

# **BREAST CENTRES NETWORK**

Synergy among Breast Units

# Tata Memorial Centre - Mumbai, Maharashtra, India

**General Information** 



New breast cancer cases treated per year 5100

Breast multidisciplinarity team members 26 Radiologists, surgeons, pathologists, medical oncologists, radiotherapists and nurses

Clinical Director: Rajiv Sarin, 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 the 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 and Education in Cancer) at New Bombay (Navi Mumbai).

# **Tata Memorial Centre**

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# CERTIFICATION(S) ACCREDITATION(S)

National Accreditation Board for Testing and Calibration Laboratories Expiration date: 19 May 2022

Tata Memorial Centre

# Available services

Radiology Vuclear Medicine Social Workers Rehabilitation Mutritional Counselling Breast Surgery Reconstructive/Plastic Surgery Genetic Counselling Survivorship Groups **Pathology** Z Data Management Sexual Health Counselling Psycho-oncology Supportive and Palliative Care Medical Oncology **Radiotherapy** Mareast Nurses Manual Integrative Medicine Radiology **V** Dedicated Radiologists 7 Available imaging equipment Available breast tissue sampling equipment Mammograms per year 10000 Mammography 🗹 Breast Stereotactic Biopsy (Mammography VItrasound radiographers quided) Screening program Core Biopsy (Tru-cut) Magnetic Resonance Imaging (MRI) Verification for Vacuum assisted biopsy Available work-up imaging non-palpable breast lesions equipment 🗹 Ultrasound-guided biopsy on specimen Fine-needle aspiration biopsy Computer Tomography Axillary US/US-guided (FNAB, cytology) **V**Itrasound **FNAB** Core Biopsy Magnetic Resonance Imaging (MRI) Clinical Research Vacuum assisted biopsy V PET/CT scan MRI-guided biopsy Primary technique for localizing 🗹 Core Biopsy non-palpable lesions Vacuum assisted biopsy Hook-wire (or needle localization) Charcoal marking/tattooing ROLL: radio-guided occult lesion localization

### **Breast Surgery**

e new operated buses per year (beingir and mangin	2400
Z Dedicated Breast Surgeons	7
Surgeons with more than 50 surgeries per year	6
🗹 Breast Surgery beds	30
🗹 Breast Nurse specialists	3
✓ Outpatient surgery	
Intra-operative evaluation of sentinel node	
Reconstruction performed by Breast Surgeons	
Clinical Research	

New operated cases per year (benign and malignant) 2400

#### 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

econstructive/Plastic Surgery			
Reconstructive/Plastic surgeons	4	Type of breast reconstructive surgery available	
Immediate Reconstruction available		Remodelling after breast-conserving surgery	
		Reconstruction after mastectomy:	
		$\mathbf{V}$ 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.)	
		$\checkmark$ Surgery on the contralateral breast for symmetry	

# Pathology

Dedicated Breast Pathologists	<b>3</b> 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)
V Sentinel node	Parameters included in the final pathology report
V Core biopsy	
Frozen section (FS)	Pathology stage (pT and pN)
Surgical specimen	V Tumour size (invasive component in mm)
Sentinel node	Mistologic type
Munohistochemistry stain (IHC)	🗹 Tumor grade
Stan (The)	Z ER/PR receptor status
Progesterone receptors	V HER-2/neu receptor status
✓ HER-2	Peritumoural/Lymphovascular invasion
✓ Ki-67	🗹 Margin status
	Perinodal extension

# Medical Oncology

V Dedicated Breast Medical Oncologists	5
V 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)
- V 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
- Senetic Testing available
- Surveillance program for high-risk women

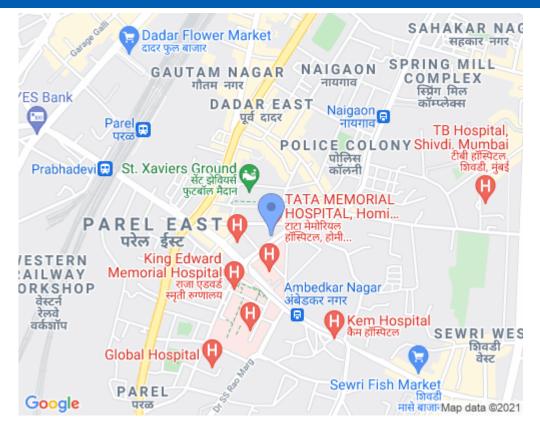
#### **Data Management**

- Database used for clinical information
- 🗹 Data manager available

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# How to reach us



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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 Prabhadevi station on Western Line. Then it takes a 10-minute walk to the hospital or you can take a share cab to hospital.

# By bus or sub-way/underground:

Accessible by bus.

# By car:

Accessible.

Last modified: 20 November 2020