Breast Cancer
Prevention & Early Detection

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THE GULF: ELEVENTH-HOUR DIPLOMACY

One American woman in ten will get
BREAST CANCER
Why—and what can be done?
Breast cancer is the most common type of cancer among women in the US

In 2004 approximately 216,000 cases of invasive cancer were diagnosed and over 40,000 died of their disease
BREAST CANCER IN ZOROASTRIAN WOMEN

• Breast cancer is the second commonest cancer in Indian women.

• Breast cancer is three times more common in Zoroastrian women.
RISK FACTORS

• Uncontrollable risk factors

• Controllable risk factors
UNCONTROLLABLE RISK FACTORS

• Being female
• Age
• Mutations of Breast cancer genes (BRCA 1 and BRCA 2)
• History of previous breast biopsy which showed precancerous condition
• Gynecological history
CONTROLLABLE RISK FACTORS

• Obesity

• Use of oral contraceptives for five years or longer or hormone replacement therapy

• Having 1st child after 30

• More than one alcoholic drink a day
Would you like to supersize your chances of heart disease & breast cancer, ma'am?
EAT HEALTHY

The Food Guide Pyramid
A Guide to Daily Food Choices

- Fats, Oils, & Sweets
  USE SPARINGLY
- Milk, Yogurt, & Cheese Group
  2-3 SERVINGS
- Vegetable Group
  3-5 SERVINGS
- Meat, Poultry, Fish, Dry Beans, Eggs, & Nuts Group
  2-3 SERVINGS
- Fruit Group
  2-4 SERVINGS
- Bread, Cereal, Rice, & Pasta Group
  6-11 SERVINGS

These symbols show fats and added sugars in foods:

KEY
- Fat (naturally occurring and added)
- Sugars (added)

EXERCISE
Early detection is the best protection
EARLY DETECTION

1. Clinical Breast Examination
2. Mammogram
3. Monthly Breast Self Examination (BSE)
CLINICAL BREAST EXAMINATION
Clinical Breast Examination (CBE)

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency of CBE</th>
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<tbody>
<tr>
<td>20 – 39</td>
<td>Every 3 years</td>
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<tr>
<td>40</td>
<td>Every Year</td>
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SELF BREAST EXAMINATION

• Once every month starting at the age of 20
BREAST SELF EXAMINATION

There are two parts to the BSE

–Looking

–Feeling
Looking Monthly BSE in Mirror

• Place arms at sides
LOOKING IN THE MIRROR
• Any new lump or hard knot found in the breast or armpit.
• Any new lump or thickening that does not shrink or lessen after your next period.
Change in Skin Color, Size or Texture

- Any change in size, shape or symmetry of your breast
- Any thickening or swelling of the breast
Skin Dimpling

- Any dimpling, puckering or indentation in the breast
- Dimpling, skin irritation or other change in the breast skin or nipple
Changes in Nipple

- Redness or scaliness of the nipple or breast skin
- Nipple tenderness or pain
- Nipple retraction; turning or drawing inward or pointing in a new direction
Nipple Discharge

- Any fluid coming from your nipples other than breast milk, particularly if the discharge is bloody, clear and sticky, dark or occurs without squeezing your nipple.
Feeling

- Examine each breast separately
- Use pads of fingers not the tips
- Examine the armpits
Feeling

Finger Use

Use the pads of your middle three fingers to feel the texture of your breast.

Your finger pads are the top third of each finger, not the tips.
FEELING
Patterns

These diagrams illustrate the various patterns you can follow with your fingertips to make sure that you've examined your breast tissue thoroughly.
SCREENING MAMMOGRAM

• X ray picture of breast performed in a woman without any breast complaints
MAMMOGRAM TECHNIC
## Mammogram

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency of Mammogram</th>
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<tbody>
<tr>
<td>40</td>
<td>1-2 year</td>
</tr>
<tr>
<td>50</td>
<td>Every year</td>
</tr>
<tr>
<td>&lt;49 with family hx of breast cancer</td>
<td>Consult health care providers about risks</td>
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MAMMOGRAPHY RESULTS

1000 women screened with mammography
100 recalled for further views
20 require biopsy
7 cancerous
ULTRASOUND
ULTRASOUND
BIOPSY TECHNIC

FNA  Core Needle  Vacuum  ABBI  Open Surgical

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BIOPSY RESULTS

• 80% of all breast biopsies turn out to be benign
WHAT IF IT IS CANCER?

• It is tough to prepare for the “C” word

• But remember that it is not a death sentence

• With early diagnosis women’s chances of surviving are very good
TREATMENT OPTIONS

• Depend on
  – Size of the tumor
  – Invasive or in situ
  – Lymph node status
  – Whether it has spread to other parts of the body
TREATMENT

• Surgery

• Radiation Therapy

• Chemotherapy

• Hormonal Therapy
SURGERY

- Breast conservation
- Mastectomy
• Lumpectomy
SURGERY

- Mastectomy
EVALUATION OF LYMPH NODES
RECONSTRUCTION
RECONSTRUCTION
RADIATION THERAPY

- Adjuvant

- High energy rays used to kill cancer cells

- Usually effective in killing fast growing cells such as breast cancer cells
RADIATION THERAPY
CHEMOTHERAPY

• Anticancer drug

• In early breast cancer after surgery to reduce the risk of recurrence

• Large and locally advanced cancer to reduce the size prior to surgery

• In metastatic cancer to reduce cancer that has spread to relieve symptoms and prolong life
HORMONAL THERAPY

- Hormones in the blood stream can attach to cancer cells and promote their growth

- Hormonal therapy blocks the receptor or production of hormones
EMERGING THERAPIES

• Constant search for new and better way to treat cancer

• Include Targeted therapy
EMERGING THERAPIES

• Radiation including Brachy therapy, Intra operative high dose RT

• Newer chemotherapeutic agents
COMPLIMENTARY THERAPY

• Unconventional

• Supplementary and should not replace conventional treatment

• Integrated therapy to relieve stress such as massage, acupuncture
PROGNOSIS

• Early Breast Cancer (Stage 1)
  • 10 year survival - over 90%

• Advanced Breast Cancer (Stage IV)
  • 10 year survival - less than 10%
Though Early Detection and Improved Treatments more Women Than ever are Surviving Breast Cancer
Thank You