



BASSETT HEALTHCARE

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Breast Cancer Update

October is Breast Cancer Awareness Month. Great strides have been made in the diagnosis and treatment of breast cancer, yet it continues to be a common diagnosis. Excluding cancers of the skin, breast cancer is the most common cancer among women and accounts for nearly one out of three cancers in women in the United States. In 2005 over 200,000 new cases of invasive breast cancer will be diagnosed in this country. In New York State there will be around 13,000 new cases of breast cancer, and here at the Louis Hager Busch Cancer Treatment Center at Bassett Healthcare in Cooperstown we will see over 100 new cases of breast cancer. Nationally, approximately 40,000 women will die of breast cancer this year.

Because of new aggressive screening programs including mammography, now we are finding tumors earlier than in the past. Most estimates suggest a breast cancer takes years to become large enough to feel and consequently with our screening programs we are able to detect tumors at an earlier stage with a better predicted survival.

The National Cancer Institute and the American Cancer Society recommend screening mammograms beginning at age 40. There are certain women with significant family risk factors that justify starting mammography sooner, but for most women age 40 becomes the time that is most appropriate. This screening along with a clinical breast exam by a primary care provider on a yearly basis is essential. The need for monthly self-breast exams has been de-emphasized by the American Cancer Society but it is stressed that self awareness of one's own body is most important.

The greatest risk factors for developing breast cancer are, of course, being female, increasing age, a previous history of breast cancer, or a family history of breast cancer. There is a recognized genetic link in a small group of women that dramatically increases their risk of developing breast cancer. This genetic link is commonly referred to as BRCA1 and BRCA2 mutations. In this group of patients the family risk of developing breast cancer can be significant.

Surgery remains an important early part of the management of breast cancer. Currently a woman with a small breast cancer (about an inch or less in size) has an option of a lumpectomy, which is removal of the cancer in question and a surrounding amount normal breast tissue followed by radiation therapy, or a mastectomy. All other things being equal, each procedure provides a woman with the same benefits and chance of survival. The next issue that arises is whether there

is evidence that it has spread to lymph nodes. Breast cancer commonly spreads to lymph nodes before spreading elsewhere in the body. Current practice in most institutions and at Bassett Healthcare often begins with a sentinel lymph node biopsy. This procedure allows for very accurate identification and careful analysis of the lymph node which would most likely have cancer cells if they had spread from the initial tumor. Additional removal of lymph nodes may be necessary if the initial lymph node is found to have any cancer in it.

Typically once surgery is completed, the care is broadened to include medical oncologists and radiation therapy specialists as part of the cancer care team. After a lumpectomy a woman will typically undergo radiation therapy, which takes about an hour a day and lasts for about six weeks. Depending upon a woman's age, special studies done on the tumor, its size and whether it has spread in lymph nodes determines whether a woman would get standard chemotherapy through an IV or would be able to take one of the chemotherapy drugs that are available by mouth.

Currently many women who develop breast cancer after menopause can be treated with tamoxifen, an antiestrogen drug. Further, there are newer drugs called aromatase inhibitors, which have been shown to be as effective and in some cases more effective than tamoxifen in reducing the risk of recurrent cancer. Determining exactly what medicine would be most beneficial is individualized based upon information gained from surgery, special tests done on the cancer, and a discussion with the medical oncologist to tailor the most appropriate treatment for the woman.

Today the survival rate for a woman with breast cancer is about 88 percent after five years. This drops a bit over the ensuing years but overall the cure rates for breast cancer are increasing and are now quite good. Surgery, radiation therapy, and various types of chemotherapy have dramatically altered the way breast cancer is treated. There was a time when very limited treatment options were available for a woman regardless of her age, size of the tumor, or its extent of spread. Now, a woman with breast cancer now has many choices to make. . Innovations in treatment and ongoing research have proven beneficial. The vast majority of women, old and young, should do very well after their breast cancer treatment.

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