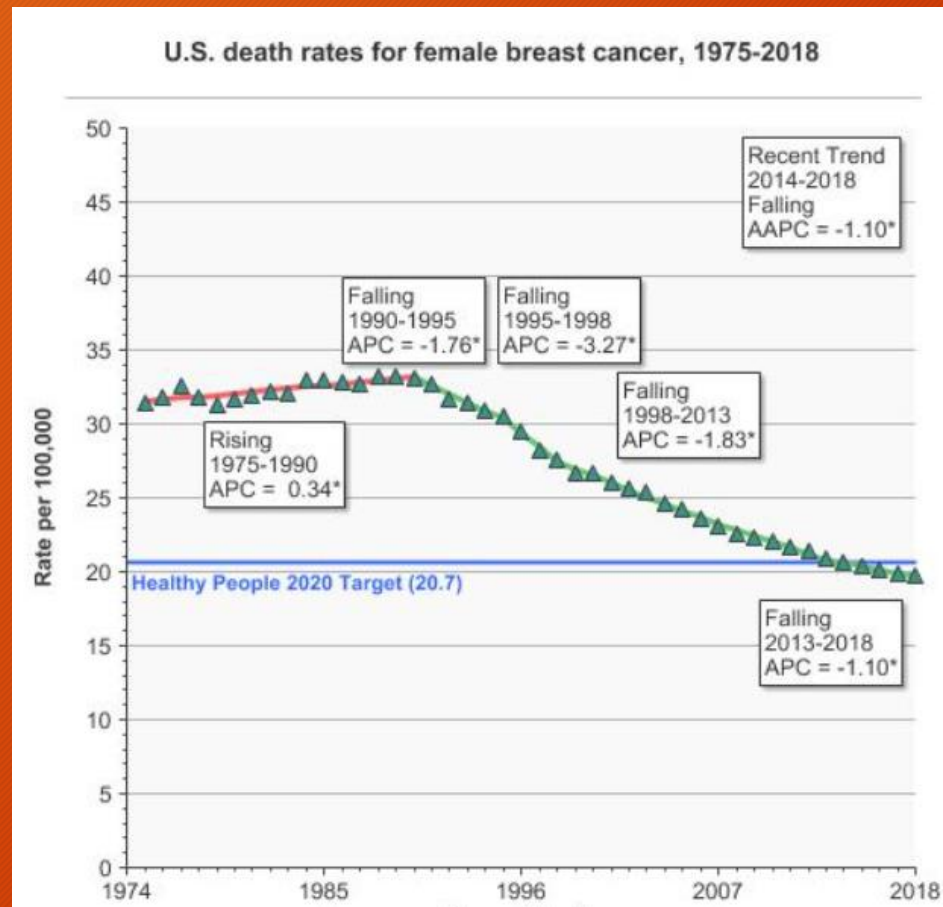


# Early Stage Stage Breast Cancer

Jane Skelton MD 3/26/21

# Good News



# outline

Screening study recommendations

Navigating diagnosis

Tools that aid in decision making

Follow up and Fears

# Mammogram Summary

Annual 3D mammogram

Screening start at 40

Individualize UltraSound

Individualize MRI



# Mammogram Recommendations

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## Society and expert recommendations for routine mammographic screening in women at average risk

Group (date)	Frequency of screening (years)	Initiation of screening for women at average risk		
		40 to 49 years of age	50 to 69 years of age	≥70 years of age
<b>Government-sponsored groups</b>				
US Preventive Services Task Force (2016) <sup>[1]</sup>	2	Individualize*	Yes	Yes, to age 74
Canadian Task Force on Preventive Health Care (2018) <sup>[2]</sup>	2 to 3	Recommend against*	Yes	Yes, to age 74
National Health Service, United Kingdom (2018) <sup>[3]</sup>	3	Yes, start age 47	Yes	Yes, to age 73
Royal Australian College of General Practitioners (2018) <sup>[4]</sup>	2	No	Yes	Yes, to age 74
<b>Medical societies</b>				
American College of Obstetricians and Gynecologists (2017) <sup>[5]</sup>	1 to 2*	Individualize*	Yes	Yes, to at least age 75 <sup>¶</sup>
American College of Physicians (2019) <sup>[6]</sup>	2	Individualize*	Yes	Yes, to age 74
American Academy of Family Physicians (2019) <sup>[7]</sup>	2	Individualize*	Yes	Yes, to age 74
American Cancer Society (2015) <sup>[8]</sup>	1 year age 45 to 54	Individualize* through age 44	Yes	Yes <sup>Δ</sup>
	1 to 2 years age ≥55	Yes, start age 45		
American College of Radiology (2017) <sup>[9]</sup>	1	Yes	Yes	Yes <sup>◊</sup>
<b>Coalitions</b>				
National Comprehensive Cancer Network (2018) <sup>[10]</sup>	1	Yes	Yes	Yes

# MRI Recommendations

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## ACS recommendations for breast MRI screening as an adjunct to mammography

### Recommend annual MRI screening (based on high risk of breast cancer and high sensitivity of MRI\*)

*BRCA* mutation

First-degree relative of *BRCA* carrier, but untested

Lifetime risk >20 to 25% or greater, as defined by BRCAPRO or other models that are largely dependent on family history

### Recommend annual MRI screening (based on high risk of breast cancer)

Radiation to chest between age 10 and 30 years

Li-Fraumeni syndrome and first-degree relatives

Cowden and Bannayan-Riley-Ruvalcaba syndromes and first-degree relatives

### Insufficient evidence to recommend for or against MRI screening<sup>Δ</sup>

Lifetime risk 15 to 20%, as defined by BRCAPRO or other models that are largely dependent on family history

Lobular carcinoma in situ or atypical lobular hyperplasia

Atypical ductal hyperplasia

Heterogeneously or extremely dense breast on mammography

Women with a personal history of breast cancer, including ductal carcinoma in situ

### Recommend against MRI screening (based on expert consensus opinion)

Women at <15% lifetime risk

# MRI Summary

BRCA/genetic carriers

Lifetime risk > 20%

Problem Solving Study



# Early Stage Cancer Helpful Tools

- Detailed imaging
- Mutli-disciplinary Team/ don't rush
- Details of Cancer subtype
  - Hormone Receptors
  - Her 2 evaluation
  - Genomics



# Multi-Disciplinary TEAM

- MMC
  - Surgeon
  - Medical Oncology
  - Radiation Oncology
  - Genetics
  - Psycho-social support

# Customizing Care after Surgery

- Estrogen Receptor
- Her2 status
  
- Mammoprint/Oncotype

# DCIS

- Non-invasive Cancer
- Surgical Management +/- Radiation
- Primary Preventive therapy with
  - **Lifestyle management**
  - Tamoxifen
  - Aromatase Inhibitor



# Mammaprint

**RECEPTOR STATUS** (Pathology Facility: Boca Raton Regional Hospital - Pathology, 800 Meadows Road, Boca Raton, FL 33486)

**ER Status:** Positive

**PR Status:** Positive

**HER2 Status:** Negative

Summary of Results: **LOW RISK LUMINAL-TYPE (A)**

MammaPrint 70-Gene Risk of Recurrence

BluePrint 80-Gene Molecular Subtype

**LOW RISK**

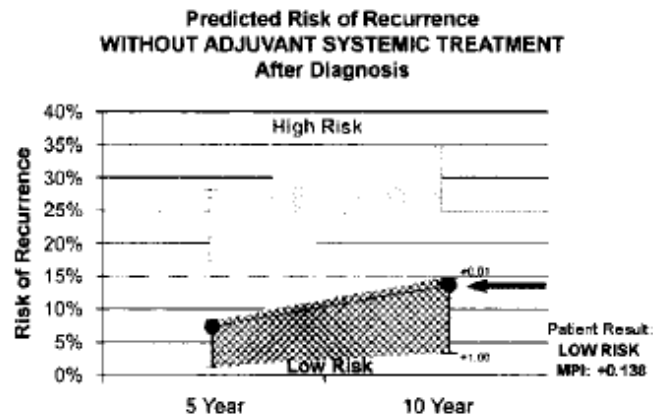
**LUMINAL-TYPE**

**Patient's MammaPrint Result: LOW RISK**

Average 10-year Risk of Recurrence Untreated<sup>1</sup>: **10%**

Patient's MammaPrint Index: (MPI) **+0.138**

MPI Low Risk Reference Range: +0.001 → +1.000



## YOUR RESULTS

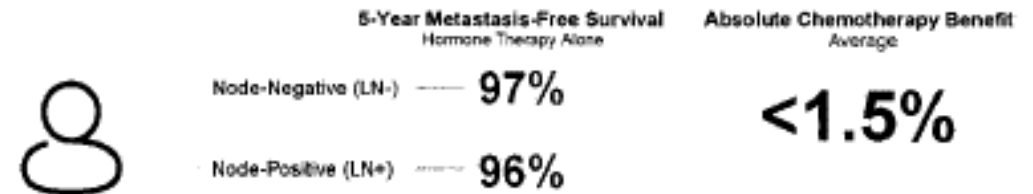
MammaPrint<sup>®</sup> Index (MPI): +0.138  
BluePrint<sup>®</sup> Subtype: Luminal-type

**LOW RISK**

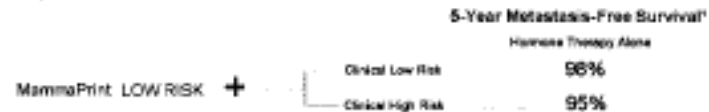
Luminal-type (A)

## EXPECTED OUTCOME BASED ON YOUR RESULTS<sup>1</sup>

Patients with MammaPrint LOW RISK



Expected Outcome Based on Your MammaPrint Results Combined With Clinical Risk Assessment



<sup>1</sup>Your clinical risk assessment is based on clinical factors alone. See glossary for more information. Discuss with your doctor to determine if you are clinically low or clinically high risk.

SUMMARY

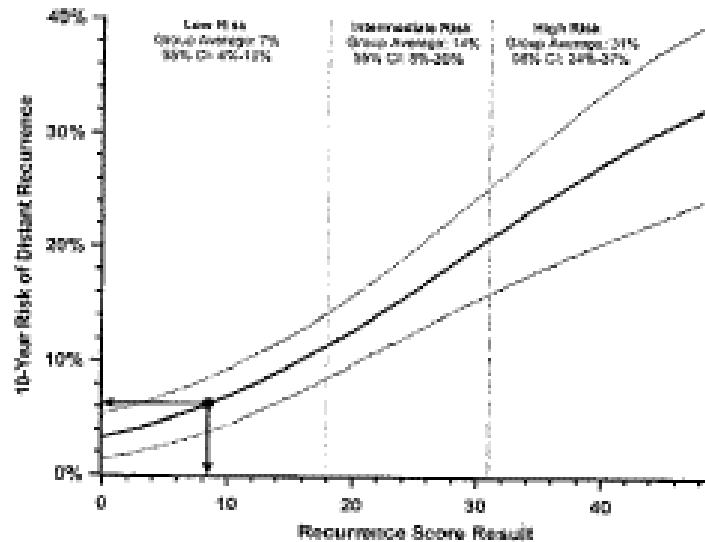
# OncotypeDx

## Prognosis: 10-Year Risk of Distant Recurrence after 5 Years of Tam, Based on the Recurrence Score Result (from NSABP B-14)

### 10-Year Risk of Distant Recurrence

Tam Alone

**6%**  
(95% CI: 4%-9%)



### Recurrence Score Result

**8**

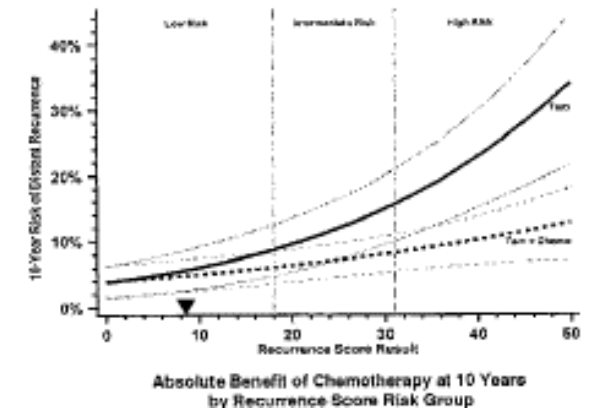
The findings are applicable to women who have stage I or II node negative (N-), estrogen receptor positive (ER+) breast cancer and will be treated with 5 years of tamoxifen (tam). It is unknown whether the findings apply to other patients outside these criteria.

**Clinical Experience:** The following results are from a clinical validation study that included 651 patients from the NSABP B-20 study. The study included female patients with stage I or II, N-, ER+ breast cancer. Patients were randomized to either tam alone or tam plus CMF or MF chemotherapy. For patients in the pre-specified group with Recurrence Score results  $\leq 31$ , the group average 10-year risks (95% CI) of distant recurrence were 40% (25%, 54%) for tam alone and 12% (8%, 16%) for tam + CMF/MF.

## Prediction of Chemotherapy Benefit after 5 Years of Tam, Based on the Recurrence Score Result (from NSABP B-20)

Tam Alone

Tam + Chemo



Her 2 positive

Evolving field  
Many new agents



Genomics

Research  
Clinical Trials

Many Tools  
Customized Care  
Better Outcomes

Thank you

# Fears and Follow up

