



# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# T

# Chris Hani Baragwanath Academic Hospital - Johannesburg, South Africa

## **General Information**



New breast cancer cases treated per year 355

Breast multidisciplinarity team members 15

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

Clinical Director: Herbert Cubasch (FCS SA)

The combined team is grouped around a surgical teaching unit of Wits University that comprises 3 consultants and 2 registrars, 3 medical officers and 4 Interns. We service Southern Johannesburg, Soweto and surrounding areas, with an estimated population of 3 millions. We deal with a socially disadvantaged population with difficult access to health care. Further challenges are poverty, ignorance, stigma, transport problems and a poor primary health referral system. We attempt to help by implementing an open door policy to our clinic, providing health education at every opportunity for patients and primary health care providers and cooperating with NGOs. Our out-patient clinic runs weekly and sees an average of 180 patients. Once diagnosed our current waiting time for surgery is one week. Wherever feasible and preferred we offer breast conserving and reconstructive surgery. We run two combined meetings per week with allied specialists based at our institution and at the Charlotte Maxeke Johannesburg Academic Hospital where our patients receive their adjuvant Chemo- and Radiotherapy. We are involved in several research projects with local and international research partners.

# **Chris Hani Baragwanath Academic Hospital**

Old Potch Road 2013 Johannesburg,

Phone: +27119338000 Fax: +27119382002

E-mail: cubasch@worldonline.co.za

Web-site: www.bathopelebreastunit.co.za

#### 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 3 Mammograms per year 4009 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

4

15

4

ROLL: radio-guided occult lesion localization

#### Available breast tissue sampling equipment

- Stereotactic Biopsy (Mammography
  - 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) 584 Dedicated Breast Surgeons
- Surgeons with more than 50 surgeries per year
- ✓ Breast Surgery beds Breast Nurse specialists
- 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 surgeons      | Type of breast reconstructive surgery available  |
|--------------------------------------|--|
| Immediate Reconstruction available   |  |
|                                      | Remodelling after breast-conserving surgery  |
|                                      | <ul><li>Reconstruction after mastectomy:</li><li>Two-stage reconstruction (tissue expander followed by</li></ul> |
|                                      | implant)   |
|                                      | ✓ One-stage reconstruction   |
|                                      | ☑ Autogenous tissue flap   |
|                                      | Latissimus dorsi flap  |
|                                      | lacksquare Transverse rectus abdominis (TRAM)  |
|                                      | ☐ Free-flaps (free TRAM, DIEP, SIEA, gluteal, etc.)  |
|                                      | lacksquare Surgery on the contralateral breast for symmetry  |
| athology                             |  |
| ☑ Dedicated Breast Pathologists      | 2 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                      |  |
| ☑ Core biopsy                        | Parameters included in the final pathology report  |
| ✓ Frozen section (FS)                | ☑ Pathology stage (pT and pN)  |
| Surgical specimen                    | ☑ Tumour size (invasive component in mm)   |
| ✓ Sentinel node                      | ☑ Histologic type  |
| ✓ Immunohistochemistry stain (IHC)   | ☑ Tumor grade  |
| Estrogen receptors                   | ☑ ER/PR receptor status  |
| ✓ Progesterone receptors             | ✓ HER-2/neu receptor status  |
| ₩ HER-2                              | ✓ Peritumoural/Lymphovascular invasion   |
| ✓ Ki-67                              | ☑ Margin status  |
|                                      |  |
| edical Oncology                      |  |

| Radiotherapy                                   |  |
|--|--|
| ☑ Dedicated Radiation Oncologists              | Available techniques after breast-conserving surgery                         |
| ☑ Clinical Research                            | (including experimental)   |
|  | ☑ Whole-Breast RT (WBRT)   |
|  | ✓ Partial breast irradiation (PBI):  |
|  | ☑ External beam PBI  |
|  | ☑ Interstitial brachytherapy   |
|  | $\square$ Targeted brachytherapy (MammoSite, SAVI applicator, other devices) |
|  | ☐ Intra-operative RT (IORT)  |
| Iultidisciplinary Meeting (MDM) / Tumour Board | (ТВ)   |
| Regular MDM/TB for case management discussion  | Specialties/services participating in MDM/TB                                 |
| ☑ Twice a week                                 | <b>☑</b> Radiology   |
| Weekly   | ✓ Breast Surgery   |
| Every two weeks                                | ✓ Reconstructive/Plastic Surgery   |
| Other Schedule                                 | ✓ Pathology  |
| Cases discussed at MDM/TB                      | ☑ Medical Oncology   |
|  | ☑ Radiotherapy   |
| ✓ Preoperative cases                           | Genetic Counselling  |
| ✓ Postoperative cases                          | ✓ Breast Nurse Service   |
|  | Psycho-oncology  |
| 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                                | ☑ Division of Human Genetics NHLS  |
| Lymph-oedema treatment                         | ☑ Genetic Testing available  |
|  | $\square$ Surveillance program for high-risk women                           |
|  | Data Management  |
|  | lacksquare Database used for clinical information                            |
|  | ☑ Data manager available   |

#### Contact details **Clinical Director** Herbert Cubasch (FCS SA) Head of the Unit, Surgeon cubasch@worldonline.co.za +27825601210 Radiology Marianne Kuehnast, FRCR Consultant Radiologist drmkuehnast@gmail.com +2725962398 **Breast Surgery** Herbert Cubasch (FCS SA) Senior Consultant cubasch@worldonline.co.za +27825601210 Lydia Kilani (FCS SA) Consultant +27725446917 lydia.kilani@yahoo.com Nivashni Murugan (FCS SA) Consultant nivs6ster@gmail.com +27722048086 Devorah Wineberg (FCS SA) Consultant delay80@gmail.com +27724584876 **Reconstructive Surgery** Elias Ndobe, MD Head of Plastic Surgery, Wits Elias.Ndobe@wits.ac.za +27824156140 **Pathology** Eunice Van der Berg, FCP Consultant eunice.vandberg@nhls.ac.za +27114898716 **Medical Oncology** Paul Ruff, MD Head of Oncology Dpt. ruffp@medicine.wits.ac.za +27113566515 Radiotherapy Vinay Sharma, MD Head of Department +27114812137 vinay.sharma@wits.ac.za

## How to reach us



# **Chris Hani Baragwanath Academic Hospital**

Old Potch Road

2013 Johannesburg,

Phone: +27119338000 Fax: +27119382002

E-mail: cubasch@worldonline.co.za

Web-site: www.bathopelebreastunit.co.za

From airport:

Private transportation and taxi.

Follow N12 direction Bloemfontein, exit Old Potch/ Chris Hani Road.

By train:

n/a

By bus or sub-way/underground:

n/a

Last modified: 23 September 2016