MANAGEMENT OF EARLY BREAST CANCER

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Diagnosis of breast cancer :

Clinical picture :

Type of patient : mostly female 50-60 years with painless swelling in upper lateral quadrant of breast .

Menstrual history :

early menarche ,

late menopause ,

use of OCP .

Past history :

Cancer breast of contralateral side .

Irradiation to breast .

Family history :

Cancer breast in first degree relative .

Symptoms :

1- painless breast lump .

2- less commonly : disharge , nipple retraction , breast pain (in late cases , mastitis carcinomatosis , paget's disease)

3- occasional presentation :

bone > bone ache , pathological fractures .

lung > cough , dyspnea .

liver > malignant jaundice , Rt hypochondrial pain .

Brain > headache , mental changes ,blurring of vision .

axillary LN enlargment .

Signs :

General :

Cachexia , signs of metastasis .

Local :

Inspection :

Breast enlargment and asymmetry .

Skin manifestations :

Nipple retraction , areola eroded in paget’s disease , skin tethering , skin dimpling , puckering , nodules , ulceration , cancer en cuirasse , peau d’orange , brawny edema , sister joseph nodules .

Palpation :

1- breast mass :

site > common in upper lateral quadrant .

edge > ill defined .

consistency > hard (soft in medullary carcinoma)

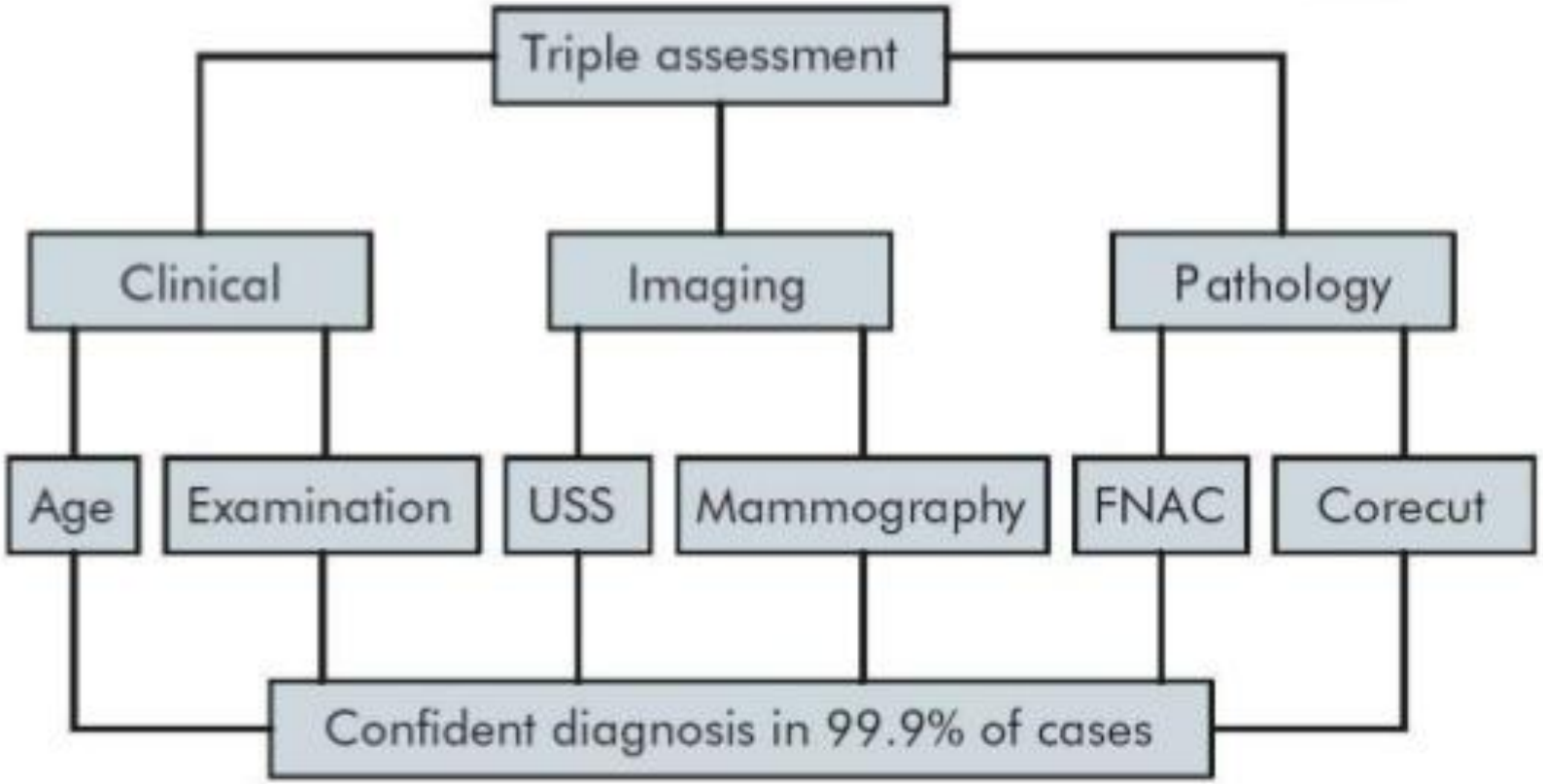
mobility > restricted mobility

2- lymph nodes :

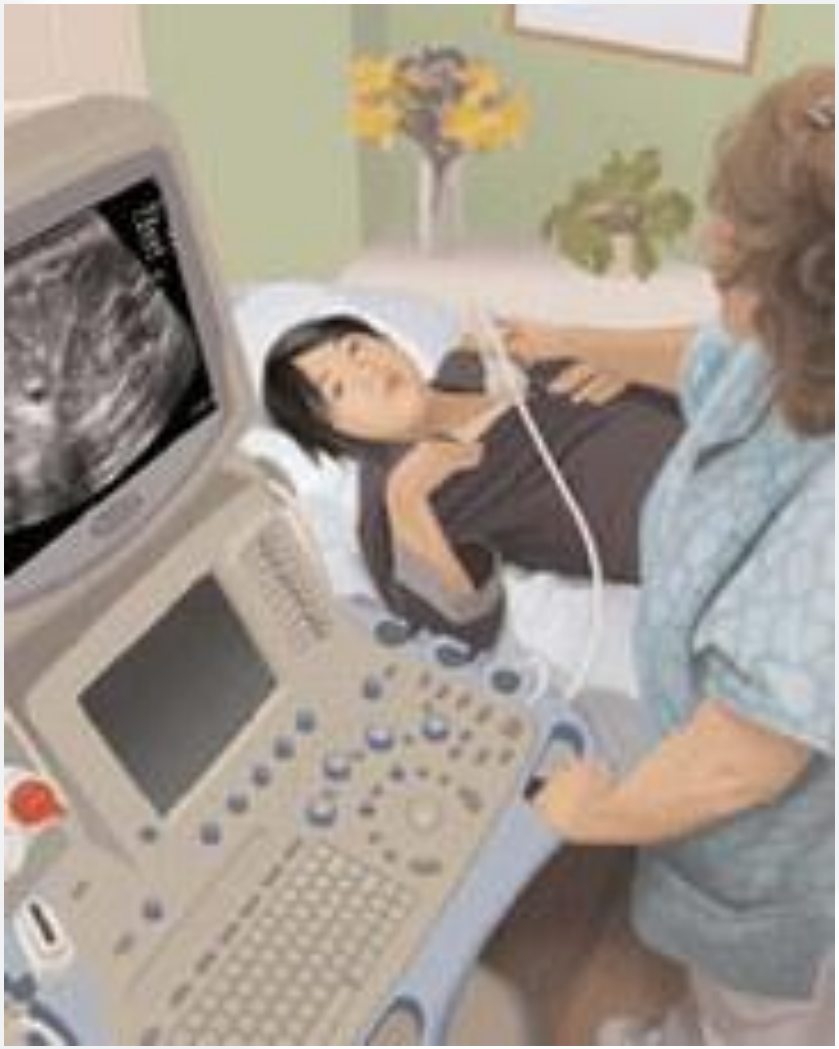
axillary , supra clavicular .

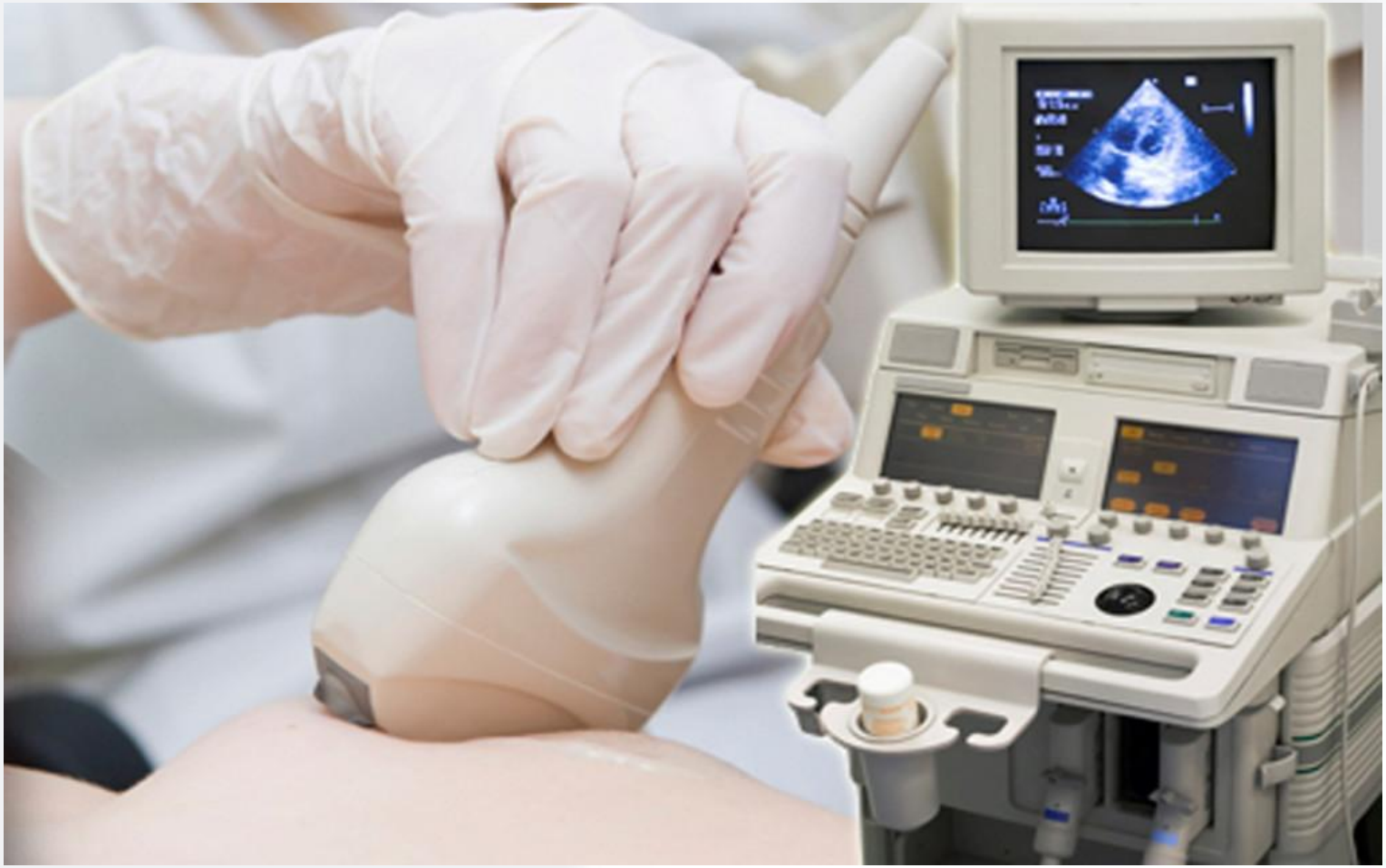
3- examination of possible metastasis .

TRIPLE ASSESSMENT

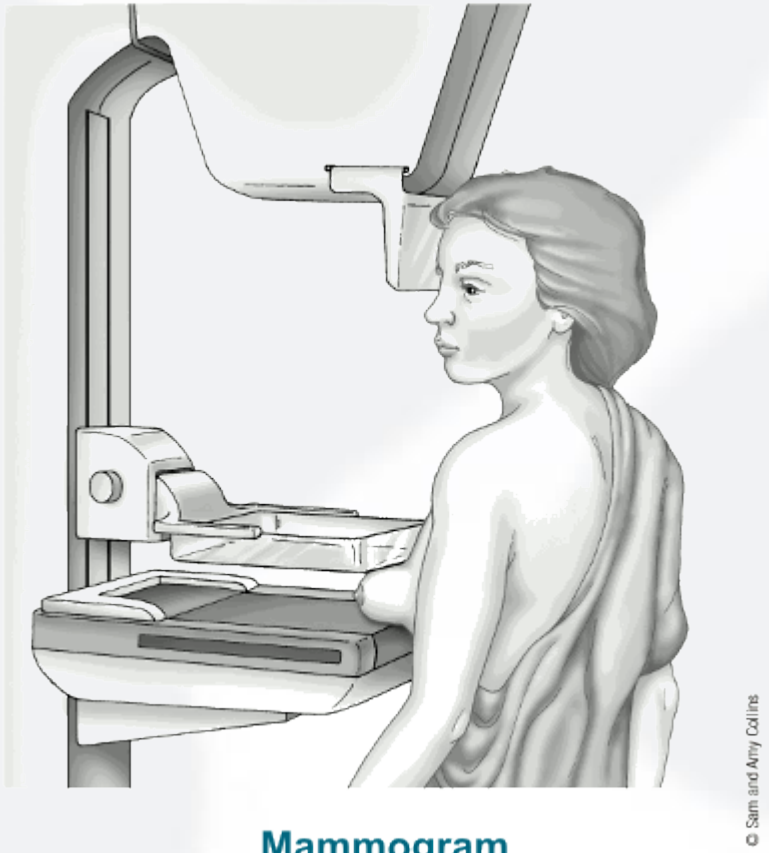


U/S :

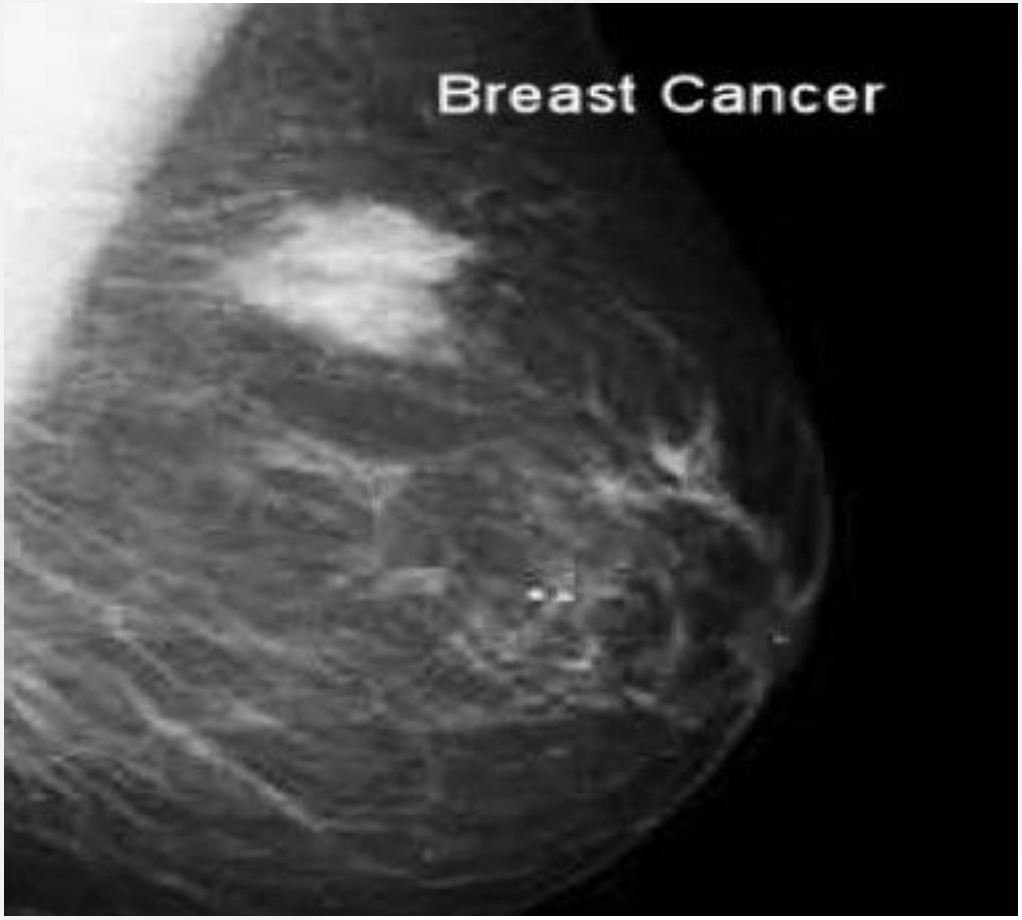




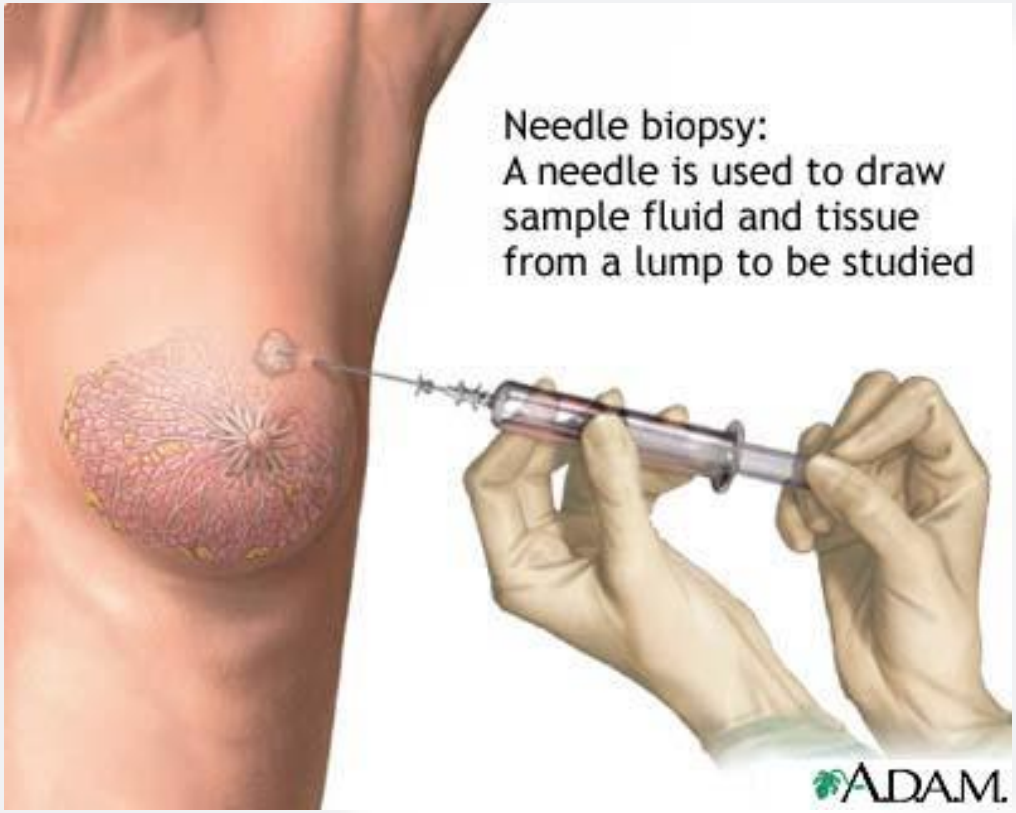
Mammography :



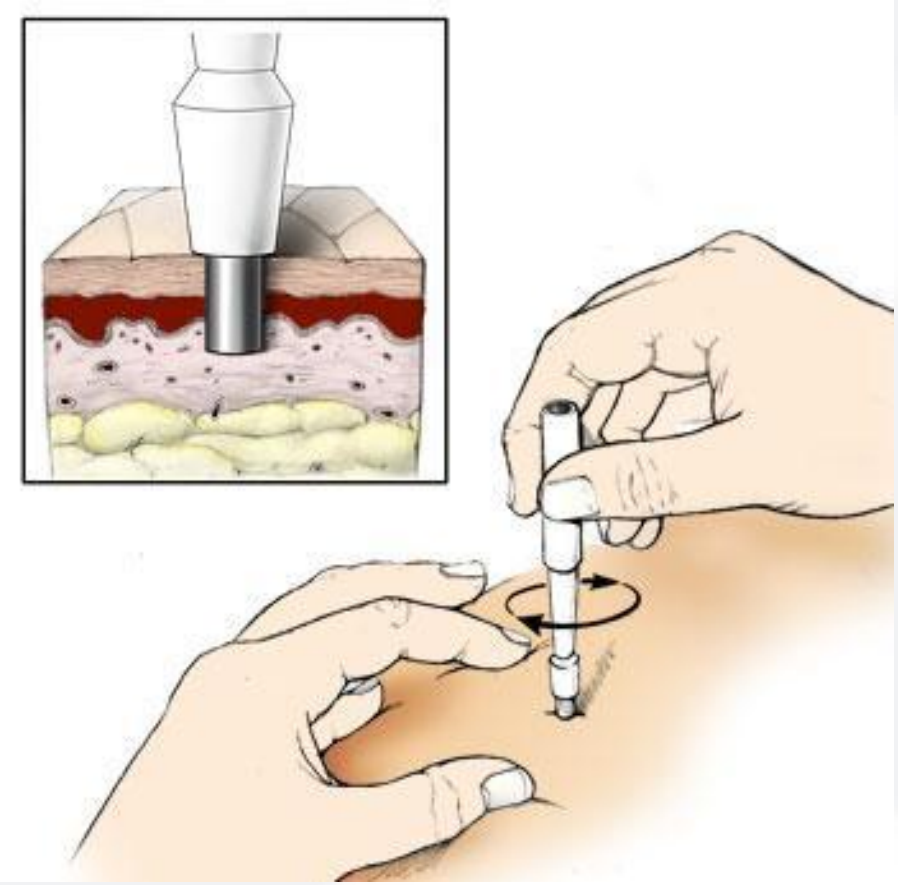
Mammogram


Breast Cancer

Needle biopsy :

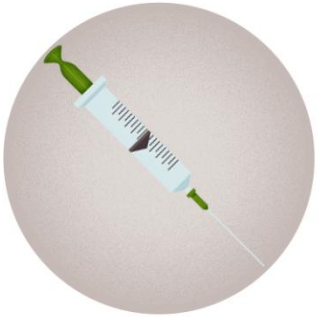


Core cut biopsy :



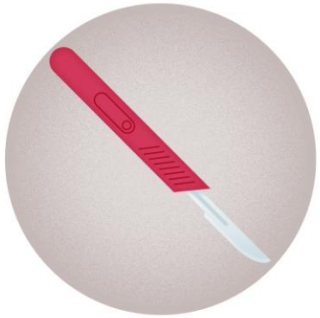
TYPES OF BIOPSIES

Fine-Needle Aspiration



Core-Needle Biopsy

Surgical Biopsy




EARLY
DETECTION
SAVES
LIVES

Early detection :

There’s no method to prevent breast cancer but prognosis is early affected by early detection through :

1- self assessment >>> every month on fifth day of menstrual bleeding .

In the shower

In front of a mirror

Lying down

Breast Self-Exam

Step 1

While looking in the mirror, visually inspect your breasts with your arms at your sides. Next, raise your arms high overhead. Look for any changes in the contour, any swelling, or dimpling of the skin, or changes in the nipples.

Step 2

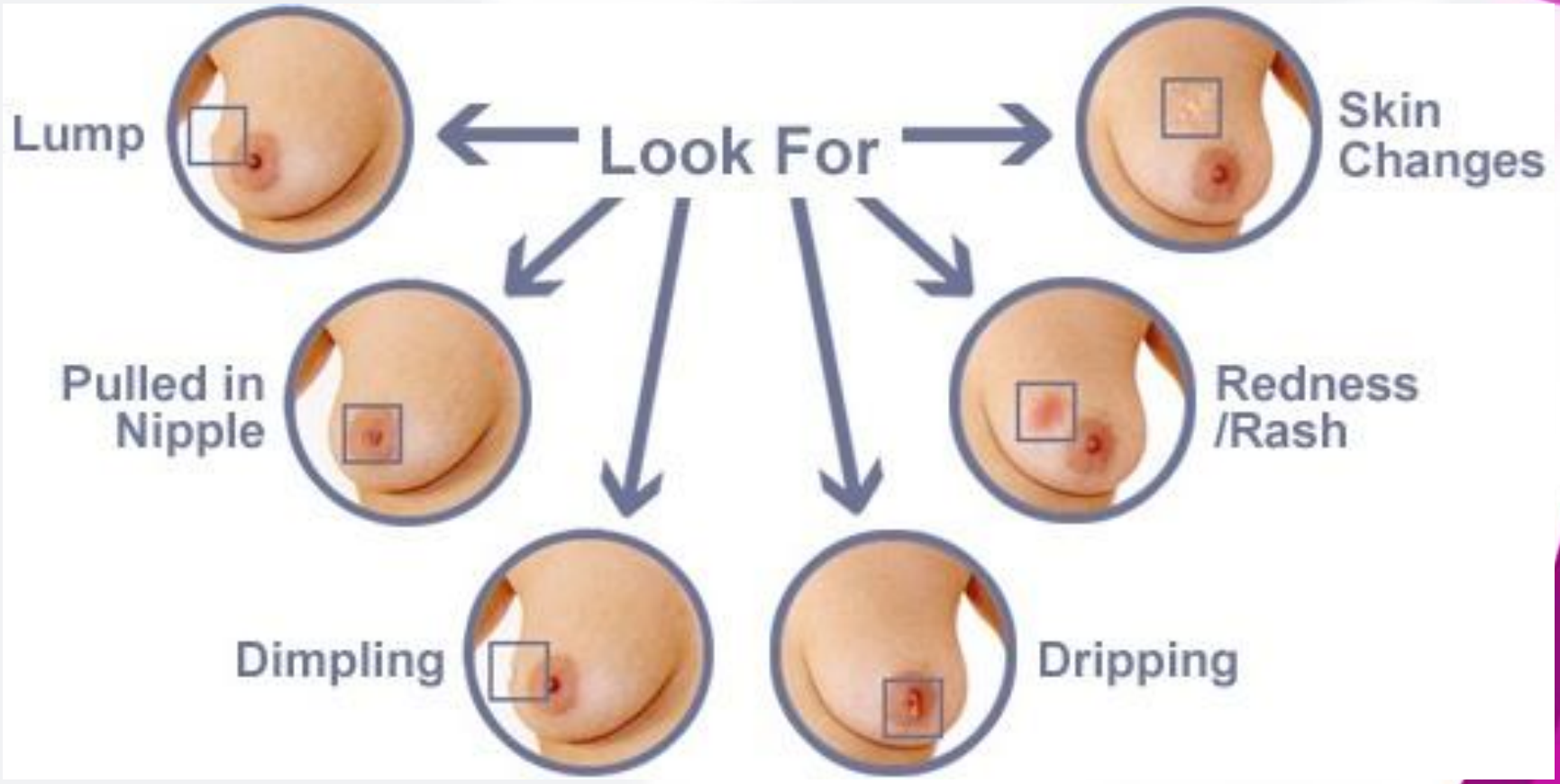
Rest your palms on your hips and press firmly to flex your chest muscles. Left and right breasts will not exactly match—few women's breasts do, so look for any dimpling, puckering, or changes, particularly on one side.

Step 3

While lying down, the breast tissue spreads out evenly along the chest wall. Place a pillow under your right shoulder and your right arm behind your head. Using your left hand, move the pads of your fingers around your right breast gently in small circular motions covering the entire breast area and armpit. Use light, medium, and firm pressure. Squeeze the nipple; check for discharge and lumps. Repeat these steps for your left breast.

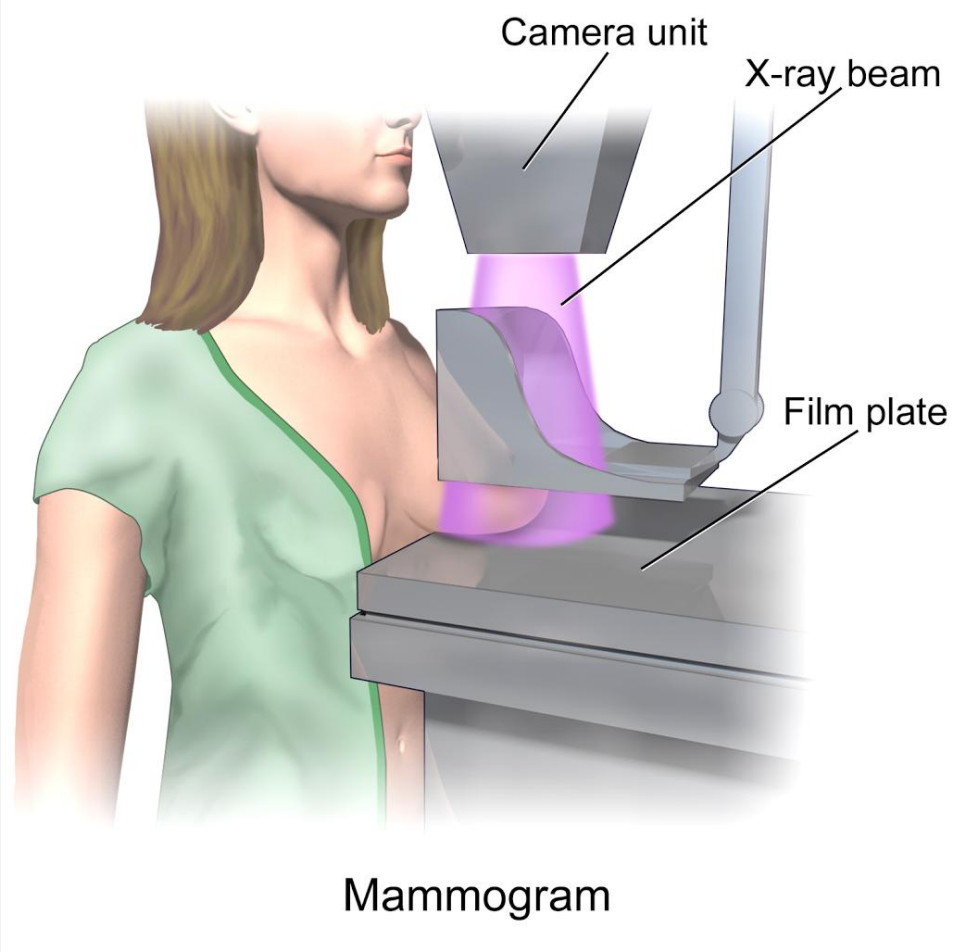
Step 4

Feel up and down your breasts, first with a soft touch, then increase the pressure. Feel for changes from top to bottom and side-to-side. Cover your entire breast and don't miss any tissue.

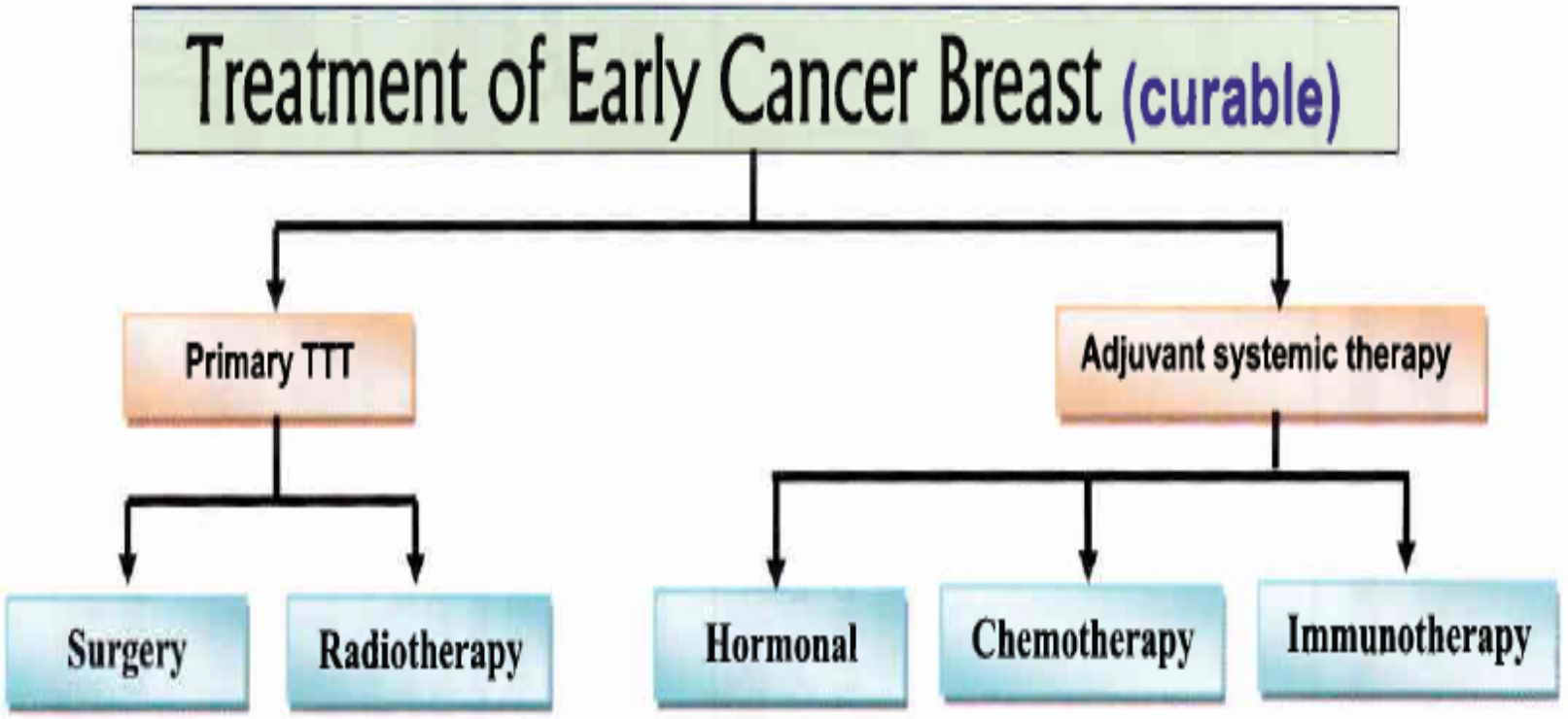

Lump
Look For
Skin Changes
Pulled in Nipple
Redness /Rash
Dimpling
Dripping

2- physical examination >>> every 6 month .

3- mammography every 2 years, and every year in high risk .



Mammogram


Treatment of Early Cancer Breast (curable)
Primary TTT
Adjuvant systemic therapy
Surgery
Radiotherapy
Hormonal
Chemotherapy
Immunotherapy

1-surgery :

A- Modified radical mastectomy followed by breast reconstruction :

Local recurrence : 1-2 %

Removal of : breast lump + whole breast tissue with or without removal of pectoralis minor + block dissection of the axilla .

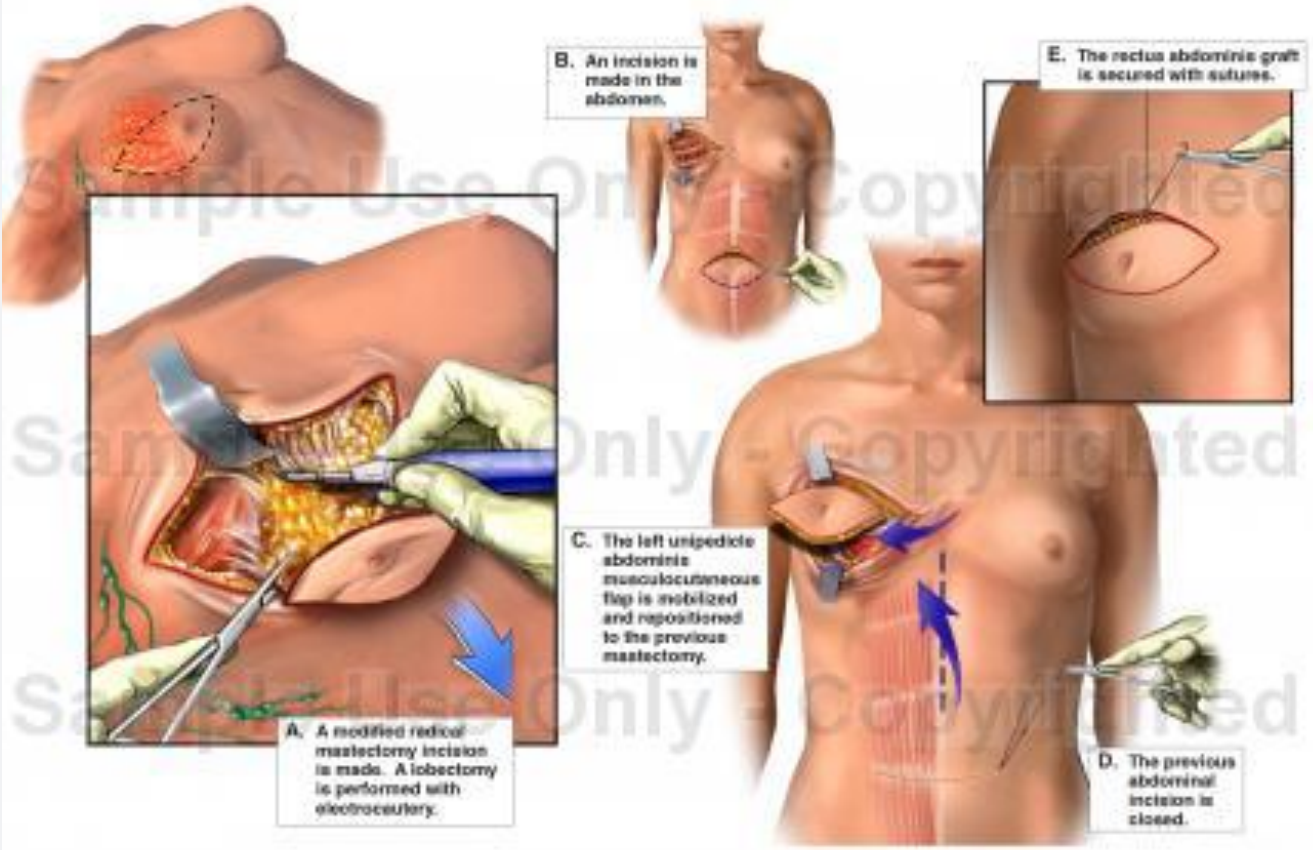
Indications of irradiation after modified radical mastectomy :

1-high grade tumour or large tumour .

2-all LN positive patients .

3-medial tumours for possibility of internal mammary LN affection .

Modified Radical Mastectomy with Surgical Reconstruction



B- Conservative therapy :

Local reccurence : 20%

Composed of :

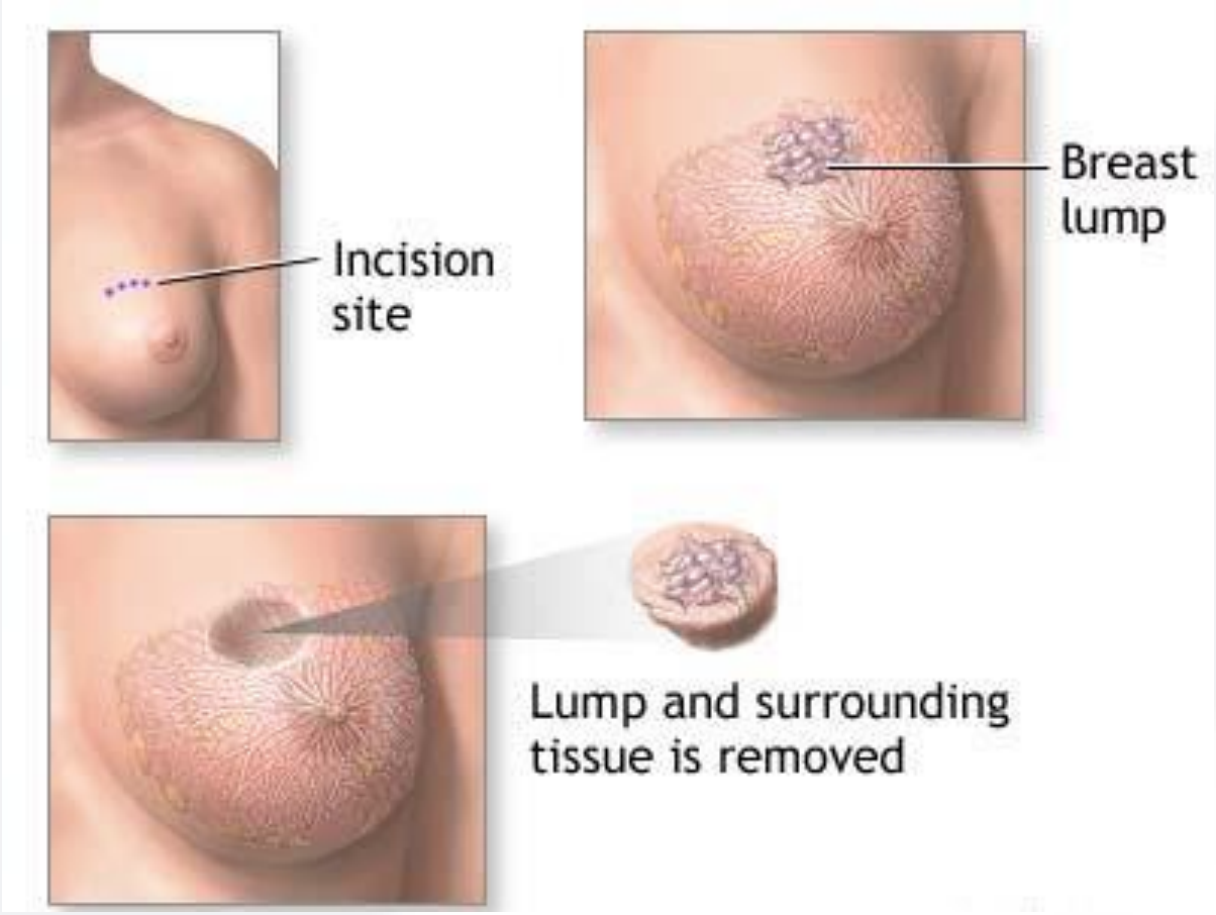
1- surgery : excision of breast lump with safety margin 2 cm .

2- radiation : post operative radical dose of radiotherapy .

3- local control of axilla :

If clinically positive >> block dissection is done throughseparate incision .

If clinically negative >> sentinel biopsy > if positive do block dissection , if negative only follow up .


Incision site
Breast lump
Lump and surrounding tissue is removed

Indications of conservative therapy :

1- small < 4 cm .

2-large but in large breast .

3- peripheral .

Contraindications to conservative therapy :

1- tumour :

a- bilateral & multi focal .

b- central lesions .

c- distant metastasis .

d- eczema of paget's disease .

e- fixed to muscle .

f- tumour > 4 cm .

g- high grade .

h- insitu breast cancer > 20 %

i- local recurrence after conservative treatment .

2-patient :

a- pregnancy .

b- patient preference .

c- contraindications of irradiation as lupus .

d- previous irradiation .

3- breast :

Relatively small in size .

2- Radiotherapy :

Type of radiation :

Deep x-ray beam (external beam)

Ir 192 wire implant (interstitial beam)

Indications :

1- post operative after conservative surgery >> 5000 RAD.

2- after modified radical mastectomy :

1-high grade tumour or large tumour .

2-all LN positive patients .

3-medial tumours for possibility of internal mammary LN affection .

Side effects:

1-local burn .

2- interstitial pulmonary fibrosis .

Adjuvant systemic therapy :

Hormonal therapy :

Indications :

For all hormone receptor positive .

Lines of treatment :

1- tamoxifen >> block estrogen receptors .

2- anastrazole (aromataze inhibitor) >> inhibit conversion of androgen to estrogen .

Side effects :

1- hot flushes .

2- increase risk of endometrial carcinoma .

3- DVT .

Chemotherapy :

Indications :

1- positive axillary LN biopsy .

2- negative hormonal receptors and her2/neu .

3-high grade even if LN are negative .

4- all patients below 70 years .

5- tumours > 1 cm .

Preparations :

Cyclophosphamide

Methotrexate

5 flurouracil

Regimen :

Every cycle 8 days repeated every month for 6 month .

Target therapy :

- For her2/neu receptor positive cases >>> give monoclonal antibodies against these receptors .


thank
you