



BREAST CENTRES NETWORK

Synergy among Breast Units

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Tata Medical Center - Kolkata, West Bengal, India

General Information



New breast cancer cases treated per year

1200

Breast multidisciplinarity team members

16

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

The Breast Unit is a multidisciplinary team composed of dedicated breast surgeons, clinical and medical oncologists, psychiatrists, palliative care experts, breast care nurses, supported by radiologists, pathologists, nuclear medicine experts, trial and data coordinators. Clinical decisions are made on evidence-based institutional protocols, and are discussed in multidisciplinary team meetings. In the last year we performed 675 breast cancer operations, out of which 50% were breast conservation surgery. SLNB is offered to all eligible patients. Day-care-based chemotherapy and hypo-fractionated radiotherapy is our standard of care. We organize survivorship meeting once a month. Day-to-day clinical practice is recorded on the hospital's electronic medical record system. Apart from clinical activities, our unit encourages both investigator-initiated and sponsored research, with all protocols being approved by institutional review board. Tissue biobanking for future research is done with support from Tata Translational Cancer Research Centre, Kolkata. Our clinical and research data has won awards at national and international meetings, and has been published in peer-reviewed journals.

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Available services

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

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

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

Radiology

- ▶ Dedicated Radiologists
 ▶ Mammograms per year
 ▶ Breast radiographers
 ▶ Screening program
 ▶ Verification for
 non-palpable breast lesions
 on specimen
 ▶ Axillary US/US-guided
 FNAB
 ▶ Clinical Research
- Available imaging equipment Mammography Ultrasound Magnetic Resonance Imaging (MRI) Available work-up imaging equipment Computer Tomography ✓ Ultrasound Magnetic Resonance Imaging (MRI) ✓ PET/CT scan M Bone Scan Primary technique for localizing non-palpable lesions ✓ Hook-wire (or needle localization) ☐ Charcoal marking/tattooing ROLL: radio-guided occult lesion localization
- Available breast tissue sampling equipment

 Stereotactic Biopsy (Mammography guided)
 Core Biopsy (Tru-cut)
 Vacuum assisted biopsy
 Ultrasound-guided biopsy
 Fine-needle aspiration biopsy (FNAB, cytology)
 Core Biopsy
 Vacuum assisted biopsy
 MRI-guided biopsy
 Core Biopsy
 Core Biopsy
 Vacuum assisted biopsy
 Vacuum assisted biopsy

Breast Surgery

- ✓ New operated cases per year (benign and malignant)
 800

 ✓ Dedicated Breast Surgeons
 3

 ✓ Surgeons with more than 50 surgeries per year
 3

 ✓ Breast Surgery beds
 10

 ✓ Breast Nurse specialists
 2

 ✓ Outpatient surgery

 ☐ Intra-operative evaluation of sentinel node

 ✓ Reconstruction performed by Breast Surgeons

 ✓ Clinical Research
- Primary technique for staging the axilla

 Axillary lymph node dissection

 Sentinel lymph node biopsy:
 Blue dye technique
 Radio-tracer technique
 Blue dye + Radio-tracer

■ Axillary sampling

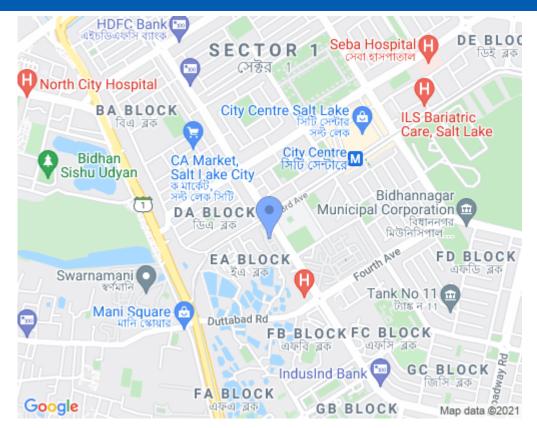
Reconstructive/Plastic Surgery Reconstructive/Plastic surgeons Type of breast reconstructive surgery available ✓ Immediate Reconstruction available Remodelling after breast-conserving surgery ☑ Reconstruction after mastectomy: Two-stage reconstruction (tissue expander followed by implant) ✓ One-stage reconstruction Autogenous tissue flap ✓ Latissimus dorsi flap ✓ Transverse rectus abdominis (TRAM) ✓ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.) ☑ Surgery on the contralateral breast for symmetry **Pathology** Dedicated Breast Pathologists Other special studies available Available studies ✓ 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 ✓ Pathology stage (pT and pN) ✓ Frozen section (FS) ✓ Tumour size (invasive component in mm) ☐ Surgical specimen Mistologic type ✓ Sentinel node ✓ Tumor grade Immunohistochemistry stain (IHC) ✓ ER/PR receptor status Estrogen receptors ✓ HER-2/neu receptor status Progesterone receptors Peritumoural/Lymphovascular invasion ☑ HER-2 Margin status ✓ Ki-67 Ki 67, Response Assesment, Pni, Dcis, Extensive Intraductal Component **Medical Oncology** Dedicated Breast Medical Oncologists 3 Outpatient systemic therapy Clinical Research

diotherapy	
☑ Dedicated Radiation Oncologists ☑ Clinical Research	Available techniques after breast-conserving surgery (including experimental)
	₩ Whole-Breast RT (WBRT)
	Partial breast irradiation (PBI):
	External beam PBI
	\square Interstitial brachytherapy
	\square Targeted brachytherapy (MammoSite, SAVI applicator, other devices)
	\square Intra-operative RT (IORT)
	☑ Timor Bed Boost, IMRT, 3D Confrontational RT
ultidisciplinary Meeting (MDM) / Tumour Board ((ТВ)
Regular MDM/TB for case management discussion	Specialties/services participating in MDM/TB
☑ Twice a week	✓ Radiology
☐ Weekly	✓ Breast Surgery
Every two weeks	✓ Reconstructive/Plastic Surgery
Other Schedule	✓ Pathology
Cases discussed at MDM/TB	✓ Medical Oncology
▼ P	✓ Radiotherapy
Preoperative cases	✓ Genetic Counselling
Postoperative cases	✓ Breast Nurse Service
	✓ Psycho-oncology
	☑ Data and Trial Coordinators
urther Services and Facilities	
Nuclear Medicine	Genetic Counselling
✓ Lymphoscintigraphy	Specialist Providing Genetic Counselling/Risk assessment service:
☑ Bone scan	Dedicated Clinical Geneticist
☑ Positron Emission Tomography (PET)	☐ Medical Oncologist
☑ PET/CT scan	☑ Breast Surgeon
Rehabilitation	☐ General Surgeon
✓ Prosthesis service	Gynaecologist
✓ Physiotherapy	✓ Genetic Testing available
☑ Lymph-oedema treatment	Surveillance program for high-risk women
	Data Management
	lacksquare Database used for clinical information
	☑ Data manager available

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How to reach us



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From airport:

Netaji Subhash internation airport is 10 km away from our hospital and it's well connected by public transportation.

By train:

Howrah railway station is 21 KM away from the hospital, well connected by all means of public transportation.

By bus or sub-way/underground:

Newtown bus station is the closest major station (only 1 Km away from hospital).

By car:

Good road connectivity from all part of city.

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