of their physical symptoms. They should receive psycho-social support and spiritual accompaniment. And, the health care team should offer them an open discussion about the progression of their disease, addressing their life-threatening prognosis, their life goals, their values and beliefs, in order to better plan future care. The organization of this early palliative care must be adapted to each centre, but it remains, in the first line, for the oncologist and the family

doctor. Teams which are specialized in palliative care could intervene in support at the hospital or at home. The optimal time to start early palliative care is sometimes difficult to know. A tool, the Palliative Care Indicators Tool (PICT), has been developed at the request of the SPF Santé Publique (FPS Health) to help treatment teams identify patients who may benefit. Its use is expected to become widespread in the near future.

Dr Marianne DESMEDT

Physician Manager, Continuous Care Unit, UCL St Luc

THE MOBILE INTRA-HOSPITAL TEAMS AT CHIREC



Mobile intra-hospital palliative care teams are multidisciplinary "second line" teams. These teams include at least one part-time medical specialist or GP, a part-time graduate nurse and a part-time psychologist.

Mobile teams were created to provide the palliative function; i.e. ensuring awareness, counselling, training and support to all individuals associated with patients requiring palliative care. These teams enable patients to stay in the same department and to keep the same caregivers.

Their missions:

- **develop** within the hospital a "**palliative culture**" by placing the patient in the centre of focus
- **formulate advice** for **hospital management** about the policy to be followed for the treatment of pain, relief of a whole series of symptoms (nausea, anorexia, etc.), use of specialized equipment (analgesic pump, etc.) and psychological and moral support for the palliative patient
- **ensure respect for the patient's choice** as to their end-of-life location and the continuity of care during transfer (to an institution or

home) by promoting communication between the various healthcare providers

- **provide continuing education** in palliative care for front-line practitioners
- **offer listening and support** to the patient, their family and the care team.

Within Chirec, there are mobile intra-hospital palliative care teams at different sites.

Isabelle de GROEVE,
Nurse



Dr Anne-Marie PARMENTIER



Continuous & Palliative Care and Algology, CHIREC

SUPPORTIVE ONCOLOGY CARE

RADIOTHERAPY, AN EFFECTIVE TREATMENT FOR PAIN

Bone metastases are the leading cause of pain for the cancer patient. In addition to pain, bone involvement can lead to an increased risk of pathological fractures (low-energy trauma fractures due to bone fragility caused by bone metastasis) and/or compression of the spinal cord, leading to paralysis if left untreated.



The pain may be nociceptive (due to the stimulation of nociceptors following the release of a series of mediators, such as prostaglandins, leukotrienes, substance P, bradykinin, etc.) or neuropathic (by infiltration of the periosteum, nerves, etc.). Of course, pain in the cancer patient may be due to a combination from several origins.

In many cases, pain results in functional impairment, with a major impact on daily activity and emotional and psychological status, as well as on the social life of patients: in other words, a marked deterioration in the quality of life.

Radiotherapy is a locoregional treatment, using ionizing radiation to destroy cancer cells by blocking their ability to multiply. It is rapid treatment, with few side effects, which are also limited over time. Its effectiveness in about 80% of patients has been demonstrated by several studies.



Novalis® TrueBeam™ STx: a machine capable of performing stereotactic treatments of very high precision (SBRT and SRS) with a 6D table (pitch, yaw, roll), as well as VMAT, IMRT, DIBH, 4D and 3D treatments

Radiotherapy thus relieves pain, preserves function, and maintains skeletal integrity, resulting in improved quality of life for treated patients.

There are several radiotherapy regimens. The choice depends on several factors, the most important of which are: the state of the patient, the size and number of lesions to be treated, the complementarity with other therapeutic approaches and their timeframe (surgery, chemotherapy, immunotherapy, etc.). Note that in the context of antalgic radiotherapy, several meta-analyses have demonstrated the superiority of radiotherapy delivered over several sessions compared to antalgic radiotherapy delivered in a single session, in terms of the duration of the analgesic effect and the lower rate of re-irradiation (efficacy of long-term treatment).

Since radiotherapy acts on the origin of pain by destroying cancer cells that attack the bone, all guidelines, whether European, American, Asian or Australian, recommend radiotherapy as the treatment of choice in the management of patients with pain as part of a cancerous disease with bone involvement, emphasizing the effectiveness, rapidity and low side effects of this treatment.



TrueBeam™ is equipped with the Catalyst HD system: SIGRT treatments (surface positioning control, non-irradiating, uninterrupted throughout the radiotherapy session), VMAT, IMRT, DIBH, 4D and 3D

Dr Fadlallah MERZAK
CHIREC
Radiotherapy-Oncology



REFRACTORY PAIN. THERAPEUTIC STRATEGIES IN MULTIMODAL MANAGEMENT

In recent decades, the multidimensional nature of pain has become recognized and multimodal biopsychosocial management has been proposed.

In patients with chronic pain or pain refractory to various treatments, it is important to evaluate all the factors involved in chronicity. Peripheral and central sensitization plays a major role, not only in acute pain, but also in the development of chronic pain. The decision algorithm for patients with cancer-related refractory pain integrates complementary anaesthetic, radiological and surgical analgesic techniques in the "toolbox" philosophy.

Pharmaco-nutrition focuses on the side effects of drugs and on epigenetic factors and their

consequences. Epigenetic regulation is involved in the regulation of many chronic diseases and mechanisms involved in the vicious cycles of chronic pain. Acute pain and chronic pain initiate multiple responses that alter general homeostasis. Analgesic treatment can be a real emergency.

It is necessary to clarify the therapeutic objectives with the patient: to relieve pain at rest, to relieve paroxysmal pain, to prevent pain related to movement, diagnostic or therapeutic procedures, to restore better sleep. It may be worthwhile to consider acupuncture stimulation in combination with drug treatment and interventional techniques, particularly in the central and peripheral sensitization phenomena observed during chronic and refractory pain.



Dr Lisette Fodderie

*Anaesthetist, Pain Management Physician,
Pain Clinic, CHIREC*

Dr Agnès Mazic de Sonis

*Pain Management Physician, Pain Clinic,
CHIREC*

"THE CARE HOTEL", AN INNOVATIVE CONCEPT AS PART OF "MIDDLE CARE": THE CITÉ SÉRINE EXAMPLE

Some palliative phase patients have a profile and needs that cannot be met in any existing care facility (home, rest home/nursing home, hospital, palliative care unit). That's when intermediate structures of the "middle care" type have their place.

At Cité Serine, patients with serious and progressive illnesses can find a multidisciplinary answer to their complex needs, whatever their age and stage of their disorder.

For their medical needs, the nursing team works under the direction of the patient's attending physician. In close consultation with the referring physician and the hospital team, they establish a care plan that integrates the management of pain and other symptoms. Medical devices are made available according to the needs of each patient (analgesic pump, IV infusion, oxygen, respirator, dialysis system, etc.). A nurse is available 24/7.

On a psychosocial level, the patient is accompanied and supported by a professional team. Indeed, the illness often causes problems that disrupt the well-being of the patient and those around him/her (anxiety, social isolation, loss of income - change of status - accessibility to reimbursements, etc.).

The 'hotel' concept has been especially studied. A daily-life support team is present 12 hours a day, 7 days a week. These professionals, who are in charge of the meals service and maintenance of the therapeutic studios, also provide support and comfort to patients and their families. Finally, it should be emphasized that special attention is paid to the layout and the therapeutic environment, which, while ensuring technical functionality, ensures that patients can free themselves from the "medicalized" context. Each therapeutic studio is individually

designed with a view to comfort. The living room - dining room opens on a large private garden which, from the first rays of the sun, is well occupied by patients and their families!

Anne CHAMPAGNE
Administrator-Delegate

Christine COLLARD
General Coordinator



CITÉ SÉRINE - Hôtel de soins (Care Hotel)
Rue de la Consolation 79-83
B 1030 Bruxelles
Tél. +32 (0)2 733 72 10
Fax +32 (0)2 733 74 34

Cité Sérine is accredited by the French Community Commission



SUPPORTIVE ONCOLOGY CARE

WEBSITES TO VISIT:



www.fbsp-bfpz.org



www.re-source-delta.be



www.mimi-foundation.org



www.updlf-asbl.be



www.palliaguide.be



www.palliABRU.be



www.etincelleasbl.be



www.serine.be



www.cancer.be



www.semiramis-asbl.org



www.masc.org



www.oncomfort.com



www.mindfullife.be



www.mskcc.org



www.e-cancer.fr



www.continuingcare.be

DID YOU KNOW?



- Bone metastases are the leading cause of pain in cancer patients
- Radiotherapy relieves 80% of the pain from bone metastases
- Physical inactivity leads to a 25% increase in the risk of breast and colon cancer
- Physical activity reduces the risk of breast cancer mortality by 34% in women with hormone-dependent tumours.
- Simple preventative hygiene measures (not smoking, maintaining your ideal weight, limiting your alcohol consumption, etc.) can reduce your cancer risk by about 30%.
- 20 to 50% of patients have a significant level of psychological distress
- Depressed patients have a 3-fold higher risk of non-compliance with treatment
- Palliative care is not limited to end-of-life care
- Palliative care is appropriate for patients with severe and progressive disease, regardless of age, stage of illness, and type of disease.



THE 8TH MEETING AT THE CCI

Successful attendance with more than 250 participants for this 8th edition of the Meetings devoted to supportive care. Fortunately, the CCI team was able to move the Chalet Robinson walls!

The speakers invited us to travel with them in the world of supportive oncology care and discover its many facets:

- Innovative approaches in fighting pain, physical deconditioning, stress and anorexia.
- The central importance of communication

in Oncology: the cornerstone of a strong therapeutic relationship, it helps develop a concerted therapeutic plan that takes into account the values and priorities of patients.

- The advantages of not limiting palliative care to the end of life and designing structures that are intermediate between hospital and home.
- Multiple ways of presenting therapeutic education to better manage the disease in an empowering way, individually or in groups.
- The importance of the link between professionals and patients, and also between professionals as well as between patients, not

to mention the importance for each person of cultivating the link within oneself, for example through mindfulness or hypnosis.

- The Re-source house, a unique initiative in Brussels supported by the CCI, brings together these different approaches and offers a welcoming space for physical, psychological and social support.

Rediscovering the human dimension of care as a quality label for an Oncology of Excellence generated a palpable enthusiasm among participants!



THANK YOU TO OUR PARTNERS

Multidisciplinary Quality of care Consultation Communication Physical activity Role of the Generalist
 Relaxation Continuity of care Reintegration Empowerment Excellence objective Accompaniment Aesthetic
 well-being Support Accessibility Personalized care Importance of connecting Quality of life

BIG PLANS FOR THE CHIREC

STATE-OF-THE-ART TECHNOLOGIES AND BUNDLING OF SERVICES TO FACILITATE THE PATIENTS' TREATMENT PATHWAY



The operating area is equipped with 28 fully digitalized operating theatres, with robotic assistance. And many departments (medical imaging, nuclear medicine, laboratory, radiotherapy, etc.) have been refurbished, thanks to the acquisition of state-of-the-art equipment. The radiotherapy department has completely renewed its infrastructure, with the acquisition of high-tech devices. In particular:

- 2 innovative state-of-the-art electron linear accelerators: the Novalis TrueBeam ST and TrueBeam Catalyst
- 1 CT simulation scanner: Siemens Somatom Confidence

- 1 afterloader for HDR brachytherapy: GammaMedplus iX.

These are an advance in stereotactic radiotherapy, by defining treatments with an accuracy of less than 1 mm.

With regard to the other CHIREC hospital sites, Ste-Anne St-Remi (Anderlecht) and Braine-l'Alleud - Waterloo, renovations and the acquisition of new equipment are planned in the coming years. The CHIREC continues to bring together its medical and paramedical personnel from different sites to enable optimal deployment of excellence initiatives and multidisciplinary centres.

On 11 December 2017, the CHIREC opened its new Delta hospital in Auderghem, uniting the hospital activities of the Edith Cavell (Uccle) and Leopold Park (Etterbeek) Clinics. The Delta site has unquestionably enabled the hospital group to develop in line with the evolution of medical technologies and to invest in the best equipment, ensuring an optimal quality of care, both diagnostic and therapeutic.



All-new radiotherapy equipment at Delta - a linear electron accelerator - with views of the sky for patient comfort.



Chirec
Cancer Institute

Ste-ANNE St-REMI Clinic

Boulevard Jules Graindor, 66
1070 Brussels - Tel: +32 2 434 30 11

DELTA Hospital

Boulevard du Triomphe, 201
1160 Brussels - Tel: + 32 2 434 81 11

BRAINE L'ALLEUD - WATERLOO Hospital

Rue Wayez, 35 - 1420 Braine-l'Alleud
Tel: +32 2 434 91 11

BASILIQUE Clinic

Rue Pangaert, 37-47
1083 Brussels - Tel: +32 2 434 21 11

EDITH CAVELL Medical Centre

Rue Edith Cavell, 32
1180 Brussels - Tel: +32 2 434 41 11

CHIREC Louise CityClinic

Avenue Louise, 235 B
1050 Brussels - Tel: +32 2 434 20 00

EUROPE -LAMBERMONT Medical Centre

Rue des Pensées, 1- 5
1030 Brussels - Tel: + 32 2 434 24 11

PARC LEOPOLD Medical Centre

Rue Froissart, 38
1040 Brussels - Tel: +32 2 434 51 11

JEAN MONNET Medical Centre

Avenue Jean Monnet, 12
1400 Nivelles - Tel: +32 2 434 79 11

Multidisciplinary

Quality of care

Consultation

Communication

Physical activity

Role of the Generalist

Relaxation

Continuity of care

Reintegration

Empowerment

Excellence objective

Accompaniment

Aesthetic

well-being

Support

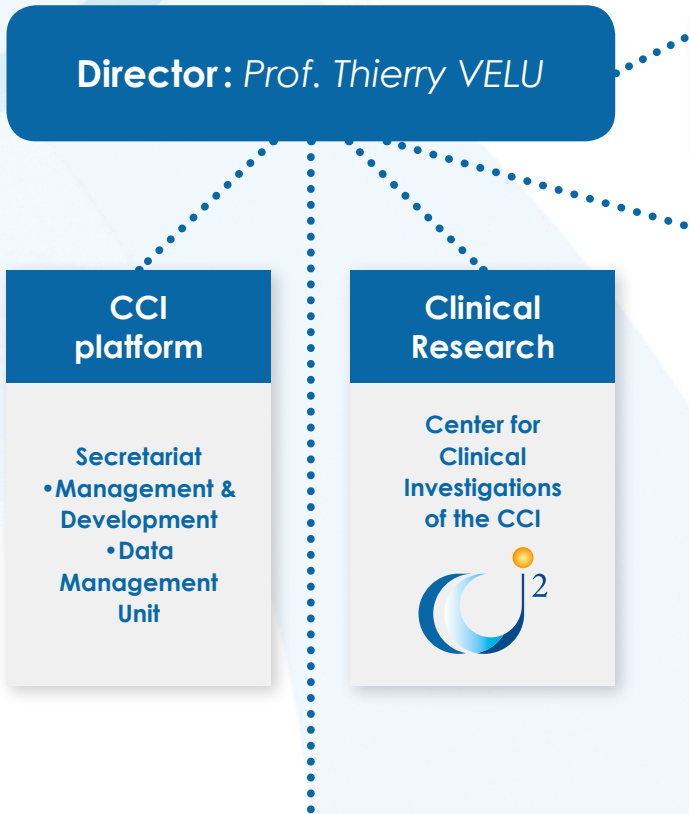
Accessibility

Personalized care



Importance of connecting

Quality of life

CHIREC CANCER INSTITUTE ORGANIZATION



Departments of the CCI (and their Heads)

| | | |
|--|--------------------------------|-----------------------|
|  | Chirec Radiotherapy Department | Dr Pauline Gastelblum |
|  | Chirec Medical Oncology Clinic | Pr Thierry Velu |

Close collaborations





Oncology Care Programs (and their Coordinators)

| St-Anne St-Rémi Dr Bruno Vandermeersch | Delta Dr Jean-Pierre Kains | Braine l'Alleud - Waterloo Dr Claude Finet |
|---|---|---|
|  | Chirec Cancer Prevention & Screening Clinic | Dr Laurence Gordower |
|  | Chirec Breast Clinic | Dr Jean-Frédéric Limbosch |
|  | Chirec Urologic Oncology Clinic | Dr Antoine Abi Aad |
|  | Chirec Gyneco-Oncology Clinic | Dr Jean-Pierre Claes |
|  | Chirec Digestive Oncology Clinic | Dr Sandrine Roland |
|  | Chirec Thoracic Oncology Clinic | Dr Annick Foucart |
|  | Chirec Dermatologic Oncology Clinic | Dr Olivier De Lathouwer |
|  | Chirec Head and Neck Oncology Clinic | Dr Thierry Ladner |
|  | Chirec Onco-Hematology Clinic | Dr Khalil Kargar |
|  | Chirec Endocrino-Oncology Clinic | Dr Jean-Paul Squifflet |
|  | Chirec Neuro-Oncology Clinic | Dr Frédéric Collignon |
|  | Chirec Peritoneum Clinic | Dr Stefaan Mulier |
|  | Chirec Supportive Oncology Clinic | Dr Dominique Bouckaere |
|  | Chirec Supportive Oncology Clinic | Dr Anne-Marie Parmentier |

CCI clinics (and their Heads)

FOCUS ON... THE CREATION OF NEW CLINICS AT THE CCI



Chirec
Cancer Prevention
& Screening Clinic

The Cancer Prevention and Screening Clinic began its first consultations in early April 2018 at the Delta site, and will be quickly extended to other sites. A personalized consultation makes it possible to develop an "oncology" risk profile

for each patient: depending on their risk factors, a series of examinations and specialized consultations (= screening circuit) will be recommended and organized over 1 or 2 days. The results of this screening circuit will be given to the patient during a 2nd consultation and, with their agreement, forwarded to their treating physician(s). Based on these results, recommendations for follow-up or treatment, as well as advice on cancer prevention, will be provided during the consultation.

• Prevention and screening: why?

At present, not all cancers can be avoided. Nevertheless, it is possible to act. Simple preventative hygiene measures (not smoking, maintaining your ideal weight, limiting your alcohol consumption, etc.) can **reduce your cancer risk by about 30%**. Screening can detect a series of cancers, usually at an early stage, often even before the onset of symptoms. Treatments are then more effective and the chances of cure greater. In some cases, screening can also detect pre-cancerous lesions that can be treated to stop cancer from developing.

• The consultation

The consultation establishes a risk profile and recommends a series of specialized examinations and consultations. Among the specific features of the Cancer Prevention and Screening Clinic, there are:

- consultations **open to all**, with or without a particular cancer risk factor;
- a quality prevention and screening plan, **personalized and multidisciplinary according to each person's risk profile**;
- the organization of a "screening circuit", consisting of a series of examinations and specialized consultations;
- the **centralization of results**, which are communicated during the consultation, and their **transmission to the treating doctor(s)**;
- a goal of **accessibility** and **transparency** of costs.

.....SOME PREVENTION RECOMMENDATIONS.....

| | |
|---|--|
|  <p>TOBACCO Don't smoke, don't use any form of tobacco, and avoid passive exposure to tobacco.</p> |  <p>CARCINOGENS Protect yourself from carcinogenic substances by respecting health and safety instructions.</p> |
|  <p>WEIGHT Maintain an ideal weight.</p> |  <p>ENVIRONMENT Check radon gas emissions at home and take measures if necessary.</p> |
|  <p>PHYSICAL ACTIVITY Engage in sufficient physical activity.</p> |  <p>HPV AND HBV VACCINES Vaccinate children against hepatitis B (neonates) and against human papillomavirus (HPV) (young girls)</p> |
|  <p>FOOD Adopt a healthy diet.</p> |  <p>SCREENING Participate in programs organized around these screenings (at a minimum): - colorectal cancer, - breast cancer, - cervical cancer.</p> |
|  <p>ALCOHOL Limit alcohol consumption.</p> | |
|  <p>SUN AND UV Avoid excessive sun exposure, use sunscreen and don't use tanning equipment.</p> | |

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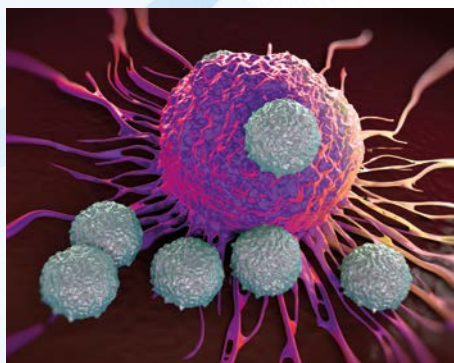
REQUESTING INFORMATION

✉ depistage.cancer@chirec.be

☎ +32 2 434 46 62

FOR APPOINTMENTS

☎ + 32 2 434 81 15



Well before the opening of the Delta site, the Chirec Cancer Institute (CCI) decided to expand its treatment by providing comprehensive care for patients with haematological malignancies (blood cancer). Simultaneously with the opening of the Delta site, the CCI opened the Haemato-Oncology Clinic, integrated into the Oncology Department. In the last ten years, progress in haematology has been immense. New drugs have been marketed, but it is difficult to know their specific action and their toxicity in detail. Teamwork means above all open-mindedness, trust, communication, acceptance of others and sharing the same values. These values must be



those of mutual aid and solidarity, but how can we combine team spirit and individualized care for patients? This is our challenge for the next few years.

In medicine, which tends to be individualized and with increasingly targeted treatments, it has become important to share scientific knowledge, but that alone is not enough. This is why we have established a structure in which a liaison nurse takes care of the patient from the first consultation. Paramedico-social supervision is then carried out by the rest of the team: psychologists, social workers, nurses in the day hospital and in traditional hospitalization.

All cases diagnosed or referred by our generalist or specialist colleagues are discussed at the weekly Multidisciplinary Oncology Consultation (MOC) meeting in the presence of the various specialists involved in the

diagnosis and treatment. Despite managing many haematology cases, we are well aware of our limitations, which is why we are developing a privileged collaboration with the University Centres of the region and, if necessary, we refer the patient to the best known specialist in Belgium. We hope to achieve the goal of centralizing haematological care within our Institution for multidisciplinary, humane and individualized medicine.

Dr Khalil KARGAR
Head of the
Haematology-Oncology
Clinic, CHIREC



MAKE A DONATION

- FOR THE CLINICAL RESEARCH AT THE CHIREC CANCER INSTITUTE: Account for the Chirec Cancer Institute – Fondation CARE :
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The CARE Foundation (Fondation CARE) was created to promote quality scientific research in the various clinics that make up CHIREC. It supports the CCI's efforts in clinical cancer research.
The CARE Foundation provides a tax deduction certificate, starting at a donation of 40/year.

The Foundation is a member of the "Belgian Network of Foundations" (Réseau Belge de Fondations) and is a member of AERF, the Association for Ethical Fundraising.

Contact us at: + 32 2 434 4662 – cancer.institute@chirec.be

Or at our postal address: Chirec Cancer Institute – CCI – Hôpital Delta – Bld du Triomphe 201 – 1160 Bruxelles

- FOR RE-SOURCE: A HOME DEDICATED TO SUPPORTING PATIENTS



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*Thank you
in advance
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