

BETTER BREAST
CANCER DETECTION
AND TREATMENTS
ARE CAUSE FOR
CELEBRATION

BY DR. JESSE JACOB

► FEW THINGS ARE more frightening than breast cancer. Yet the relative survival rate for women with localized breast cancer is as high as 98.6%. As National Breast Cancer Awareness Month rolls around, the tremendous advances in breast cancer detection and treatment over the past few decades are well worth noting. Here are just a few:

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Celebrating Progress

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"Fortunately, new technologies have improved our detection capabilities. Digital mammography

provides more accuracy than film mammography in dense breasts and the dual use of mammography and ultrasound brings detection up to 97%."

BETTER DETECTION:

📌 Since 1990 there has been a 30% decline in death rates attributed to breast cancer. This coincided with the onset of routine mammographic screening. Two years ago, a government task force (USPSTF) recommended the discontinuation of routine annual mammography—but the recommendations were later demonstrated to be unsubstantiated by scientific data. More recently, the American College of Obstetrics and Gynecology recommended annual mammography for average risk women starting at age 40. A recent Swedish study also underlined the importance of mammography by demonstrating a 30% reduction in breast cancer mortality in women who perform routine screening.

For quite some time we've known that women with dense breasts not only are harder to diagnose, but also have a 4-6 times increased risk for breast cancer. Despite this fact, most women are not aware of their breast density and that ordinary mammograms might miss a significant percentage of tumors in dense breasted patients. Fortunately, new technologies have improved our detection capabilities. Digital mammography provides more accuracy than film mammography in dense breasts and the dual use of mammography and ultrasound brings detection up to 97%. Breast MRI approaches 100% detection rate and is recommended for women at high risk of developing breast cancer. It is important to know if you have dense breasts so that you and your doctor can choose the appropriate screening methods.

We now have better tools to quantify and manage risk. At El Camino Hospital we will soon launch a program to assess every woman who comes through our Breast Health Center. Using an innovative new program (Hughes Risk App) and other tools such as BRCA gene testing, we can determine which women are at the highest risk for breast and ovarian cancer. These patients—some of whom have up to an

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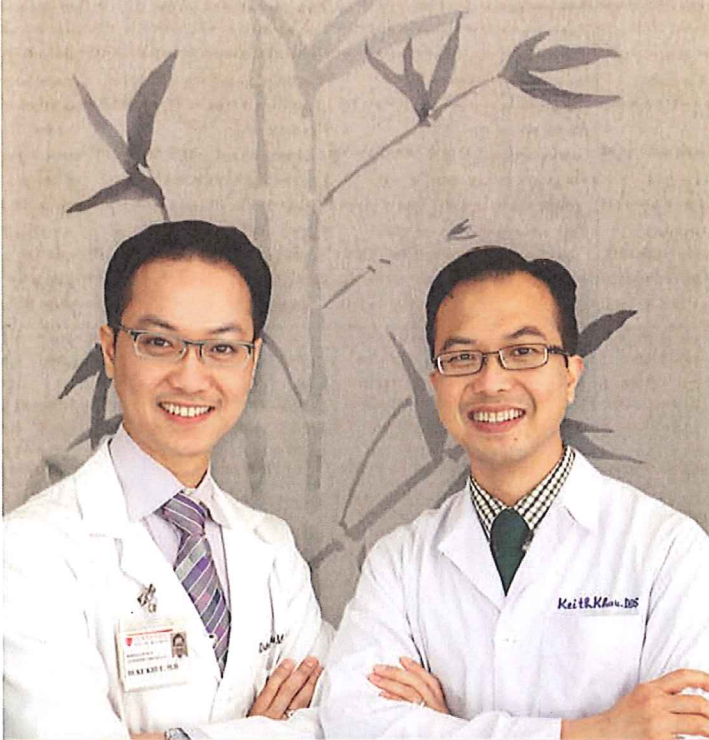
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HEALTH *breast cancer awareness*

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85% cumulative risk of developing breast cancer in their lifetime—will be automatically referred to our high risk clinic to get genetic counseling and then meet with a panel of specialty trained physicians to develop a personalized breast health plan that considers every option from surveillance to hormonal therapy or prophylactic removal.



Patients can frequently forego more aggressive and potentially debilitating therapies

while achieving equal or better outcomes.

TAILORED TREATMENT:

Just 35 years ago, if a patient had breast cancer, a radical mastectomy was almost automatic. Today, we're dealing with cancer on the molecular level, and with each passing year, we are learning to tailor individual treatment based on the type of breast cancer, genetics, and personal preferences. Patients can frequently forego more aggressive and potentially debilitating therapies while achieving equal or better outcomes.

For example, the Onco-type DX test evaluates the expression of 21 genes in order to predict the risk of cancer recurrence. For the 60% of women whose cancer is estrogen-receptor-positive (ER+), lymph-node-negative, hormonal therapies that block or lower estrogen (such as Tamoxifen) are given. The Onco-type DX would guide decisions regarding the necessity of adding systemic chemotherapy to the treatment regimen.

In addition to Tamoxifen, which has been available since the 1970's, we now have a tremendous array of promising new medicines such as Raloxifene, aromatase inhibitors, and targeted therapies such as Herceptin which have become frontline therapies to fight cancers and/ or reduce the risk of recurrence.

In the cancer surgery arena, we now believe "less is more." Breakthrough trials performed in the last few decades proved that many women could achieve equal or better outcomes from breast-conserving lumpectomy (removing only the affected area of the breast) combined with radiation instead of a mastectomy (removing the full breast). More recently, the development of "neo-adjuvant" chemotherapy—using

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HEALTH *breast cancer awareness*

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chemotherapy to shrink a tumor before surgery—has resulted in permitting the use of a lumpectomy for some patients who might previously have had a mastectomy.

Removal of the lymph nodes under the arm was a required component of breast cancer surgery for decades. However, standard treatment today is to test the lymph nodes most prone to drain the cancer cells (the "sentinel nodes") in patients who do not have enlarged lymph nodes on clinical exam.



A more recent ACOSOG Z11

clinical trial suggests that removal of all lymph nodes might not improve survival for many women with early breast cancers.

These patients often can safely avoid complete lymph node removal, and with it the debilitating lymphedema (arm swelling) that can accompany such surgery. And a more recent ACOSOG Z11 clinical trial suggests that removal of all lymph nodes might not improve survival for many women with early breast cancers if cancer cells were found in only one or two sentinel lymph nodes.

There may still be instances where breast removal is necessary—and some women at high risk may choose to have a prophylactic mastectomy. The good news is that skin and nipple-sparing techniques that are far less disfiguring are available and free flaps and microsurgery advances can now

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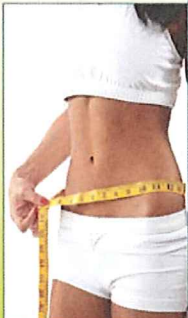
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allow surgeons to keep abdominal muscles intact. Additionally, breast reconstruction techniques have vastly improved overall.

Improved radiation therapy has played a key role in higher survival rates with fewer complications. Many women benefit from Accelerated Partial Breast Irradiation (APBI) which avoids whole breast radiation by targeting only the harmful cells and sparing healthy tissue. This kind of treatment often can be completed in as little as 5 days instead of the 5 to 6 weeks it took to complete



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radiation therapy in the past and expose women to much less radiation overall.

These advances have allowed us to treat—and triumph over—breast cancers. They have led to higher cure rates, faster recoveries, less permanent disfiguration and fewer complications.

We've come so far, and while there is still a long way to go, let's take the opportunity during Breast Cancer Awareness Month to celebrate our progress. Today, a large majority of patients survive and so we also focus on insuring a high quality of life after treatment. That's worth celebrating! <

Dr. Jessie Jacob, Director of Breast Imaging and Intervention at El Camino Hospital., is a Fellowship-trained, board certified radiologist.

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