Mrs Belinda Scott

Breast and General Surgeon

Breast Associates

Auckland

Optimal Treatment of Breast Cancer - Concurrent Workshop Repeated

Sunday, 18 August 2013	Start 8:30am	Duration: 55mins	Pyramids
	Start 9:35am	Duration: 55mins	Pyramids

Optimal Treament of Breast Cancer 2013

MRS BELINDA SCOTT
Breast Surgeon
Breast Associates Ltd
Auckland

Breast Cancer

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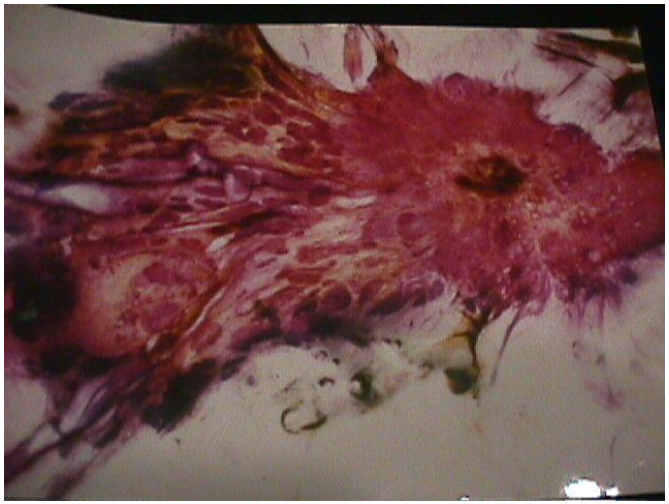
- Lifetime risk 1 in 8
- Mean age 61yrs
- 34% are under 50 yrs
- 66% are OVER 50 yrs
- 8% under 40 yrs



Genes Known

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- *BRCA1* : breast, ovary :men prostate

- *BRCA2* : Breast Ovary Male breast ,prostate, pancreas
- *Tp53b* breast bone or soft tissue

  Many other sites brain lung adrenal
- Mismatch repair genes

WHY FINDING CANCER EARLY IMPORTANT

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- LESS AGGRESSIVE TREATMENT AFTER SURGERY i.e. Less need for Radiotherapy and Chemotherapy
- More possibility of **conserving the breast**
- PRODUCTIVITY

Treatment Breast Cancer

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Breast :Surgery

:Radiotherapy

The Body :Chemotherapy

: Anti oestrogen

:Immune therapy

Sentinel Node Biopsy

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- Now accepted routine for all early breast cancer patients
- Go on to dissection if positive
- Consider for DCIS High grade needing mastectomy
- Consider for multifocal but less certain of outcome
- Trials

Intra operative Radiotherapy

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- Intrabeam
- During surgery Partial gd 1 small
- post menopausal no nodes receptor positive
- 20 minutes on the table of radiotherapy
- Partial breast radiotherapy
- Results are the same for this and whole breast radiotherapy

“normal”Many shapes and sizes

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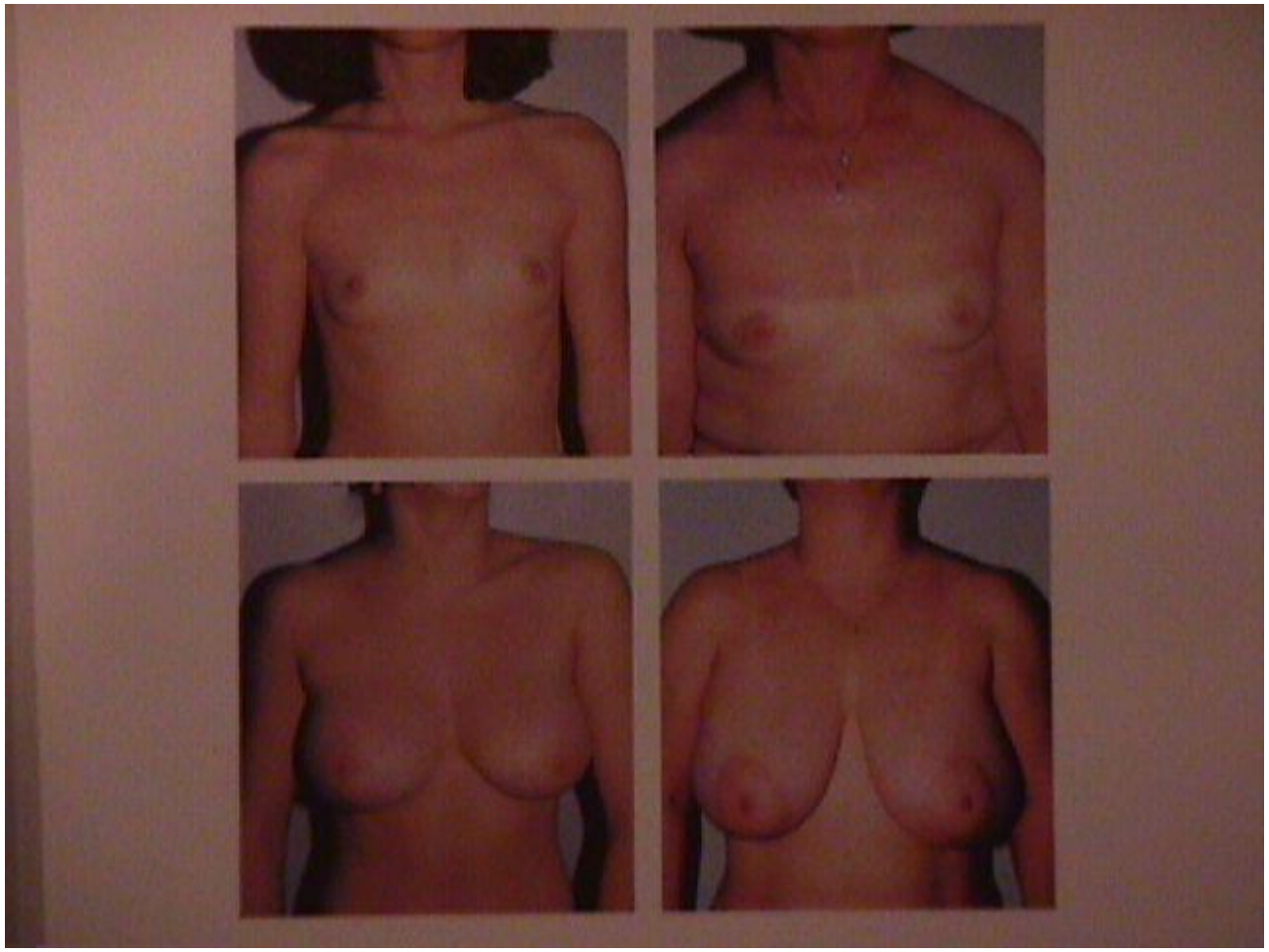

Clinical Examination

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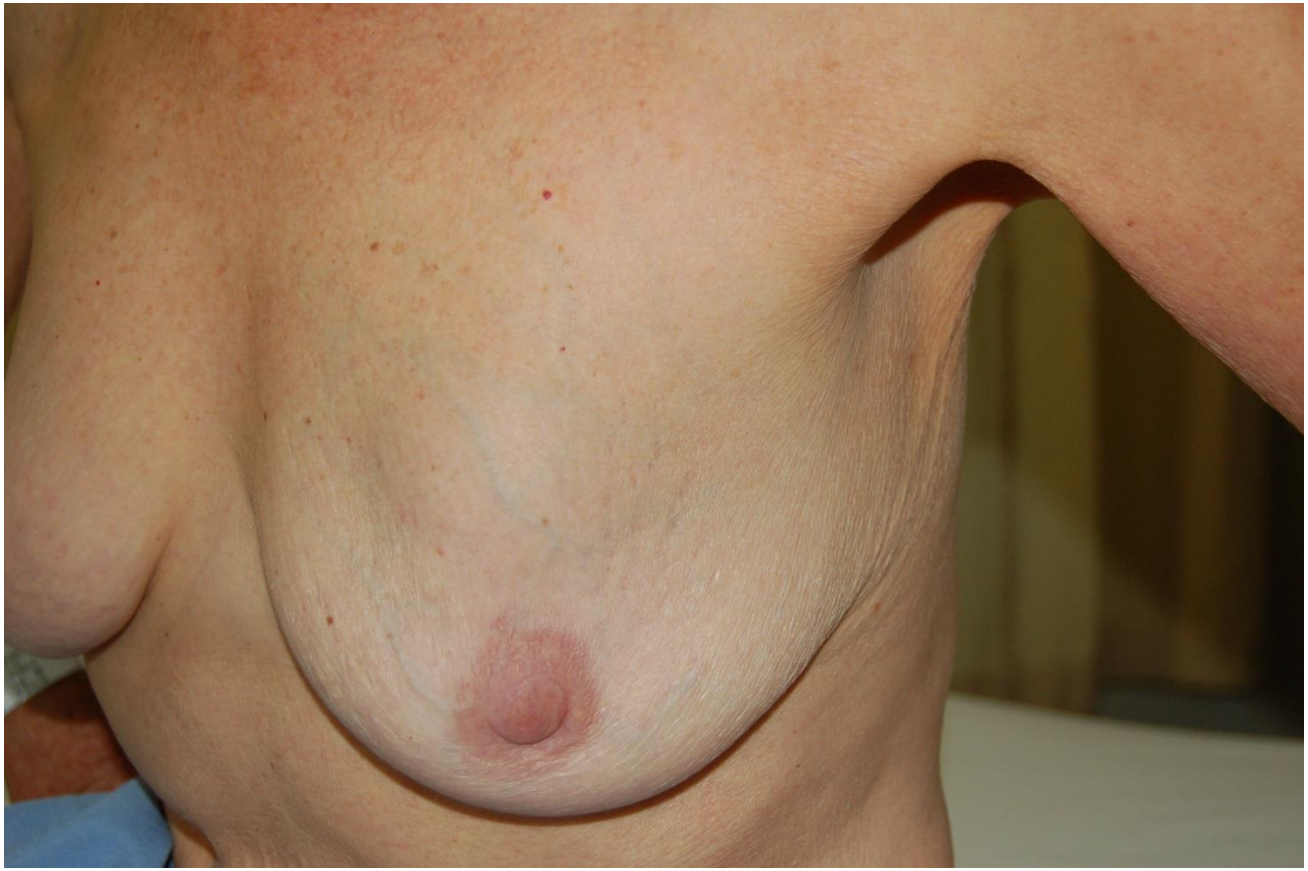

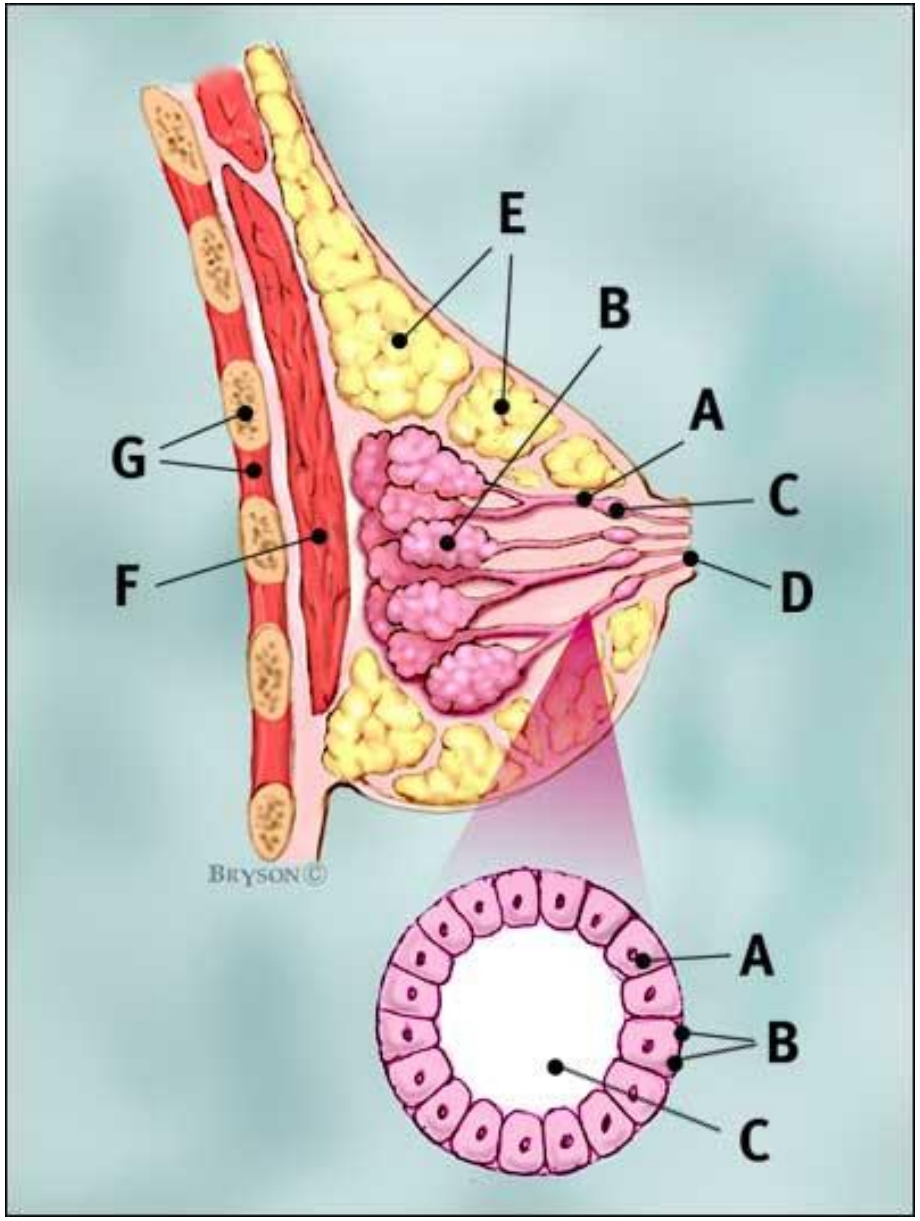

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Pathology

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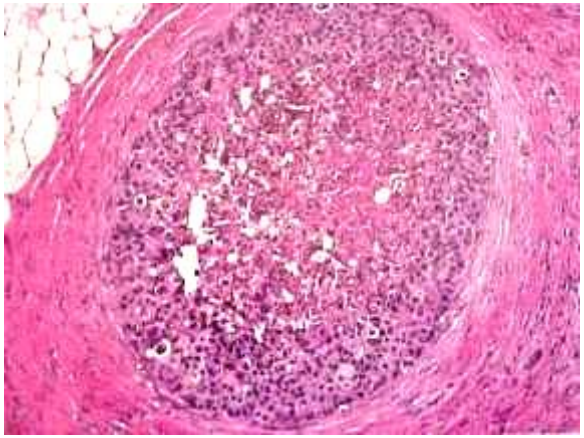
- In Situ

- Invasive Ductal
  Lobular
  Other



Normal breast

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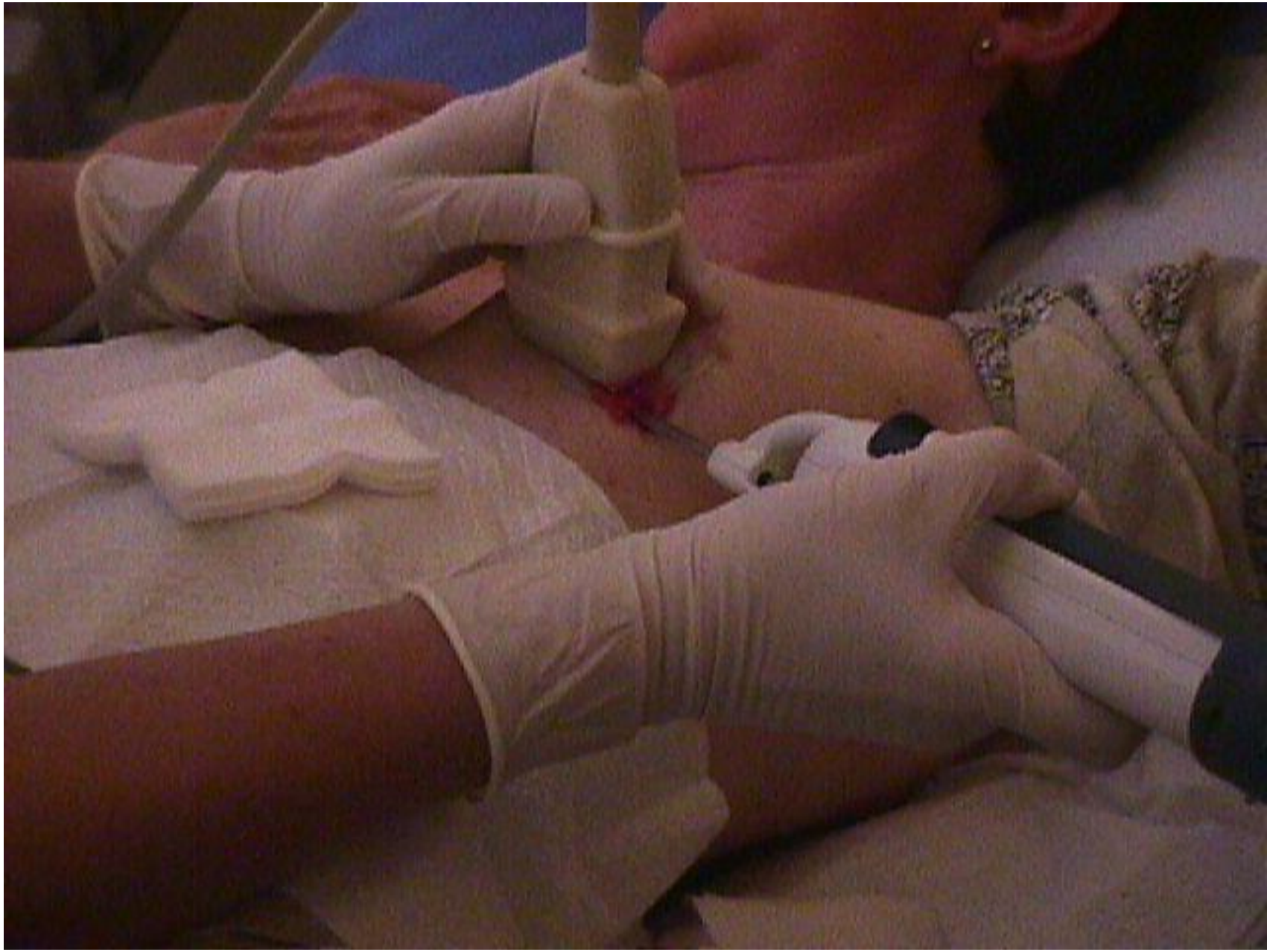

Mammogram

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- 1. Diagnostic
- 2. Screening appropriate referral!!
- 3. Digital

Breast Screen Aotearoa

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Goal of BreastScreen Aotearoa

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- To reduce breast cancer deaths in eligible women by 30%
- By detecting breast cancer at an early, curable stage

Screening Effectiveness

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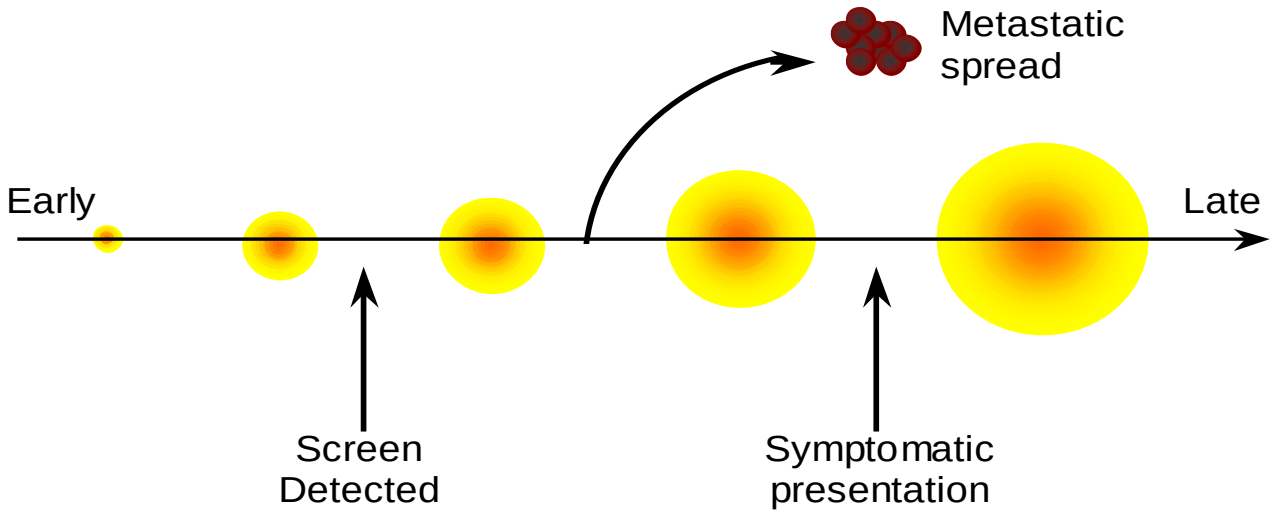

WHO……

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- The only exclusion is women with breast symptoms.

SCREENING IS FOR WELL WOMEN

Women with symptoms need to be seen ASAP at their local DHB Breast Clinic or a private facility.

BreastScreen Aotearoa

Breast Screening for Asymptomatic women

Breast Screening Eligibility Criteria:

BreastScreen Waitemata Northland offers free mammograms every two years. Women must meet the following national eligibility criteria:

- Be aged 45 – 69 years inclusive
- Have no symptoms of breast cancer
- Have not had a mammogram in the last 12 months
- Not be pregnant
- Have not breast fed in the last three months
- Be a NZ resident (this includes women who usually live in the Cook Islands, Niue or Tokelau)

Note: The Women & GP are notified of results within 10 working days

Free screening on the BreastScreen Aotearoa programme is available at Takapuna, Waitakere, Orewa and Warkworth, and via the mobile screening service.

For free screening with BreastScreen Waitemata Northland:

Fax: Enrolment forms to 09 484 0201
Eligible women can enrol directly by:
Phone: 0800 270 200
Email: enrolments@BSWN.govt.nz
Online: www.nsu.govt.nz

Waitemata District Health Board
Te Wai Awhina

Breast Service Referrals

Radiology Diagnostics and Breast Clinic

Patients to refer include*

- Those with new breast lumps
- Definite skin signs such as:
  - Ulceration
  - Nodularity
  - Skin distortion
  - Nipple eczema
  - Recent nipple distraction/distortion (<3months)
  - Unilateral nipple discharge
  - Tethering or fixation
- High risk women
- Patients newly diagnosed with breast cancer

How to refer:

1. Confirm that patient should be referred to Breast Service by reviewing referral guidance;
2. Complete referral template in full;
3. Collect all previous test results and/or applicable reports for patient and fax (where possible) with the referral to the referral office.

What happens next:

- Referrals are graded and prioritised;
- Appointment made and communicated to patient
- Attendance at appointment;
  - patient to bring all previous breast imaging to appointment.

NB: Patients referred for private imaging should only be referred to Breast Service after imaging completed.

* Refer to Breast Cancer Referral Guidance for more detailed information.

All Breast Service referrals:

Fax: Central Referral Office
(09) 486 8348

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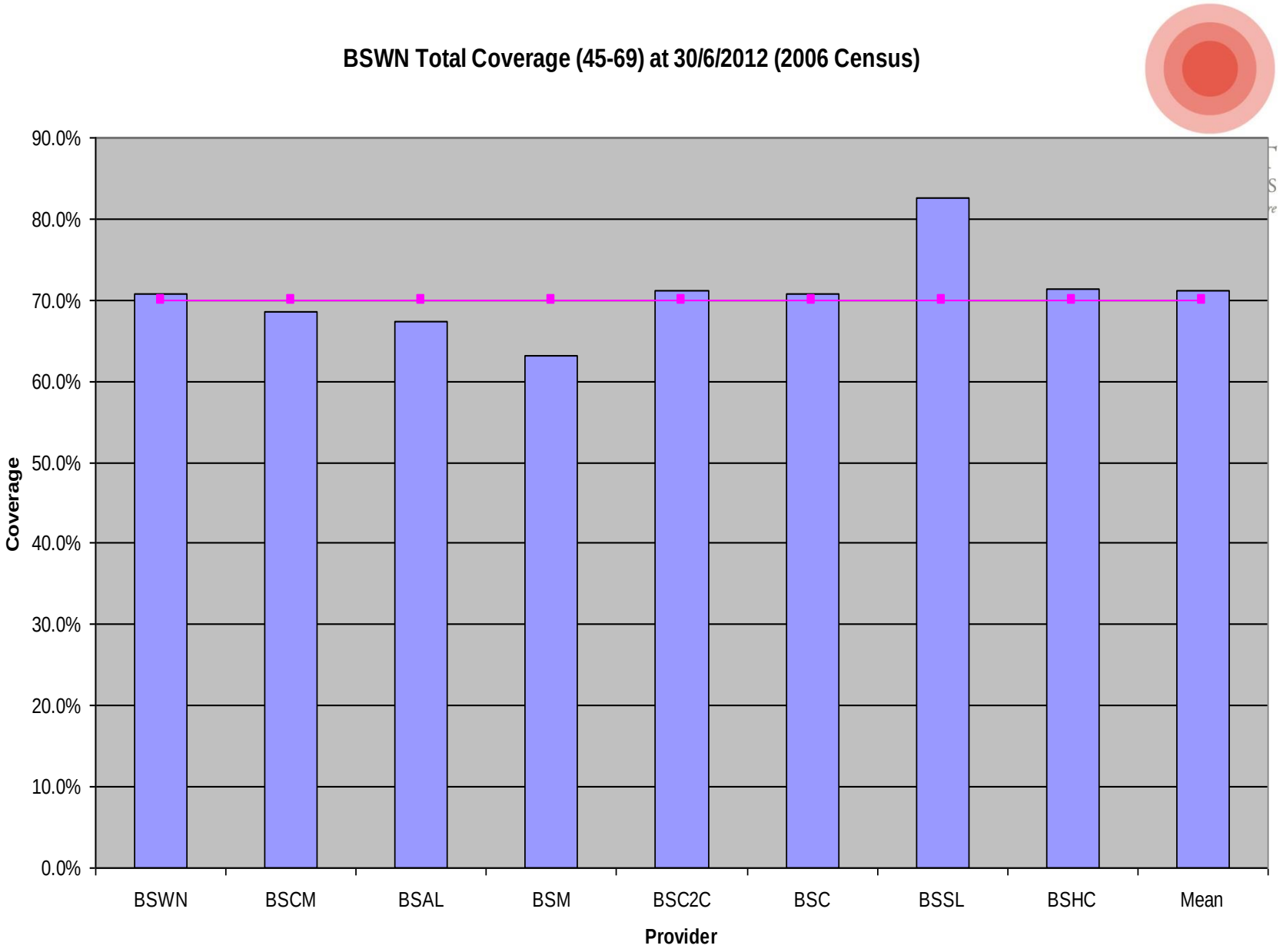
For further information and resources please contact:
BSWN Primary Care Liaison: Phone: 09 484 0225. Fax: 09 484 0201


BSWN Total Coverage (45-69) at 30/6/2012 (2006 Census)
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
Coverage
BSWN
BSCM
BSAL
BSM
BSC2C
BSC
BSSL
BSHC
Mean
Provider

How to find small breast cancers

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- MAMMOGRAPHY IS THE ONLY WAY PROVEN TO BE EFFECTIVE.

  We know it works from multiple randomised controlled trials around the world.

- Ultrasound is not suitable for screening in the general population
- MRI is not suitable for screening in the general population
- Thermography is not suitable for screening in any population

Digital mammography

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- Lower dose.
- Dose measured on a standard phantom average 1.4 mGy for analogue, and between 0.5 and 1 for our digital machines
- Better for dense breasts
- Better for younger age groups

WHAT WE DO
At All Screening Units

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- MRT takes mammogram films (4 views).
- 2 Accredited Radiologists read mammogram independently
- Accreditation process sets high standards and monitoring is continuous. (+MRTs,Physicists)
- A third Radiologist or a consensus group resolve any disagreement.

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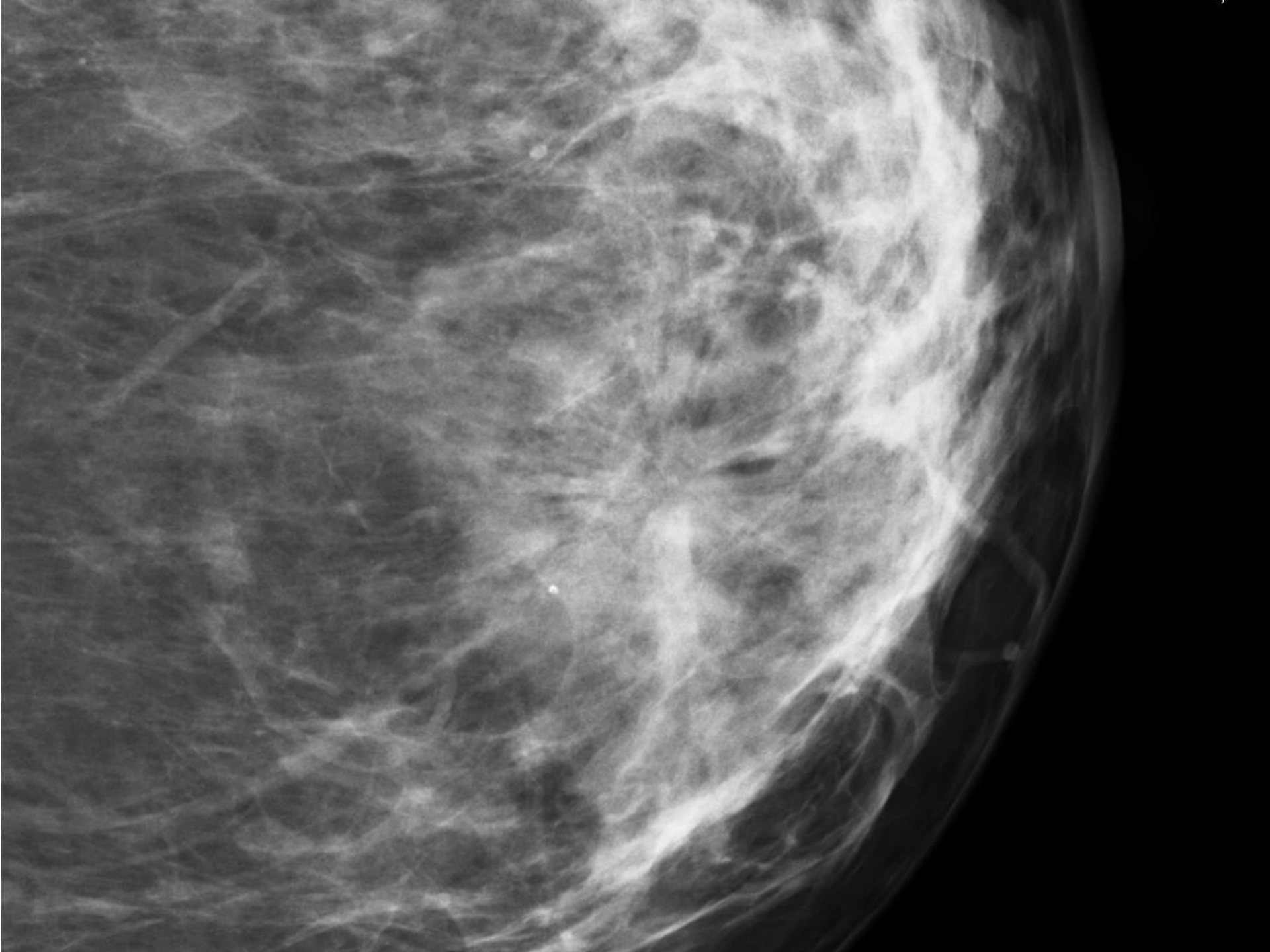

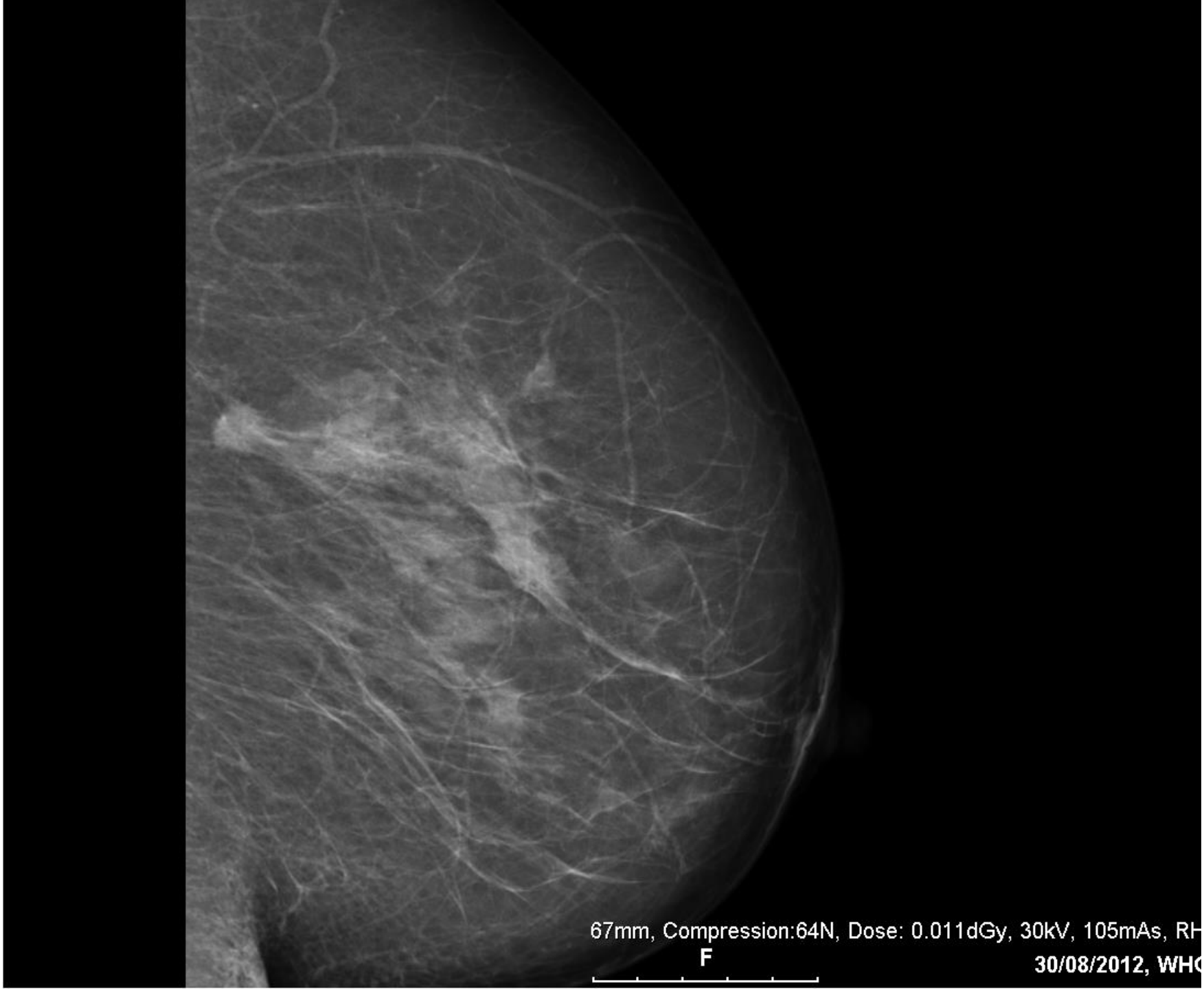
67mm, Compression:64N, Dose: 0.011dGy, 30kV, 105mAs, RH
F
30/08/2012, WHC

WHAT ARE WE LOOKING FOR

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- CALCIFICATIONS
- Most calcification in breast is benign
- Clustered or segmental calcification can be associated with DCIS, but may also be benign.
- Radiology is unreliable in distinguishing so we do stereotactic biopsy for all indeterminate calcification
- Around 25% of these biopsies are malignant many also show invasive disease in addition to DCIS

Ductal Carcinoma in Situ

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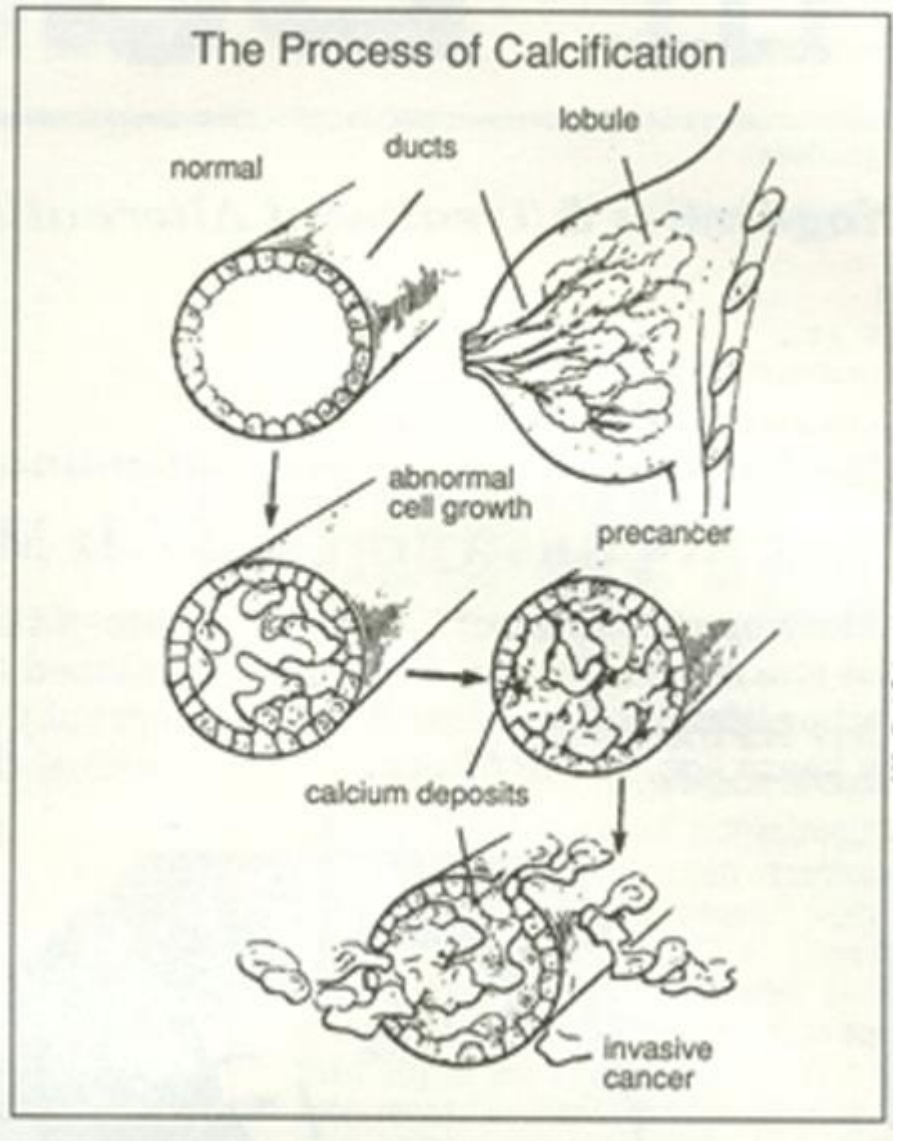

WHAT WE DO

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- After reading, 95% get a “No Cancer” letter and will be called again in 2 years time.
- Approximately 5% get called back for Assessment. Most of these will NOT have cancer
- This number is higher (about 9%) for women having their first mammogram, and lower for those who have been screened before (about 3.5%)

Of 200 women having their first mammogram…

18 will be recalled
2 will have breast cancer

Most women will have normal results

Of 200 women having a subsequent mammogram…

8 will be recalled
one will have breast cancer

Most women will have normal results

Assessment

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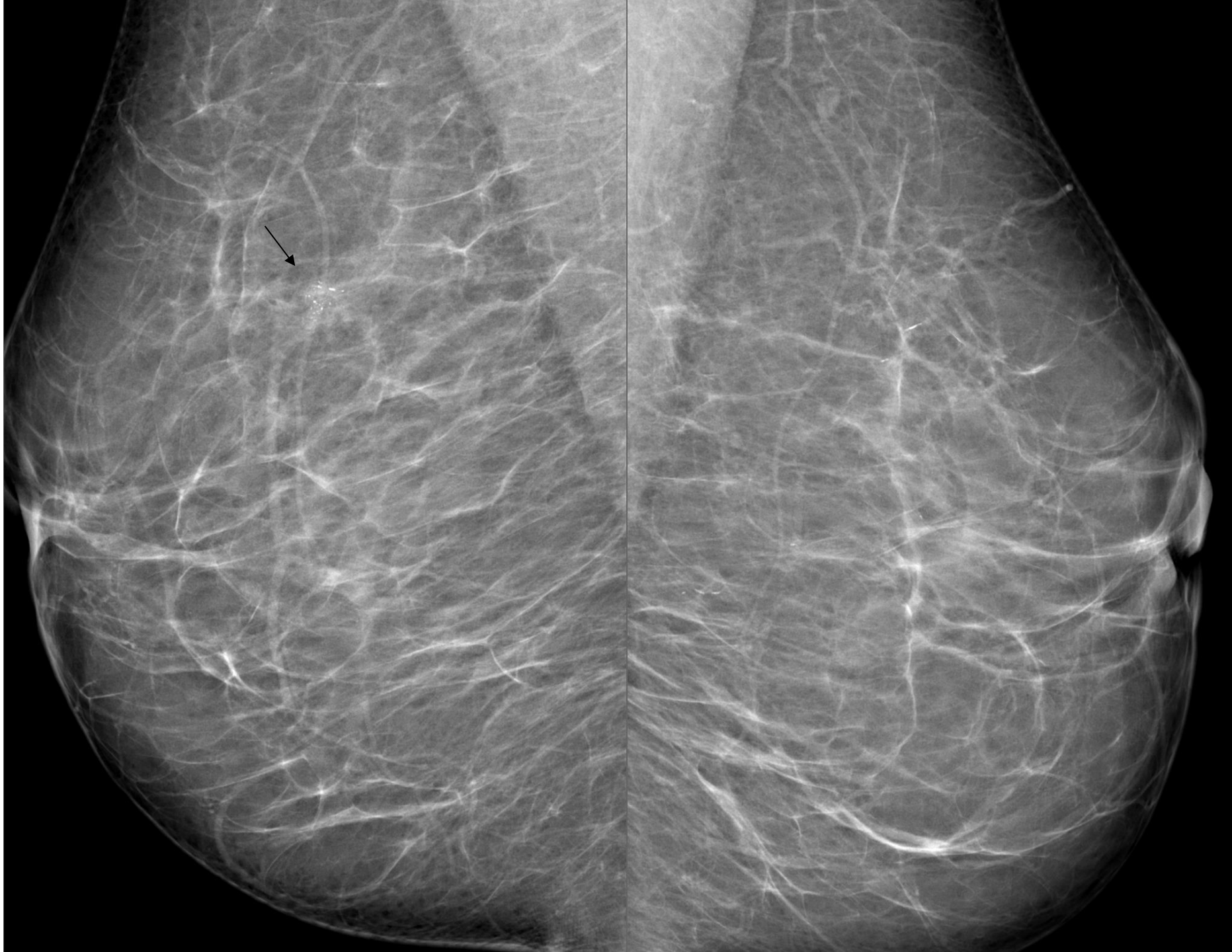
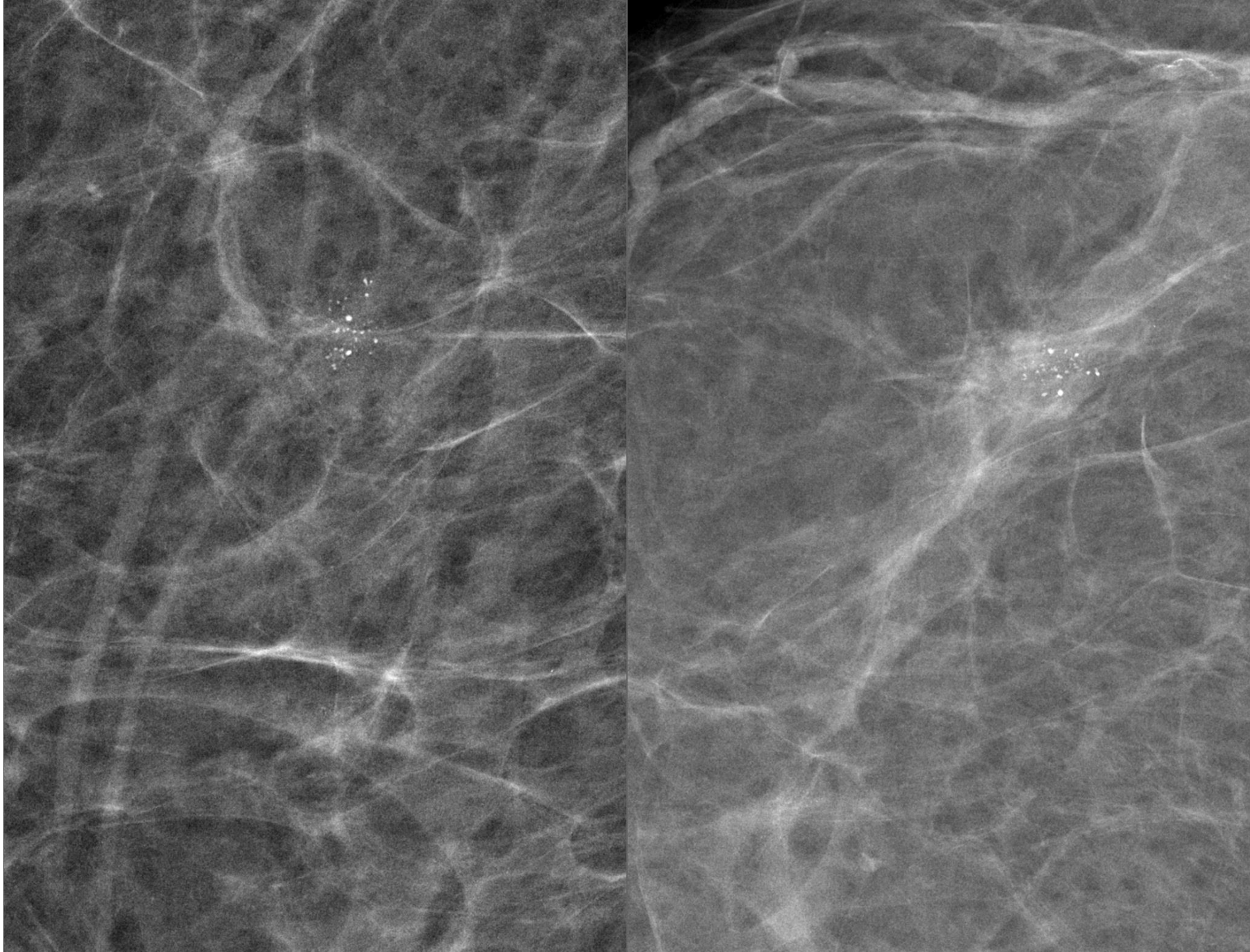
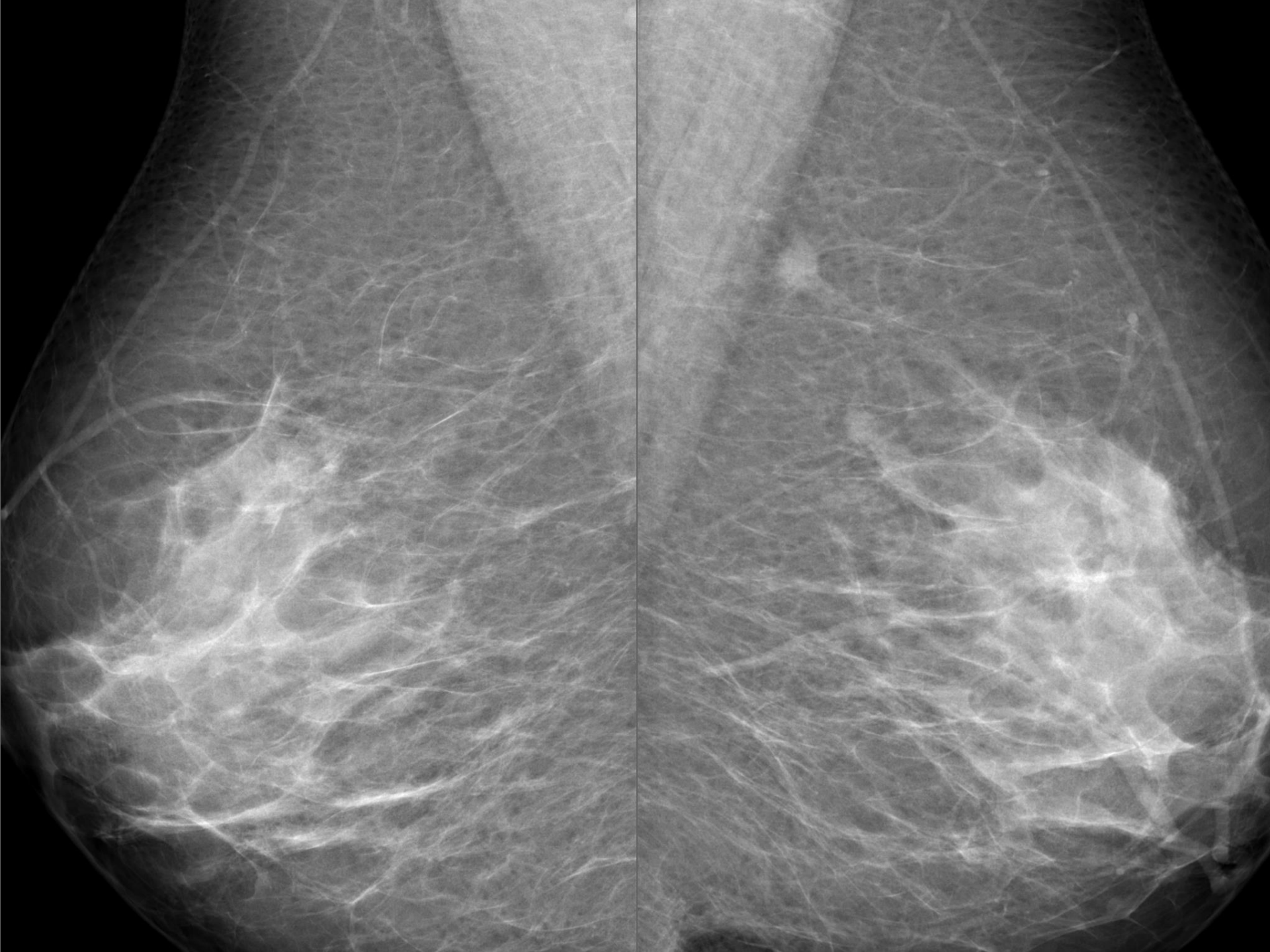
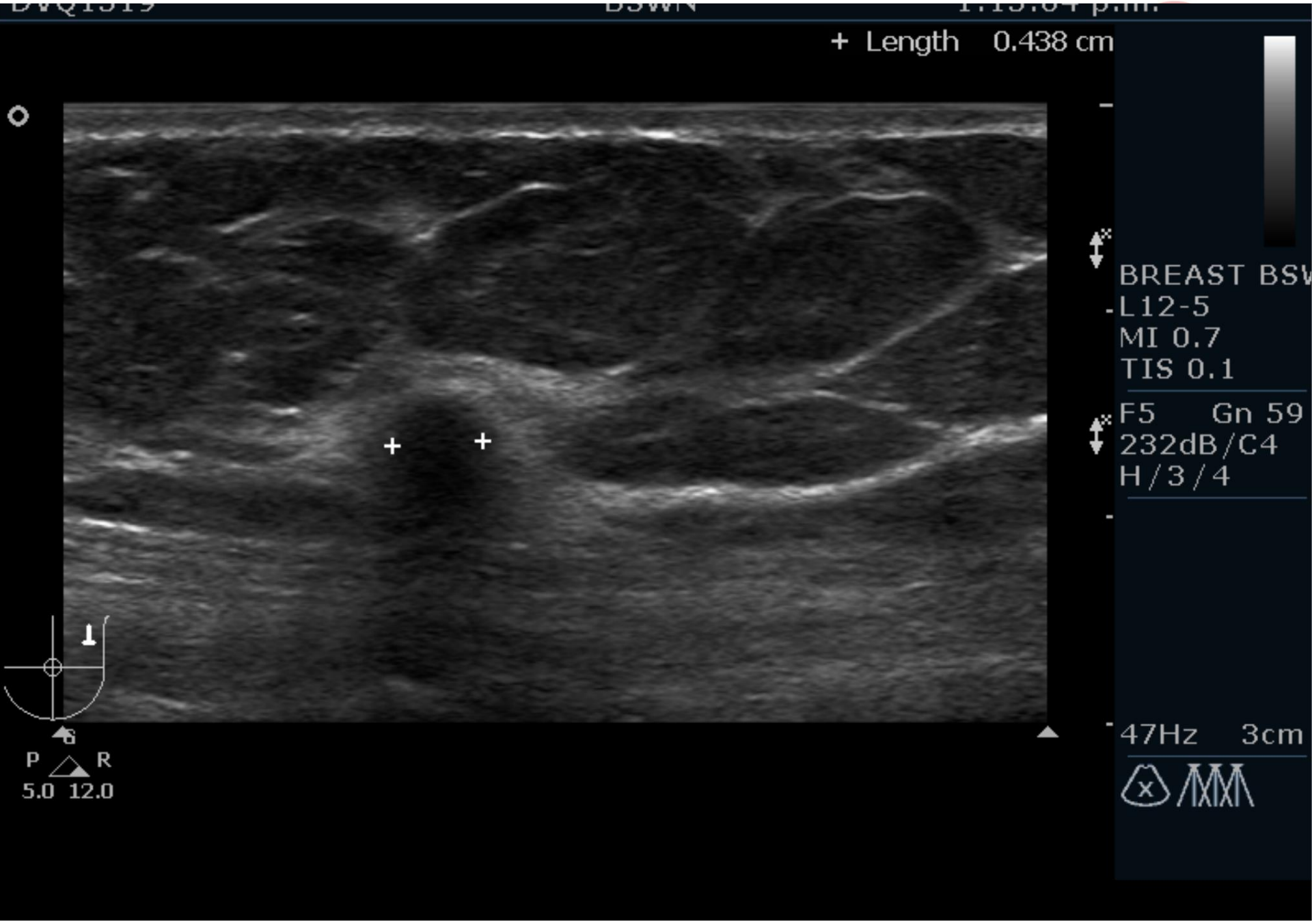
Needle Biopsy for :

- All indeterminate or suspicious lesions
- All probably benign solid masses
- 35-40% of all women called for assessment will have a biopsy.








+ Length 0.438 cm
BREAST BSW
L12-5
MI 0.7
TIS 0.1
F5 Gn 59
232dB/C4
H/3/4
47Hz 3cm
P R
5.0 12.0

Multidisciplinary Team

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Representatives from all groups attend MDM

- Radiologists
- Pathologists
- Surgeons
- MRTs
- Nurses

Results Clinic

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- All women who have a biopsy are given an appointment for the next results clinic, following the MDM
- The surgeon at the results clinic tells the woman the outcome of the biopsy
- Women who have breast cancer are referred to the hospital for surgery or back to their GP if they wish to have their surgery in the private sector

Breast Screen Aotearoa

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196,111 women screened (since 1999)

(61% of those eligible)

9830 called back (7%) (of which one third had a needle sample)

1789 with breast cancer

75% node negative

40% < 10mm

The downside of screening

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- False negative rate of mammography in the 50-59 age group: 10%

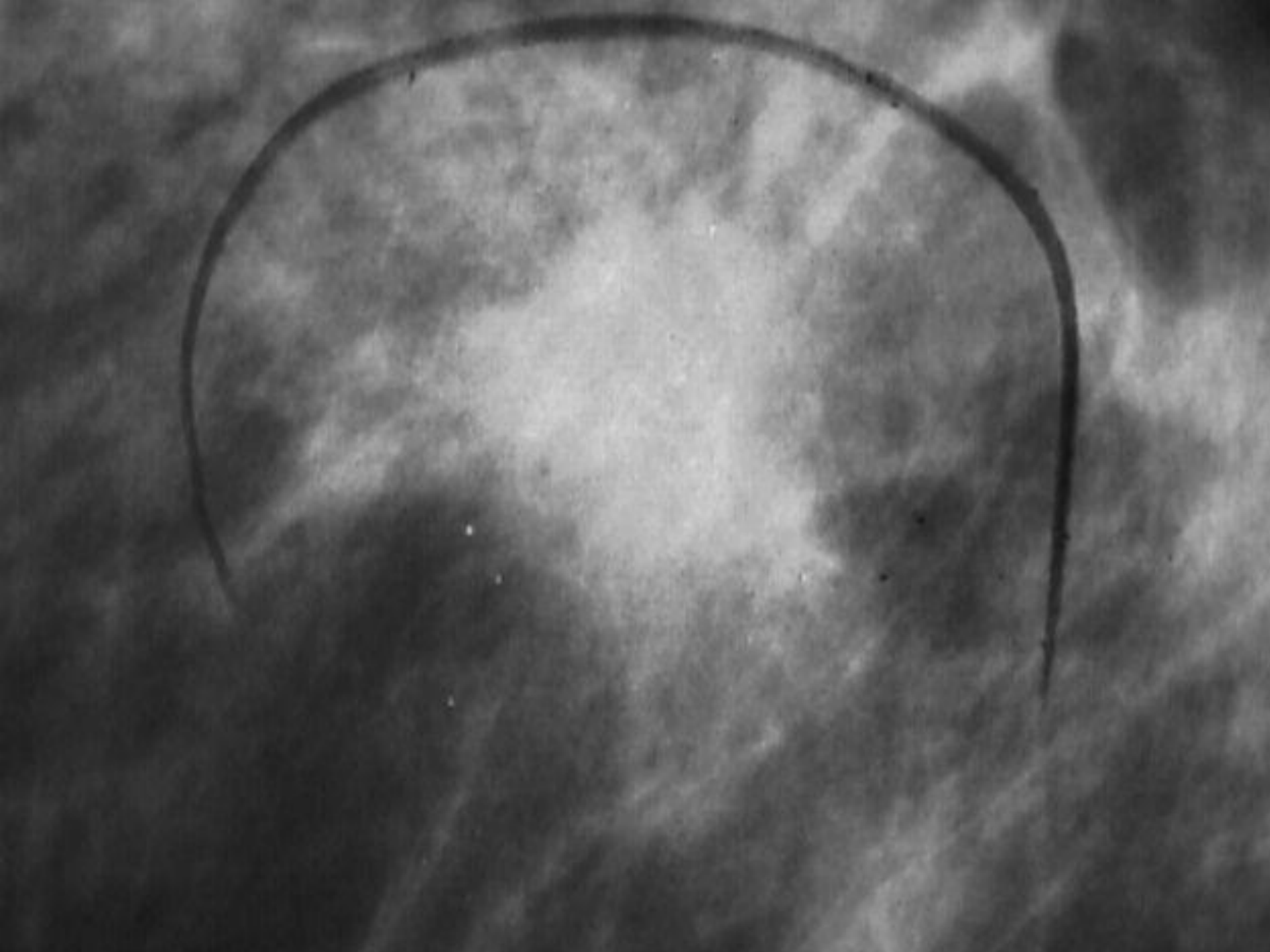
  the 40-49 age group: 25%

- False positive rate of mammography in

  First screen (Prevalent): 8%

  Subsequent screen (Incident): 3%

- Radiation induced breast cancer



Surgery

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- Partial Mastectomy
- Full Mastectomy
- Axilla surgery : sentinel node
  : level 2 dissection
- Reconstruction : Immediate vs
  Delayed

2013 Rural GP Conference

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- Thank You

Risk Factors

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- Increasing age
- Female gender
- Family History

SLNB

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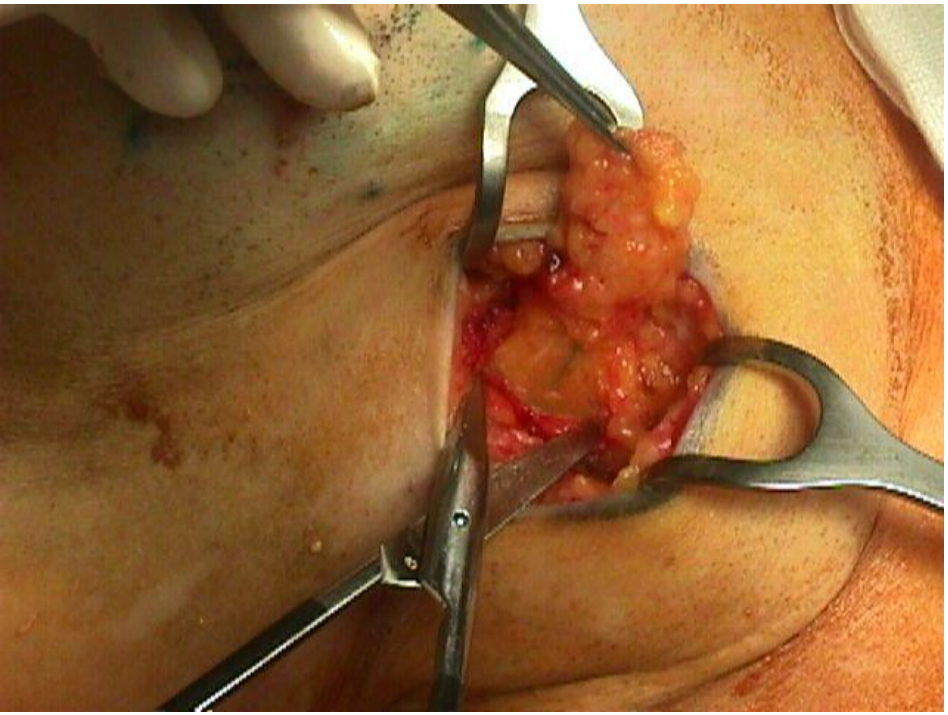
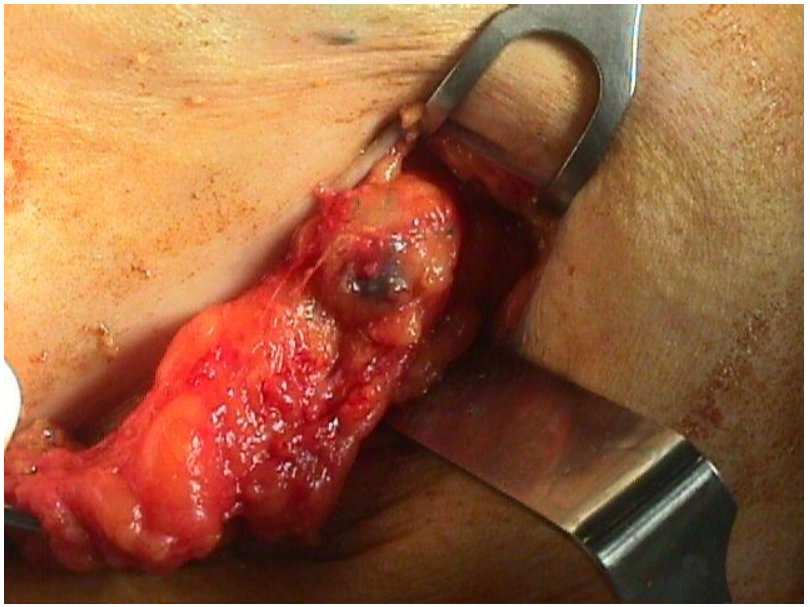
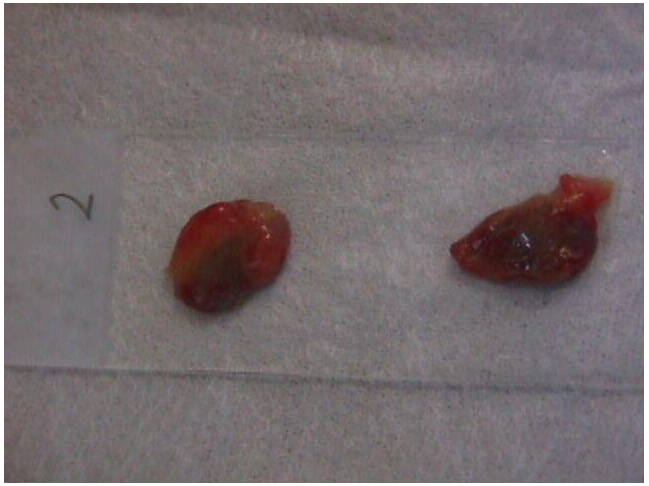
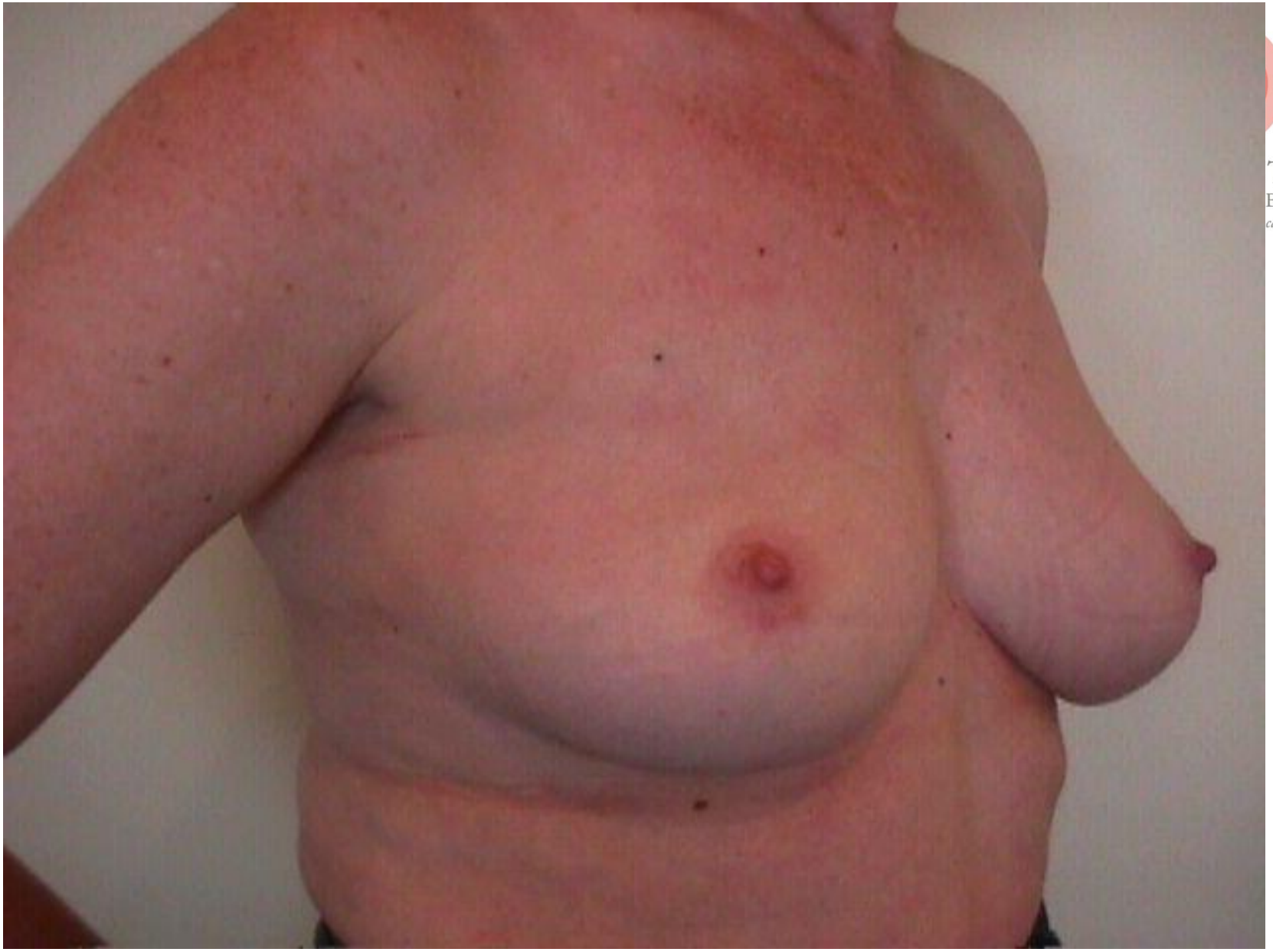


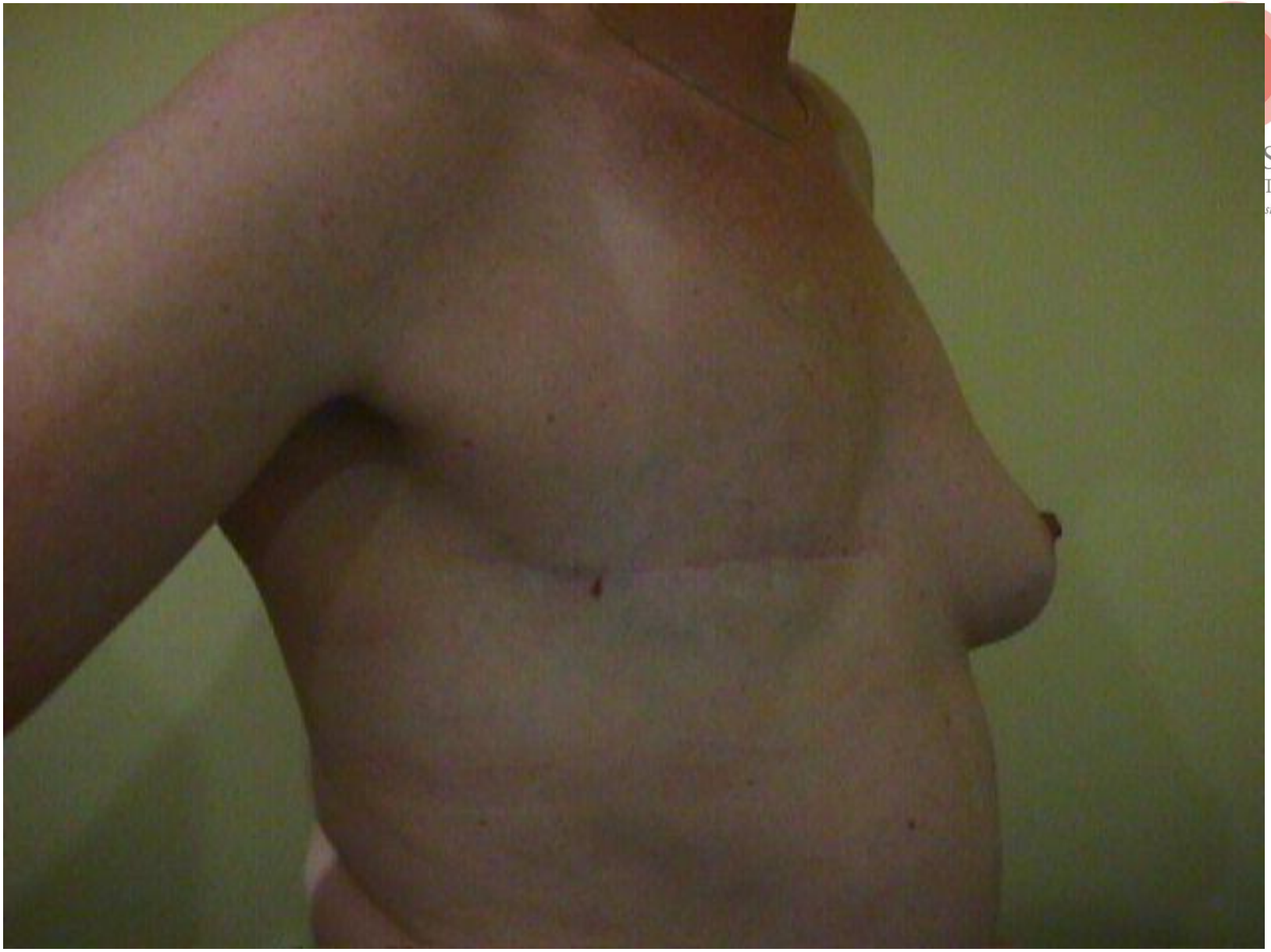




Surgery Extent Depends On :

- Size of lump and of breast
- How many and in different quadrants
- Patient choice
- Imaging findings





Reconstruction Breast

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- *OWN TISSUE GOLD STANDARD*

TRAM FLAP

(**T**ransverse **R**ectus **A**bdominis **M**yo-cutaneous)

DIEP Perforator Flap

(**D**eep **I**nferior **E**pigastric **P**erforator)

Latissimus Dorsi Flap

With or without implant

Immediate Reconstruction

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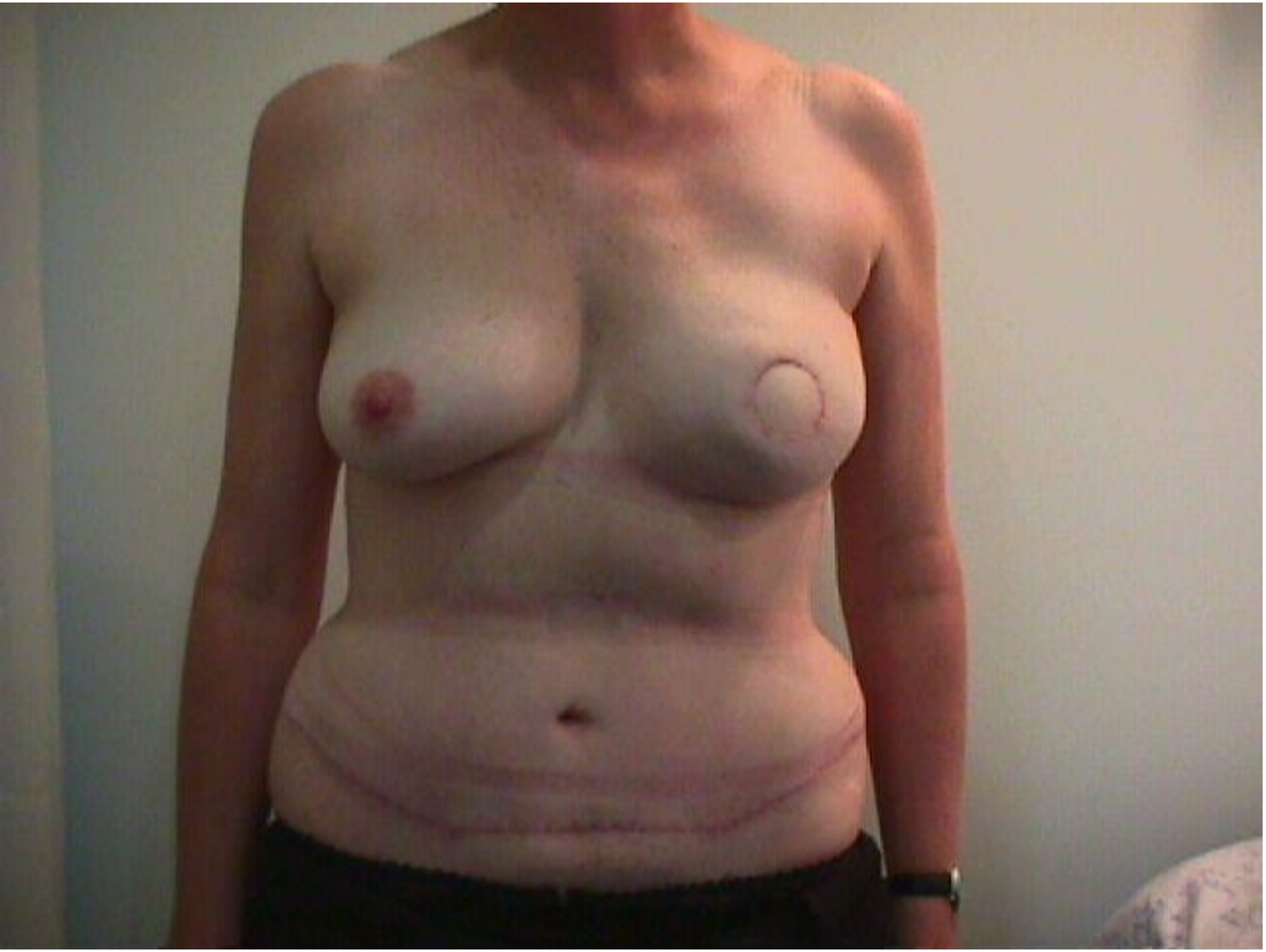

Delayed Reconstruction

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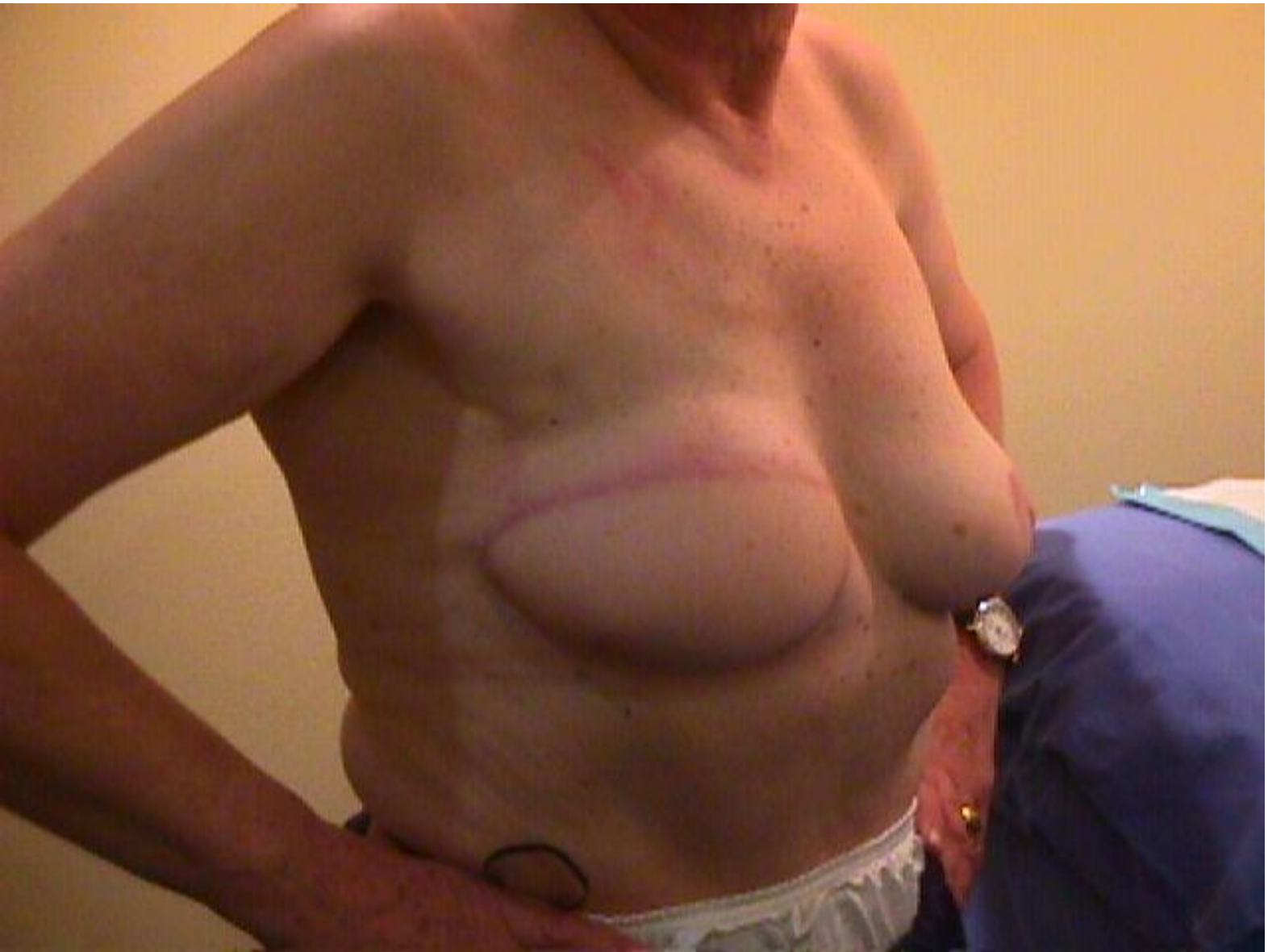

Reconstruction Breast

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- ***Implants***
- **Expander** alone
- Immediate one stage expander permanent
- Immediate one stage enough skin
- ALLODERM
- ***Other Breast***

Reconstruction-prosthesis

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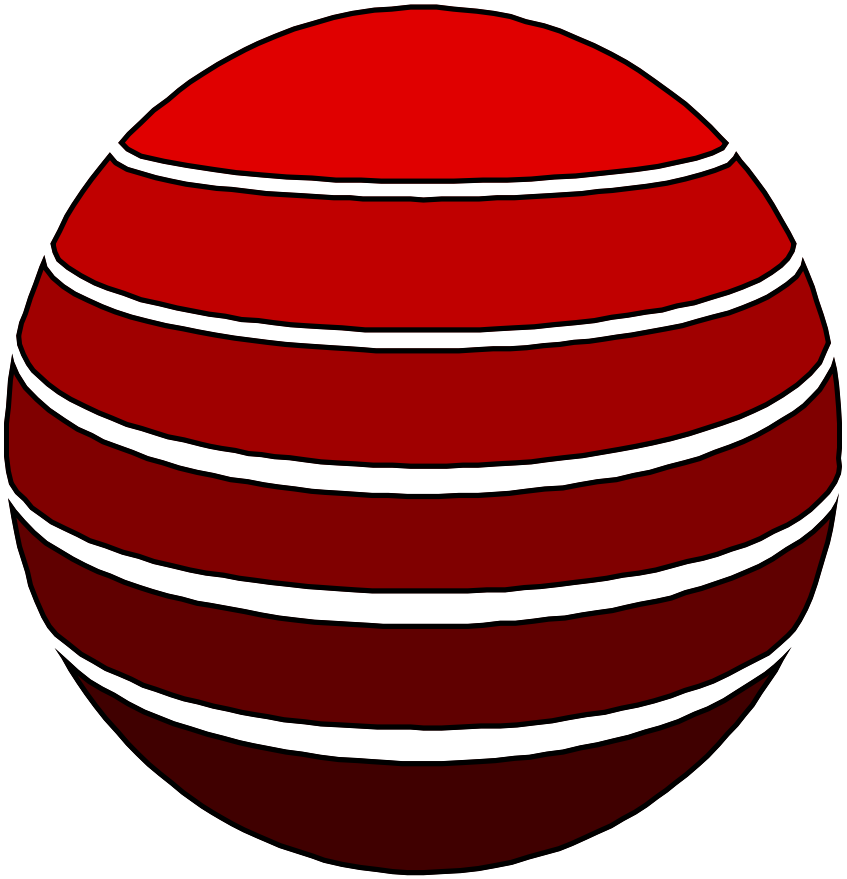
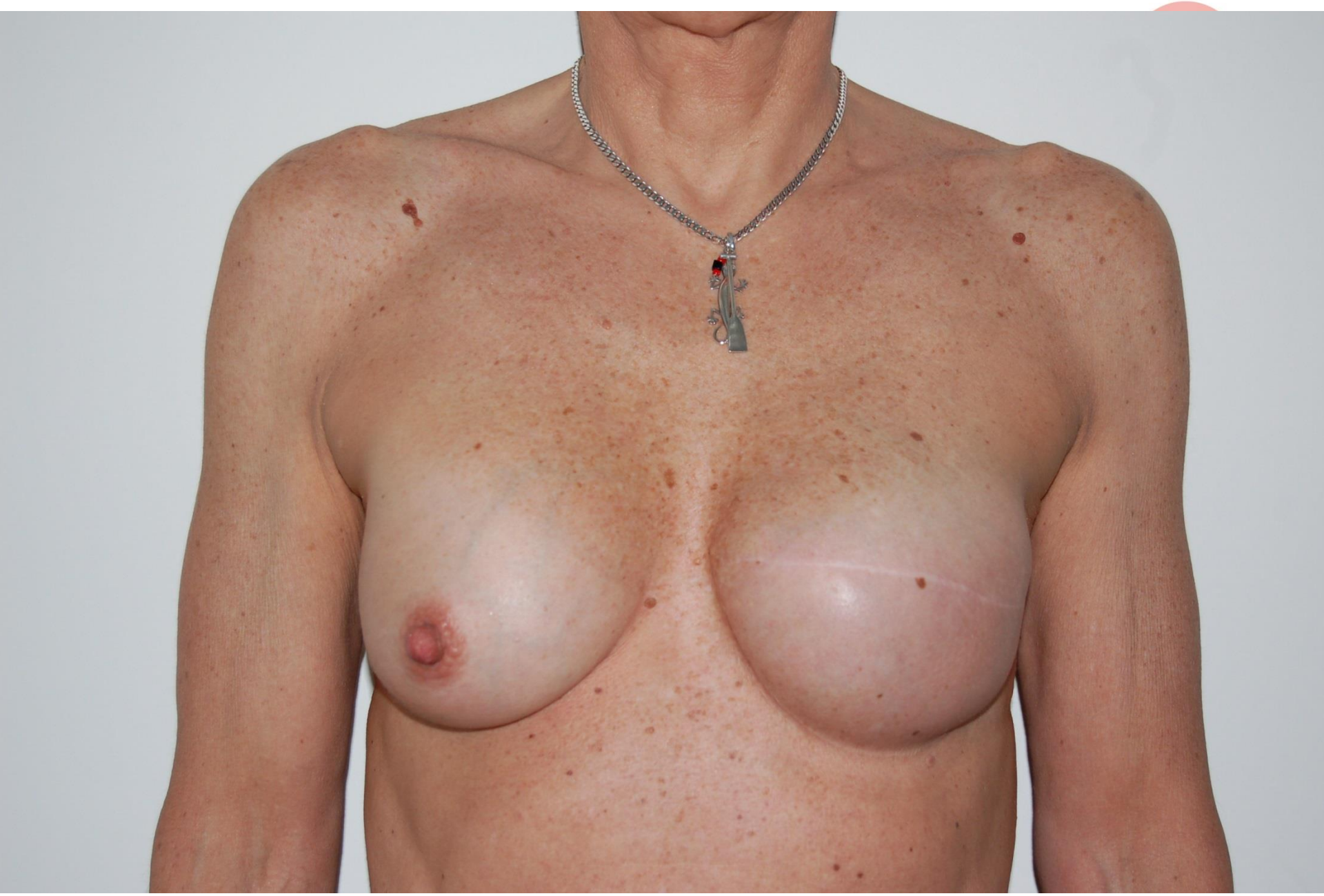
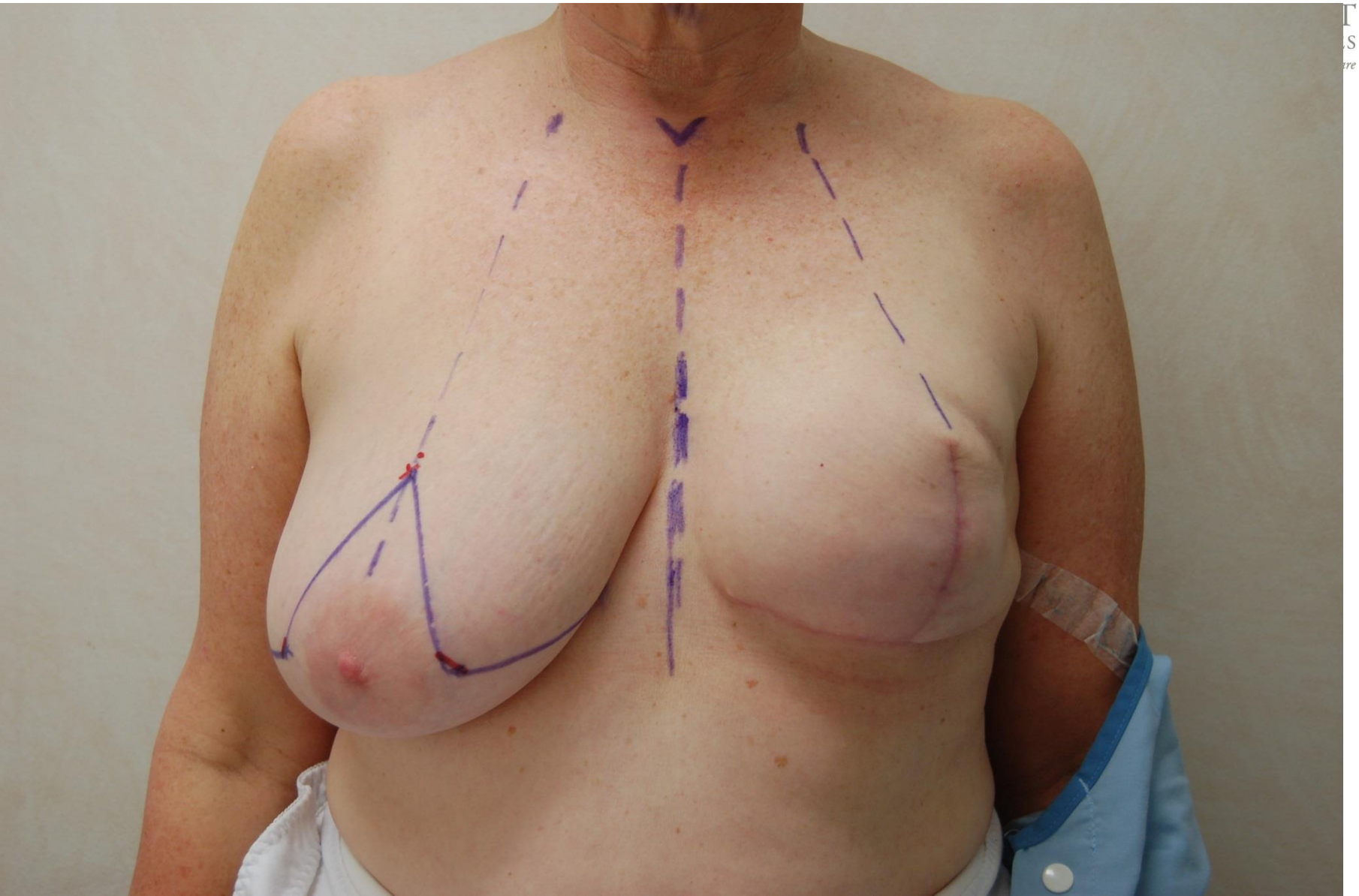


- Beneath muscle
- “Foreign body”
- Complications



Symmetry the other breast



Prophylactic Surgery

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- BRCA1 or BRCA2
- Strong Family History
- Anxiety Overload
- Cancer Other Breast (Lobular)

Prophylactic reconstruction

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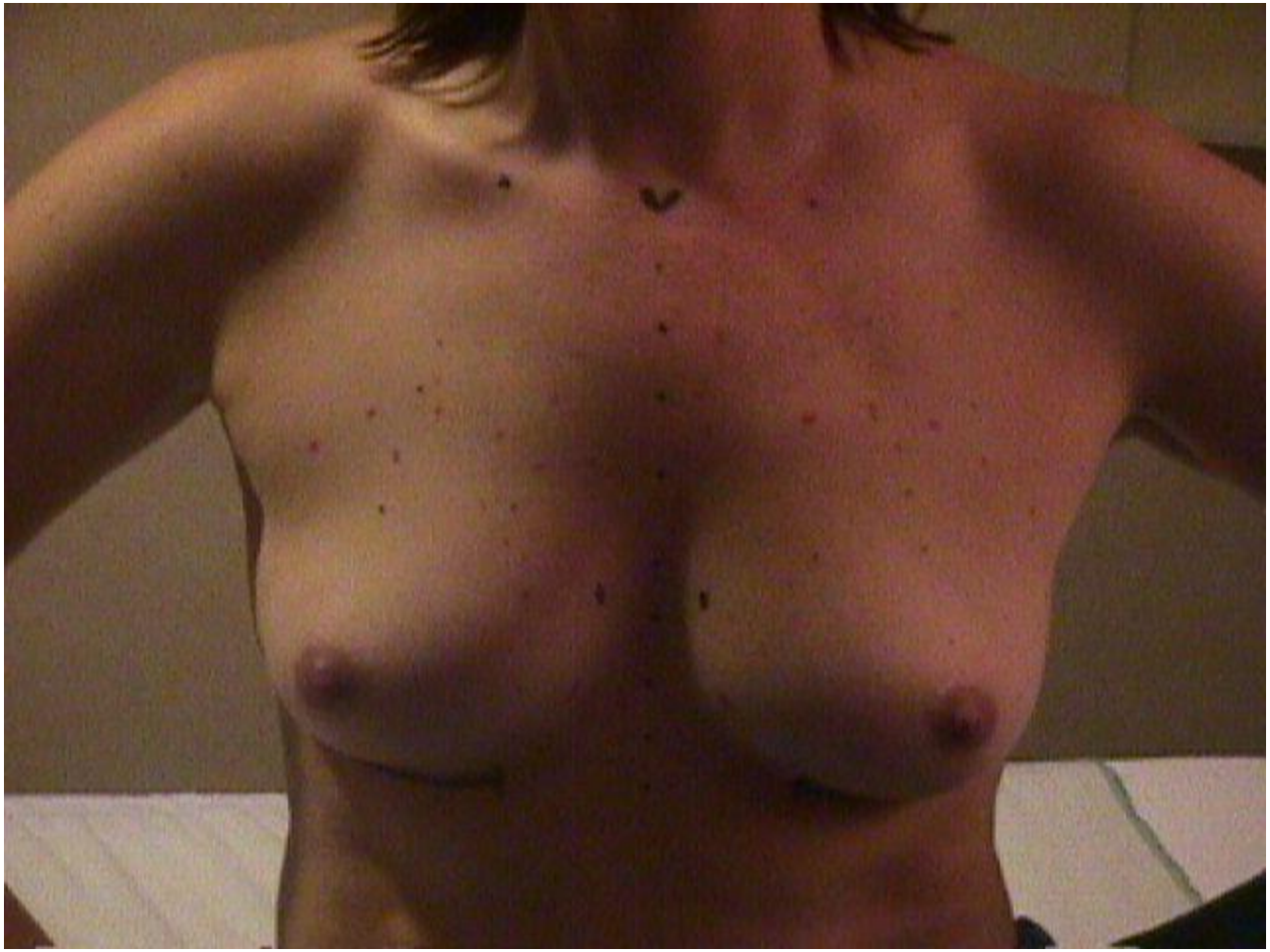

Prophylactic reconstruction

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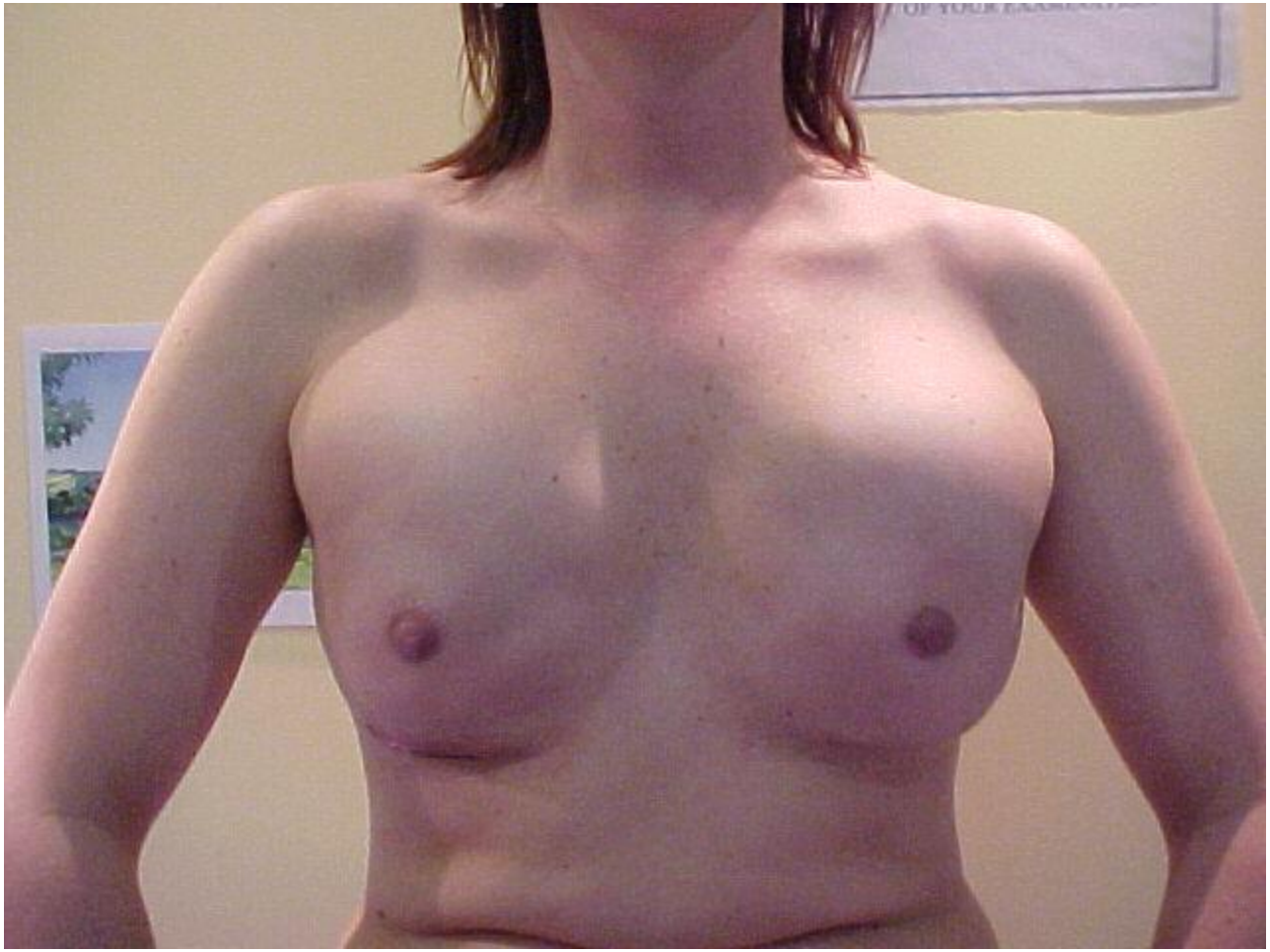

Prophylactic reconstruction

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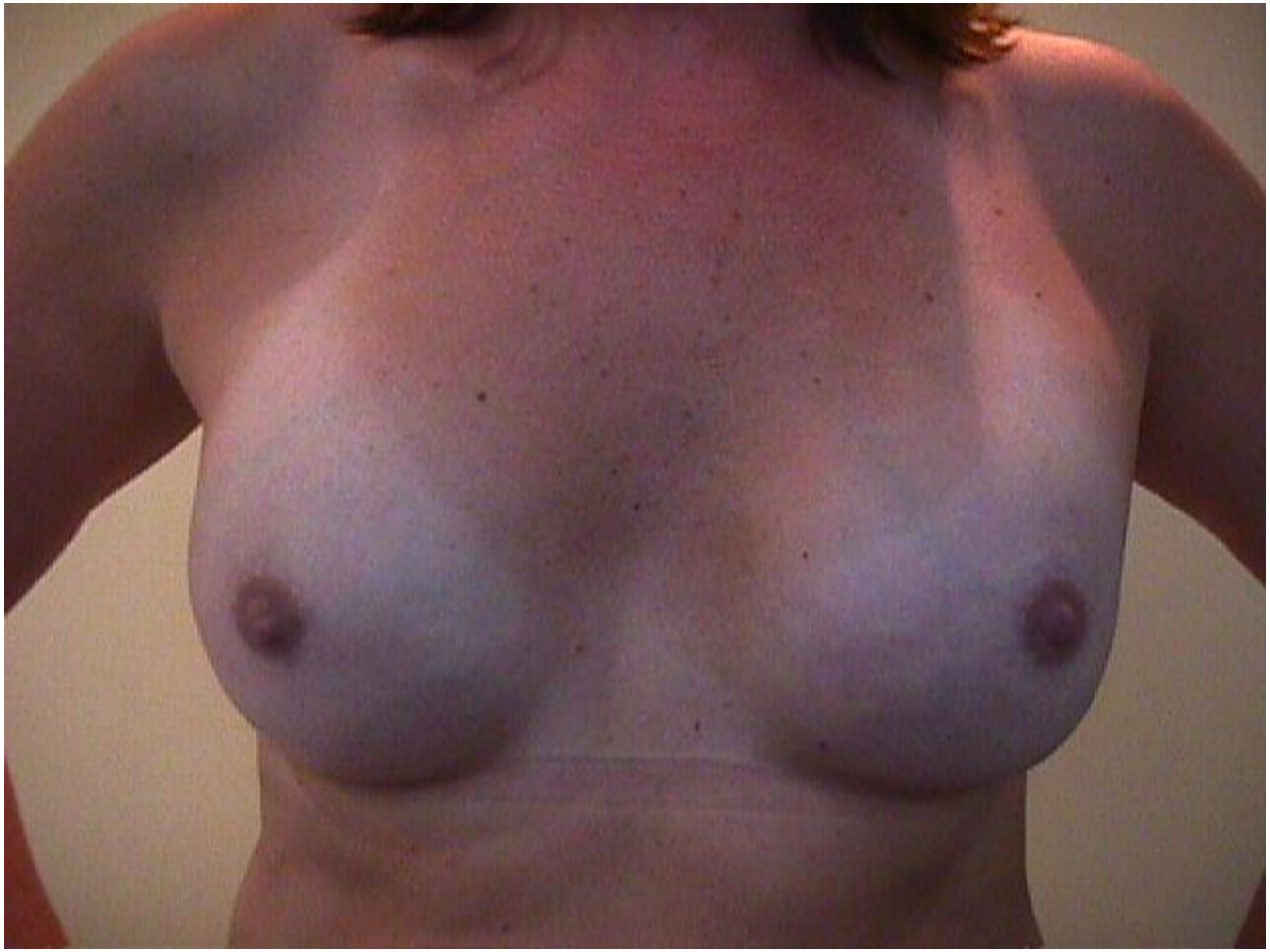

Adjuvant Treatment

- Size T1(0 to 2 cm) T2 (2 to 5 cm)
- Grade 1, 2, 3
- Nodal status (N0 N1 N2)
- Oestrogen /Progesterone Receptor
- Margins
- Her2 other markers

Adjuvant Treatment
Radiotherapy

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- Breast Conservation
  - Local Recurrence reduced
  - (30% down to 6 to 8 %)
- Post Mastectomy
  - Young age
  - Close Margin
  - Multiple tumours
  - High Grade

Adjuvant Treatment Chemotherapy

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- Different regimes
  - Adriamycin
  - Taxanes
  - CMF
- Different Lengths

Adjuvant Treatment

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- Herceptin
- Zoladex
- Trials
- Oral chemotherapy

THANK YOU

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BREAST ASSOCIATES

Clinical Examination

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- Take top cloths off
- Examine sitting up hands above head
- Examine lying down
- Warm hands warm heart
- Use gentle massage four fingers
- Don’t forget nipple area under arm

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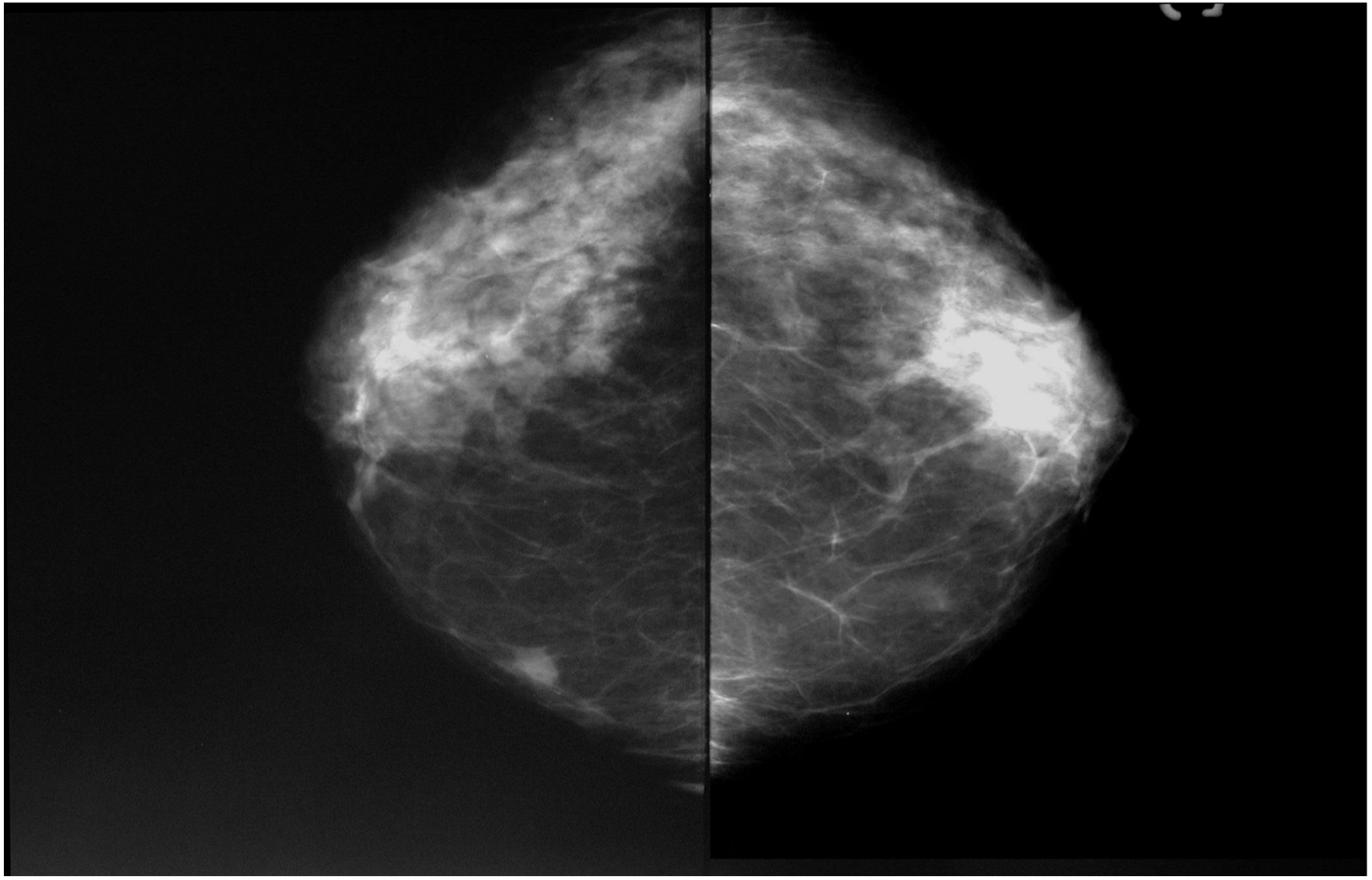

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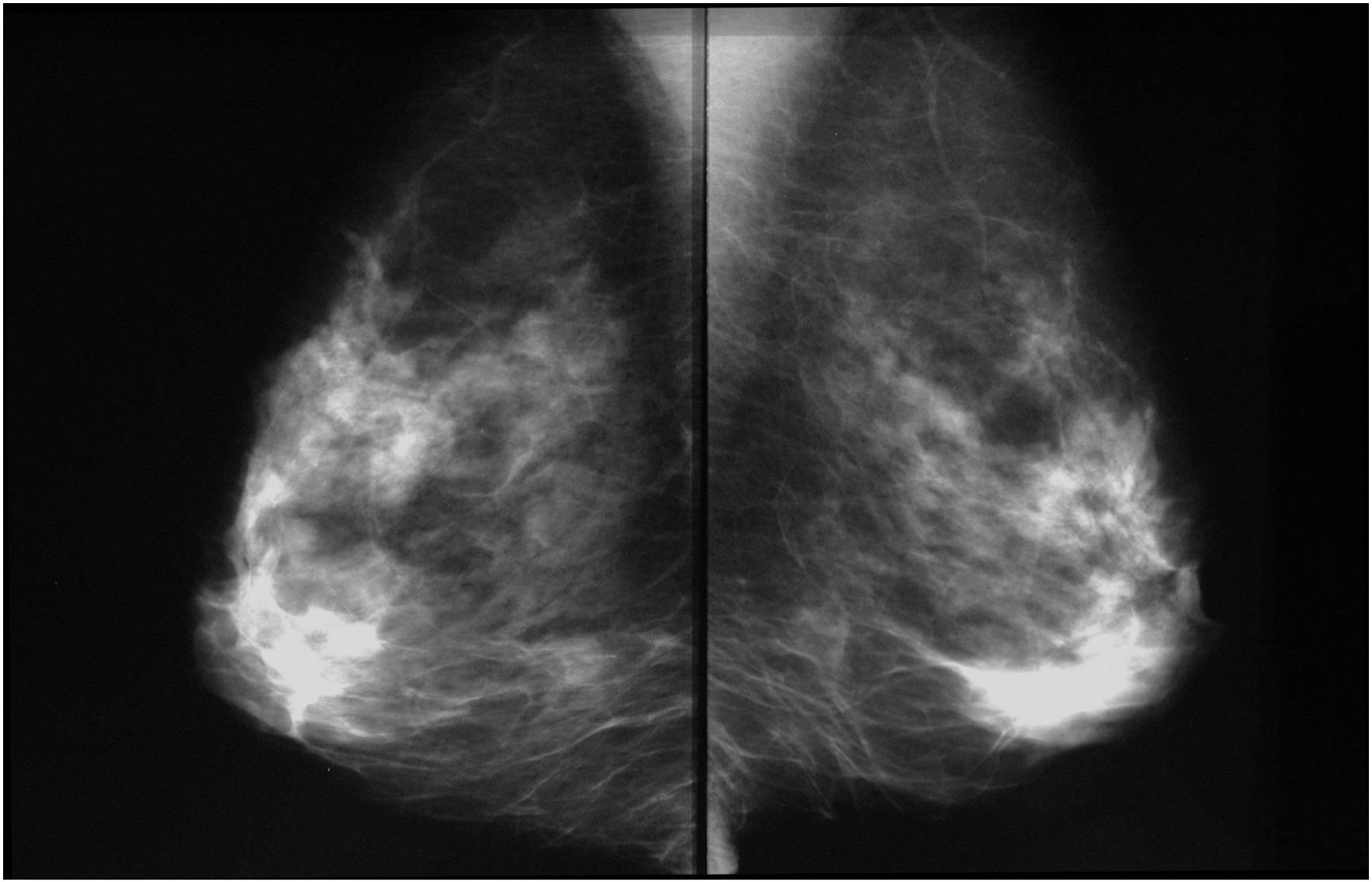

Cancer histo

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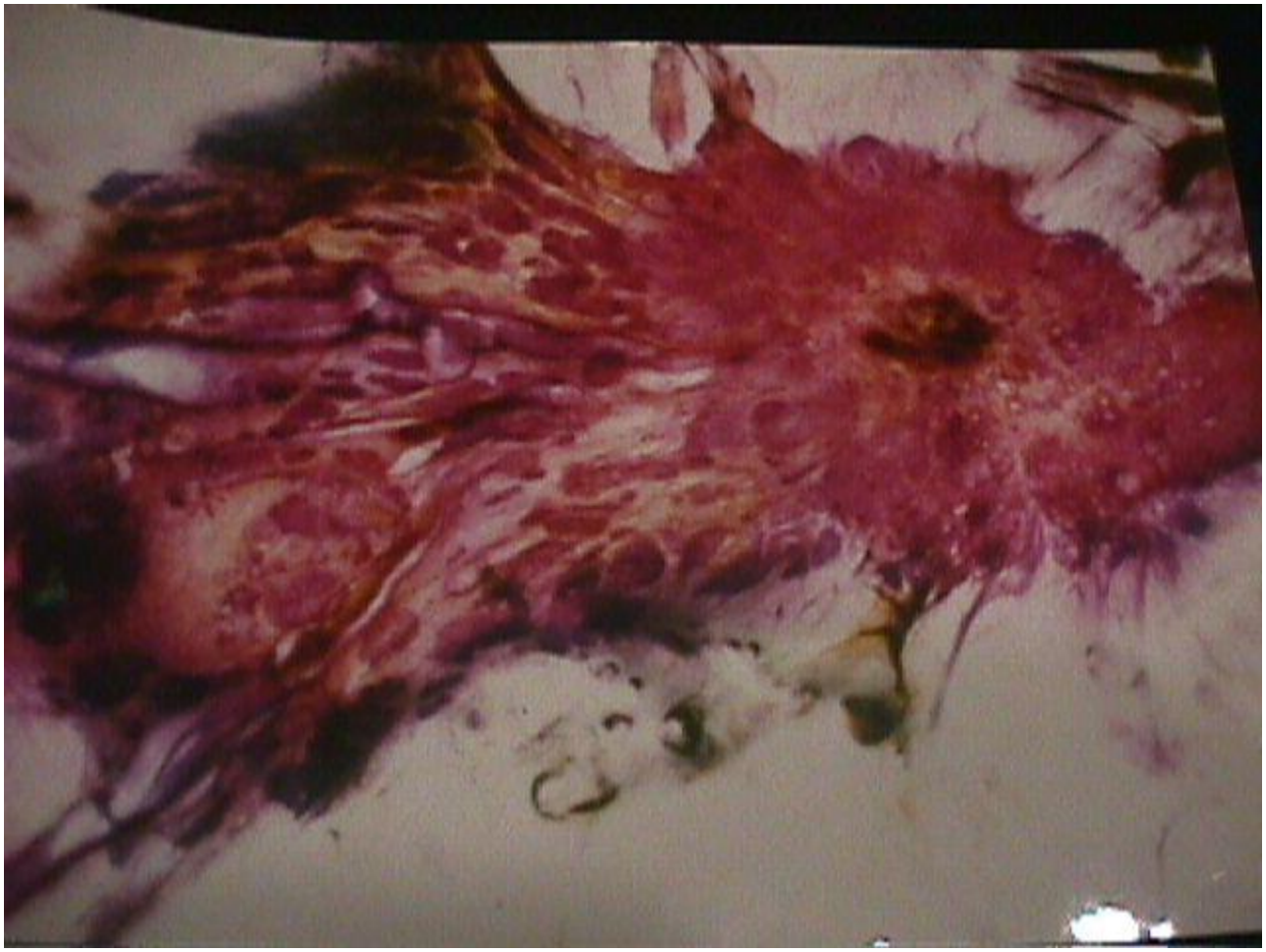

Pathology

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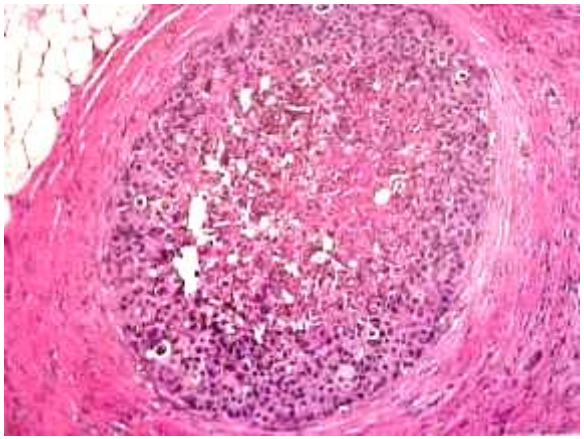
- In Situ

- Invasive Ductal
  Lobular
  Other



Prophylactic reconstruction

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Immediate : Bleeding

Early : Infection

: Tissue necrosis

: Seroma

Prophylactic reconstruction

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Delayed : Sensation

: Fat necrosis

: Lymphoedema

: Scarring

: Shoulder frozen