



Epworth Breast Service

Newsletter Winter 2015

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. We aim to support and empower our patients to navigate the breast cancer journey and a vital component of our role is to educate and inform ourselves, and update our patients and their general practitioners on a regular ongoing basis.



Miss Jane O'Brien
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Epworth Breast Service

Nipple-Sparing Mastectomy as Safe as More Radical Surgical Options

Women with early-stage breast cancer who choose to preserve the nipple during mastectomy have similar survival and recurrence rates as women who undergo standard or skin sparing surgery, according to research presented recently at the annual meeting of the American Society of Breast Surgeons in Florida. Concerns have in the past existed about nipple-sparing mastectomy (NSM) leaving residual glandular tissue in the nipple area, potentially leading to recurrent or new cancers.

Lead researcher Dr Lucy De La Cruz of the University of Miami presented a meta-analysis of 19 studies published from 2004 to 2015 involving 5393 patients, 2013 of whom underwent nipple-sparing mastectomies. De La Cruz looked at the surgical approaches in terms of how often the cancer came back, including how often it recurred in the nipple area, and also survival. The nipple-sparing procedure was as safe as a standard and skin-sparing mastectomy for all of these measures analysed the review found, leading De La Cruz to conclude that "Nipple-sparing mastectomy is as oncologically safe as skin-sparing mastectomies (SSM) or standard simple mastectomies in carefully selected women with early-stage breast cancer"

Mastectomy is, by definition, removal of the breast. The main difference between the different types of mastectomy is in the amount of skin removed, and the respective incisions, as shown below. (A) A standard simple mastectomy incision removes the nipple, areola and all of the skin between the two incisions. (B) Skin-sparing mastectomy removes the nipple and areola, but preserves almost all of the remaining breast skin. (C) Nipple-sparing mastectomy allows total preservation of the nipple, areola and breast skin, hence leading to the most realistic outcomes following reconstruction.



Nipple-sparing mastectomy is technically more difficult to perform than either standard or skin-sparing mastectomy because the breast surgeon must remove the ductal tissue directly behind the nipple, yet still preserve sufficient blood supply to the skin and nipple but not leave breast tissue behind. For this reason, it is important that women considering nipple-sparing mastectomy choose a specialist breast surgeon with experience in this cutting-edge procedure in order to assure both oncologic and cosmetic success. Like all surgical procedures, NSM has benefits and risks. A woman considering this procedure must discuss it carefully with her breast surgeon and make a choice that best suits her individual needs. Nipple-preserving surgery is certainly not for all patients—those whose cancer is very close to the nipple are at higher risk of having cancer cells remaining, and this technique is also not often ideal for women with large breasts, because of the cosmetic result. Those women undergoing risk reduction (prophylactic) mastectomies due to a high risk of breast cancer as a result of hereditary factors are typically candidates for nipple-sparing mastectomy. See <http://www.melbournebreastcancersurgery.com.au/nipple-sparing.html>

The Royal Australasian College of Surgeons (RACS) Annual Scientific Congress (ASC), Perth, May 2015



Jane O'Brien and Melanie Walker recently attended the 2015 Royal Australasian College of Surgeons, Annual Scientific Congress (ASC) in Perth, which is the College's major annual educational activity. Each participating specialty invites eminent authorities as "Distinguished Visitors", around whom the specialty program is built. The 2015 Breast Surgery college visitors were Fiona MacNeill, Breast Surgeon, from the Royal Marsden Hospital in London and Eva Weiller-Mithoff, Plastic surgeon, from the Canniesburn Plastic Surgery Unit in Glasgow, where Epworth Breast Service Breast Surgeon Melanie Walker undertook an Oncoplastic Fellowship.

The scientific programme had a very strong focus on Oncoplastic Breast Surgery, which is the adaption of aesthetic and plastic surgical techniques to breast cancer surgery in order to provide both optimal aesthetic appearances and optimal oncologic clearance of the disease. The goal is therefore two-fold: to remove all of the breast cancer and at the same time to achieve the most pleasing cosmetic result. See- <http://www.melbournebreastcancersurgery.com.au/oncoplastic.html>

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Fiona MacNeill established the national oncoplastic training programme in the United Kingdom, and spoke extensively on training and credentialling in Oncoplastic Surgery. Oncoplastic Breast Surgery is, by its nature, more complex and technically demanding than standard breast cancer surgery, and therefore requires additional formal training and experience. The Breast Surgeons Society of Australia and New Zealand (BreastSurgANZ) on whose executive Melanie serves, is currently working on guidelines to be recognised as an Oncoplastic Breast Surgeon in Australasia, as there is concern that there may be some breast surgeons who are inappropriately describing themselves as "oncoplastic breast surgeons", when they lack the appropriate specialist training and experience. See -Six Questions for Patients to ask their Breast Surgeon BEFORE they undergo their Breast Cancer Surgery- <http://www.melbournebreastcancersurgery.com.au/pdf/questions-to-ask.pdf> Patients focused on achieving the optimal cosmetic result with breast conserving surgery may perhaps be best served seeking out breast surgeons, such as Jane O'Brien and Melanie Walker, who have a special interest and extensive training and experience in oncoplastic surgery.

BreastSurgANZ held a one day oncoplastic breast surgery workshop prior to the RACS meeting, at which both Jane and Melanie were faculty members (below-front row, extreme left) The interactive workshop focused on breast conservation therapy, with lectures, video sessions, case discussions and also demonstration of marking up on live models in smaller groups, providing the forty participants with the opportunity to increase their knowledge and skills in oncoplastic breast surgery.



New Long Term Breast Cancer Follow Up Programme

In September 2014 we restructured our long term breast cancer follow up programme to include a new team member, Dr Bridie O'Donnell, enabling us to focus more strongly on reinforcing the importance of lifestyle factors to our breast cancer patients who are undergoing routine surveillance, and also increasing the capacity of our breast surgeons, Jane O'Brien and Melanie Walker, to see new breast referrals in a swift and timely fashion.

Dr Bridie O'Donnell, who is coordinating the new long term breast cancer surveillance programme for patients who are three years or more post diagnosis, is a former professional road cyclist, and is thus very motivated and committed to educating patients about the benefits of adopting healthy lifestyle practices. Bridie is also particularly passionate about the management and wellbeing of breast cancer patients as her mother Marg O'Donnell has had breast cancer twice, and chairs the board of the Breast Care Network of Australia (BCNA), the peak national organisation for Australians affected by breast cancer, which supports, informs, represents and connects Australians affected by breast cancer.



Bridie works as a medical practitioner at Epworth HealthCheck and also teaches doctor-patient communication, motivational interviewing and Health Enhancement at Deakin University Medical School. Since joining the Epworth Breast Service Team, Bridie has also embarked on a career in health media, appearing as the guest health reporter on weeknight Channel 10 news/current affairs programme, The Project (pictured above), and doing AFL injury reports on sports radio station SEN. See- <http://www.melbournebreastcancersurgery.com.au/follow-up-breast-cancer.html>

Epworth Breast Service Specialist Breast and Oncoplastic Surgeons

Fewer than 9% 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
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Copies of this newsletter may be downloaded from www.melbournebreastcancersurgery.com.au

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