Breast Cancer

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Topics to Cover

* Risk Factors
* Breast Cancer
* Surgical Options – breast/axillary
* Adjuvant Treatments
Brief NZ History of Breast Screening

* 1987  Skegg Report
* 1991  2 pilot programmes established
* 1995  Govt announced nationwide programme for 50-64 year women
* 1998  BreastScreen Aotearoa launched
* 1999  BSC established, 1 of 6 LP sites
* 2005  Age extension to 45-69 years
* 2007  LP sites increased from 6 to 8
The aim of breast screening is to reduce the morbidity and mortality from breast cancer by early detection of small impalpable cancers.

* Saving lives
* Reducing inequalities
Important Facts

* A leading cause of cancer death of NZ women
* 1 of 9 women will get breast cancer
* Approx 2500 women diagnosed/year
* Approx 650 women die each year
* 13 screening episodes 45 – 65 years
## Breast Screen vs Symptomatic

<table>
<thead>
<tr>
<th>Women only</th>
<th>Men or women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>45-69yrs</strong></td>
<td><strong>Any age</strong></td>
</tr>
<tr>
<td><strong>Asymptomatic</strong></td>
<td><strong>Have symptoms</strong></td>
</tr>
<tr>
<td><strong>Self referral</strong></td>
<td><strong>GP referral</strong></td>
</tr>
<tr>
<td>( or GP referral if consent)</td>
<td>(or other health professional)</td>
</tr>
<tr>
<td><strong>BSC</strong></td>
<td><strong>OPD (or pvte) clinic</strong></td>
</tr>
<tr>
<td><strong>Free – govt funded</strong></td>
<td><strong>Free-public, pay-pvte</strong></td>
</tr>
<tr>
<td><strong>2 yrly</strong></td>
<td>when nec, often yrly</td>
</tr>
<tr>
<td><strong>Not pregnant</strong></td>
<td><strong>Can be pregnant</strong></td>
</tr>
<tr>
<td><strong>Not breastfeeding</strong></td>
<td><strong>Can be B/Feeding</strong></td>
</tr>
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</table>
Symptoms that need Investigation

* New lump or thickening
* Change in breast shape or size
* Unusual breast pain
* Skin change on breast – puckering/dimpling/rash/reddening of skin
* Change in 1 nipple – inverted or discharge without squeezing
Breast Awareness

Check your breasts - what’s normal for you
Breast Density

Pre-menopausal

Post-menopausal
Who is at Risk

The 2 greatest risk factors

* Being a woman
* Getting older

- Family History
- HRT
- Other risk factors
Other Risk Factors

* Lifestyle choices
  unhealthy diet, obesity, smoking, alcohol
  You can lower your risk

* Oestrogen exposure
  early menarche, late menopause, no pregnancies, didn’t b/feed, 1st child at older age, HRT, oral contraceptives

* Radiation
Breast Cancer

* 86% start in the ducts
* 12% start in the lobules
* The rest start in surrounding breast tissue
Non Invasive Breast Cancer

Also known as:-
carcinoma in situ, pre invasive cancer, pre cancerous change

Cancer cells confined to ducts or lobules:
Ducts = DCIS
Lobules = LCIS

* Usually impalpable
* Does not pose risk to life
Invasive Breast Cancer

Also known as:-
Infiltrating cancer

Cancer cells break through membrane of duct or lobule into surrounding breast tissue

* Has ability to spread
* Therefore poses risk to life
Breast Surgery Options

* WLE + radiotherapy
  OR
* Mastectomy
  + / – reconstruction
  immediate
  delayed
Wide Local Excision
(breast conserving surgery, lumpectomy)
Margins

Negative Margins

Positive Margins

Bryson ©
Mastectomy

* A - pink area indicates tissue removed
* B - axillary lymph nodes: levels I
* C - axillary lymph nodes: levels II
* D - axillary lymph nodes: levels III
Axillary Surgery Options

* Axillary dissection

OR

* Sentinel node biopsy
Axillary Dissection

- Lymph nodes
- Breast
- Mammary gland
- Nipple
Sentinel Node Biopsy

Sentinel lymph node and vessels

Valves allow fluid to flow in one direction only
The Breast

Great significance for

* Nurturing
* Sexuality
* Femininity
* Body image
* Self esteem
* Relationships
Adjuvant Treatments

* Radiotherapy
* Chemotherapy
* Hormone therapy
* Herceptin
* Ovarian ablation
Follow-up Plan

* Under care of surgeon for 5 years
* 6-12 monthly appointments
* Mammograms every year
* At the end of 5yrs can enrol at BreastScreening (if eligible)= 2 yrly mamms
* Often advised to continue yrly mammograms
Metastases

Most common sites

* Bones
* Lungs
* Liver
* Brain
Thank you

Any Questions?