

Surgical Solutions

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Breast Care Center Welcomes New Leadership, Offers Latest Surgical Techniques



In August, Theodore Tsangaris, MD, (second from right) was appointed the new Surgical Director of the Jefferson Breast Care Center. The Center's surgical team includes plastic surgeons Stephen Copit, MD, and Patrick Greaney, MD, (see sidebar) and breast surgeons Anne Rosenberg, MD, Adam Berger, MD, and Melissa Lazar, MD.

With a team of top medical oncologists, surgeons, plastic surgeons, radiation oncologists and pathologists, the Jefferson Breast Care Center has long provided high-quality, integrated care to women with diseases of the breast. With the recent appointment of new leadership – Massimo Cristofanilli, MD, as Director of the Breast Care Center and Deputy Director of Translational Research at the Kimmel Cancer Center and Theodore N. Tsangaris, MD, FACS, as Surgical Director – the Center is poised for further growth and evolution.

The Center has also welcomed Melissa Lazar, MD, a Jefferson residency program graduate who recently completed fellowship training in Breast Oncology at Northwestern Memorial Hospital. Drs. Cristofanilli, Lazar and Tsangaris have joined a well-established team of surgeons and clinicians – including breast surgeons Adam Berger, MD, FACS, and Anne Rosenberg,

MD, FACS, and plastic surgeons Steven E. Copit, MD, Director of the Division of Plastic Surgery, and Patrick J. Greaney, MD.

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Offering the most advanced screening and treatment options, the Center has extensive experience in inflammatory breast cancer, breast cancer during pregnancy, breast cancer in young women, breast cancer in men and rare breast tumors, as well as early and advanced breast cancer. It also offers surgical expertise in nipple-sparing mastectomy with free-flap reconstruction (see “Surgeon Speaks”).

Dr. Tsangaris joined Jefferson from the Yale School of Medicine where he held

the position of Director of Outpatient Breast Services at the Smilow Cancer Hospital Network, after spending more than a decade at Johns Hopkins. His practice has been focused exclusively on breast surgery for some 20 years. As he notes, women with a known predisposition to breast cancer are increasingly choosing prophylactic mastectomy. Dr. Tsangaris has gained expertise in mastectomy that can cosmetically preserve the nipple. He has also honed techniques designed to respect the anatomical boundaries of breast tissue.

As the most recent addition to the team, Dr. Tsangaris sees tremendous value and potential in the Jefferson Breast Care Center: “Ours is not a ‘virtual’ breast center. It’s an actual center with one physical location where specialists come together and see patients in tandem. We have breast imaging one floor above the Center, and at any given time, we have a medical oncologist, surgeon or radiation oncologist seeing patients here.” Looking to the future, he would like to explore opportunities to extend the Center’s capabilities beyond Center City – offering patients care closer to where they live and work.

“Our patients benefit from our specially trained support teams that include nurses, social workers, therapists and techs,” says Dr. Cristofanilli, whose research centers on inflammatory breast cancer, locally advanced breast cancer, and genomic and biomarkers development – with a focus of developing better, more personalized therapies. “We work hard to provide coordinated, personalized treatment and care to all of our patients.”

To learn more visit:
www.jeffersonhospital.org/breast

Surgeon Speaks

“After mastectomy, a woman can undergo reconstructive surgery using breast implants or using her own tissue.

“Implants remain a viable option, but they are not free of risk. Women with implants may experience shell rupture, infection and/or visible rippling over time. Also, implants have an average lifespan of just 10 years. Thus, some women, particularly younger patients, simply aren’t comfortable using implants. Other women have previously undergone radiation therapy, leaving their skin unsuitable for an implant-based reconstruction.

“In such cases, using a woman’s own tissue for reconstructive surgery may be the best choice. In the past, this type of surgery required use of large muscle tissue – typically an abdominal muscle with skin attached to it. With free-flap reconstruction, we are often able to perform reconstruction without using muscle tissue. Instead, we harvest skin and fat from a patient’s belly, buttock or thigh.

“Free-flap reconstruction, offered through the Jefferson Breast Care Center, is typically a more complex surgery than implant-based reconstruction. However, for many women, this option produces a very natural, comfortable and long-lasting result.”



Patrick J. Greaney, MD
Assistant Professor

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