



BREAST CENTRES NETWORK

Synergy among Breast Units

Basavatarakam Indo American Cancer Hospital and Research Institute - Hyderabad, Telangana, India

General Information



New breast cancer cases treated per year **1200**

Breast multidisciplinary team members **11**

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

Clinical Director: **T. Subramanyeshwar Rao, MCh**

Basavatarakam Indo American Cancer Hospital & Research Institute is an NABH accredited trust hospital focusing on affordable cancer care. Our breast unit handles approximately 1200 new cases each year. We are a team of 10 specialists, including experienced breast oncosurgeons, senior medical and radiation oncologists, pathology and radiology consultants and plastic surgeons. Treatment decisions are taken through weekly multi-disciplinary tumor board meetings and post operative care for patients is managed by a team of specially trained breast care nurses and physiotherapists. Our breast unit is actively involved in various multi-center clinical trials. Our community and social engagements include rural breast cancer awareness outreach programs through mobile screening units and free healthcare associated with various government schemes.

Basavatarakam Indo American Cancer Hospital and Research Institute

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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** 1
- Mammograms per year** 3000
- 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)** 1220
- Dedicated Breast Surgeons** 4
- Surgeons with more than 50 surgeries per year** 4
- Breast Surgery beds** 20
- 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
- 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** _____ 1
- 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

Clinical Director

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Radiology

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Breast Surgery

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Reconstructive Surgery

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Pathology

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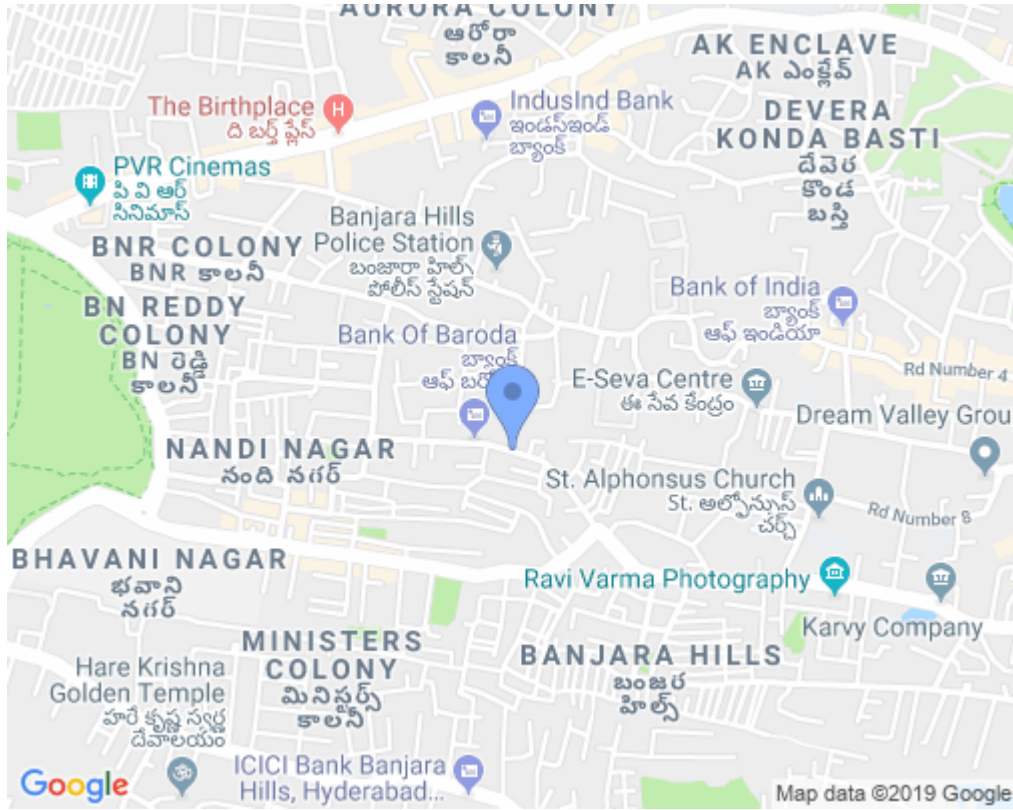
Medical Oncology

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Radiotherapy

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How to reach us



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From airport:

Approximately 30km from Rajiv Gandhi International Airport, Hyderabad. Radio cabs (Meru/Ola/Uber) are available on arrival.

By train:

Approximately 12km from Secunderabad Railway Station. Cabs/autos/state or private transport buses are available on arrival.

By bus or sub-way/underground:

Buses ply from all parts of the city towards the hospital with a dedicated bus stop near the hospital entrance.

By car:

Accessible by car.

Last modified: 13 February 2018