



BREAST CENTRES NETWORK

Synergy among Breast Units

Instituto Ginecomamario - Mendoza, Argentina

General Information

Image: Instituto Ginecomamario

New breast cancer cases treated per year 190

Breast multidisciplinary team members 14

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

Clinical Director: **Francisco Eduardo Gago, MD, PhD**

Instituto Ginecomamario, better known as IGM, was founded in 1997 in the province of Mendoza, Argentina. It was the first medical centre dedicated to the diagnosis and treatment of breast pathology in the province. Our mission is to detect early the onset of breast cancer through the latest technology available, and to offer the best care to oncology patients and their families. Our Mastology Unit is formed by a group of highly qualified professionals in their respective areas, trained to solve the totality of Breast Pathology. We strive to combine patient care with prevention, training and research in order to benefit not only patients currently undergoing treatment, but also those of future generations.

Instituto Ginecomamario

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CERTIFICATION(S) ACCREDITATION(S)

Accreditacion de Unidad de MAstología

Expiration date: 26 April 2023

Image: Accreditation de Un

Sociedad Argentina de
Mastologia

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** 5
- Mammograms per year** 10500
- 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

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
 - Vacuum assisted biopsy

Breast Surgery

- New operated cases per year (benign and malignant)** 259
- Dedicated Breast Surgeons** 3
- Surgeons with more than 50 surgeries per year** 3
- Breast Surgery beds** 3
- Breast Nurse specialists** 1
- 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** 2
- Immediate Reconstruction available**

Type of breast reconstructive surgery 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** 1

Available studies

- Cytology
- Haematoxylin & eosin section (H&E)
 - Surgical specimen
 - Sentinel node
 - Core biopsy
- Frozen section (FS)
 - Surgical specimen
 - Sentinel node
- Immunohistochemistry stain (IHC)
 - Estrogen receptors
 - Progesterone receptors
 - HER-2
 - Ki-67

Other special studies available

- Fluorescence in-situ Hybridization for HER-2 gene (FISH)
- Oncotype Dx (21-gene assay)
- MammaPrint (70-gene microarray)
- Prediction Analysis of Microarray 50-gene set (PAM 50)

Parameters included in the final pathology report

- Pathology stage (pT and pN)
- Tumour size (invasive component in mm)
- Histologic type
- Tumor grade
- ER/PR receptor status
- HER-2/neu receptor status
- Peritumoural/Lymphovascular invasion
- Margin status

Medical Oncology

- Dedicated Breast Medical Oncologists** 3
- 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

Twice a week

Weekly

Every two weeks

Other Schedule

Cases discussed at MDM/TB

Preoperative cases

Postoperative cases

Specialties/services participating in MDM/TB

Radiology

Breast Surgery

Reconstructive/Plastic Surgery

Pathology

Medical Oncology

Radiotherapy

Genetic Counselling

Breast Nurse Service

Psycho-oncology

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Genetic Counselling

Specialist Providing Genetic Counselling/Risk assessment service:

Dedicated Clinical Geneticist

Medical Oncologist

Breast Surgeon

General Surgeon

Gynaecologist

Genetic Testing available

Surveillance program for high-risk women

Data Management

Database used for clinical information

Data manager available

Contact details

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From airport:

From the Francisco Gabrielli Airport, take national route 40 to the north access for approximately 7 kilometers, then turn right on Beltran Street and continue for 3 kilometers until you reach 25 de Mayo Street, turn left and continue for approximately 13 blocks until you reach San Lorenzo Street, turn left and 50 meters away you will find the Gynecomammary Institute.

By train:

There isnt train for passengers in Mendoza Argentina

By bus or sub-way/underground:

From the Francisco Gabrielli Airport, take national route 40 to the north access for approximately 7 kilometers, then turn right on Beltran Street and continue for 3 kilometers until you reach 25 de Mayo Street, turn left and continue for approximately 13 blocks until you reach San Lorenzo Street, turn left and 50 meters away you will find the Gynecomammary Institute.

By car:

From the Francisco Gabrielli Airport, take national route 40 to the north access for approximately 7 kilometers,

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Last modified: