Rotorua GPCME 2012

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Who should you examine ??

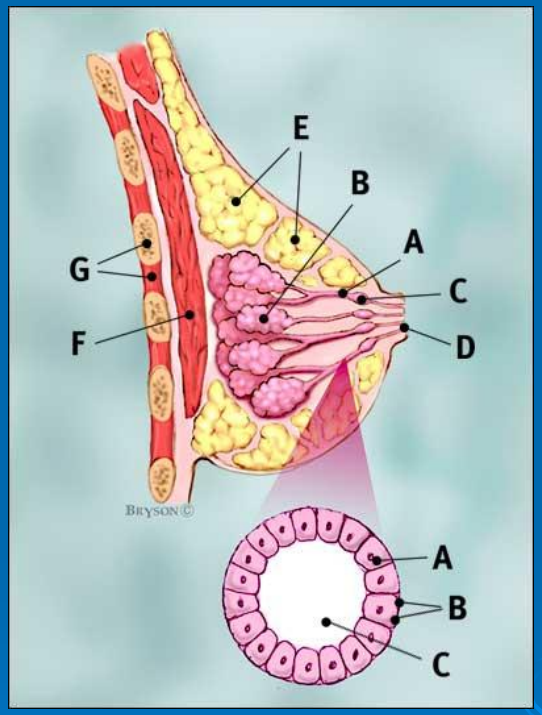
- Those with a symptom
- Then send to diagnostic clinic NOT screening

- High risk

- Anyone asking you to

Breast Examination

- Physician
- Nurse
- Self



- Now promote self **awareness** rather than examination

Breast Lumps - Investigatio

- >35 yrs – mammogram +/- ultrasound
- <35 yrs – ultrasound

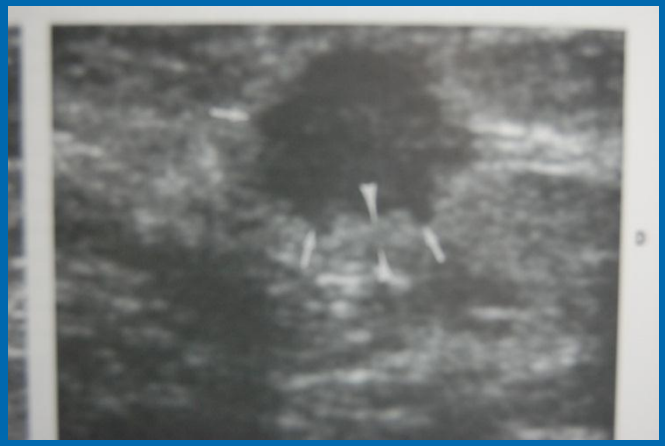
- **Imaging is not enough!**

- Triple Test – clinical, imaging and **biopsy**

- Concept of concordance

Triple Test

1. History and
   Clinical Examination
2. Imaging : Ultrasound
   : Mammogram



3. Biopsy : FNA cytology/ Core

Further Investigation

- Required if the imaging results are not consistent with each other or with the history and clinical breast examination findings.
- May include additional imaging or biopsy

Breast Thickening

- Review again after period
- Compare side to side
- Note any other features ? Skin change or nipple changes sit up hands above head
- Watch out for the LOBULAR cancer missed on imaging and sometimes on biopsy

Mammogram

- 1. Diagnostic MLO CC
- 2. Screening
- 3. Digital
- A high quality request form is essential

Standardised reporting

1. No significant abnormality
2. Benign findings
3. Indeterminate /equivocal findings
4. Suspicious findings of malignancy
5. Malignant finding

Mammogram how often

- Density is a term used to describe the amount of breast tissue showing well on a mammogram (not what you feel)
- High density means it is more difficult to see through and thus more likely to “miss” a cancer
- 1 to 2 yrly depends not just on age but also therefore on density of the breast tissue

Screening

- Well women
- Breast Screen Aotearoa 45yrs to 69yrs
- Personal advise 40yrs to over 70yrs if well

Clinical Screening Mammography

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- High risk group (HRT,Hodgkins)
- Previous diagnosis of invasive ca breast /or DCIS
- Previous diagnosis of LCIS/atypical hyperplasia
- Strong family history
- Scheduled for augmentation or reduction surgery

Breast Screen Aotearoa

Over 2 million women screened since started Dec 1998

(now 72% of those eligible)

10,000 with breast cancer

75% node negative

40% < 10mm

Risk of developing Breast or Ovarian Cancer in next 10 years

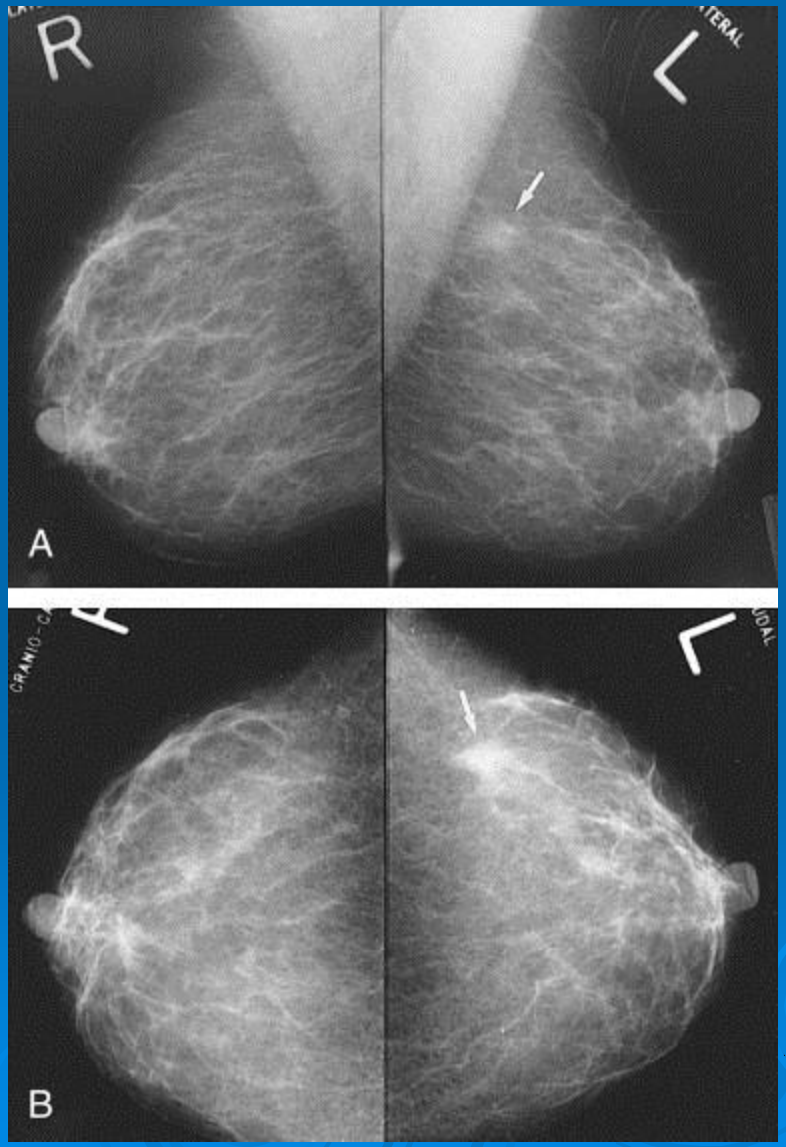
Now aged	Breast	Ovarian
20	1 in 2500	1 in 3000
30	1 in 250	1 in 2000
40	1 in 70	1 in 900
50	1 in 40	1 in 450
60	1 in 30	1 in 300
70	1 in 30	1 in 200

Screening

- Spend your time and effort on getting well women aged 50 to 70 yrs to breast screening

- We need the rate to be above 70% to make a difference
- Older women get breast cancer

BREAST CANCER



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Calcifications

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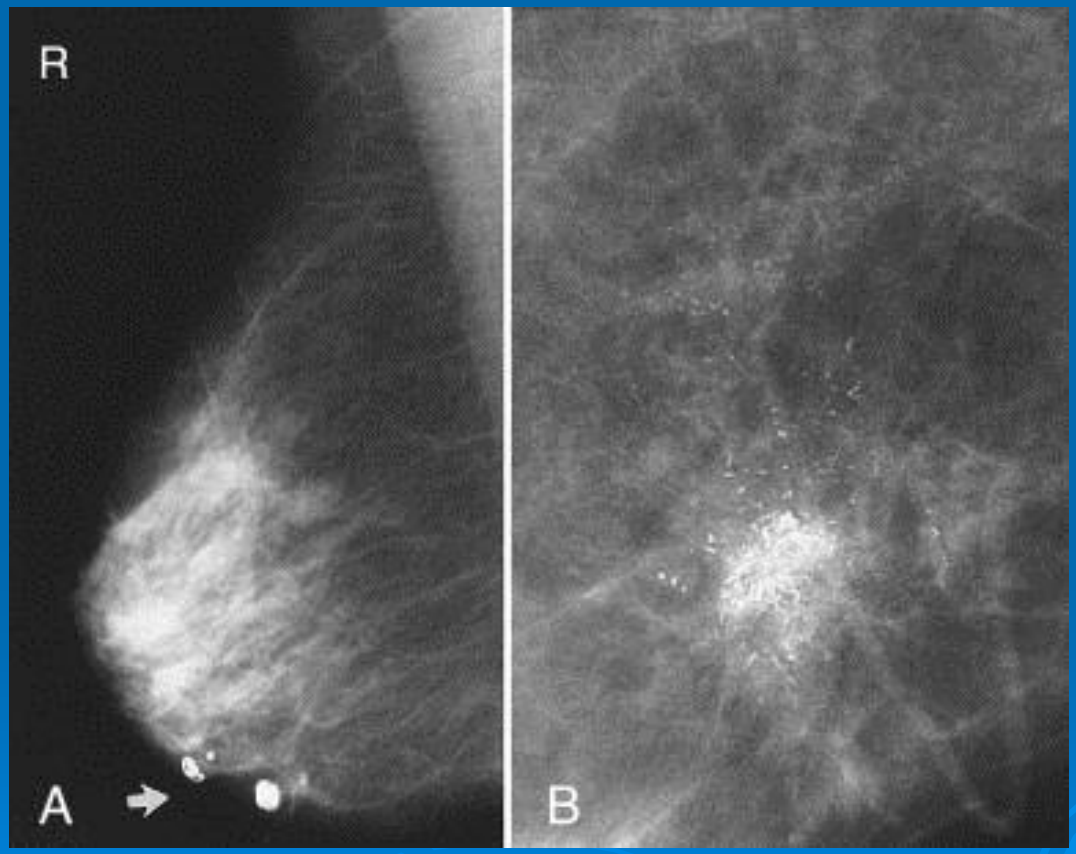

40 to 49 BENEFITS

- NEED TO SCREEN 1792 WOMEN TO PREVENT ONE BREAST CANCER DEATH
- (OVER 50 SCREEN 838 to prevent one)

- START SCREENING AT 40 SHOWS A 16% REDUCTION 10 YRS LATER AND 27% BY 15YRS

Imaging of limited use

- Thermography minimal use
- PET scan not for screening most useful for detection of metastatic disease.

New Therapy

- Herceptin debate
- Trials
- ALLODERM permacol surgery
- Definite sentinel nodes

New Therapy

- B blockers ? May reduce incidence
- Metformin biomarker only trials needed

  May also enhance effect of Tmx and Herceptin
- Aspirin low dose 4 plus days per week over 10 yrs

  Aspirin both pre BC may reduce incidence and after diagnosis may reduce mortality

LIFESTYLE FACTORS

- Alcohol 2 or more drinks per day over 5 yrs prior to diagnosis increases risk by 82%
- Obesity No doubt increases risk prior to diagnosis and once diagnosed increased mortality
- Exercise more than three times a week 20mins at young age

All aspects of breast care dealt with in a caring and professional manner by our multidisciplinary team.

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