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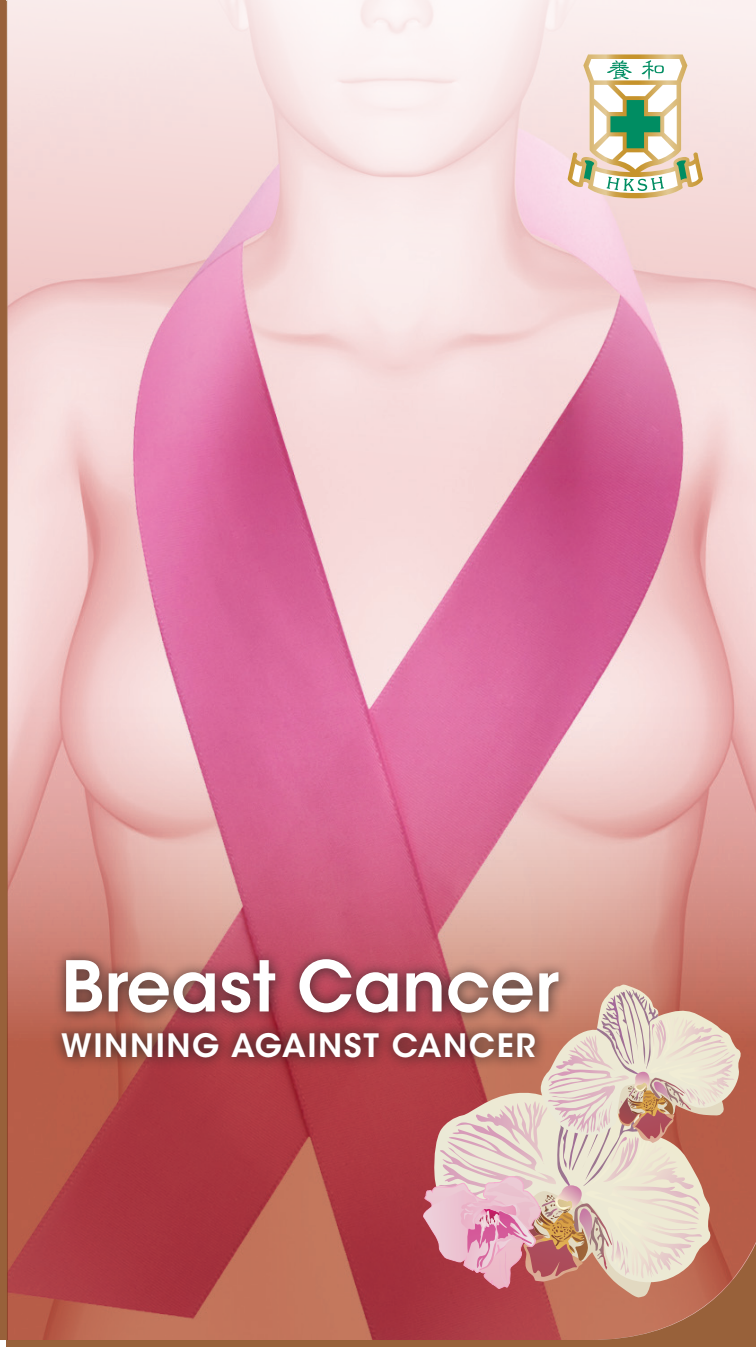
OC.020I.H/E-04-012020



Breast Cancer

WINNING AGAINST CANCER

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Breast cancer is the most common cancer among females in Hong Kong. It accounted for 27% of all new cancers diagnosed in females in 2017. A mere 0.4% developed in men.

Breast cancer is also the third leading cause of cancer deaths among females in Hong Kong. A total of 721 women died from breast cancer in 2017, accounting for 12.3% of all cancer deaths in females.

Am I at risk of developing breast cancer?

The following factors are known to be associated with breast cancer:

- A family history of breast cancer, especially in first-degree relatives;
- Carriers of confirmed mutated BRCA1/2 genes;
- Prolonged exposure to the breast-stimulating female sex hormone, i.e. oestrogen, due to early onset of menstruation or late menopause;
- A high-fat diet, lack of exercise, and stress
- Extended hormone replacement therapy after menopause;
- A personal history of breast cancer or precancerous conditions, such as papillomatosis or ductal atypia; and
- Above 40 years of age

The fact that you have any of the above factors does not mean you must have or will develop breast cancer. It only means you are at a higher risk of developing breast cancer than the average population.

How is breast cancer diagnosed?

The following procedures are performed in case of suspected breast cancer:

Mammography

Mammogram may detect tumours exceeding 5 mm in size. During examination, the whole breast is compressed for a few seconds with scans of breast tissues being taken using a safe dose of X-ray. The compression may cause discomfort to individuals.

Ultrasound Examination

Ultrasound may determine if a breast lump is cystic (i.e. fluid-filled) or solid, as well as benign or cancerous.

Biopsy

Biopsy may be indicated for those with a suspicious lump or mammographic abnormality. It is often carried out using a fine needle, i.e. fine needle aspiration. The cells or tissues extracted are examined microscopically by a Pathologist. Sometimes a more formal biopsy procedure may be indicated and performed under either local or general anaesthesia.

How are the stages of breast cancer determined?

The word “stage” refers to the extent of one’s cancer, tumour size and metastasis. The most widely used cancer staging system is TNM (T: Tumour, N: Node; M: Metastasis).

In general, TNM divides breast cancer into 4 stages.

Stage	Tumour Size	Node	Metastasis to Distant Organ
I	2cm or smaller	No metastasis in axillary lymph nodes	---
II	Larger than 2cm but 5 cm / smaller 2 cm (with lymph node metastasis)	Metastasis in 1 to 3 axillary lymph nodes (tumour is smaller than 2 cm)	---
III	Larger than 5cm	Metastasis in 4 or more axillary lymph nodes, or in nodes over the chest wall thoracic or lower neck.	---
IV	Any size	Any involvement	Metastatic breast cancer, i.e. metastasis to distant organs, such as lung, liver or bone

When are chemotherapy, radiotherapy and/or surgery necessary?

Each of the following treatments is provided either alone or in combination with others, depending on the patient’s condition. The regimen varies from patient to patient.

- Surgery is the mainstay of breast cancer treatment. For most of the time the tumour is removed with some of the surrounding normal breast tissues (lumpectomy). The entire breast may be removed in case of large tumour (mastectomy). Some mammographic abnormalities are too small to be felt. They can be removed by needle localisation or stereotactic surgery, during which the precise position of the mammographic abnormality is first confirmed by inserting a fine wire into the breast and repeating the X-ray.
- Chemotherapy may be given before surgery to shrink the tumour, or after surgery to reduce the risk of recurrence or metastasis.
- Radiotherapy may be given to reduce the risk of local recurrence after surgery.

Are there any other alternatives/ treatment options?

Hormone therapy is often used in breast cancers that are responsive to the female hormone. The common medications include Tamoxifen or Aromatase Inhibitors. Other interventions work with a different mechanism, e.g. targeted treatment with AntiHer2 antibody or CDK4/6 inhibitors, or other biological agents.

What can I do during after diagnosis?

You need to work hand in hand with your doctor and nurses. By expressing about what you feel during treatment, you can understand your condition as well as the treatment better and face the disease with less fear.

You can also join support groups and learn more about self-care from the sharing sessions. Eat properly and as instructed by healthcare personnel.

At what age should I do breast cancer screening?

Women are advised to perform breast self-examination every month for any abnormality in the look and feel. Baseline mammograph should be performed at 35 to 40 years of age, and then once every 2 years.

Those with a family history of breast cancer should begin regular mammography at the age of 35. Please consult your doctor for further details.

Besides regular screening, what can I do to prevent breast cancer?

The rule of thumb is to eat less fatty food and exercise regularly.

As for individuals with a high risk of familial/hereditary breast cancer, aggressive preventive interventions, such as tamoxifen tablets (taken on a daily basis), surgical removal of ovaries (to induce early menopause) or prophylactic surgical removal of breast tissues may be considered. Please consult your doctor for further details.

What should I do if I have a family history of breast cancer?

People with a family history of breast cancer are at a higher risk of getting breast cancer. Mutated BRCA1 and BRCA2 genes, which can be passed down from either the mother or father to the next generation, are identified for a significant increase in the lifetime risk of developing breast cancer. Other similar but less common genes are TP53 and PTEN genes. It is the interaction of these mutated genes with environmental factors that causes cancer.

Those with a family history of breast cancer undergo genetic tests for a more accurate risk assessment. Once the risk is known, preventative measures, such as more intensive surveillance, surgery or chemoprevention, can be offered to those who already have or are free from cancer for early diagnosis and prevention respectively.