



Surgical Management of the Breast in Breast Cancer

Dr. Suzana Buac
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YES, I DID HAVE MY MAMMOGRAM
TODAY... WHY DO YOU ASK?

FunnyPart.com

Referring Patients

- The breast cancer referral process is centralized through the Breast Health Centre/Breast Assessment Programs at each hospital. ***Fax numbers:***
 - **Bluewater Health:** 519-346-4608
 - **Chatham-Kent Health Alliance:** 519-437-6040
 - **Erie Shores HealthCare:** 519-326-4916
 - **Windsor Regional Hospital:** 519-985-2624
- Breast cancer diagnostic tests and pathology organized by navigator and forwarded to the breast surgeons (general surgeons) to see patients in consultation.
- General surgeon refers to Medical Oncology, Radiation Oncology, Plastic Surgery, and/or Genetics pre-operatively or post-operatively as appropriate.

Breast Surgeons Across the Region

- **Bluewater Health:**

- Dr. Raza Kareemi
- Dr. Arumairajah Muhunthan
- Dr. Andrejs Rudovics
- Dr. Rajeev Suryavanshi
- Dr. Patrick Taylor

- **Chatham-Kent Health Alliance:**

- Dr. Liz Haddad
- Dr. Peter Sytnik
- Dr. Tram K. Trinh

- **Erie Shores HealthCare:**

- Dr. Talal Ali
- Dr. Ejaz Ghumman
- Dr. Suzanne Farooqui

- **Windsor Regional Hospital:**

- Dr. Dan Laschuk
- Dr. Kristen Gyetvai
- Dr. Rakesh Parashar
- Dr. Shael Liebman
- Dr. Scott Rieder
- Dr. Suzana Buac



Breast Conserving Therapy (BCT)

Advantages:

- Survival outcomes are the same for BCT and mastectomy
- Local recurrence rates after BCT are declining significantly
- Breast conservation
- Smaller operation

Disadvantages:

- Postoperative radiation
- Reoperation for close or positive margins
- Cosmetic?

Contraindications for BCT?

Multicentric disease

**Large tumour size in
relation to breast
size**

**Presence of diffuse
malignant-appearing
calcifications on
imaging**

**Previous radiation
therapy**

Pregnancy?

**Persistently positive
margins despite
attempts at re-
excision**

**An alternative approach is use
of neoadjuvant therapy, which
may allow BCS without
compromising survival**

Mastectomy



Breast conservation is contraindicated or unsuccessful



Patient preference



Possibly avoiding postoperative radiation



Avoiding further screening and biopsies



Prophylactic purposes



Patients with BRCA1 And BRCA2 mutations

Post-Mastectomy Reconstruction

- For women who have chosen or been recommended for therapeutic mastectomy:
 - The discussion of immediate or delayed breast reconstruction should be initiated at the time that mastectomy is offered by the general surgeon
 - For women seeking immediate breast reconstruction, a pre-operative evaluation with a general surgeon and a plastic surgeon should be performed

What About The Other Side? (Contralateral Prophylactic Mastectomy)



Increased risk in BRCA1/BRCA2 mutation carriers, other breast cancer susceptibility genes (e.g. Li-Fraumeni syndrome), history of mantle radiation (Hodgkin's Lymphoma)



Average risk in the general population
(majority of patients)



“When are you gonna get your breasts removed, like Angelina Jolie?”

Counseling Average Risk Patients Interested in Contralateral Prophylactic Mastectomy

- Low annual contralateral breast cancer risk
- Risk of contralateral breast cancer is decreasing with adjuvant therapy
- Removing the other breast does not decrease the risk of developing metastases
- Breast cancer does not usually spread from one breast to the other
- CPM does not improve survival
- CPM does not decrease local recurrence
- CMP increases the surgical complication risk

Additional Procedures

- In addition to breast surgery (lumpectomy or mastectomy), surgery for breast cancer simultaneously involves operating on the axilla for staging and prognosis:
 - Axillary dissection (clinically node-positive patients?)
 - Sentinel lymph node biopsy (most patients)
- Breast conserving surgery often involves pre-operative image-guided localization
 - Wire-guided localization is used at our center

Thank You

BETWEEN FRIENDS

BY SANDRA BELL LUNDY

