



Epworth Breast Service

Newsletter Autumn 2014

We genuinely strive to continually improve the level of care we provide to our patients with breast problems, with the ongoing goal of providing our patients with the best breast care possible. A vital component of our role is to educate our patients and inform their general practitioners. We aim to support and empower our patients to navigate the breast cancer journey and are therefore constantly exploring, developing and implementing new initiatives, some of which are outlined below.



Jane O'Brien
MBBS FRACS
Specialist Breast and
Oncoplastic Surgeon
Epworth Breast Service

First Scalp Cooling Machine in Victoria

Epworth Richmond is delighted to have recently acquired the first scalp cooling machine in Victoria, through the generosity of the Epworth Foundation. Although scalp cooling provides the only real alternative to hair loss with the use of many breast cancer chemotherapy drugs, it has until now not been available to women in Victoria. Many women will lose their hair as a result of chemotherapy treatment for breast cancer. For some, this may be the most distressing side effect of treatment. "I didn't mind losing my breast as much as I minded losing my hair" is a comment we hear commonly. Hair loss is such a visible side effect, and can act as a constant reminder of treatment, labelling you as a 'cancer patient' and many women also worry about the effect their hair loss will have on their children.



Breast cancer patient wearing cool cap, with breast surgeon Jane O'Brien

Although scalp cooling has been available for over 40 years, its use has been limited in the past. Older systems utilise packs of crushed ice and frozen gel caps. These have the disadvantages of being uncomfortable, heavy to wear and are applied to the scalp at an unbearable temperature of -25°C. Recent advances in technology have led to improved success with this measure in preventing hair loss associated with chemotherapy. The modern unit uses a small, refrigerated cooling system to pump a liquid coolant through a light silicone cap that is attached to the cooling system.

Scalp cooling works by lowering the temperature of the head and scalp immediately before, during and after the administration of chemotherapy. This in turn reduces the blood flow to the hair follicles during the period of peak plasma concentration of the relevant chemotherapy agent, preventing or minimising the damage, meaning that hair loss is not inevitable. It enables women to maintain a degree of choice and control with an element of their treatment – having the ability to control who knows about their illness, when everything else with regards to treatment is taken out of their control.

Scalp cooling has been demonstrated to be effective in at least 52% of patients, as defined by freedom from the need to wear a wig or head covering. Currently, very few units in Australia offer scalp cooling, although it is widely available in the UK and Europe, and we are extremely proud to be the first Victorian centre to offer scalp cooling to our patients.

See Seven News Friday Feb 28 2014: <http://au.news.yahoo.com/video/watch/21752902/new-treatment-helping-cancer-patients/> Further information may be obtained at <http://www.melbournebreastcancersurgery.com.au/> or via our breast care nurse- Trish.Calder@epworth.org.au

New Cancer Australia Clinical Guideline Launched Feb 2014



Recommendations for the management of early breast cancer

in women with an identified BRCA1 or BRCA2 gene mutation or at high risk of a gene mutation

FEBRUARY 2014 | Incorporates published evidence to August 2013

A CLINICAL PRACTICE GUIDELINE DEVELOPED BY CANCER AUSTRALIA

Cancer Australia has released an Australian first clinical practice guideline, "Recommendations for the management of early breast cancer in women with an identified BRCA1 or BRCA2 gene mutation or at high risk of a gene mutation"

The new Cancer Australia guideline was developed by a multidisciplinary working group which included Epworth Breast Service surgeon Jane O'Brien, and provides health professionals with information to assist them in making clinical management recommendations. The diagnosis of breast cancer in a woman with a known BRCA mutation or someone in whom a genetic mutation is suspected, presents specific management issues, and care should ideally be individualized.

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Epworth Breast Service

Specialist Breast and Oncoplastic Surgeons Comprehensive Multidisciplinary Breast Cancer Management

Breast surgeons are in an ideal potential position to identify high-risk individuals, encourage and provide access for BRCA testing, and propose individualized management strategies for those patients who test positive. Patients diagnosed with breast cancer who are felt to be at significant risk of harbouring a BRCA mutation may choose to undergo fast track genetic testing prior to definitive surgery. The patient may wait for the BRCA test results before surgical treatment (usually two-three weeks minimum) or more commonly will elect to proceed with lumpectomy or unilateral mastectomy before results are available. If the informed patient chooses to proceed with breast conservation prior to the return of genetic test results, one strategy is to defer radiation treatment until the results can be discussed. These patients are thereby afforded a chance to finalize their surgical decision-making armed with more complete information.

Many, but not all patients with a BRCA mutation will choose mastectomy + contralateral prophylactic mastectomy (ie bilateral mastectomy) over lumpectomy. For patients who choose breast conservation, careful surveillance, including breast MRI, and other risk reducing strategies should be employed.

The online resource is now available on the Cancer Australia website at:
http://guidelines.canceraustralia.gov.au/guidelines/gene_mutation/index.php

Breast Cancer Coordinated Care Conference (BC3) Washington DC Feb 2014

The third Breast Cancer Coordinated Care Conference (BC3) was held in Washington DC 20-22 Feb 2014. This meeting is the only one of its kind to focus entirely on the local treatment of breast cancer, which includes surgery (both oncological and reconstructive) and radiotherapy, with a strong emphasis on a multidisciplinary approach. The multiple components and aspects of the treatment of breast cancer require a high level of coordinated care among the different specialties, and this coordination becomes even more challenging because of the rapid evolution of new treatment modalities.



Jane

Jane and Hamish

Melanie

BC3 is uniquely focused on a coordinated, interdisciplinary team approach to breast cancer care. Multidisciplinary care requires close teamwork, and it is a testament to the strong commitment of the Epworth Breast Service Team to this ideal, that all three specialties were represented -Jane O'Brien and Melanie Walker (Oncoplastic Breast Surgery), Hamish Farrow (Plastic and Reconstructive Breast Surgery) and Ros Drummond (Radiation Oncology)

The meeting offered presentations and panel discussions on a number of currently important topics in the local treatment of breast cancer including oncoplastic surgery, the role of prophylactic mastectomy, timing and indications for post-mastectomy radiation, nipple-sparing mastectomy (both therapeutic and prophylactic), treatment of breast cancer in a previously augmented breast and the evolving role of alloplastic materials in breast reconstruction.

Epworth Breast Service Breast Surgeons

Fewer than 8% of Australian surgeons are female, and the Epworth Breast Service is therefore very fortunate and proud to be able to offer our breast patients the expertise of two highly trained and extremely experienced female specialist breast and oncoplastic surgeons, both of whom have extensive international training and experience.



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MBBS 1985
University of Melbourne
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Miss Melanie Walker
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