BREAST CARCINOMA

Presentation

1. Breast lump
2. Nipple discharge
3. Excoriation/ destruction of nipple
4. Pain
5. Axillary lump
6. Incidental finding on imaging/ microscopy
7. Signs of metastasis: Bone discomfort, fatigue, cough, dyspnoea

Physical Examination

1. Inspection:
   i. Breast: asymmetry, mass, skin changes
   ii. Nipple: retraction, inversion, or excoriation

2. Palpation:
   i. Breast lump
   ii. Regional nodes

3. Systemic examination

DIAGNOSIS & STAGING

1. Imaging

2. Cytology/ biopsy

LCIS

- DEFINITION
  - Proliferation of small loosely cohesive cells in terminal duct- lobular unit, with or without pagetoid involvement of terminal ducts

- PRESENTATION
  - No specific clinical or mammographic abnormality
  - Diagnosis made incidentally on microscopy

LCIS: MANAGEMENT

1. Surveillance
2. Chemoprevention: Tamoxifen
3. Prophylactic B/L mastectomy

- Not necessary to obtain negative margins
- No role of RT

DCIS

- DEFINITION
  - Proliferation of malignantly appearing mammary ductal epithelial cells without invasion of BM

- PRESENTATION
  i. Palpable mass
  ii. Pagets disease
  iii. Incidental finding at biopsy
  iv. Mammographically detected abnormality

DCIS: LOCAL MANAGEMENT

- BREAST
  i. Localized DCIS: BCT + RT
  ii. Multicentric DCIS: Mastectomy

- AXILLA
  i. No role of routine SLNB
  ii. SLNB only in candidates for mastectomy

DCIS: SYSTEMIC THERAPY

- 80% OF DCIS ER +ve
- Two benefits of ET
  i. Reduced local recurrence
  ii. Prevention of development of new primary lesions in contralateral breast
- Follows same principles of ET
- Trials of tamoxifen Vs AI ongoing
- No role of CT

EARLY CARCINOMA

- DEFINITION
  - St I & II
- LOCAL MANAGEMENT
  i. BCT+ RT
  ii. Mastectomy ± breast reconstruction
- Equivalent survival with BCT & mastectomy
- Initial systemic therapy may allow BCT in large tumors
- T3N1 may also be treated similarly

EARLY CARCINOMA :BCT

- Absolute contraindications
  i. Pregnancy
  ii. Multicentric/ diffuse tumor
  iii. Prior therapeutic irradiation

- Relative contraindications
  i. CVD
  ii. Tumor / breast size ratio

EARLY CARCINOMA: MASTECTOMY

- In pts with contraindication to BCT
- In pts who prefer mastectomy
- May be combined with IBR
- SLNB to be done
- Cytological confirmation of clinically +ve nodes required before axillary surgery
- Axillary irradiation: an acceptablealternative to axillary surgery

EARLY CARCINOMA:ADJUVANT SYSTEMIC THERAPY

1. Endocrine Therapy:
   i. Tamoxifen,
   ii. AI
   iii. Ovarian ablation

2. Anti HER-2 Therapy: Trastuzumab

3. Chemotherapy

- Adjuvant therapy determined by biological behavior of the tumor

EARLY CARCINOMA: ADJUVANT CHEMOTHERAPY

- Benefit women irrespective of
  - Age
  - Hormonal status
  - Adjuvant ET
- Multiple cycles advantageous (4-8)
- Anthracycline based regimens superior over CMF
- CT recommended for node +ve and higher risk node –ve patients
- Taxanes – modest advantages, role being studied

LABC & IBC

- DEFINITION
  - Bulky tumors/ extensive nodal disease (T3-4/ N2-3)
  - IBC: aggressive variant of LABC, presents with diffuse edema,erythema, rapid course & often without an underlying palpable mass

LABC & IBC: MANAGEMENT

- Substantial risk of metastasis, full workup before initiating therapy required
- Trimodality treatment: Neoadjuvant CT, Surgery, RT
- Anthracycline / Taxane based regimens appropriate as induction CT
- Postmastectomy RT mandatory despite complete pathological response to CT
- No surgery in IBC till complete response of inflammatory skin changes, may require pre-op RT

METASTATIC DISEASE

- May disseminate to almost every organ
- May present with systemic symptoms or found on examination or investigations
- Goal: decrease tumor burden, control of cancer related symptoms, prolongation & maintenance of QOL
- Therapy is not considered curative

METASTATIC DISEASE: MANAGEMENT