



BREAST CENTRES NETWORK

Synergy among Breast Units

★ Tata Memorial Hospital - Mumbai, India

General Information



New breast cancer cases treated per year **4400**

Breast multidisciplinary 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 4,400 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 multimodality 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

Dr. Ernest Borges Road

400012 Mumbai, India

Phone: +912224177194

Fax: +912224154005

E-mail: vaniparmar@gmail.com

Web-site: tmc.gov.in

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

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)** 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** 4
- 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** 5

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
- Perinodal extension

Medical Oncology

- Dedicated Breast Medical Oncologists** 4
- 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)

IMRT, IGRT

Multidisciplinary Meeting (MDM) / Tumour Board (TB)

No MDM/TB for case management discussion.

Further Services and Facilities

Nuclear Medicine

Lymphoscintigraphy

Bone scan

Positron Emission Tomography (PET)

PET/CT scan

Rehabilitation

Prosthesis service

Physiotherapy

Lymph-oedema treatment

Wigs

Genetic Counselling

Specialist Providing Genetic Counselling/Risk assessment service:

Dedicated Clinical Geneticist

Medical Oncologist

Breast Surgeon

General Surgeon

Gynaecologist

Radiation Oncologist

Genetic Testing available

Surveillance program for high-risk women

Data Management

Database used for clinical information

Data manager available

Contact details

Clinical Director

Tanuja Shet, MD	Convener Breast Cancer Disease Management Group	tanujashet5@gmail.com	+912224177264
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Radiology

Meenakshi Thakur	Professor	thakurmh@yahoo.co.in	+912224177000
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Breast Surgery

Rajendra Badwe, MS	Director TMC	badwera@gmail.com	+912224168601
Vani Parmar, DNB, MS	Professor and Past Convener Breast DMG	vaniparmar@gmail.com	+919820803076

Reconstructive Surgery

Prabha Yadav, MCh	Professor and Head of Surgery	drprabhayadavtmh@gmail.com	+912224168601
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Pathology

Tanuja Shet	Professor of Pathology	tanujashet5@gmail.com	+912224177264
Sangeeta Desai	Professor	sangeetabdesai@rediffmail.com	+912224177273

Medical Oncology

Sudeep Gupta	Professor	sudeepgupta04@yahoo.com	+912224177201
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Radiotherapy

Ashwini Budrukkar, MD	Associate Professor	ashwini.budrukkar@gmail.com	+912224177152
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How to reach us



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400012 Mumbai, India

Phone: +912224177194

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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.

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