



THE PATIENTS JOURNEY

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Nelson District Health Board

Breast cancer

- Every day up to 7 women will be diagnosed with breast cancer in New Zealand (MOH).
- More than 28 % all new female cancers
- Around 5-7% are genetic.
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- The risk of breast cancer increases with age, but 5% will affect women under the age of 40.
- Maori women are 40 % more likely to be diagnosed with breast cancer than non-Maori women and are 43% more likely to die of the disease.
- Every year, more than 650 women die from breast cancer in New Zealand

How patients present

1. Healthy asymptomatic patients
2. Women who have noticed symptoms

The logo features a stylized blue 'C' shape that is open at the top and bottom, resembling a protective shield or a breast. The text 'BreastScreen' is written in a dark teal, cursive font across the middle of the 'C'. Below it, the word 'AOTEAROA' is written in a smaller, dark teal, all-caps, sans-serif font. The entire logo is set against a light, textured background.

BreastScreen
AOTEAROA

Breast Screening- asymptomatic

- Free national breast screening programme for women 45 to 69.
- Breast screening is performed on women with no obvious breast changes.
- Breast screening improves early detection
- 2 yearly programme
- Screening mammograms cannot prevent development of breast cancer, but do reduce the chance of dying from breast cancer by approximately a third.

- Organised breast screening programmes aim to reduce breast cancer mortality by routinely screening , defined population at regular intervals
- A reduction in mortality at a population level depends upon high levels of coverage of the population, quality screening and follow-up services.
- **Most women take part in screening in order to be reassured they are healthy, rather than with the expectation they are not. Screening however does not give you a diagnosis.**
- Women with a positive screening result will be offered a diagnostic test, which will give more information about whether they do have the condition.

Symptomatic Patients

Triple assessment

Clinical

Radiological

Biopsy



Mammograms

- 2 views MLO and CC are standard
- All films are double read by 2 breast specialist radiologists
- 10% of screening mammograms are recalled
- All recall patients have magnification views
- Accompanying Ultrasound of same breast
- Surgeon called to review all concerning recall patients deemed to require biopsy
- 10% of recalls are in reality suspicious and require surgical intervention

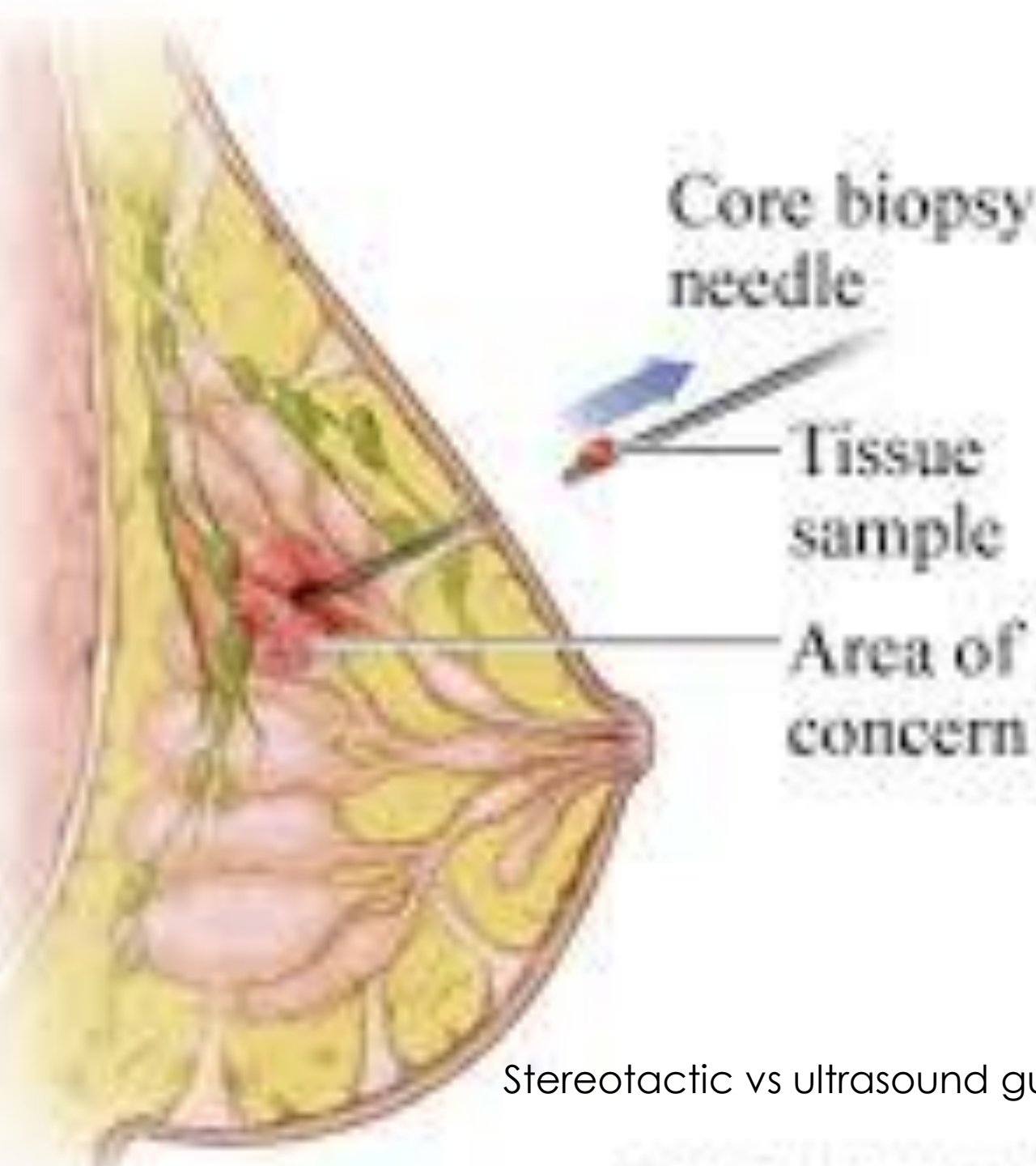
- Calcifications: Benign, Indeterminate or Suspicious
- Masses: Benign or Malignant looking



If Women Ran the World



YES, I DID HAVE MY MAMMOGRAM TODAY... WHY DO YOU ASK?



Stereotactic vs ultrasound guided



MDM Discussion

- Radiologist
- Pathologist
- Oncologist
- Surgeon
- Junoir Doctors
- Breast Physician
- Breast Nurse



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Chemotherapy

Cycles

3 weekly

4-8 cycles

Outpatient

Regular blood tests

Anthracyclines

Cyclophosphamide

Taxanes

Herceptin (HER2 +ve)

Radiotherapy

4-5 weeks

Mon-Friday

Planning session

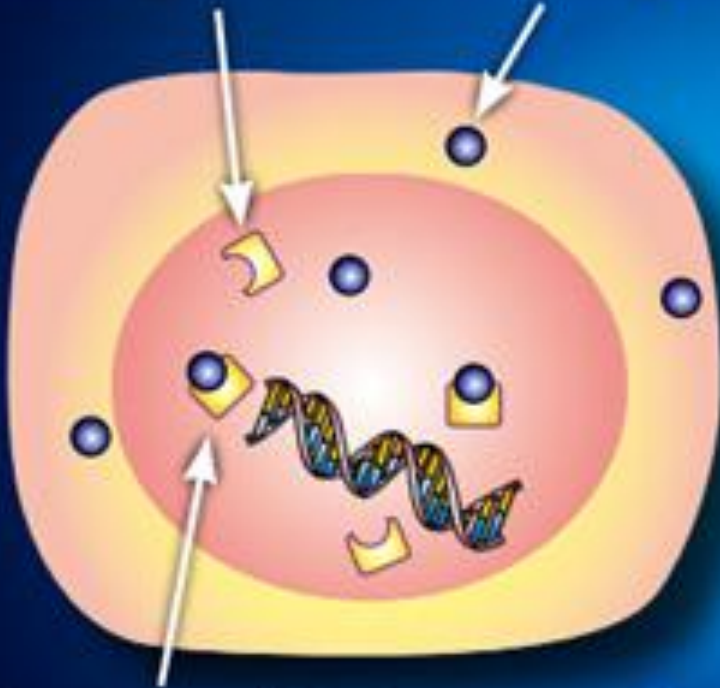


Hormone Treatment

- ER/PR receptors
- The main source of oestrogen is the ovaries in pre-menopausal women
- Post menopausal women most oestrogen is produced in peripheral tissues

Emitting chemicals that stimulate cell growth

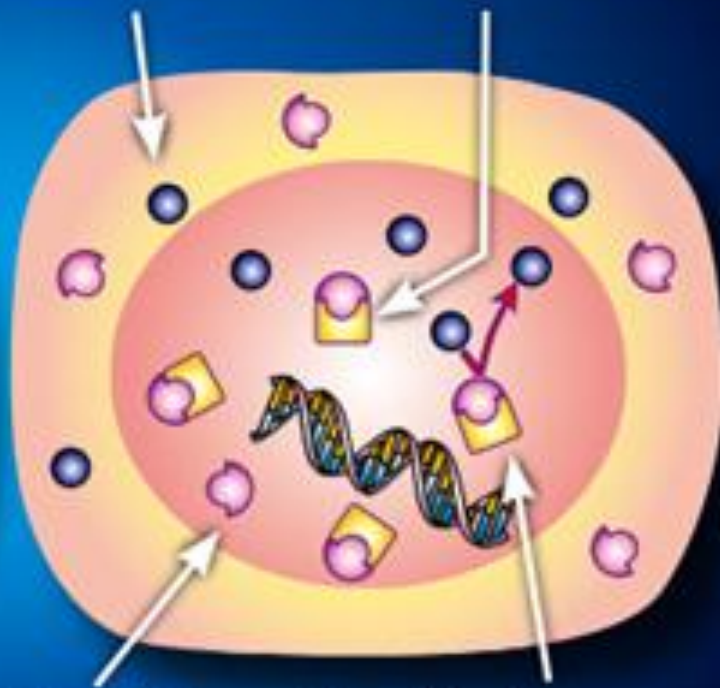
Oestrogen receptor Oestrogen



Oestrogen binds to oestrogen receptors

Cancer cells stop growing

Oestrogen Oestrogen receptors



Tamoxifen blocks oestrogen receptors in order to prevent oestrogen from reaching the tumour.

Tamoxifen (SERM)

Aromatase Inhibitors

- Aromatase converts androgens into oestrogens by a process called aromatization.
- Decreasing oestrogen is a way of suppressing recurrence of the breast tumour tissue.

- Anastrozole=Arimidex
- Letrozole= Femara
- Exemestane=Aromasin

Follow-Up

- NHMRC Guidelines
- 3-6 monthly first 2 years
- Annual till 5 years
- Annual Mammography

