

Let's talk about: Breast Cancer



ST. PAUL'S HOSPITAL
COMMUNITY FORUMS

What is Breast Cancer?

Breast cancer is a cancer that starts in the breast, usually in the inner lining of the milk ducts or lobules. Less commonly, breast cancer can begin in the stromal tissues, which include the fatty and fibrous connective tissues of the breast. There are different types of breast cancer, with different stages (spread), aggressiveness, and genetic makeup. With early detection and best treatment, 10-year disease-free survival varies from 75 to 95%. Treatment includes surgery, drugs (hormone therapy and chemotherapy), and radiation.

Breast Cancer by the Numbers:

- Breast cancer is the most common cancer among Canadian women (excluding non-melanoma skin cancer).

In 2009:

- An estimated 22,700 women will be diagnosed with breast cancer and 5,400 will die of it.
- An estimated 180 men will be diagnosed with breast cancer and 50 will die of it.
- On average, 437 Canadian women will be diagnosed with breast cancer every week.
- On average, 104 Canadian women will die of breast cancer every week.

Probability of developing or dying from breast cancer

- One in 9 women is expected to develop breast cancer during her lifetime and one in 28 will die of it.

Risk Factors

Most women who develop breast cancer have no risk factors other than simply being a woman and getting older (esp. being over 50).

Other risk factors for breast cancer include:

- having had breast cancer before
- family history of breast cancer (especially in a mother, sister or daughter diagnosed before menopause or if mutations on BRCA1 or BRCA2 genes are present)
- family history of ovarian cancer
- an above-average exposure to the hormone estrogen, which your body naturally produces, perhaps because you:
 - have never given birth or gave birth for the first time after age 30
 - began menstruating at a young age
 - reached menopause later than average
 - have taken hormone replacement therapy (estrogen + progestin) for more than 5 yrs
- dense breast tissue (as shown on a mammogram)
- a history of breast biopsies showing certain breast changes, such as an increased number of abnormal cells that are not cancerous (*atypical hyperplasia*)
- radiation treatment to the chest area especially before age 30

Some factors slightly increase your risk of breast cancer. You may be at slightly higher risk if you:

- are obese (especially after menopause)
- drink alcohol
- take birth control pills (*the Pill*)
- Some women develop breast cancer without having any of these risk factors.

Most women with breast cancer do not have a family history of the disease.

Source: Canadian Cancer Society www.cancer.ca

Join medical experts from Providence Health Care for monthly community forums at St. Paul's Hospital. Each month features a different health topic with time to pose questions to the experts.

The forums are free and take place the third Wednesday of every month.

7:00 – 9:00 pm
(doors open at 6:30)
New Lecture Theatre
St. Paul's Hospital
1081 Burrard Street

For more information and to register, please email ownyourhealth@providencehealth.bc.ca or call 604-806-8495. Light refreshments will be served.

www.phcmedicine.ca

Sponsored by:



Breast Cancer treatment and reconstruction at St. Paul's Hospital and Mount St. Joseph at Providence Health Care

A unique provincial resource, Providence Health Care provides complete care for British Columbians with breast cancer. The Rapid Access Breast Clinic at Mount St. Joseph Hospital is the first in B.C.

Just as important as the high-quality care we provide is our teaching and research mandate that helps us better understand this disease, improve patient care and develop new treatment solutions.

Breast Reconstruction

Breast reconstruction is separated into **immediate reconstruction** or **delayed reconstruction**. The types of reconstruction are known as **autologous** and **non-autologous**.

Immediate reconstruction means that the reconstructive process is started the same day as the mastectomy. By definition, therefore, the delayed reconstruction means that the mastectomy has been completed as well as the adjuvant therapy (chemotherapy and/or radiation therapy) and the patient comes back at a later date to commence the reconstructive process.

Autologous reconstruction refers to making a new breast from the patient's own tissue either from the abdomen or from the back. This is known as a flap procedure. If the flap procedure is done, the patient will wake up from the mastectomy procedure having a completely recreated breast mound which will match the opposite breast. It can be done for unilateral, i.e. one side, or bilateral, both sides. Often a balancing procedure is done on the unaffected side to improve symmetry.

The most common area to be used for **autologous reconstruction** is the abdominal region; this is known as a **TRAM Flap** (Transverse Rectus Abdominus Myocutaneous Flap). The second most common choice for reconstruction is the **Latissimus Dorsi Muscle**

Flap which is taken from the back, also known as the "back flap" or "lat flap".

Flap reconstructions are most often chosen for patients who have either had radiation in the past or who will require radiation in the future. The autologous tissue brings its own blood supply into the area thus protecting the region when it is being radiated.

The advantage of autologous reconstruction is that it feels more like a real breast. The breast mound is completed with the mastectomy so there is not a second stage required and as noted it will withstand radiation therapy more effectively.

Nipple reconstruction is performed both in non-autologous and autologous cases but are delayed until such time that the breast mound is considered to be completed so that proper nipple placement can be performed.

The **Tissue Expander Reconstruction is non-autologous** and involves three operations prior to completion of the treatment. At the time of mastectomy, or in a delayed fashion the tissue expander, is placed in the sub-muscular pocket, i.e. under the pectoral muscle and the serratus muscle which provide it with the protective coating. The expander is serially inflated with normal saline to stretch out the soft tissues. This allows for placement of a permanent implant that will be of an appropriate size to match the other breast or in bilateral cases until the patient has reached the desired volume.

The tissue expander is then replaced with the permanent implant and this is allowed to heal and settle for approximately 3-6 months, at that time then the nipple areola reconstruction is completed.

St. Paul's Hospital is an acute care, teaching and research hospital located in downtown Vancouver. It is home to many world-class medical and surgical programs, including heart and lung services, HIV/AIDS and kidney care.

St. Paul's serves both the local community and patients from across BC and the Yukon. St. Paul's is one of 14 health care facilities in Vancouver operated by Providence Health Care, one of Canada's largest faith-based health care organizations. Providence's 1,000 physicians and 6,000 staff deliver compassionate care to patients and residents in British Columbia while training

This evening's presentations and future presentations will be available to view on our website, thanks in part to the generous support of:


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