



# BREAST CENTRES NETWORK

Synergy among Breast Units

## ★ Shaukat Khanum Memorial Cancer Hospital & Research Centre - Lahore/Johar Town, Pakistan

### General Information



**New breast cancer cases treated per year** 1000

**Breast multidisciplinary team members** 21

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

**Clinical Director:** Amina Khan, FACS

The breast unit consists of consultant members of MDC meeting, a dedicated breast surgeon, a medical and a radiation oncologist, a consultant pathologist and a radiologist and a genetist with parallel support from nursing staff, physiotherapist, reconstructive service, rehabilitation service and palliative care service. The team takes decisions regarding treatment options and management of breast cancer patients. About 20 to 30 cases are discussed in every meeting. Besides regular outdoor and filter (walk-in) clinics, patients are also examined every Tuesday through a weekly 'One Stop Breast Clinic' in radiology department under the supervision of a breast surgeons for the initial single-day diagnostic work-up. Further management regarding surgery, chemotherapy and radiation are then planned accordingly. Some patients are also referred from the out reach clinics in various cities. Routine day case-management is also done at these clinics like chemotherapy, routine follow-ups, counselling and screening. We also have fellowships for training breast surgeons. Clinical, genetic, basic and population-based research is also an important part of our breast unit.

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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** 2
- ☒ **Mammograms per year** 3500
- ☒ **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)
- ☒ Scintimammography

### 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)** 1500
- ☒ **Dedicated Breast Surgeons** 3
- ☒ **Surgeons with more than 50 surgeries per year** 3
- ☒ **Breast Surgery beds** 10
- ☒ **Breast Nurse specialists** 10
- ☒ **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** 2

### 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
- ✓ Presence/absence of DCIS

## 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

☒ MUGA scan/Mibi 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

## Clinical Director

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## Breast Surgery

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## Reconstructive Surgery

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Abdul Hameed, FRCS	Consultant

## Pathology

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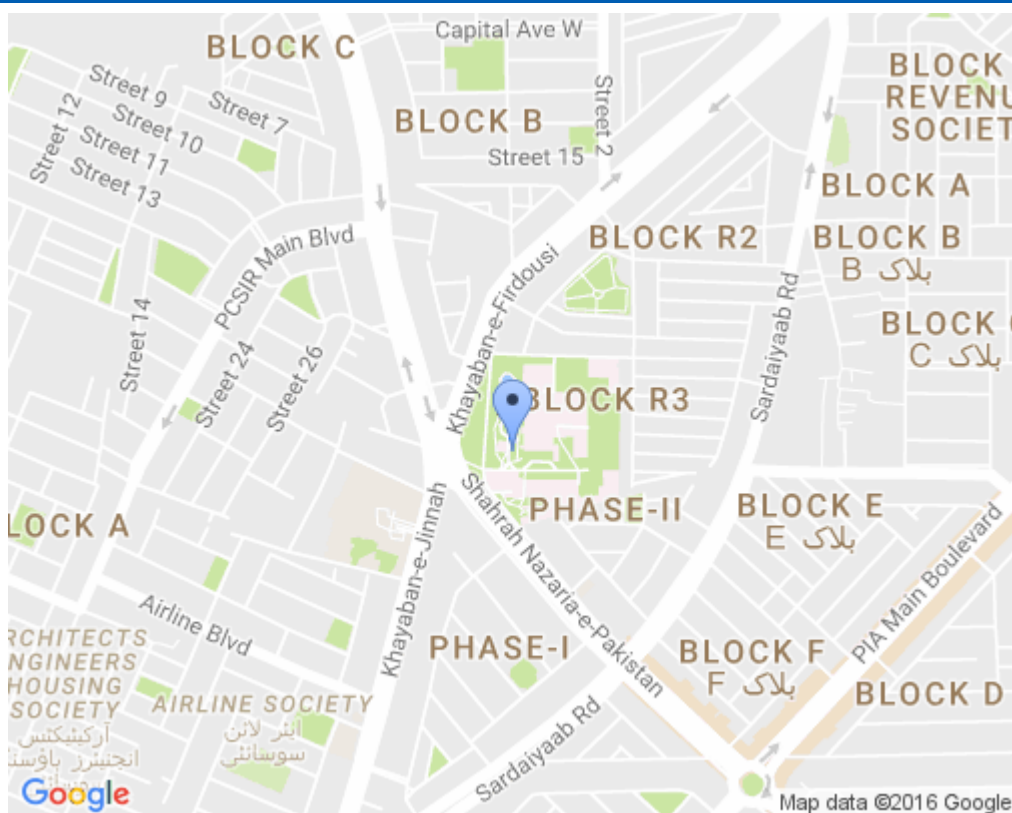
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## Radiotherapy

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## How to reach us



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#### From airport:

It takes about 45 minutes to one hour to reach the hospital by car/taxi from the International Lahore Airport.

#### By train:

Facility not available in the city. From local train station (Lahore), you have to get a taxi to reach the hospital.

#### By bus or sub-way/underground:

Accessible by bus.

#### By car:

Accessible.

**Last modified:** 27 December 2010