



# BREAST CENTRES NETWORK

Synergy among Breast Units

## Tokyo-West Tokushukai Hospital - Matsubara, Japan

### General Information



**New breast cancer cases treated per year** 180

**Breast multidisciplinary team members** 8

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

**Clinical Director:** Kazuhiko Sato, MD, PhD

Tokushukai Medical Group philosophy is "All living beings are created equal". Under this philosophy, we continuously strive for realizing "Anybody in the society is to receive the best possible medical care anywhere, at whenever necessary". Whilst we are practising from Protective Medical Care, Chronic Medical Care, and Advanced Medical Care in corresponding to local people's needs and requests, we consider the Tokushukai Medical Group's mission responsibility, to provide standard care for Cancer. We Tokushukai Medical Group hospital proactively put an effort to establish a framework for the comprehensive medical care, to become the receptor for, so-called, "Cancer refugee" who is told by the hospital specialized in advanced cancer facility that there is no cure is available, or there is no comprehensive medical organization. However, they desire for the cure in the local area. On top of this, as we consider it must be one of the guidelines for selecting hospitals or the help for starting early or restart of medical treatment, there are hospitals in the group certified by prefectural and city governments as "Cancer Care Linkage Station Hospital".

### Tokyo-West Tokushukai Hospital

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CERTIFICATION(S) ACCREDITATION(S)

**Japan Breast Cancer Society Accreditation**

Expiration date: 31 December 2022

Japan Breast Cancer Society

This Centre has notified to be certified and, as such, been requested to upload the certification document for further information. When the certification document/s is/are provided, it is/they are made available hereafter.

## 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** 2000
- 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)
- PET/CT

## 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)** 183
- Dedicated Breast Surgeons** 2
- Surgeons with more than 50 surgeries per year** 2
- Breast Surgery beds** 10
- Breast Nurse specialists** 1
- 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

**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

Kazuhiko Sato, MD, PhD	Director	<a href="mailto:kazsato.boc@gmail.com">kazsato.boc@gmail.com</a>	+81425004433
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## Radiology

Nana Natsume, MD	Staff Radiologist	<a href="mailto:nanatsume@nifty.com">nanatsume@nifty.com</a>	+81425004433
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## Breast Surgery

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Hiromi Fuchikami, MD	Deputy director	<a href="mailto:a141219@yahoo.co.jp">a141219@yahoo.co.jp</a>	+81425004433
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## Reconstructive Surgery

Takuya Sekiyama	Director of plastic surgery		
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Mana Kurihara	Staff of plastic surgery		
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## Pathology

Masataka Tanno, MD, PhD	Director	<a href="mailto:kazsato.boc@gmail.com">kazsato.boc@gmail.com</a>	+81425004433
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Koichi Suda, MD, PhD	Staff pathologist	<a href="mailto:kazsato.boc@gmail.com">kazsato.boc@gmail.com</a>	+81425004433
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## Medical Oncology

Rai Shimoyama	Director of oncology center, Shonan Kamakura General Hospital		
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## Radiotherapy

Nana Natsume, MD	Staff radiologist	<a href="mailto:kazsato.boc@gmail.com">kazsato.boc@gmail.com</a>	+81425004433
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## How to reach us



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#### From airport:

Take the Keisei Limited Express from the airport to Nippori Station (75 minutes) and transfer to the JR Yamanote Line to Shinjuku (20 minutes). Take the Chuo line from Shinjuku Station to Haijima Station (33 minutes). Get out of the South exit, turn left and stay straight along the walkway. You will see our hospital on your left side, which is located just in front of Ito Yokado (800m / 10 minutes).

#### By train:

Take the Chuo line from Shinjuku Station to Haijima Station (33 minutes). Get out of the South exit, turn left and stay straight along the walkway. You will see our hospital on your left side, which is located just in front of Ito Yokado (800m / 10 minutes).

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

<https://www.tokyonishi-hp.or.jp/en/access/>

#### By car:

<https://www.tokyonishi-hp.or.jp/en/access/>

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