

The Diagnosis and Treatment of Breast Cancer: Straight Talk About a Serious Health Issue

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WITH OCTOBER BEING BREAST CANCER Awareness Month, it is important that all women—and men—understand the importance of screening, early diagnosis and advances in treatment that are now being used to help patients. With a one in six chance of having breast cancer at some stage of life, women have an obligation to learn how to lower their risk profile, and how to deal with a diagnosis that is always considered serious. In Q&A format, here are some of the things women need to know. This is meant to begin the conversation about diagnosing and treating breast cancer; you should consult your gynecologist or family physician for a more personal evaluation of your specific circumstances.

Q. *How serious is breast cancer and what do most women have to look forward to after such a diagnosis?*

A. The diagnosis of cancer is always considered serious, but today, a diagnosis of breast cancer is one that has an incredibly diverse spectrum of severity. The severity of the disease depends on many factors including the cell type of the cancer, the size of the tumor, the stage (whether any lymph nodes are involved), and the health of the woman at the time of diagnosis. After such a diagnosis, most women can expect to be offered a combination of surgical treatment and chemotherapy and/or radiation therapy. On an emotional level, after a diagnosis of breast cancer, most women can expect to feel overwhelmed, confused and frightened. I always counsel my patients with cancer to collect as much information from credible sources as possible. This means getting at least two medical opinions, and speaking to other women who have faced the same diagnosis to learn from their experiences. There are ALWAYS options for treatment, so women should always feel like they have choices.

Q. *What advances have been made in diagnosing and treating breast cancer?*

A. The two biggest advances in the diagnosis of breast cancer over the past several years is the use of

breast MRI as an imaging tool, and the now more readily available BRCA mutation blood test to assess a person's genetic risk. Breast MRI is not used in place of mammography, but usually is reserved for use in women with specific indications. These may include, but are not limited to, those women who are considered at high-risk for development of breast cancer or who need further imaging studies because a mammogram, an ultrasound or a physician breast exam was insufficient in evaluating part of the breast tissue.

The BRCA blood test is easy to do and is covered by insurance in most cases. The test is recommended for those women (and men) with certain 'red-flags' which indicate increased risk for hereditary breast cancer. In terms of advances in the treatment of breast cancer, probably one of the more exciting aspects includes the increased role of biological therapies such as Herceptin and Avastin—to personalize the treatment of breast cancer.

As subtle nuances of genomic studies, genetic analysis and the differences in various types of breast cancer are further elucidated, the treatment for breast cancer (and other cancers) will become more and more personalized. In other words, 'one size does not fit all' when breast cancer is concerned. In terms of advances in surgical treatment for breast cancer, when mastectomy is chosen, reconstruction of the breast with the DIEP flap method of plastic and reconstructive surgery has provided excellent cosmetic results with faster recovery for the patient. This involves taking skin and tissue from the abdomen and reconstructing the breast with the blood supply from the skin on the belly. It can result in a more rapid recovery than the TRAM flap method of reconstruction.

Q. *What role do genetics play in breast cancer, and how should a patient with family history deal with it?*

A. Genetics is very important when assessing the risk of breast and other cancers. Approximately 10 percent of all cases of breast cancer are thought to have a genetic component. This means that for certain families and certain women, knowing if they carry the BRCA mutation can be important in stratifying risk, screening and possibly, prophylactic treatment. For families with

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one or more first-degree relatives with breast cancer before the age of 50, ovarian cancer at any age, male breast cancer or Ashkenazi Jewish ethnic background, this simple blood test can reveal whether they have a significantly increased risk of developing breast and ovarian cancer.

For those who test positive for the mutation, their increased risk of being diagnosed with breast and ovarian cancer can be 40 percent to 80 percent above that of the general population. What I tell my patients who are considering having this blood test is that a negative or normal result doesn't lessen their risk if they have a significant family history because the person and her doctors must still be overly vigilant about screening and prevention, but a person who tests positive for the BRCA mutation is armed with information to screen or help prevent cancer that could potentially be life-saving.

Q. *What are some other risk factors? What do statistics say about who gets breast cancer and when?*

A. The big risk factors for development of breast cancer are part of the risk assessment tool known as the Gail Model. Patients can check their assessment online with this simple questionnaire. This factors in a woman's age, age at her first menstrual period, age at the time of her first live-born child, the number of first-degree (mother, sister, aunt) relatives with breast cancer, the number of any previous breast biopsies and whether she has had any breast biopsies that revealed atypical hyperplasia.

Statistics tell us that a woman has a one in eight chance of developing breast cancer in her lifetime. This risk increases with age. A certain type of breast cancer, known as Triple Negative Breast Cancer, can strike younger women, while older women, especially those on prolonged Hormone Replacement Therapy, can have an increased risk for developing the more traditional cell-type varieties of breast cancer. African-American women are at increased risk for having more advanced cancer of the breast at the time of diagnosis and may be at increased risk of having cancer types with more aggressive behaviors.

Q. *What holistic treatments are available and do they work?*

A. Holistic therapies for breast cancer usually center around herbal therapies although heat therapy and detoxification therapies are also used. There has never been any formal, rigorous and generally accepted evidence that any of these therapies are effective in treating breast cancer. While many women may find some benefit from incorporating the use of complementary treatment modalities to treat breast cancer, this is quite

different than foregoing any and all standard cancer therapies for the sake of holistic therapy. Holistic therapy, especially those centering on herbs such as Cat's Claw, can have real medical risks, just as conventional chemotherapy can. Natural does not always mean better or safer, so women considering holistic therapy should discuss these options with their physicians.

Q. *Why is Breast Cancer Awareness Month important? What have we learned about this disease?*

A. October is vitally important in bringing and keeping breast cancer awareness to the forefront of every American mind. With a one in eight chance of having breast cancer at some time in her life, every American woman must consider the fight against breast cancer as a personal one, even if she herself does not have the disease. As a medical community, we have learned a great deal about breast cancer and know it is truly considered to be a condition with many, many varieties, behaviors and treatment options. It is multi-faceted, not a singular cancer with one classic profile.

We are learning more about prevention, early diagnosis, both minimally invasive as well as aggressive treatment options and most importantly, about living with this disease. From a physician standpoint, gynecologists are often the doctors who detect a breast cancer or who inform a woman of her mammogram or biopsy results. Ob-GYNs are now more aggressive about ordering imaging tests to evaluate possible breast masses rather than dismissing what a woman "thinks she feels."

Q. *Prevention is always the preferred path. How far has medicine come in this area?*

A. We have come a long way in prevention of breast cancer, but still have more to accomplish. The best ways to prevent breast cancer are for women to breast feed their children (this reduces risk by four percent with each child), by exercising, eating a low-fat diet, not over-consuming alcohol and by knowing their own individual risk levels. We still do not know enough about environmental exposures and potential toxins that can increase breast cancer risk, so general healthy living is very important.

One of the as yet untapped populations to target in terms of prevention is that of the teen age group. More needs to be learned about ways to educate the adolescent population about things they can start doing at age 15, to help prevent breast cancer at age 45. ■

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