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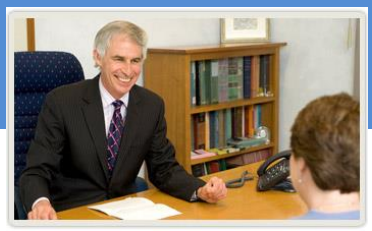

Surgery for Breast Cancer

CONSULTATION OUTLINE

1. INTRODUCTION

There are two major aspects to the management of any cancer, vis. control of the local disease and treatment of potential systemic disease. In breast cancer, the "local control" involves surgery to the breast and associated lymph nodes, and radiation therapy. The "systemic management" involves the treatment of potential cancer cells beyond the breast, and options include adjuvant chemotherapy, hormonal therapy and immunotherapy.

2. MULTI-DISCIPLINARY MEDICAL CARE

A fundamental principle in the management of breast cancer is "the multi-disciplinary team approach". We are very fortunate at the Sydney Adventist Hospital, to have an outstanding Multi-Disciplinary Breast Cancer Team. Team meetings occur every two weeks with the purpose of developing management strategies for each patient. Patients enter into a "circle of care" which continues in the longterm, based on the platform provided by the Multi-disciplinary Team. This includes all disciplines of medicine involved with breast cancer, together with a geneticist, and plastic surgeons.

3. CONCEPTS IN CONSERVATION BREAST SURGERY

Achieve adequate clear margins of resection.
May require pre-operative mammographic or ultrasound localisation of the lesion on the day of surgery, with specimen radiograph performed in theatre. "Orientation" of the specimen for pathological testing.

4. AXILLARY LYMPH NODE BIOPSY (SENTINEL NODES)

Three main indications:
(1) A curative surgical procedure.
(2) "Staging" of the disease: decision re adjuvant chemotherapy.
(3) Prognostic purposes.
A full axillary dissection is necessary in the presence of malignant sentinel nodes.
Possible post-operative sequelae of axillary dissection will be discussed.

5. SURGICAL OPTIONS

Breast conservation surgery (Lumpectomy/ Wide local excision) versus Mastectomy.
Axillary dissection of lymph glands/sentinel node biopsy may be required in both options.
Adjuvant Radiation therapy to the breast is usually required in "conservative" surgery.
Genetic testing may be performed prior to surgery, or following an operation. Further imaging, including MRI may be required prior to operation.

6. ADJUVANT THERAPY

Radiation and Medical Oncologists may assess the patient in hospital once the pathology is available. This will afford second and third Specialist opinions for the patient concerning their management.

Radiation therapy (DXR) is part of the "local control" of the disease. DXR is required to the breast after "conservative" surgery, to sterilise the tissue of any abnormal cells. DXR is occasionally required to the chest wall and/or axilla after mastectomy.

Adjuvant chemotherapy is an option in the systemic treatment of Breast Cancer, and is indicated in lymph node positive disease. The final pathology report contains numerous pathological indices concerning the disease. Chemotherapy may be recommended in lymph node negative cases associated with certain adverse pathological indices. Genome assay of the excised tissue (oncotype Dx) may be needed in cases considered "borderline" for chemotherapy.

Tamoxifen and/or an Aromatase inhibitor, is recommended for another five years in some hormone sensitive tumours. Herceptin may be required.

7. SURGERY

This will be discussed in detail in the following categories:
(1) Pre-operative precautions.
(2) The operative procedure.
(3) Post-operative course in hospital and longterm follow up.

8. LONGTERM MEDICAL FOLLOW UP: A TEAM APPROACH

Regular longterm medical reviews will be required. Dr Currer will assume this responsibility, shared with Medical and Radiation Oncologists that may be involved.

9. CONCLUSION AND "TAKE HOME" MESSAGE

The vast majority of patients are cured of the disease. Enormous advances in the genetics, pathology and in all facets of the treatment of breast cancer have occurred in the last decade.

The management approach is "stepwise", and it is important to "take each day at a time", and to maintain a positive mental disposition.

Dr Currer has managed over 2500 patients with Breast cancer, with the assistance of medical colleagues, and will take you through this one step at a time.

The Multidisciplinary Team (MDT) meeting and input into the individual patient care forms the template for decision-making and the long-term follow up.