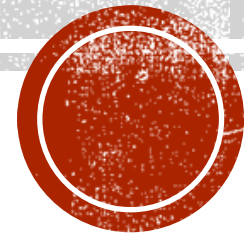


APPROACH TO BREAST CANCER MANAGEMENT

MICHAEL ADDO KWABENG



DISCLOSURE

- None to declare



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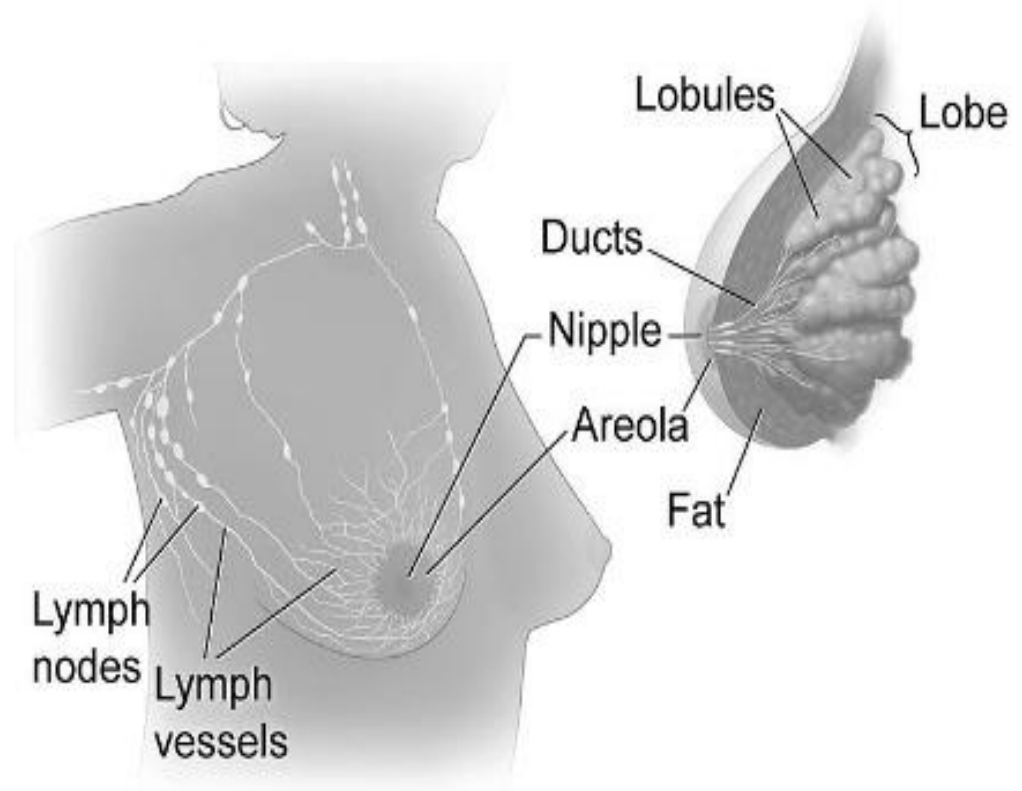
OUTLINE

- Overview
- Epidemiology
- Risk factors
- Pathogenesis
- Clinical presentation
- Assessment
- Management



OVERVIEW

- Breast cancer is a complex disease that affects many women.
- Early detection and prompt treatment are crucial to improving outcomes.
- Men form 1% of cases worldwide.
- Ghana- young age , advanced disease



INTRODUCTION

Increased risk of breast cancer with family history is known

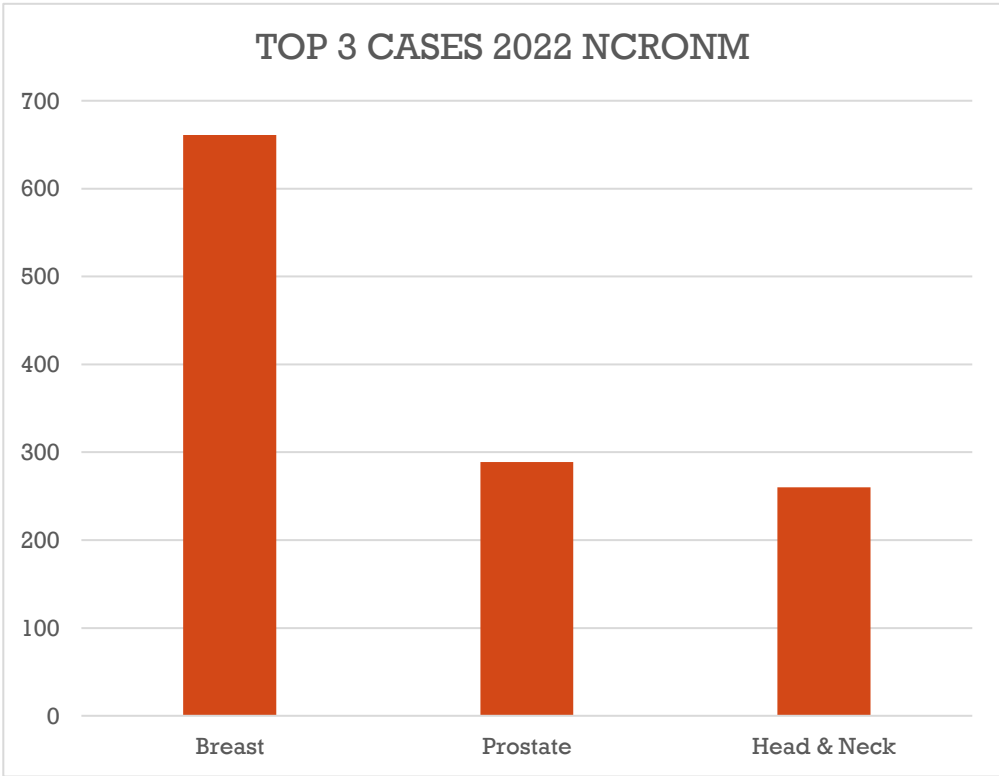
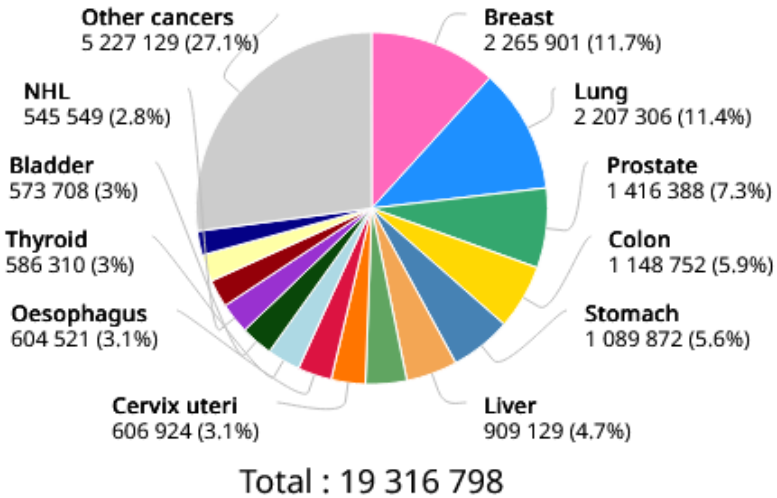
- 20% and 25% of women diagnosed with breast cancer have a positive family history
- The actual risk that family history conveys depends on
 - The number of relatives affected
 - Their age at diagnosis
 - Having a first degree relative with premenopausal breast cancer greater risk >>>>> a first-degree relative with postmenopausal cancer



- One first-degree relatives with CA Breast (mother or sister), the risk is 1.7 to 2.5
- Two or more first degree relatives (RR= 4-6 times)
- Second-degree relative with CA Breast (aunt, grandmother), the risk is 1.5

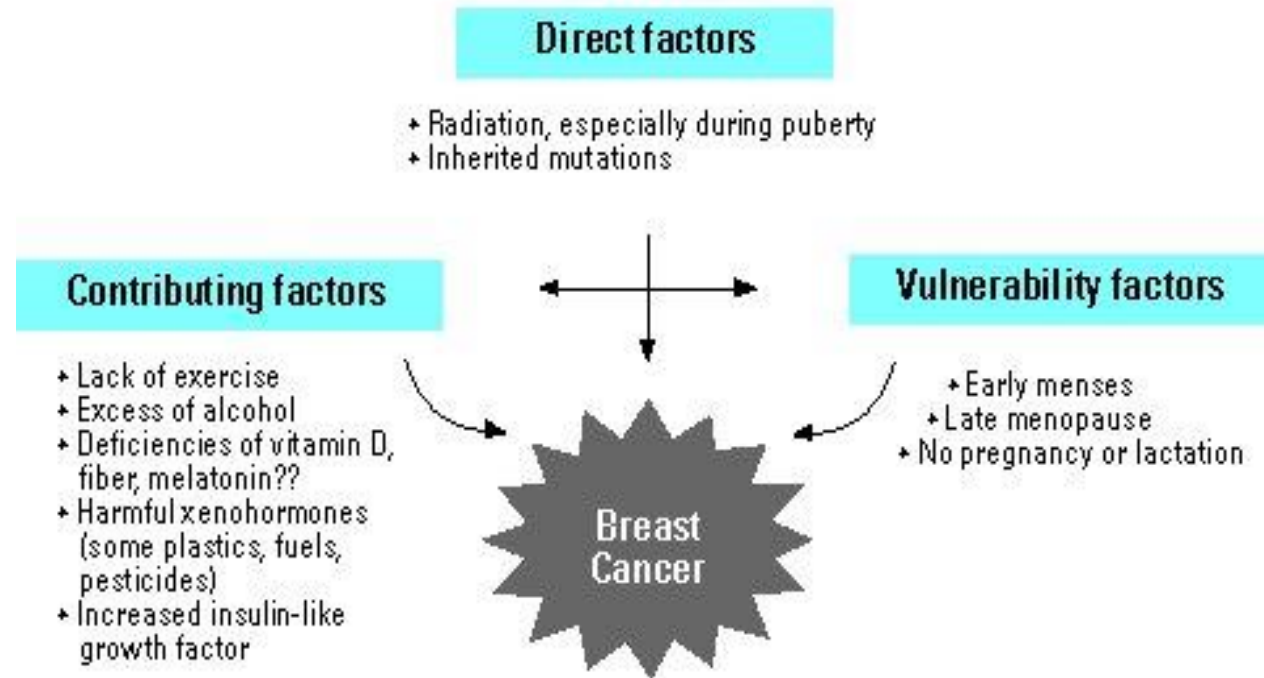


EPIDEMIOLOGY

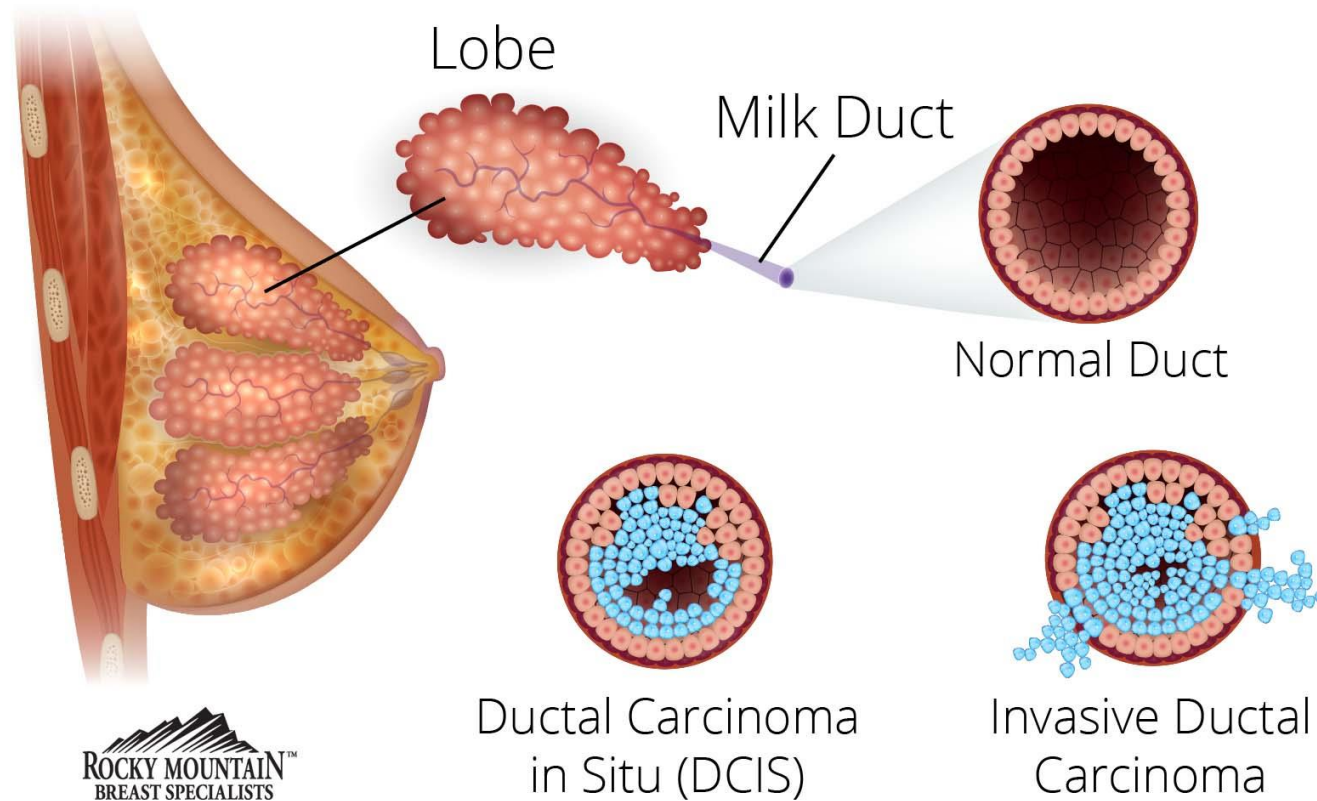


RISK FACTORS

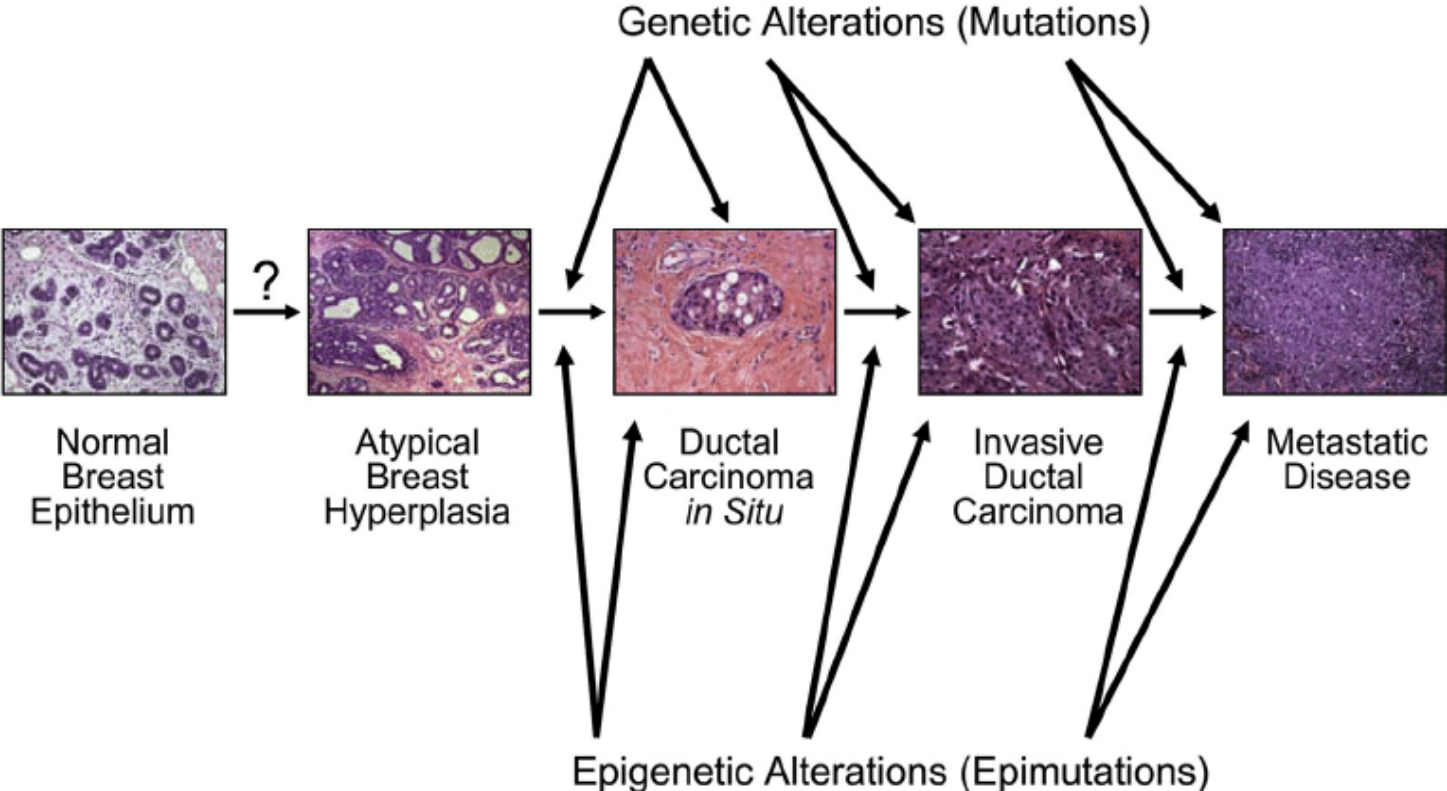
Risk factors for breast cancer



CLINICAL PRESENTATIONS



PATHOGENESIS



SCREENING

Self breast
examination



Clinical
assessment



Imaging

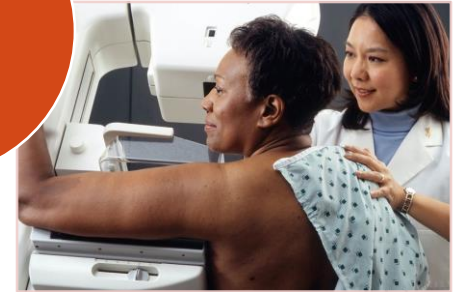


TABLE 59.6 BREAST CANCER SCREENING GUIDELINES

Age Group	Developed by the ACS and Endorsed by the ACR, SBI
20–39	BSE optional; CBE every 3 y
40–44	Women should have the opportunity to begin annual screening between the ages of 40 and 44 y (qualified recommendation)
45–54	Women should be screened annually (qualified recommendation)
55+	Women 55 y and older should transition to biennial screening or have the opportunity to continue screening annually (qualified recommendation)
At increased risk	Consult with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (i.e., breast ultrasound and MRI), or having more frequent exams

Newer Screening Technologies

- Full field digital mammography (FFDM)
- Digital breast tomosynthesis (DBT)
- Molecular breast imaging
- Abbreviated (fast) MRI

PRESENTATION

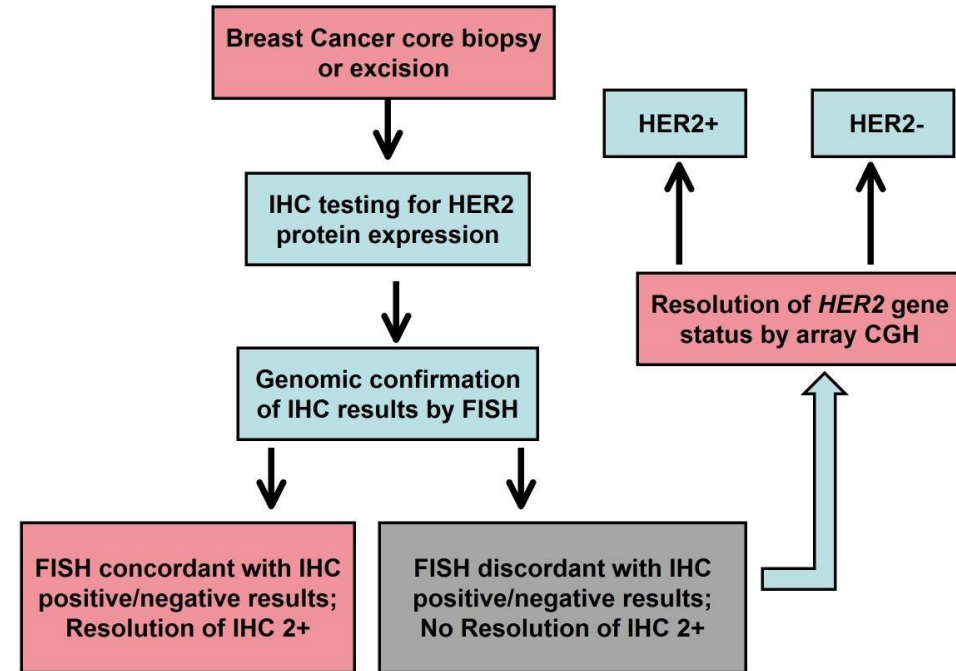
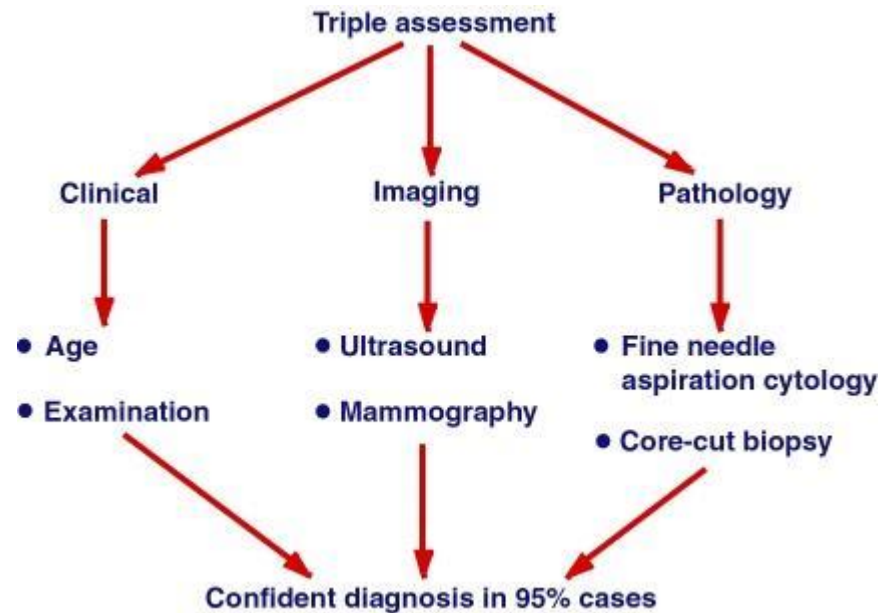
- A breast lump or thickening that feels different from the surrounding tissue
- Change in the size, shape or appearance of a breast
- Changes to the skin over the breast, such as dimpling
- A newly inverted nipple
- Peeling, scaling or flaking of the pigmented area of skin surrounding the nipple (areola) or breast skin
- Redness or pitting of the skin over your breast, like the skin of an orange



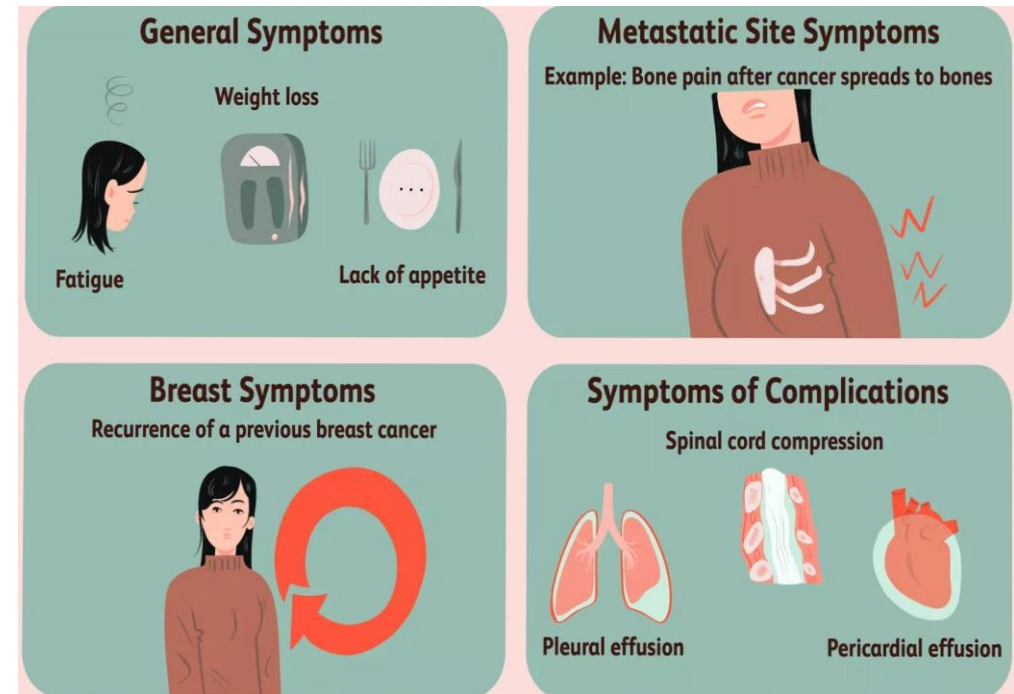
PRESENTATION







ASSESSMENT

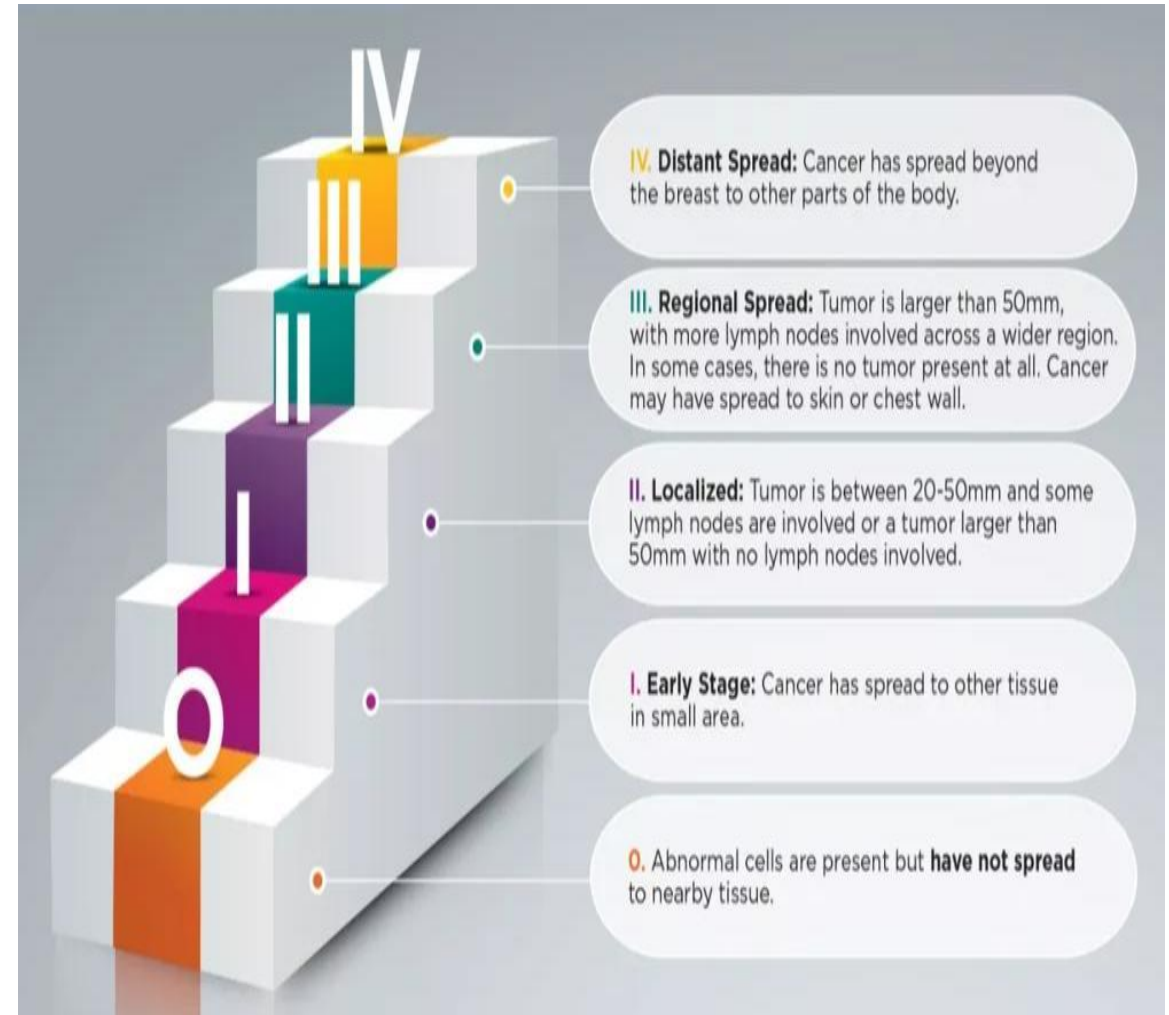


- HCG
- Fertility counseling/genetics referral PRN
- Breast MRI controversial (consider for young or BRCA+)
- T3, N1+, or symptoms: bone scan and CT chest/abd/pelv, +/- PET, +/- MRI
- Adjunctive markers of progression: CEA, CA 15-3, CA 27.29



STAGING

Tumor size	Tumor size < 2 cm	Tumor size 2-5 cm	Tumor size > 5 cm	Tumor extends to skin or chest wall
T	 T1	 T2	 T3	 T4
Lymph Nodes	N0 No lymph node metastasis	N1 Metastasis to ipsilateral, movable, axillary LNs	N2 Metastasis to ipsilateral fixed axillary, or IM LNs	N3 Metastasis to infraclavicular/supraclavicular LN, or to axillary and IM LNs
N				
Metastasis	M0 No distant metastasis	M1 Distant metastasis	LNs= Lymph Nodes; IM= Internal Mammary	
M				

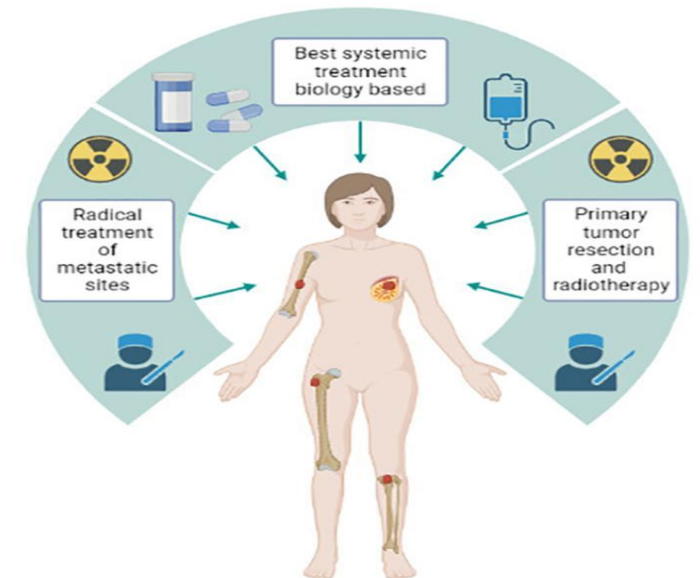


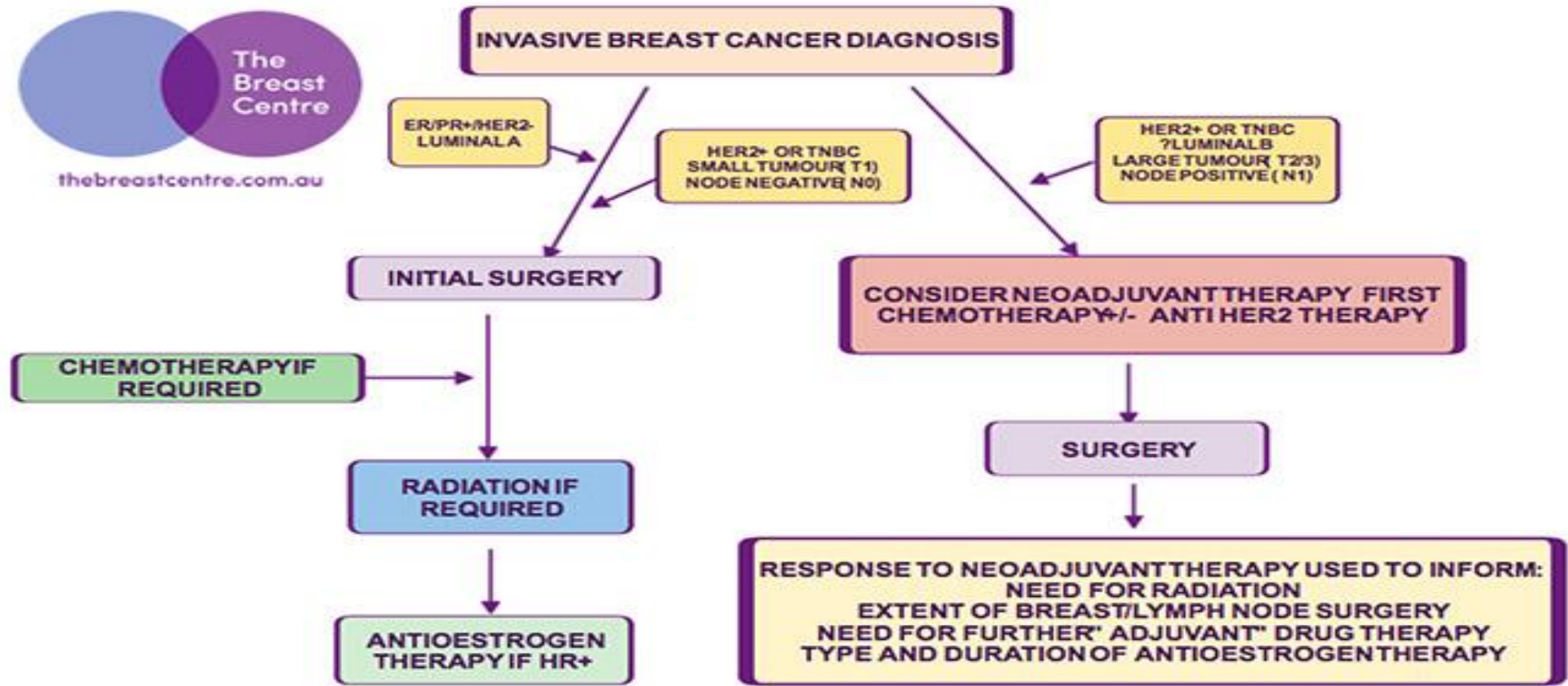
MANAGEMENT



MDT meetings (Tumor Boards) broadly aim at improving:

- Communication
- Coordination
- Decision making

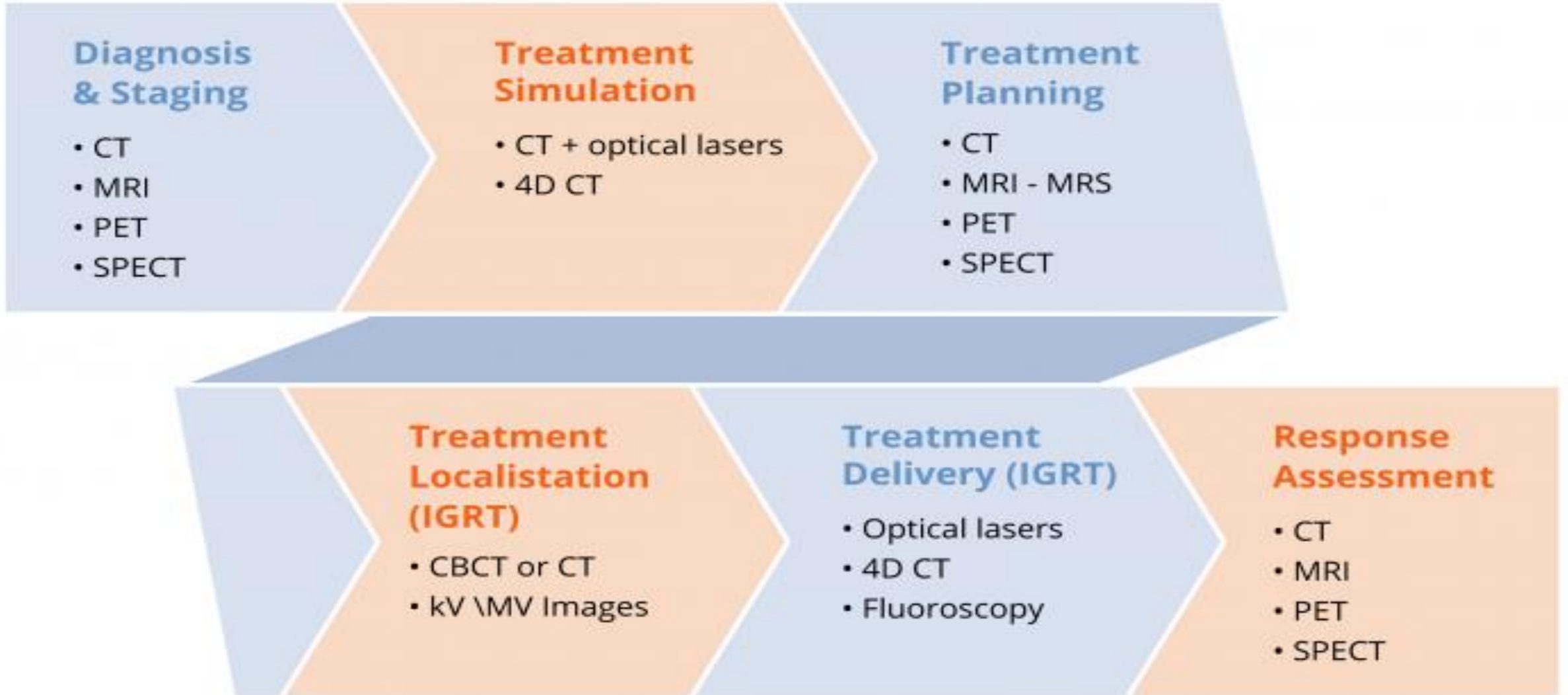




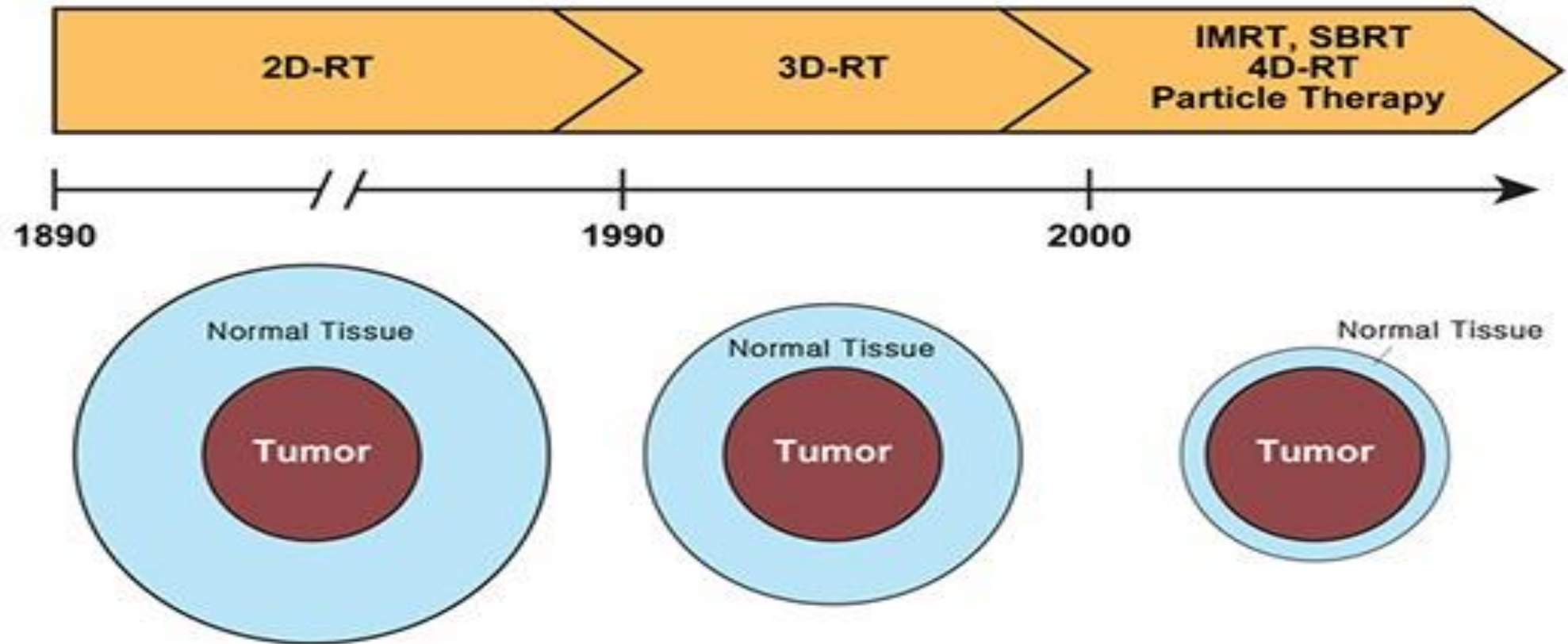
BREAST CANCER TREATMENT OVERVIEW



THE IMAGING PHASES OF THE BEST PRACTICE



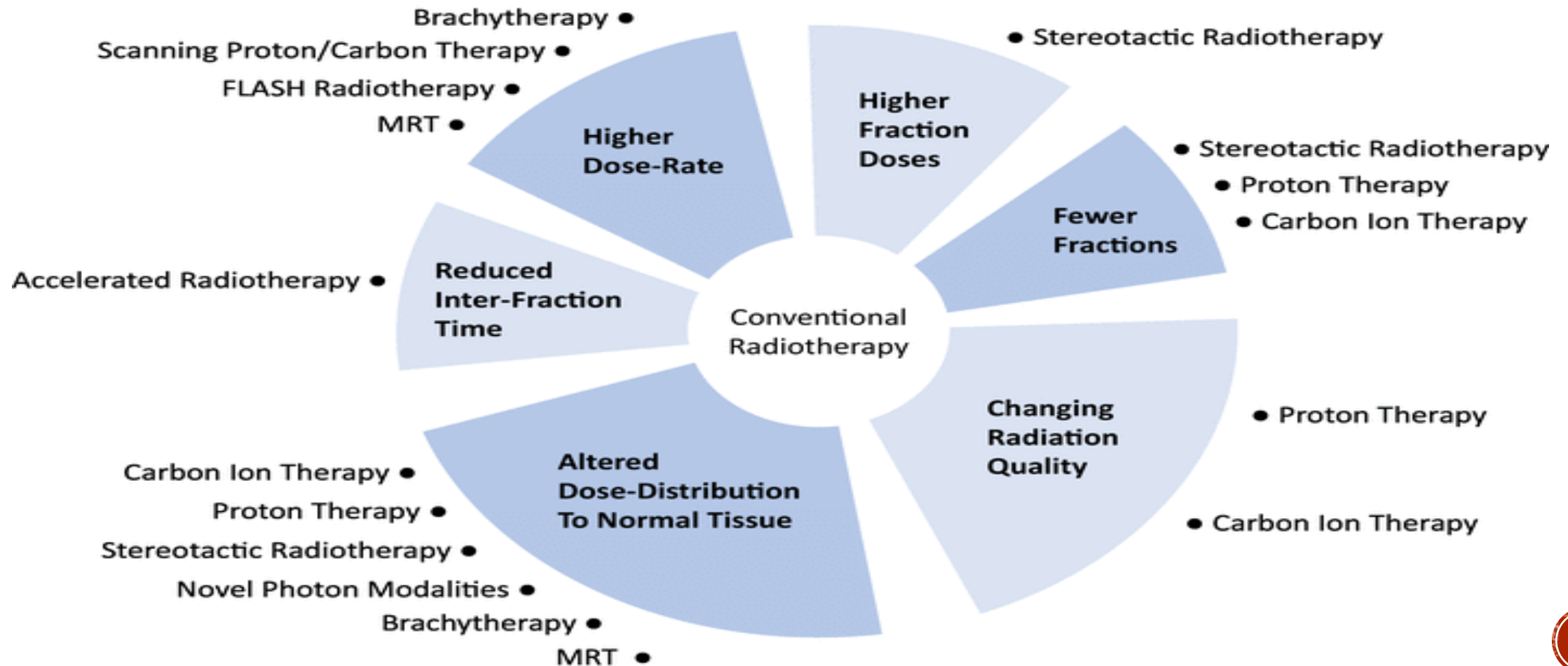
EVOLUTION OF MODERN RADIOTHERAPY



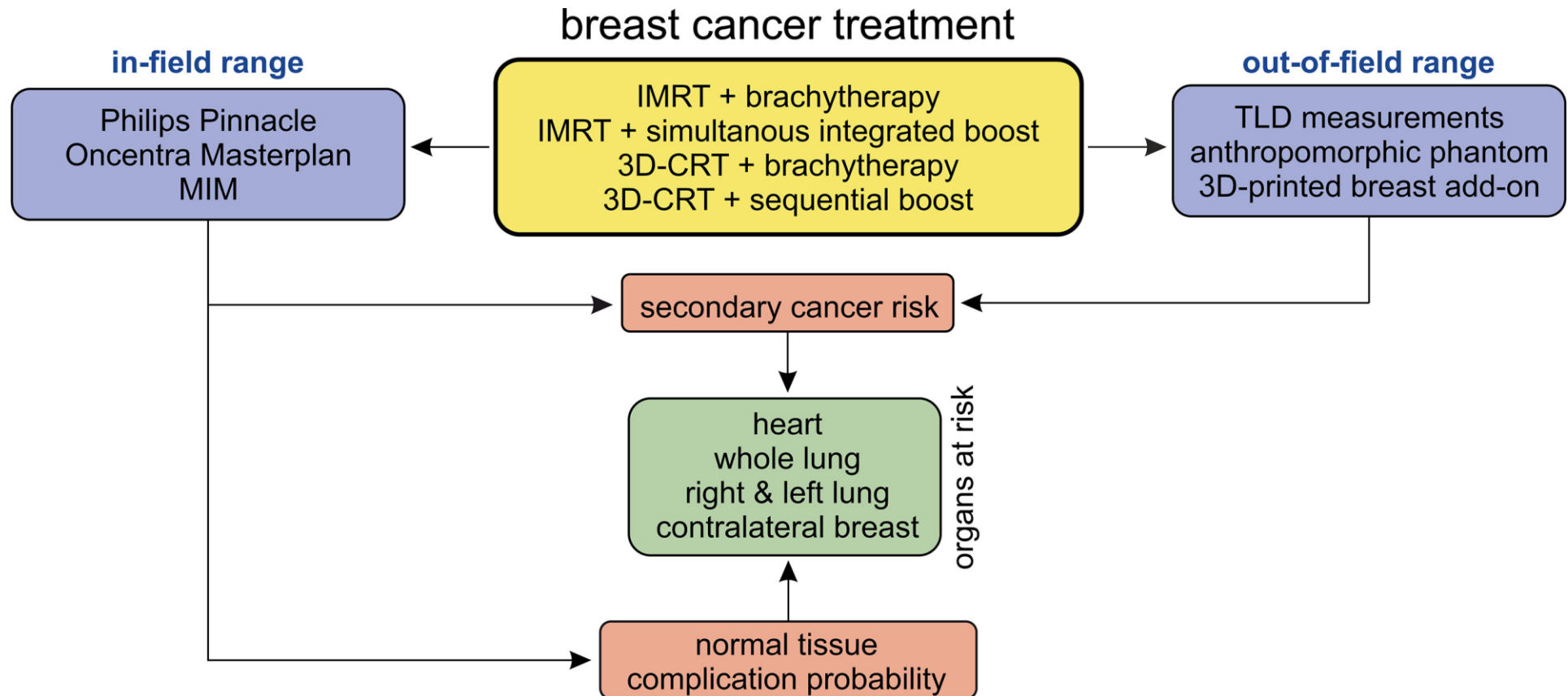
Modern radiotherapy is characterized by minimizing the volume of normal tissue being unnecessarily irradiated



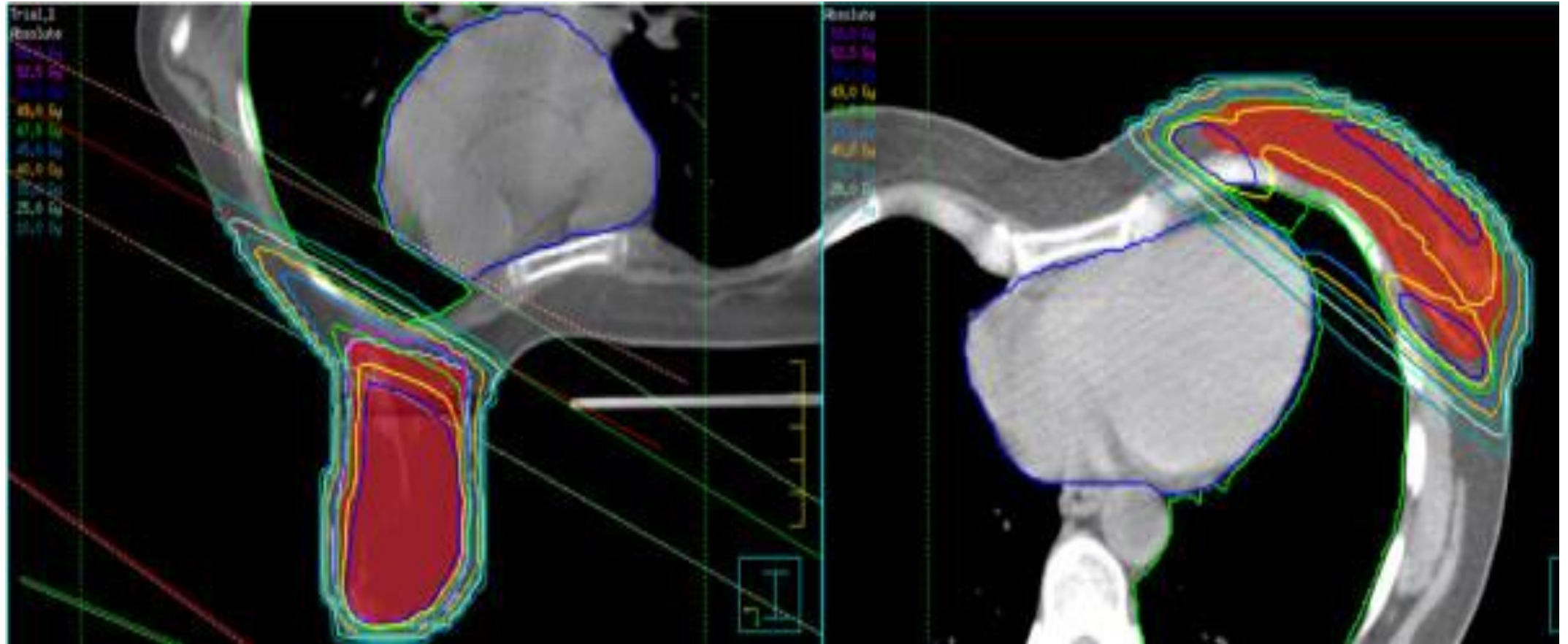
TREATMENT



TREATMENT



TREATMENT POSITIONS



FOLLOW UP

- Interval H&P q 6 months x 5 years, then annually.
- Annual mammogram
- Women on tamoxifen: gynecologic exam if the uterus present.
- Women on AI: periodic bone mineral density.
- Psychosocial support.
- Support groups.



PREVENTION

- Maintain a healthy lifestyle
- Screening
- Breastfeeding and Pregnancy
- Genetic testing and counselling



Breast Cancer Prevention

- Modify risk factors like:
 - Reducing or eliminating alcohol consumption
 - Maintaining ideal weight
 - Exercising on a regular schedule
- Several drugs have been studied as chemopreventive agents.
- But the only agent for which mature data from clinical trials are available is tamoxifen



Prophylactic Surgery

- Bilateral total mastectomy or bilateral salpingoophrectomy may be beneficial in select high risk groups
- According to series done by Mayo hospital, bilateral prophylactic mastectomy there is 89.5% risk reduction in breast carcinoma ($p < 0.001$)



CHALLENGES IN GHANA

High mortality

- Advanced staged disease
 - Healthcare access and utilisation
 - Psychological and emotional factors
 - Sociocultural and community factors
- Young age
- Tumour molecular subtype



Breast cancer knowledge

Scientists



Physicians

Patients

Key points
to apply

**Breast cancer screening (BCS)
should be pursued only if:**



*Effective diagnosis with
professionals and tools are available*

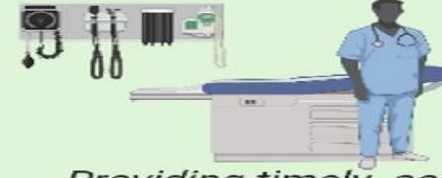


*Previous evidence or studies regarding the BCS
application have been validated and are accesible*



*Human and financial ressources are sustainable
to maintain BCS quality*

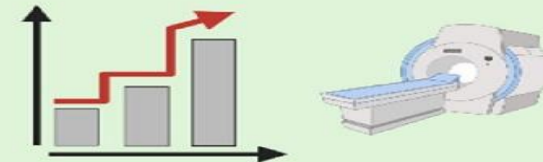
**Early diagnosis strategies
should focus on:**



*Providing timely access to
cancer treatment*



*Reducing the barriers of care and
access to diagnostic services*



*Increasing the number of identified patients at an
early stage by accurate diagnostic tools*



TAKE HOME MESSAGE

- Breast cancer is common in a fairly younger population group.
- Early detection increases survival outcomes.
- Multidisciplinary approach is the gold standard for patient care.



THANK YOU

