

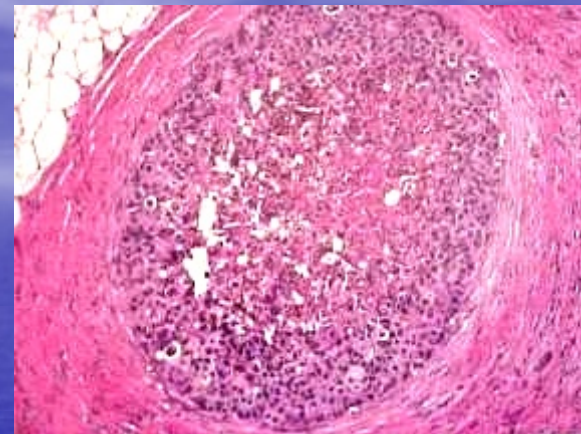
Breast Cancer Screening and Treatment 2009

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BREAST CANCER THE PROBLEM



- 1.1 million women per year
- 410,000 deaths each year
- Increasing incidence



Breast Cancer : Facts

- Lifetime risk 1 in 9
- Mean age 61yrs
- 34% are under 40 yrs
- 66% are OVER 50 yrs
- Only 8% are under 40 yrs
- On the increase



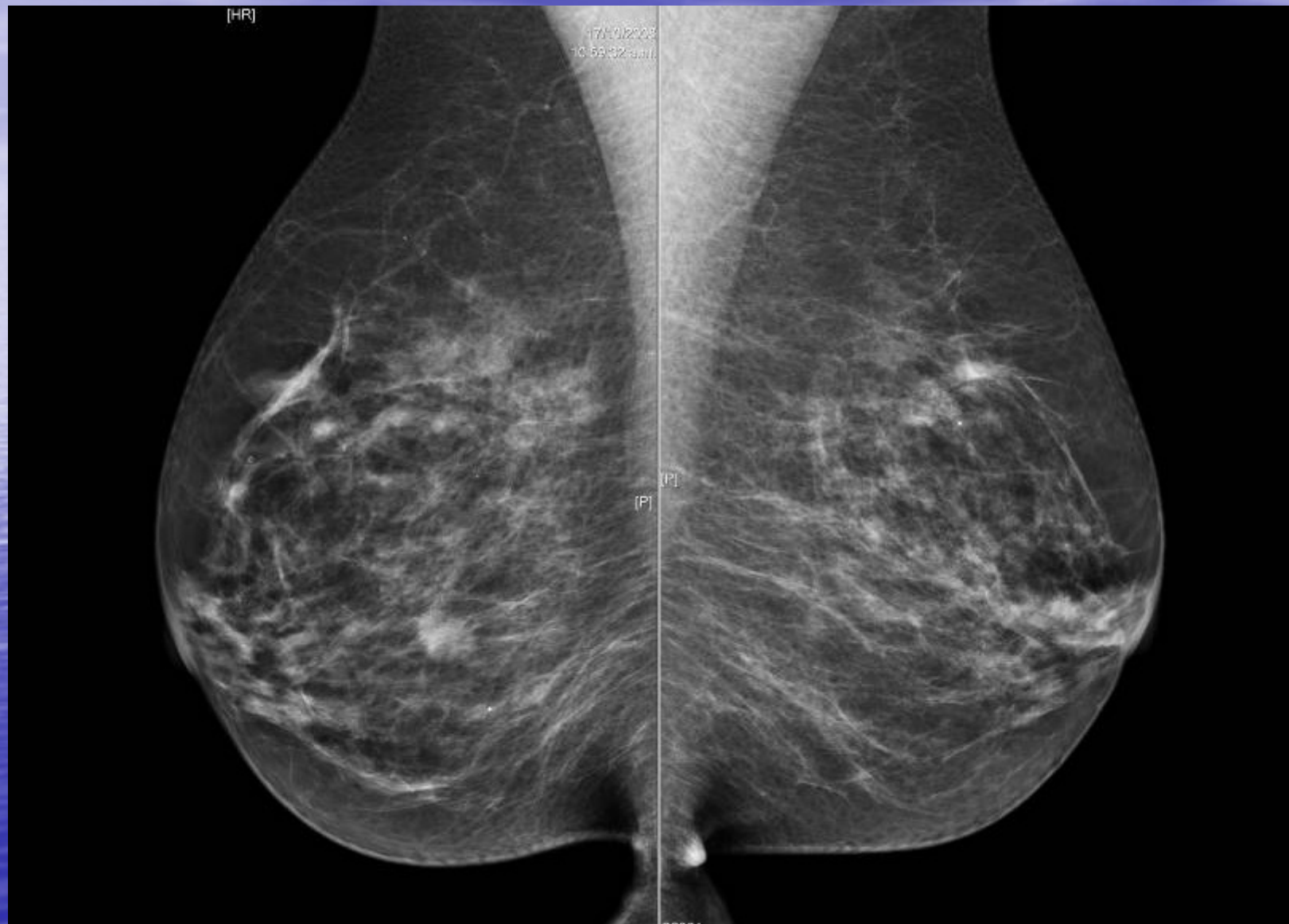
Breast Cancer : Facts

- Leading cause of death in women
30 to 50 yrs
- Leading cause of death from Cancer in
non-Maori women
- Second after Lung Cancer in Maori
women



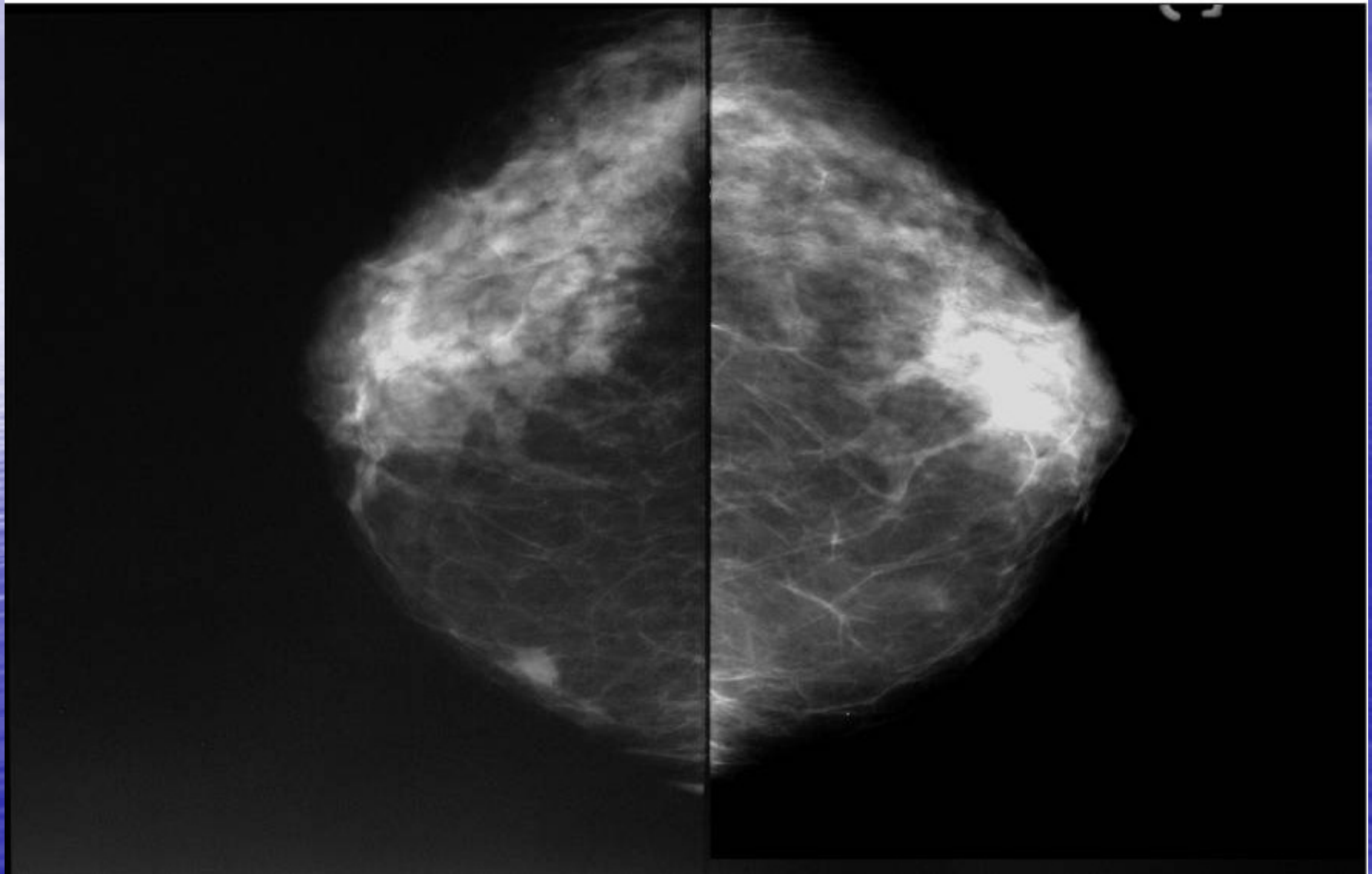
Mammogram

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





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Screening

- Well women
- Breast Screen Aotearoa 45yrs to 69yrs
- Personal advise 40yrs to 70yrs
- Different for high risk group

Mammogram how often

- Density is a term used to describe the amount of breast tissue showing well on a mammogram
- 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

Density breast tissue

- HRT use more dense
- Low body mass index more dense
- Younger
- Pregnant
- Just before period
- (evidence for MRI after period when tissue is less dense)



Breast Screen Aotearoa

196,111 women screened

(61% of those eligible)

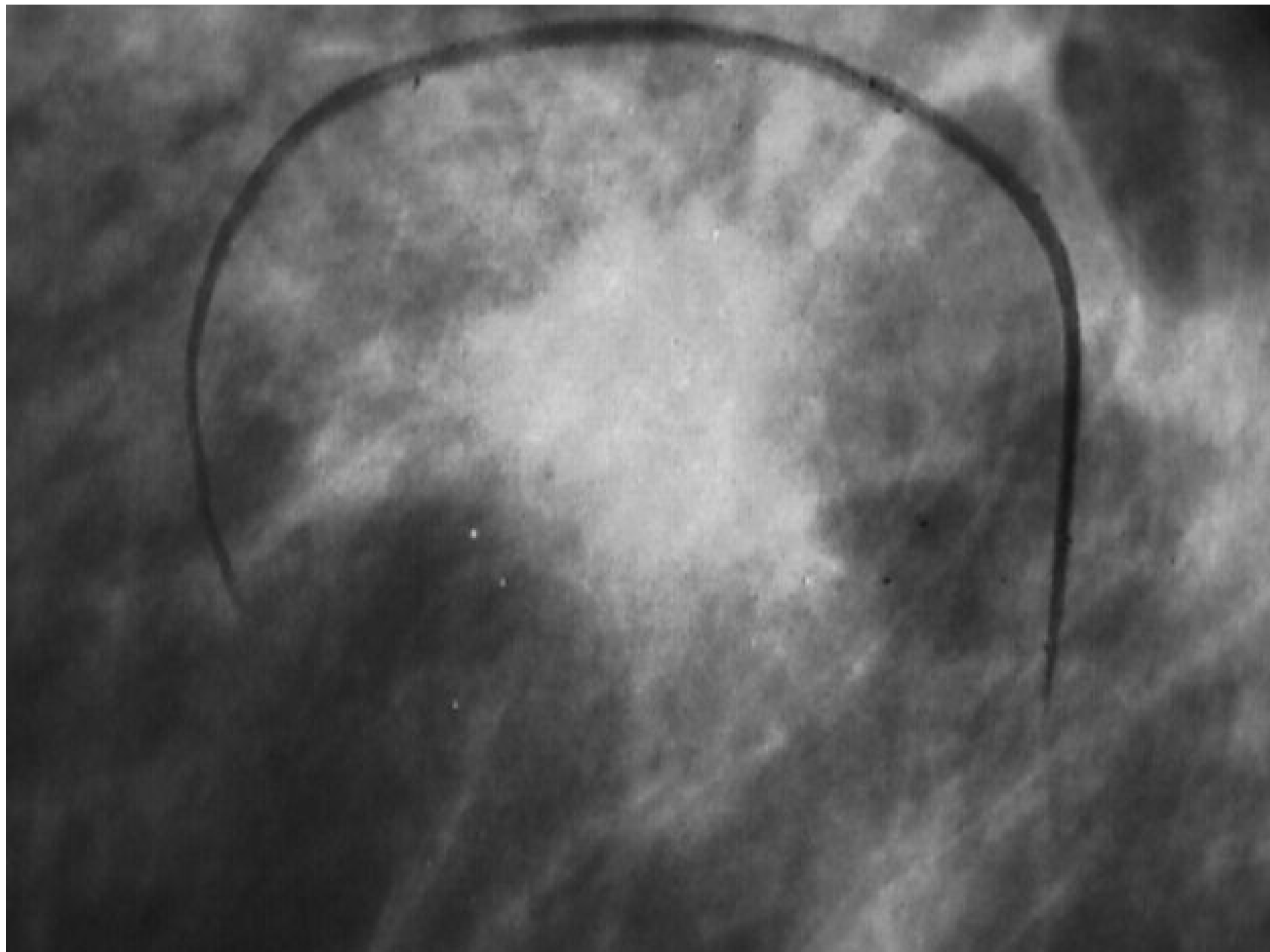
9830 called back

(of which one third had a needle sample)

1789 with breast cancer

75% node negative

40% < 10mm





40 TO 49 SCREENING MAMMOGRAPHY

- **SAVES LIVES**
- Lower risk of dying by 15 to 20%

- Benefits
- Harms
- Cost Effectiveness

40 to 49 TRIALS

STUDY	No. Women	Follow Up (yrs)	AGE	Relative Risk
HIP	29,133	18	40 to 49	0.77
Edinburgh	22,396	12.6	40 to 49	0.81
Kopparberg	14,659	15.2	40 to 49	0.67

40 to 49 TRIALS

STUDY	No. Women	Follow Up (yrs)	AGE	Relative Risk
Malmö	25,770	12.7	45 to 49	0.64
Stockholm	22,170	11.4	40 to 49	1.01
Göteborg	25,938	12	40 to 49	0.56
Canadian	50,430	13	40 to 49	1.06
Swedish	129,750	15.8	40 to 49	0.80



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



WHY LESS BENEFIT UNDER 50 YEARS?

- Reluctance of women to screen
- Lower incidence in this group
- Denser breasts harder to find tumours
- Faster tumour growth



40 to 49yrs HARM

- Unnecessary Biopsies (False Positives)
1792 screens To save ONE life
- Anxiety
- Over diagnosis (DCIS)
- False Negatives

False Positive 40 to 49

	False Positive	Biopsy	diagnose	Life saved
40yrs	560	190	15	2
50yrs	470	190	28	4
60yrs	360	190	37	6

WHY FINDING CANCER EARLY IMPORTANT

- Less aggressive treatment after surgery
i.e. Less need for Radiotherapy and
Chemotherapy
- More possibility of conserving the breast
- Productivity





40 to 49 COST EFFECTIVE?

- Five times the cost of older age group
- \$105,000 per year of life saved
- Improved life expectancy by 2.5 days at a cost of \$676 per women.
- Reassurance cost
- Productivity loss





Breast Lumps - Investigations

- >30 yrs – mammogram +/- ultrasound
- <30 yrs – ultrasound
- **Imaging is not enough!**
- Triple Test – clinical, imaging and **biopsy**
- Concept of concordance

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
- Review !

Referral

- Mention age, family history, pain, growth
- If worried about cancer then say so !!
- Over 40 yrs will be offered mammogram
- In private over 30 yrs with symptom will have mammogram
- Only Ultrasound if under 30 yrs (evidence of damage from radiation in younger women from mammogram)



Breast Examination

- Physician
 - Nurse
 - Self
-
- Now promote self awareness rather than examination



Who should you examine ??

- Those with a symptom
- Then send to diagnostic clinic NOT screening
- High risk
- Anyone asking you to

First Point

- Spend you 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 & family history

- Genes-BRCA1
-BRCA2
- 5-10% women with breast cancer
- Increased risk of breast/ovarian Ca
Breast Ca 60-80% lifetime risk
- Identify at risk, as screening altered

High risk family history

- 2 or more 1st/2nd degree relatives on the same side of the family <50

+ 1 or more high risk features:

<40 at diagnosis

bilateral breast cancer

breast and ovarian Ca in same pt

Ashkenazi Jewish ancestry

High risk family history

- Women at high risk need to be referred for assessment/counselling
- Screening is commenced 10 years younger than age of youngest FDR at diagnosis.
- Combination of mammogram, MRI and ultrasound depending on age
- Gene testing if appropriate



Breast lumps-characteristics

- Position and size
- Dominant mass vs lumpiness

BENIGN

Discrete

Soft

Mobile

Smooth



MALIGNANT

Ill-defined

Firm/hard

Fixed

Irregular



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Clinical Examination





Clinical Examination

- 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



Clinical Examination

- Axilla
- All of breast
- Both breasts
- Time of month
- Compare sides
- Listen to patient



Triple Test

- Still important

1. Clinical Examination

2. Imaging : Ultrasound

: Mammogram

: MRI(dense breasts, young ,family history)

3. Biopsy : FNA

Core





Imaging of limited use

- Thermography see statement
- PET scan not for screening most useful for detection of mets



Second point

- Do not do FNA unless it is done with imaging
- Triple test do not forget
- Listen to your patient



Breast Lumps - Overview

- Always examine patient
- Imaging < 30, ultrasound scan
- > 30, mammogram +/- US
- Imaging is not enough!
 - if lump discrete or suspicious, refer to breast specialist for assessment +/- biopsy
- **Referral to Breast Screen is not appropriate!**



Treatment Breast Cancer

- Breast :Surgery
:Radiotherapy
- The Body :Chemotherapy
: Anti oestrogen
:Immune therapy

The Self : yoga meditation counselling



Fibroadenoma - Management

- FNA or core biopsy usually advised
- Simple FA - no increased risk of Ca
- Excision is not advised unless:
 - Rapidly growing eg juvenile FA
 - Complex fibroadenoma
 - Unexpected histology eg Phyllodes
 - Patient request



Cysts - Management

- FNA considered if
 - Palpable lump
 - Pain / tenderness
 - Atypical features on imaging
- FNA should **not** be performed prior to imaging!
- 3/12 review if atypical features



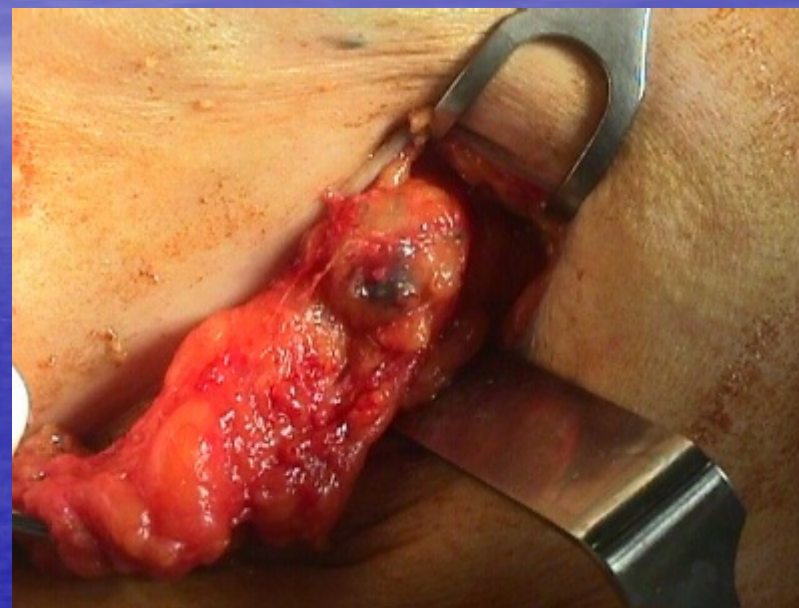
Surgery

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

SLNB How I Do It?



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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



New Therapy

- Herceptin debate
- Aromatase Inhibitors



Ancillary programmes

- Pink Pilates
- Encore
- Sweet Louise (metastatic)
- Look Good Feel Better
- Counselling, lymph oedema specialist, yoga, mediation (Cancer Society)
- Other lymph oedema specialists

Auckland Breast Cancer Register

- All patients in Auckland area public and private
- Data with consent gathered for stats to improve future management within our community

Breast Associates Ltd

