

# Management of the Breast Cancer Patient

**By Dr Andrew Ong**

Breast, Endocrine and General Surgeon

The surgical management of patients with malignancy of the breast has undergone substantial changes over the last decade. The traditional “lump and bump” technique followed by systemic treatments approach has been replaced by multidisciplinary management supported by collaborative MDT groups.

The breast surgeon directs the management of patients with curative breast cancer (as opposed to palliative and incurable cancers which are managed by medical oncologists). This article summarises the main changes to management relevant to General Practitioners and the impact it has on patients in a GP setting.

## Wireless-seed guided surgery

Traditionally, hookwires have been utilised to localise impalpable breast lesions for surgery. The technique has many issues – displacement of the wire during patient transport, pain and infection and the requirement for the wire to be deployed on the day of surgery which impacts on theatre list efficiency. Haematomas caused by hookwire deployment can make the subsequent same-day surgical procedure difficult.

SAVVI SCOUT and SIRIUS PINTUITION are modern wireless-seed technologies introduced by Dr Ong to South Western Sydney as a way to improve patient experience and surgeon workflow. The wireless-seed can be deployed up to months leading up to the surgical procedure, addressing all the problems mentioned before with the additional advantage of intra-operative margin assessments.

**SIRIUS PINTUITION  
WIRELESS SEED**



*Neoadjuvant systemic therapy*

Considerable advances in chemo-, biologic and immunotherapy have upturned the traditional model of management for patients with HER2 amplified and hormone receptor (ER and PR) negative breast cancers. Traditionally, these patients would almost always proceed first to surgery (if fit for GA) and then handed over to medical oncology for subsequent systemic treatment. With the introduction of drugs like Trastuzumab, Pertuzumab, Pembrolizumab, T-DM1, Capecitabine, Olaparib and refinement of management protocols, HER2 positive and/or oestrogen-receptor negative patients are often commenced on neoadjuvant (i.e. PRE-operative) treatment for 3-6 months prior to curative surgery. Consensus management plans are reached by the Macarthur Breast Oncology Multidisciplinary Team (MDT) which meets weekly. The Macarthur MDT and Campbelltown Breast Surgery unit is the largest in South Western Sydney.

## De-escalation of axillary surgery and axillary radiotherapy

Large clinical trials have shown equivalent outcomes with less

morbidity in selected group of patients with sentinel node biopsies showing metastatic cancer. Traditionally, axillary clearances were routinely performed for patients who had sentinel nodes showing metastases. This is no longer supported by literature with a good proportion of axillary metastases treated by radiotherapy only with the advantage of decreased lymphoedema and overall morbidity.

### Breast surgery with reconstruction

“Traditional” breast surgery had limited options – lumpectomy vs mastectomy. Traditional flat-chested mastectomy while an “oldie but a goodie” can be disfiguring. Lumpectomy for a tumour with marginal breast-tumour ratio would similarly result in poor cosmetic outcomes. Body image after surgery should not underestimated and is very much part of survivorship. Modern breast surgery incorporates a breath of techniques such as round-block excisions, dermoglandular and musculocutaneous flaps to fill the ablative defect avoiding deformities such as bird-beaks or displaced nipple-areolas. Skin-sparing mastectomies have revolutionised whole breast excisions by preserving the breast mound and avoiding the impact of the loss of a breast during therapy. Symmetrising mastopexy procedures help equalise breast volumes and ptosis for larger volume ablative procedures which contribute to better patient upper body ergonomics and garment fitment. Reconstructive breast surgery should be undertaken by trained breast surgeons who take years to refine the techniques and subtleties in peri-operative management.



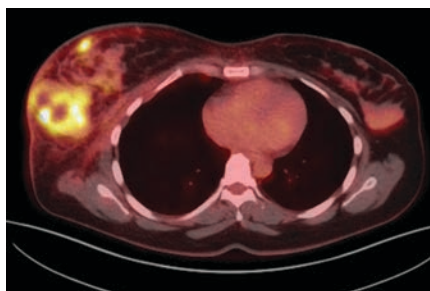
*(Bilateral mastectomy for bilateral breast cancers with reconstruction, nipple-areola complex repositioning and tattooing).*

### Day-only and enhanced recovery breast surgery

Overnight and multi-day stays were accepted practices with patients undergoing breast conservations and mastectomy with or without axillary surgery. Advances in regional anaesthetic field blocks and surgical protocols are decreasing length of stays post-operatively with the majority of patients having breast conservation being planned as day-only procedures. High selected mastectomy patients were performed as day-only in recent times. The Australian experience in other types of surgery (e.g. colorectal ERAS protocols) suggest that shorter hospital stays are attractive for both the hospital and patients and confer equivalent and often decreased rates of complications such as pneumonia and DVTs.

### PET-CT and MRI scanning

PET scans became a Medicare-funded test for breast cancer staging a few years ago and has seen increased use for staging of during treatment. Medicare-funded breast MRI for certain specialist indications has also enabled patients to utilise this very useful modality particularly for those with dense breasts, high-grade DCIS, multicentric disease and to assess response to neoadjuvant chemotherapy and surgical planning. Bulk-billed PET and MRI scans are available locally at Campbelltown.



*PET scan showing a patient with multicentric cancer involving the skin.*

### Summary

Management of the breast cancer patient has undergone substantial changes over the last decade and continues to evolve at a rapid pace. Expert multidisciplinary management by clinicians who keep up-to-date confers the best outcome for patients.



## About Dr Andrew Ong

Breast, Endocrine and General Surgeon

Dr Ong is an Australian-trained general surgeon with subspecialisation in Breast and Endocrine surgery. He has been a consultant general surgeon for 16 years and has been providing surgical services to patients in Sydney's Southwest for the last 15 years.

In his public and private responsibilities, Dr Ong has focused on improving 3 key areas in surgical services for his patients. These are:

- Multidisciplinary management of breast cancer
- Thyroid and Parathyroid Surgery
- Hernia surgery

### To arrange for a consultation with Dr Andrew Ong, contact:

**A:** Suite 101, 1 Centennial Drive, Campbelltown NSW 2560  
**T:** 02 4610 7933  
**F:** 02 4610 8043

# GenesisCare, Campelltown

## Comprehensive cancer care centre



The centre offers integrated services including radiation therapy, chemotherapy, haematology, imaging and clinical trials, all under one roof.

Where compassion meets  
contemporary care



**Dr Michael Cardoso**  
Radiation Oncologist  
GI, Breast, Skin Prostate, H&N



**Dr George Papadatos**  
Radiation Oncologist  
Breast, Skin



**Dr Mark Sidhom**  
Radiation Oncologist  
GU, Prostate



**Dr Kimberly Nguyen**  
Radiation Oncologist  
Lung



**Dr Andrew Ong**  
Breast Surgeon



**Dr Rajvi Shah**  
Palliative care physician



**Dr Adrian Yeung**  
Haematologist



**Dr Alex Wong**  
Haematologist



**Dr Fred Azimi**  
Head and neck /  
Breast Surgeon



**Dr Diana Adams**  
Medical Oncologist  
Breast, Bladder, Cervical



**Dr Emma-Kate Carson**  
Medical Oncologist  
Breast, Skin



**Dr Felicia Roncolato**  
Medical Oncologist  
GU, Renal



**Dr Robert Yoon**  
Medical Oncologist  
GI, Lung



**Dr Aflah Roohullah**  
Medical Oncologist  
GI, H&N



**Dr Jessica Smith**  
Medical Oncologist  
Lung, Skin



**A/Prof. Stephanie Lim**  
Medical Oncologist  
GI, HPB



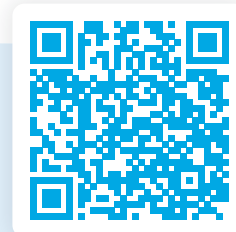
**A/Prof. Stephen Della-Fiorentina** OAM  
Medical Oncologist  
Bladder, Breast, GU



**Dr Belinda Kiely**  
Medical Oncologist  
Breast



**Dr Annette Tognela**  
Medical Oncologist  
GI, Lung



Scan the QR code for:

- Our doctor list
- Locations
- Treatments
- Clinical trials
- Refer a patient



**Patient satisfaction  
rating of +92 NPS**  
Data on file

Tel: (02) 4632 5500

Email: [admin.campbelltown@genesiscare.com](mailto:admin.campbelltown@genesiscare.com)

[genesiscare.com/campbelltown](https://genesiscare.com/campbelltown)