



BREAST CENTRES NETWORK

Synergy among Breast Units

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Tata Memorial Hospital - Mumbai, India

General Information



New breast cancer cases treated per year

4400

Breast multidisciplinarity team members

21

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

Clinical Director: Tanuja Shet, MD

The Breast Unit is composed of four surgeons and receives about 4,4000 new cases per year. Every week 45 surgeries are performed. 60% of the registrations are operable breast cancers of which 70% are offered breast conservation surgery and approximately 5% overall also undergo breast reconstruction. Sentinel node biopsy is offered only within studies and not as standard care. 35% of our cases are locally advanced cancers all treated by mutimodality treatment. 45% are offered BCT after NACT. The Unit also has many research protocols in various trial phases. Investigator-generated trials are appreciated and are focused on various clinical settings of operable breast cancer adjuvant treatment, neo-adjuvant in locally advanced breast cancer and role of loco-regional treatment in primary metastatic breast cancer. There are also various Pharma-supported Phase I, Phase II and Phase III trials evaluating recent advances in chemotherapy, hormonal therapy and targeted therapies. Translational research is ongoing at the associated Research Center-ACTREC (Advanced Centre for Treatment, Research and Education in Cancer) at New Bombay (Navi Mumbai).

Tata Memorial Hospital

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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

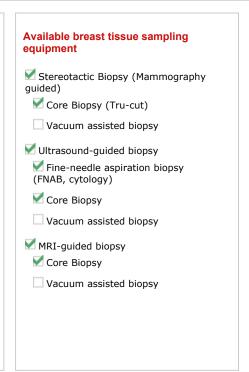
Radiology

☑ Dedicated Radiologists	4
✓ Mammograms per year	10000
✓ 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



Breast Surgery

✓ New operated cases per year (benign and maligna	int) 2800
☑ Dedicated Breast Surgeons	4
☑ Surgeons with more than 50 surgeries per year	4
☑ Breast Surgery beds	30
☑ Breast Nurse specialists	3
☑ Outpatient surgery	
✓ Intra-operative evaluation of sentinel node	
☑ Reconstruction performed by Breast Surgeons	
☑ Clinical Research	

Primary technique for staging the axilla Axillary lymph node dissection Sentinel lymph node biopsy: Blue dye technique Radio-tracer technique Blue dye + Radio-tracer Also low axillary sampling

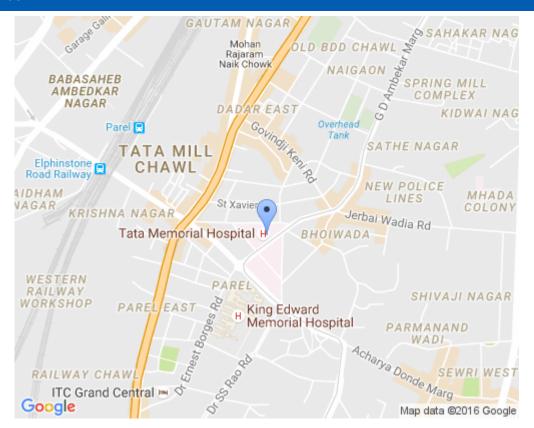
■ Axillary sampling

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 5 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 ✓ Perinodal extension **Medical Oncology** Dedicated Breast Medical Oncologists Outpatient systemic therapy ✓ Clinical Research

Tata Memorial Hospital		
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) ☑ IMRT, IGRT	
Multidisciplinary Meeting (MDM) / Tumour Board (TB)		
No MDM/TB for case management discussion.		
Further Services and Facilities		
Nuclear Medicine	Genetic Counselling	
 ✓ Lymphoscintigraphy ✓ Bone scan ✓ Positron Emission Tomography (PET) ✓ PET/CT scan 	✓Specialist Providing Genetic Counselling/Risk assessment service: □ Dedicated Clinical Geneticist □ Medical Oncologist	

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From airport:

From International Airport: approximately 30 Km. From Domestic Airport: approximately 20 Km.

By train:

By Local trains: Parel Station on Central line

and Elphinston station on Western Line. Then it takes a 10-minute walk to the hospital.

By bus or sub-way/underground:

Accessible by bus.

By car:

Accessible.

Last modified: 13 November 2015