FEATURE

THE GOOD

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THE SILVER LINING IS THAT THE RISK OF DEVELOPING BREAST CANCER CAN BE REDUCED, PROVIDED WOMEN MAKE A CONSCIOUS EFFORT TO BE PROPERLY INFORMED THROUGH SELF-READING AND AWARENESS.

GETTING TREATED

According to the 1998-2002 statistics from the Singapore Cancer Registry, approximately 1,000 to 1,200 new breast cancer cases are diagnosed every year in Singapore. Says Dr Lee, "The age-adjusted incidence of breast cancer is higher among the Chinese population than Malays and Indians (57 as opposed to 44.8 and 45.8 per 100,000 per year). The incidence rises sharply after a woman reaches 45.

"The majority of patients have sporadic breast cancer (from non-genetic causes). Approximately 10 to 15 per cent of breast cancers are due to hereditary causes, and these patients may have significant family history. A family history of breast cancer, particularly among close relatives such as a mother or sister who were diagnosed before the age of 40 increases one's risk of breast cancer."

Treatment of breast cancer involves a multi-disciplinary approach and treatment methods are determined by various factors such as the stage of detection, the patient's underlying health issues and so on. The majority of patients with stage I, II or III of the disease are first treated with surgery, followed by adjuvant (or preventive) chemotherapy, radiotherapy and/or hormonal therapy.

"Surgery is critical to cure early stage breast cancer, but not all patients require a mastectomy – a surgical procedure to remove the entire breast. Instead, many are treated with breast conserving surgery followed by radiotherapy. This improves the cosmetic outcome and is the surgery of choice whenever possible. Others undergo mastectomy, followed by breast reconstruction," explains Dr Lee.

Dr Patrick Chan, Senior Consultant, Department of General Surgery, Tan Tock Seng Hospital, adds that breast reconstruction is commonly offered to patients who need a mastectomy (removal of the whole breast). Breast reconstruction is performed using autologous muscle flaps (TRAM or lat dorsi flap) or a prosthesis, although the former is preferred for a better result. Reconstruction is performed at the same time of the mastectomy so the patient only undergoes one surgery. The skin over the breast and even the nipple areolar complex can be preserved for the best cosmetic result. Immediate breast

FIGHT

BY **MICHELLE BONG**

Breast cancer is a common cancer among women here, but awareness and advances in medical treatment prove the battle is half won.

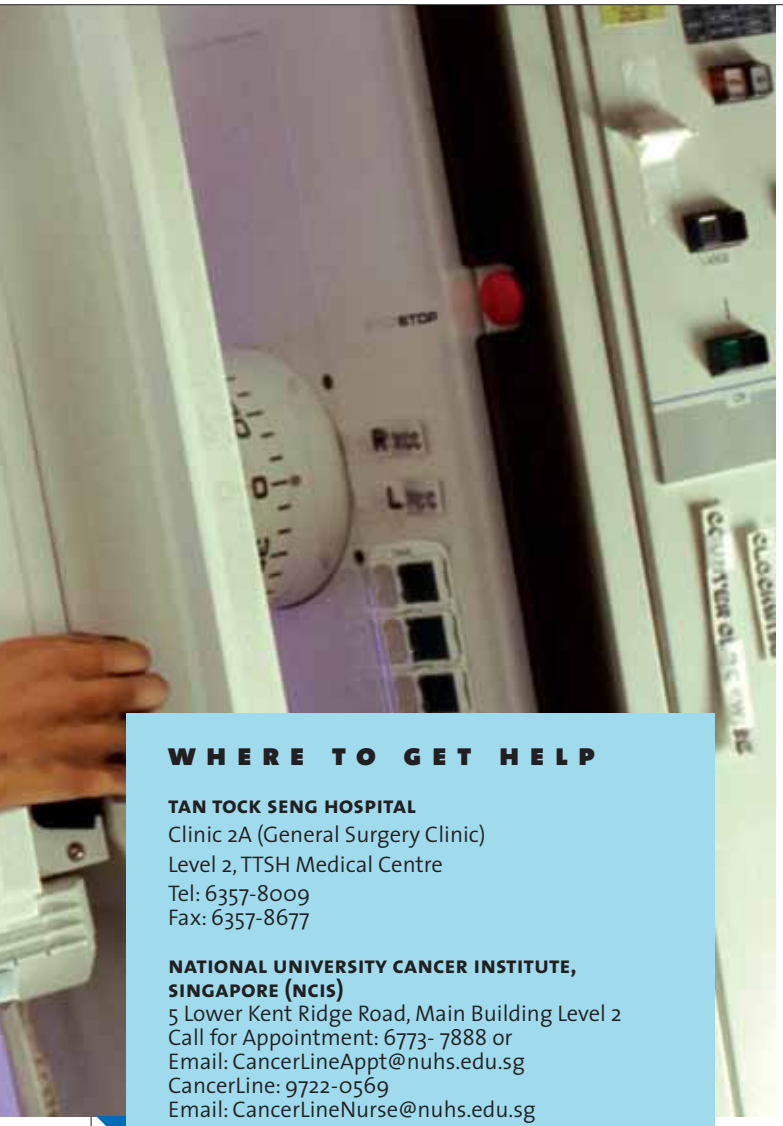
Breast cancer is the most common cancer among women in Singapore, with steadily rising incidence throughout the years. Awareness about this cancer has also grown steadily over the years, thanks to educational efforts and activities.

Senior Consultant of the National University Cancer Institute Singapore, Department of Haematology-Oncology, Dr Lee Soo Chin says the causes of breast cancer are multi-factorial; it could be due to genetic (family history) or hormonal factors such as a woman starting menstruation at an early age or the prolonged use of oral contraceptives or hormone replacement therapy continuously for more than five years.

There are four stages of breast cancer. The earliest form of breast cancer is known as ductal carcinoma in-situ (DCIS), classified as stage 0 with a five-year survival rate at 99 per cent. DCIS involves cancer cells being confined within the milk ducts, leaving them very little potential for spread to lymph nodes and other parts of the body. Treatment is surgical resection such as lumpectomy (the removal of the tumour and the breast tissue surrounding it), that may be followed by radiation therapy and/or hormone therapy to further improve the outcome.

At Stage I, the tumour is relatively small and is only confined to the breast, while in the second stage, the tumour is larger and may spread to regional lymph nodes like the underarms. At the third and fourth stage, the breast tumour may involve the skin, and spread more extensively to regional lymph nodes or to distant organs. The symptoms of breast cancer include one or more breast lumps, bloody nipple discharge, lump in the axilla (armpit) or a lump in the neck.

PHOTO: CORBIS



WHERE TO GET HELP

TAN TOCK SENG HOSPITAL
Clinic 2A (General Surgery Clinic)
Level 2, TTSH Medical Centre
Tel: 6357-8009
Fax: 6357-8677

NATIONAL UNIVERSITY CANCER INSTITUTE, SINGAPORE (NCIS)
5 Lower Kent Ridge Road, Main Building Level 2
Call for Appointment: 6773- 7888 or
Email: CancerLineAppt@nuhs.edu.sg
CancerLine: 9722-0569
Email: CancerLineNurse@nuhs.edu.sg

reconstruction does not delay subsequent treatment that the patient may need after surgery.

After surgery for early stage breast cancer, additional cancer treatment may be prescribed depending on the stage and characteristics of the cancer. Chemotherapy typically takes three to six months, radiotherapy five to six weeks and hormonal therapy five to 10 years. Drug treatment administered after surgery is to improve the chance of cure in patients with early stage breast cancer.

In comparison, patients with stage IV breast cancer will not usually require surgery. Rather, drug treatment with chemotherapy or hormonal therapy is the preferred option. The patient's progress is measured every two or three months with radiological imaging such as CT scans to determine if the tumour lesions have responded favourably to treatment. Patients with locally advanced breast cancer (late stage III) may be treated with chemotherapy first to shrink the tumour, followed by surgery, more chemotherapy, radiotherapy and hormonal therapy to optimise the chances of cure.

Sometimes, patients may require targeted therapy. For instance, 20 per cent of breast cancer patients have tumours that over-express human epidermal growth factor receptor 2 (HER2), a gene that regulates cell growth. The presence of HER2 on breast cancer cells is associated with more aggressive disease that is more prone to recurrences. As such, they benefit from a targeted therapy called anti-HER2 therapy, which is administered for one year together with or after chemotherapy in early stage breast cancer. It is also combined with chemotherapy in stage IV breast cancer to improve response rate and prolong survival. Similarly, another targeted therapy called bevacizumab (which targets blood vessels) may be given together with chemotherapy in stage IV breast cancer to improve response and prolong progression-free survival.

BEING VIGILANT

The silver lining is that the risk of developing breast cancer can be reduced, provided women make conscious efforts and are properly informed through self-reading and awareness. A healthy lifestyle such as frequent exercises, the reduced intake of red meat, the consumption of more vegetables and fruits and the effort to maintain a normal BMI (especially among women within the postmenopausal age group) have been shown to reduce breast cancer risk.

Successful treatment of breast cancer depends very much on the stage at which the cancer presents. The earlier the stage at which it is detected, the better the prognosis and the chances of recovering. Adds Dr Chan, "Pre-invasive breast cancer, if detected and appropriately treated, can lead to a 99 per cent cure. This underlines the importance of going for regular screening for women for breast cancer."

The current recommendation from the health ministry is that women should get an annual mammogram from the time they are aged 40. The frequency of the mammogram can be increased to once every two years for those aged 50 and above.

It is heartening to note that the medical world has made good strides in bringing us one step closer to beating breast cancer. Dr Chan says, "Advances in medical science have led to the decrease in breast cancer mortality in the West. This has been largely attributed to advent of breast cancer screening and the detection and treatment of pre-invasive tumours, as well as adjuvant therapy like chemotherapy and hormonal therapy.

"Recent research includes the use of genetic profiling to try to tailor the treatment of breast cancer (the prediction of response of patients to various types of treatment) and targeted therapy. The latter involves looking at the molecular level of the cancer cell and see if certain agents can target and destroy only these tumour cells, thus reducing injury to normal cells which are responsible for the side effects that chemotherapy has."