

# **BREAST CANCER AND CURRENT MANAGEMENT GUIDELINES**

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Kiwanyi, Iganga

for Surgical and Maternal Care

[www.SomethingDeeperMinistries.org](http://www.SomethingDeeperMinistries.org)

# KEY POINTS

- Breast Cancer is **COMMON...but not all breast cancer is the same**
- **Rx plan personalized**
  - ER positive
  - HER2 positive
  - Triple negative
- **Treatment plan is based on following:**
  - Biology of breast cancer(type of ca breast)
  - Stage of breast cancer
  - Other factors

# KEY POINTS

- Most women with CA breast have excellent **SURVIVAL**
- Management is **multidisciplinary**
  - Surgeon
  - Oncologist
  - Imaging
  - Pathology



# EPIDEMIOLOGY

- Leading and most common cause of cancer death in women globally
- Second to lung cancer in USA
- Second to Cancer of Cervix in Uganda

# INCIDENCE

1 in 8

Women

ARE DIAGNOSED WITH  
*Breast Cancer*  
IN THEIR LIFETIME



Knowledge is empowerment.

- 1 in 8 US women will develop ca breast in their lifetime
- Death rate significantly decreased in USA
  - 90% survival in USA (all stages)
  - 99% (localized)
  - 89% (regional)

# NON-MODIFIABLE RISK FACTORS

- **Gender (All women at risk)**
- **Age**
- **Family Hx – 1<sup>st</sup> Degree relative**
- **Reproductive hx**
- **Genetic Mutations (BRCA1, BRCA 2)- 5-10%**
- **Menstrual hx**
- **Radiation**

# MODIFIABLE RISK FACTORS

- Obesity
- Not having children
- Breastfeeding
- Alcohol
- Hormone Replacement Therapy
- Contraceptives
- Exercise

# SCREENING

- Early diagnosis improves prognosis
- Most women in UGANDA present at stage IV
- **Barriers to Screening**
  - ❖ Low knowledge
  - ❖ Apathy
  - ❖ Poor health seeking behavior
- **Barriers within Health system & policy arenas**
  - ❖ Competing healthcare burdens within the country
  - ❖ Lack of cancer policy
  - ❖ Distance , poverty, ltd access to media

# SCREENING RECOMMENDATIONS

- **ACS**

- A. Women aged 40-44 years should have their choice to start annual screening mammograms

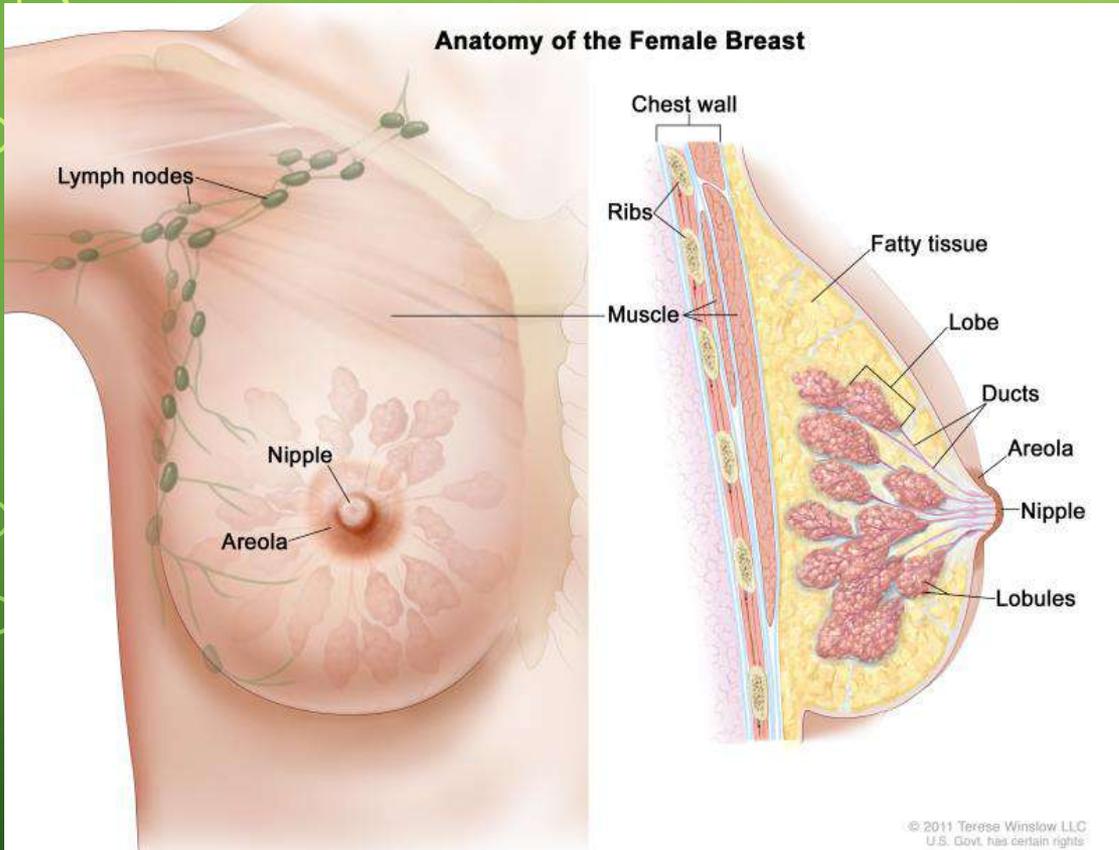
- B. 45-54 years annual mammograms

- C. 55 or older should switch to mammograms every 2 years or have the choice to continue annual screening

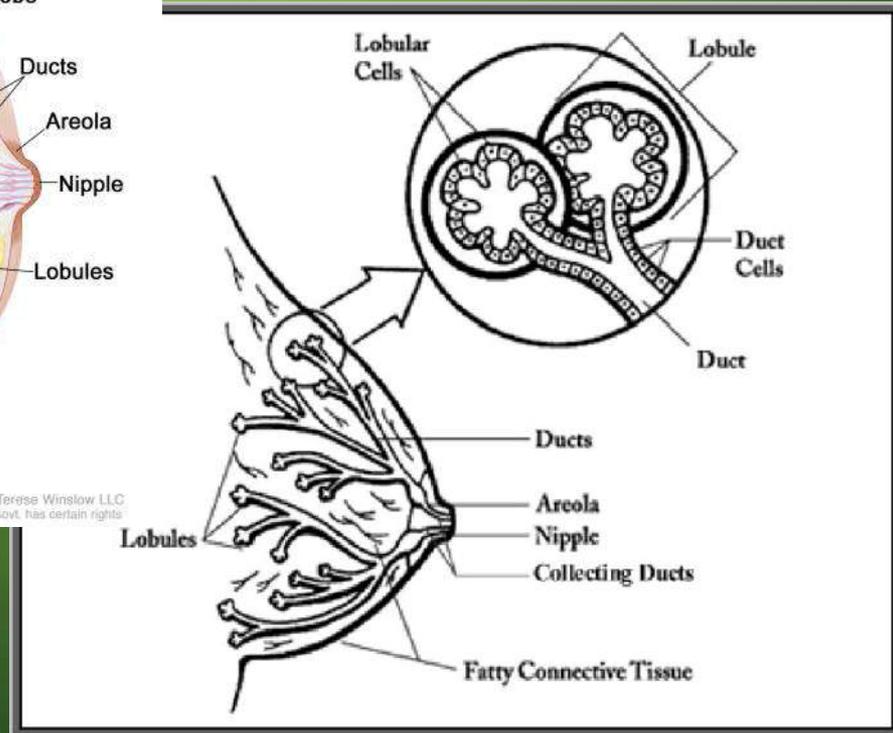
- **ACOG**- Clinical exam 1-3 years

# ANATOMY

**Anatomy of the Female Breast**

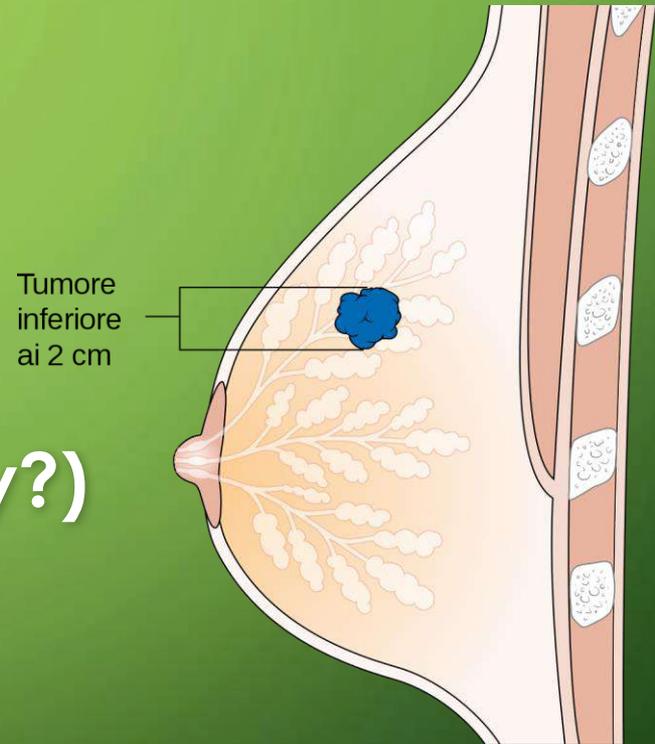


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# STAGING

- DCIS- stage 0
- T- size of the tumor
- N- lymph node involvement (how many?)
- M- distant organs



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# BIOLOGY OF BREAST CANCER

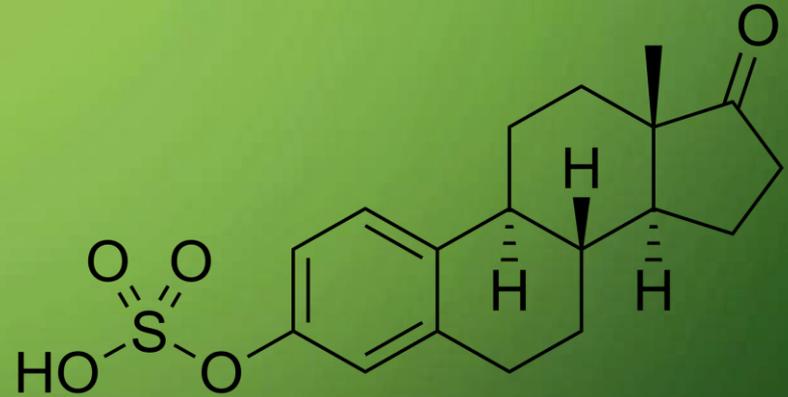
- Tumor Grade(1,2,3)
- Tumor Biomarkers
  - ER (most common)
  - HER2 ( stimulates rapid growth-very aggressive)
  - Triple Negative

# SUBTYPES OF BREAST CANCER

- Estrogen Receptor positive 60-65%
- HER2 –neu overexpressing 20-25%
- Triple Negative 16-18%

# ER POSITIVE

- Most common
- ER+ express estrogen receptor
- Female sex hormone
- Estrogen hormone can bind to the receptor and signal cancer cell to grow



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# HER2 - POSITIVE

- HER2 protein is a growth receptor that signals cell to grow/divide
- Overexpress HER2 proteins which cause too many growth signals and rapid cell growth
- Aggressive subtype of ca breast had poor prognosis
- Herceptin has drastically improved survival

# TRIPLE NEGATIVE

- Do not express ER and HER2 protein
- Because there are no direct targets, Chemo is usually the effective treatment



# TREATMENT APPROACH

## LOCOREGIONAL RX

- Surgery
- Stage & evaluation
- Reduce risk of recurrence

## SYSTEMIC RX

- Endocrine therapy
- Chemotherapy

# TREATMENT APPROACH – WHAT COMES FIRST?

- Usually Surgery, but....
  - Some breast cancers NOT operable (Stage IV at presentation)
- Systemic Rx prioritized
- Less role for surgery
- Sometimes Systemic therapy recommended before surgery even in operable breast cancers

# CONCLUSION & RECOMMENDATION

- Breast awareness & Breast self-examination
- Clinical Hx and clinical Breast examination
- Diagnostic breast imaging for high risk population

✓ **Early Dx**

✓ **Early Referral**

✓ **Early treatment**

# ACKNOWLEDGEMENTS

1. Busoga health Forum
2. Hope and Healing Center
3. Iganga District Hospital
4. Google Images
5. Ilaboya et al.2018 “Percieved barriers to early detection of breast cancer in Wakiso”
6. Schwartz Textbook of Surgery 10<sup>th</sup> edition
7. No Conflict of interest