

Breast Cancer from a Primary Care Perspective

- MC non skin cancer, 2nd deadliest cancer in women
- Missed diagnosis of breast cancer is one of the most frequent causes of malpractice in
- Increased incidence in the 80's - 90's (mammograms), Decreased 2000's (WHI report 2002, hormone therapy ~ breast cancer, other therapies, early detection)
- lots of data lacking from randomized trials, largely observational, much more research to be done!

SCREENING

- the controversy over teaching breast self exam (1997 Shanghai study, randomized trial, over 250,000 women, no difference in cancer deaths between those taught self exam; 2009 US Preventative Services Task Force recommends doctors to stop teaching formal breast self-exam... formal self-exam no better than normal acquaintance with breasts)
- most breast cancers diagnosed from abnormal screening study**
- 20% reduction in breast cancer death from age 50-69 with screening mammography in 8 randomized trials
- Breast Cancer Assessment Tool Gail Model: www.cancer.gov/bcrisktool/
- risk factors: Age/Gender, Genetic predisposition (multiple 1st degree relatives, BRCA1, 2), Estrogen exposure (increased breast/bone density, atypical hyperplasia), others (weight, age of parity, menarche, EtOH, smoking)
- when, who, how?

<15% lifetime risk	15-20% risk	20-25% risk <
50-70 y/o mammogram every 1-2 yrs <40 individual values, shared decision making >70screened if life expectancy >10 yrs +above with CBE	Screen at earlier age? Add breast MRI?	-genetic counseling referral -annual mammography and MRI beginning at around 25, every 3-6 months

- abnormal mammogram. Algorithm and BIRADS classification.

APPROACH TO THE PATIENT WITH BREAST MASS

- H&P. Include chest wall, neck, axillae on physical. Look for dominant mass, thickening, and asymmetry.
- Classic characteristics- Single, Hard, Irregular, Immoveable
- Mammography 1st tool, >30 y/o with breast complaint with **negative mammogram does not rule out cancer!** If suspicious lesion, biopsy needed. Mammography misses 10 to 20 percent of clinically palpable breast cancers!
- Ultrasound- useful diagnostic test to evaluate a palpable mass detected on mammogram and particularly useful to differentiate solid or cystic in nature, ultrasound is first line in pregnant women or younger than 30 years old with focal breast symptoms or findings.

Biopsy- solid masses on ultrasound imaging will require biopsy to exclude cancer and provide a histological diagnosis.

Sources

Uptodate. An Overview of Breast Cancer.

Uptodate. Screening for Breast Cancer.

Dr. Susan Love's Breast Book