UPDATE ON BREAST CANCER
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RISK - IS IT RISING?
A. Currently 1 out of 8 women.
B. Obesity.
C. Family history (BRCA1/BRCA2 and other genetic traits).
D. Early menarche/late menopause.
E. Number of biopsies and number of biopsies with hyperplasia.
F. Radiation exposure (Hodgkin's disease).
G. Hormonal use.

REMEMBER MOST WOMEN WHO DEVELOP BREAST CANCER HAVE NO RISKS.
CAUSES OF THIS INCREASED RISK

A. Background radiation exposure.
B. Hormone replacement therapy and birth control pills.
C. Food additives.
D. Environmental risks as yet unknown.

DEATH RATES OF BREAST CANCER ARE DECREASING.

A. Earlier detection.
B. Patient education (decreasing use of hormones).
C. Questionable better surgery.
D. Adjuvant therapies (chemotherapy, hormonal therapy, and targeted therapy).
E. Better radiation (controversies).
F. Partial breast radiation.

COST AND PROBLEMS OF BETTER DETECTION.

A. Digital mammography is better but costly.
B. Routine ultrasound versus targeted ultrasound. The problem of false positives.
C. Increased number of breast biopsies resulting from screening.
D. MRI and PET/PEM costs.
   1. False positives and false negatives.
   2. Controversy if new diagnostic therapies actually decrease mortality.
E. Who is really the high risk woman to be screened with newer modalities?
SPECIAL GROUP OF PATIENTS WHO DESERVE OUR ATTENTION.

A. BRCA1 and BRCA2 deleterious mutation carriers.
B. Ashkenazis and others.
C. Patients who have no family history, i.e. adopted patients.
D. Controversies regarding prophylactic surgery.

SURGERY FOR BREAST CANCER.

A. Mastectomy versus lumpectomy.
B. Reconstruction - immediate versus delayed.
C. Preoperative chemotherapy or hormonal therapy.

POSTOPERATIVE THERAPY FOR OUR PATIENTS.

A. Oncotype - select those who need chemotherapy or hormonal therapy or both.
B. Herceptin for the HER2/neu positive patient.
C. Special therapies for the triple negative patient.
D. The size of the tumor. Do all tumors need to be treated?
OUR BAPTIST BREAST HEALTH CENTER AND WHAT WE HAVE

A. Surgeons.

B. Diagnostic facilities that include digital mammography, PET/PEM scanning, MRI and special facilities for targeted biopsies.

C. Operating rooms in our building.

E. Care Coach Program.

F. Accessibility to medical and radiation oncologists in our building.

NEW AVENUES.

A. Newer surgical therapies including fat grafting.

B. Gene array analysis of tumors/Baptist Health System has partnered with Moffitt Hospital in Tampa, Florida, in a program called "Total Cancer Care."

C. Protonomics/the wave of the future.