

IF you have had or are intending to have a mastectomy, chances are that your surgeon may have talked to you about your options for breast reconstruction surgery. Breast reconstruction surgery is the recreation of a patient's breast through several plastic surgery techniques in an attempt to restore a breast to near normal shape appearance, and size following a mastectomy.

There are many different options available for reconstruction. Dr Daphne Anthonysamy, consultant breast and endocrine surgeon at Subang Java Medical Centre (SJMC) elaborates that there are two main techniques for breast reconstruction, and they are the autologous reconstruction and implant reconstruction. Ân autologous reconstruction or

Reconstruction is an option

also known as flap reconstruction is the creation of a breast using the patient's own tissue transplanted from another part of their body such as the belly, thigh or back. On the other hand, implant reconstruction involves the inserting of an implant that is filled with saline or silicone gel. In some cases, nipple-sparing mastectomy is possible, meaning that a patient's nipple and the surrounding breast skin are preserved.

To have or not to have

"It's a very personal choice weather you want to go for a breast reconstruction. Some ladies



Dr Daphne states that patients' reconstructed breasts will in no way hinder the screening process, and should there be a recurrence, they will be able to identify it.

don't want to do it and some really do not want to lose their breast," says Dr Daphne.

However, the choices of which breast construction surgery that a patient may get highly depend on the patient's age, medical background, the type of cancer they have, the stage of cancer they have and what treatment they will need to undergo after surgery. She elaborates, "those patients who are elderly or have very bad diabetes are not ideal candidates as you want to minimise the time they spend in the operating theatre and the complications following a surgery." "With breast cancer patients, the

most important thing is that we're dealing with getting rid of the disease. Hence the focus is mainly on the survival of the patient and overcoming the disease," she says. As part of that healing process, patients are also taught about accepting their new appearance and Dr Daphne finds that while initially it may be a little difficult, most patients who undergo breast reconstruction surgery do very well overall and even more so when they have a good support system.

The truth of the matter

While there is plenty of information on the Internet, there are some misconceptions surrounding breast reconstruction



Dr Daphne Anthonysamy.

surgery, especially amongst Malaysian patients. Dr Daphne says, "One of the misconceptions patients believe is that if they have breast reconstruction surgery, the cancer will come back. This isn't true. When breast reconstruction is done, generally all the breast tissue is removed and only the skin is left behind and surgeons use other material (body tissue and implants) to fill up the pocket. So, the risk of a cancer recurrence is not increased just because you're doing

reconstructive surgery. Besides that, Dr Daphne finds that some patients are hesitant about having a reconstruction done because they believe it may be difficult to screen for cancer following when they go for their annual cancer screening. On this matter, she assures that this belief

isn't true and states that a patient's reconstructed breast will in no way hinder the screening process, and should there be a recurrence, they will be able to identify it.

Another misconception Dr Daphne commonly finds among patients is that they believe that breast reconstruction can only be done at a later time after breast removal surgery because they are going to have radiotherapy. According to her, this isn't entirely true. While some may opt to have breast reconstruction surgery at a later time, "patients can also have immediate breast reconstruction surgery, it is just a matter of what material is used to fill in the breast," she says.

Immediate reconstruction

Immediate breast

reconstruction is done at the same time as the mastectomy. Dr Daphne shares that this will allow the patient the option not to go through any part of her life without having her breast.

In today's day and age, with modern technology and highly skilled doctors, Dr Daphne assures that breast reconstruction isn't a very complicated procedure and is relatively simple to go through if you are a good candidate.

For more information, call 03-5639 1212.

A multidisciplinary approach to diagnosis

BREAST cancer is the most common form of cancer in Malaysia, with one in every 19 women being at risk. Breast cancer is also the second leading cause of cancer death among women worldwide, after lung cancer, despite many efforts in raising the awareness for early screening.

Early screening is crucial, especially if a woman has a family history of breast cancer. Going for routine checks will help detect the cancer early and prevent it from progressing to a more advanced stage where it is harder to treat. Treating a patient with breast

cancer is not an easy task. According to Prof Datuk Dr Yip Cheng Har, a consultant breast surgeon at Subang Jaya Medical Centre (SJMC), it takes a team of health professionals, each with their own set of expertise, to provide patients with the best possibilities in surviving cancer and assisting in their journey to recovery.

"The main members who are initially involved in your care is the breast surgeon, who is usually the first person a patient sees, the radiologist, pathologist, as well as the breast care nurse, whose job is to coordinate your appointments for assessment," she explains.

The triple assessment

The most common presentation of breast cancer is in the form of a breast lump, usually found in the



A PET CT scan is needed to determine if and how far the cancer has spread, and it is often carried out by a nuclear medicine physician.

upper outer quadrant of the breast. 2. Radiological assessment However, some breast lumps are benign and not necessarily breast cancer. Therefore, a patient needs to undergo further examination before a full diagnose can be made. Here are the few types of assessments that a patient will undergo:

1. Clinical examination

Upon the discovery of a breast lump, a breast surgeon will discuss family history and conduct physical examination on the patient. Prof Yip explains that by performing this, the breast surgeon would be able to assess whether the patient is at risk of developing breast cancer. However, further tests is needed before concluding.

Considered as the pillar of the triple assessment, a mammogram and breast ultrasound are carried out by a radiologist. Prof Yip says these assessments would be able to determine if the lump has the possibility of being cancerous. However, this assessment is not enough to conclude whether the patient has cancer or not.

3. Biopsy

The final test is a biopsy, where a sample of tissue is removed from the breast lump and is then sent to a laboratory for further testing. This test will be conducted by a pathologist to determine if the lump is cancerous. Prof Yip explains the greater sensitivity and



Prof Datuk Dr Yip Cheng Har.

specificity for diagnosis of this test provides doctors with useful information on the type of tumour.

Personalised treatment plan

"Once a diagnosis of cancer is made, further investigations are necessary to determine the extent of the cancer," Prof Yip further explains. As breast cancer can spread to other organs such as the lungs, liver and bones, a PET CT scan is needed to determine if and how far the cancer has spread. This test is often carried out by a nuclear medicine physician.

A personalised treatment plan will then be developed upon the diagnosis with the help of numerous health professionals. Personalised treatment plans are required as patients' response to treatment can vary based on factors such as genetic differences and the type of tumour.

With personalised and targeted

treatment, patients are more likely to experience fewer side effects and have better chances in seeing more positive outcomes.

For breast cancer cases in Stage 1 and 2, the initial treatment would be surgery, which falls under the responsibility of a breast surgeon. Whether a mastectomy (whole breast removal) or lumpectomy (only the lump is removed) takes place is based on a case-to-case basis and after consultation with the patient.

In Stages 3 and 4, systemic treatment is administered (chemotherapy with anti-HER2 therapy in cases where HER2 results are positive, and chemotherapy alone if HER2 results are negative). Systemic treatment is often done by an oncologist with help from oncology

nurses. In certain circumstances, the expertise of other health professionals might be needed to assist the patient in her journey to recovery.

"Psychiatrists, gynaecologists, palliative care physicians as well as plastic surgeons are sometimes needed in caring for a breast cancer patient as each patient has a unique treatment plan. The only goal for each of these experts is to make sure the patient can get back on their feet, as soon as possible,' she savs.

For more information, call 03-5639 1212.

Key to lower mortality rates

BREAST cancer is the most common form of cancer among women in Malaysia. Statistics by the Malaysian National Cancer Registry Report revealed that breast cancer made up 19% of cancer cases in Malaysia.

Approximately one in twenty Malaysian women is at risk of the life-threatening disease in their lifetime, with many still unaware or even ignorant towards the risk factors and importance of routine screenings

Dr Abel Zachariah, a consultant clinical oncologist at Pantai Hospital Ayer Keroh in Melaka says, "I believe many Malaysians are aware of breast cancer as they may know of friends or relatives with the disease, but many are not mindful of the importance of regular screenings for breast cancer and the opportunity of early detection."

Early detection and regular screenings lead to better prognosis as well as lower mortality rates. The size of the tumour,



Dr Zachariah says, 'Education is key when it comes to awareness.

grade, stage of the disease as well as receptor positivity are the biggest factors when it comes to determining a patient's outcome.

Upon early detection, a patient may be diagnosed with stage 1 breast cancer which is the earliest stage of invasive breast cancer and when the tumour is small and highly treatable. The survival rate associated with early detection is also higher as compared to the later stages (stage II and III). Stage IV would imply that the disease has spread to distant sites and is generally incurable.

The incidence of breast cancer increases with age. Age-specific incidence rates rise steadily from the age of 30 onwards. It is important for women to come to terms with the significance of regular screenings and early detection.

"Education is key when it comes to awareness; public roadshows, and articles on the importance of early detection can hopefully improve the public's uptake of regular breast cancer screenings. It is recommended for women especially for those who are 40 years old and above to have a discussion with a health care professional on the benefits of having a mammogram and obtain further details of routine check-ups," says Dr Zachariah.

Elaborating on the matter of awareness, Dr Zachariah shares that public knowledge should not only be limited to the disease and routine checks but should extend even to treatment and addressing any possible misconceptions.

"An oncologist would go through the pros and cons of the available treatments. Patients should feel comfortable to discuss matters with their respective oncologist

Early detection of breast cancer and regular screenings lead to better prognosis as well as lower mortality rates.

about misconceptions and details of any procedure. As doctors we understand the fear and stigma that surround chemotherapy and cancer, so we do our best to allay those fears by only suggesting the appropriate treatment after discussing the benefits as well as risks of treatment," says Dr Zachariah.

Fuelled by hormones

Apart from the stage of cancer, the type of breast cancer can also be a determining factor that affects prognosis. Certain breast cancers are sensitive to the female body's naturally occurring hormones. The most prevalent type of breast cancer is classified as ER-positive, in which the cancer cells grow in response to oestrogen. Whereas PR-positive breast cancer, grows in response to progesterone.

HER2-positive breast cancer is less common; the cancer cells produce an excess amount of HER2 protein. HER2 protein promotes the growth of cancer cells hence the rapid and aggressive rate at which these cells multiply.

"The diagnosis of the type of breast cancer

provides oncologists the ability to formulate a treatment plan for every individual patient which may or may not include targeted therapies, systemic chemotherapy, endocrine therapy (hormonal therapy), irradiation, etc.

Cancers that are ER-positive and/or PR-positive are likely to respond to hormone therapy while ER-negative, PR-negative, or triple-negative breast cancers do not respond to hormone therapy since hormones are not fuelling the cancer's growth.

"Hormone therapy or endocrine therapy are suggested treatments when a patient is diagnosed with hormone receptor-positive breast cancer. For patients who undergo chemotherapy and radiotherapy, there is an additional gain from hormone therapy for at least five years as it blocks the receptor or interferes with oestrogen production and prevents the cancer from recurring.'

Taking early action reduces the rate of fatality. If you are male or female above the age of 40, consider breast cancer screening as part of your routine check-up to detect breast cancer in the initial stages and boost vour chances for survival.

For more information, call 06-231 9999.





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Higher screening uptake needed

ACCORDING to a National Cancer Registry report published in 2020, the incidence of new breast cancer cases has increased over the past 10 years. The report also concluded that the number of advanced cancer cases (stage III and IV) at time of diagnosis had also risen during that same period. Furthermore, the five-year survival rate for breast cancer is only around 66.8% according to the Malaysia Study of Cancer Survival (MyScan).

In the context of breast cancer, early detection can improve survival rates. Mammography, clinical breast examination by trained health care providers and breast self-examination (BSE) are considered effective methods for early detection of breast cancer.

MSU Medical Centre medical consultant general and colorectal surgeon Dr Mohd Zailani Mat Hassan says, "At present, breast cancer screening programmes concentrate on these three modalities. On top of that, there are two major elements that need be highlighted to improve the success of breast cancer screening programmes: awareness of risk factors of getting breast cancer as well as the recognition of early symptoms and signs of breast cancer. These two elements need to be addressed and educated, especially to the high-risk group. It will improve mammogram screening uptake and detect new breast cancer cases at the earliest stage possible."

Established risks of getting breast cancer: • Being a woman – 99% of breast cancer cases develop in women

 Higher risk among older patients – twothirds of cases are among those >55 years old
The risk doubles if one first degree

female relative (sister, mother or daughter) had breast cancer. Five times higher if two first degree relatives had the disease • About 5-10% of cases are inherited through mutations of the BRCA1 and BRCA2 genes. Women with a BRCA1 or BRCA2 mutation also have an increased risk of developing ovarian, colon, and pancreatic cancers, as well as melanoma.

• Women with previous history of breast cancer are three to four times more likely to develop cancer on the other breast or different parts of the same breast. Previous history of certain benign (not cancer) breast lumps are also a risk factor.

 History of radiation to chest wall to treat another cancers like lymphoma
Overweight and obese women – defined

Worker weight und obese worker admits
having a BMI (body mass index) over 25
Women who haven't had a full-term

pregnancy or have their first child after age 30 have a higher risk compared with women who gave birth before age 30. Breastfeeding seems to protect against breast cancer, especially if a woman breastfeeds for longer than one year.

• Women who started menstruating (having periods) below age 12. Women who go through menopause above age 55

• Use of hormone replacement therapy (HRT) especially combined treatment

(containing both oestrogen and progesterone hormones) • Unhealthy lifestyles such as cigarettes

smoking, physical inactivity and excessive alcohol consumption

Numerous new medical research have found a connection between breast cancer and exposure to certain chemicals in cosmetics, foods, plastic food products and in sunscreen.

Any of the following unusual changes in the breast can be a symptom of breast

cancer: • Lump or swelling of all or part of the breast

skin irritation or dimpling

breast painnipple pain or the nipple turning

inward • redness, scaliness, or thickening of the nipple or breast skin

• a nipple discharge other than breast milk

a lump in the underarm area

These changes can also be signs of less serious conditions that are not cancerous, such as an infection or a cyst. However, it's important to get any breast change checked out promptly by a doctor.

Malaysia's perspective

Statistical evidence from the Women, Family and Community Development Ministry showed that despite huge funding from the government to educate the public on breast cancer, the engagement from the target population is still relatively low. For instance, the free mammogram programme which had been offered since 2007 received a total of RM54.2mil in allocation under the 2013 budget but only 1.5% out of 14.8 million women in the country have participated in the programme. This clearly indicates that while the Malaysian government has invested a vast amount of money, women have been slow to respond.

Breast cancer awareness programmes in Malaysia have not reached expected objectives. For instance, socio-cultural perception of breast cancer and treatment, poor education, fear and denial as well as a strong belief in traditional medicine are all negative factors which create barriers between communities and healthcare providers.

A survey among university students in the Klang Valley in 2012 reported that almost two-thirds of the students surveyed did not



Dr Mohd Zailani Mat Hassan.

know how to do a BSE. Similarly in remote areas in east Malaysia such as rural Sarawak, breast cancer awareness is extremely low due to other additional reasons such as physical distance to healthcare facilities. For such patients, travelling to town becomes a time and financial burden.

Whilst policies recommend the use of mammograms for breast cancer screening, the implementation remains challenging. More attention is needed on key barriers such as low cancer awareness, different levels of access to mammogram services, different levels of education and knowledge among women in urban and rural areas, a diverse geographical location (urban and rural), an inadequate number of trained professionals, and to conduct rigorous monitoring and evaluation of policy targets and goals. The above as well as improving referral processes and the overall connectivity of the cancer care system are key steps to decreasing breast cancer cases in Malaysia.

