BREAST CANCER TREATMENT – HALSTED TO 2012

Breast cancer treatment – Halsted to 2012

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Breast cancer treatment has come a long way since the time of our grandmothers. There have been advancements in adjuvant therapies, diagnostics and su
longer frequently faced with having to c
flesh for an advanced fungating tumou

Breast cancer surgery

In 1889 Halsted described a novel pro
20th century breast cancer was a deva
addition, it was uncommon to operate
spreading and invading the chest wall.
the chest wall had the immediate impa
breast cancer at the time, even if cure

As time has gone by, the surgical penc
breast conserving surgery. This is bec
are comparable (if not equivalent) bec
significant number of women feeling th

The UK Department of Health has bee
reconstruction in the United Kingdom.
aimed at producing surgeons fit to pra
now better able to access surgeons with experience in the full range of procedures encompassed by oncoplastic breast reconstructive surgery, which include:

- appropriate adequate surgery to extirpate the cancer
- partial reconstruction to correct wide excision defects
- immediate and delayed total reconstruction with access to a full range of techniques
- correction of asymmetry of the reconstructed and the contralateral unaffected breast.

Sentinel node biopsy

A frequently asked question and most feared complication regarding axillary node surgery is the likelihood of lymphoedema or swelling of the arm. It occurs in 15-40 percent following axillary node clearance and is more likely if combined with radiotherapy to the axilla. With the advent of sentinel node biopsy, unnecessary axillary clearance can be avoided, thereby reducing the number of women with this complication.

Sentinel node biopsy involves removal of the first node receiving lymphatic drainage from an area of interest. It involves the injection of a radioactive and blue dye so that the 'hot' blue node can be removed and carefully studied histologically for cancer cells.

With a positive sentinel node (containing cancer), a completion axillary clearance or radiotherapy to the axilla are undertaken. Further surgery gives more prognostic information about the number of nodes that contain cancer.

Early diagnosis of breast cancer

Early diagnosis as a result of 'breast awareness' and mammographic screening has meant that for most women, breast cancer is diagnosed at an early stage where the aim of treatment is cure rather than palliation.

In 2010-2011, the UK NHS Breast Screening Programme detected 14,725 cancers in women aged 45 and over, a rate of 7.8 cases per 1,000 women screened. Of these, 80 percent of the cancers were invasive. Most of the detected cancers were more small (less than 15 mm diameter) invasive or non-invasive cancers.

While the opponents of mammographic screening argue that more non-invasive cancers are picked up that would never cause any trouble and that women are put through unnecessary biopsies causing unnecessary anxiety, it remains a fact that earlier diagnosis of breast cancer leads to better survival outcomes.

Most women undergoing mammographic screening have a normal result. Only three to seven percent (higher number called back after first rather than subsequent screening mammogram) of women screened are called back for an assessment where further mammogram views are taken and a breast ultrasound performed. Most of these women can then be

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reassured that they do not have breast cancer. Forty percent of those called back for assessment go on to have a needle core test or fine needle aspirate.

Adjuvant therapies

With the advent of new and effective adjuvant therapies, less extensive surgery is more often possible. Upfront chemotherapy or endocrine treatment can be used to downsize large tumours to allow breast conservation surgery rather than mastectomy. Neoadjuvant therapies also allow switching of drugs if the response to the first regimen is poor.

New chemotherapeutic regimes, endocrine therapies (i.e. aromatase inhibitors like anastrazole, exemestane, letrozole), monoclonal antibodies (i.e. Herceptin), and radiotherapy as a single treatment intraoperatively (TARGIT), potentially make breast cancer treatment less invasive with more promising outcomes.

Chemotherapy is one of the most feared treatment modalities for breast cancer with women dreading the frequent hair loss, nausea and fatigue. While it is clear that most women with large, node positive oestrogen receptor negative cancers will benefit from having chemotherapy, it is often unclear as to as whether a woman with a relatively small node negative oestrogen receptor positive breast cancer should have chemotherapy. There is now the option for an assay of an individual woman's cancer with the use of Onco*type* DX (a multigene breast cancer assay) that can predict whether she would benefit from chemotherapy. This test has proved to be extremely valuable in selected cases, so much so that the cost of the assay is covered by most private health insurance companies.

Treating breast cancer is an ever-evolving specialty, with challenging aspects. We do now however have so many more tools to enable us to tailor treatment to fit each individualised patient according to their informed choice.

For further information about our services please contact our GP Liaison Team on +44 (0)20 7460 5973.