

## Breast cancer treatment: The Obgyn's unique position

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## Window of Opportunity

- ✓ Cancer of the breast is preventable.
- ✓ One third of the cases can be cured if diagnosed early.
- ✓ The smaller the size at detection the better the prognosis

Tumor size	Percentage survival
10–14 mm	86
15–19 mm	72
20-29 mm	67
30-39 mm	46

Michelson et al(2002)



## WHO pillars of care

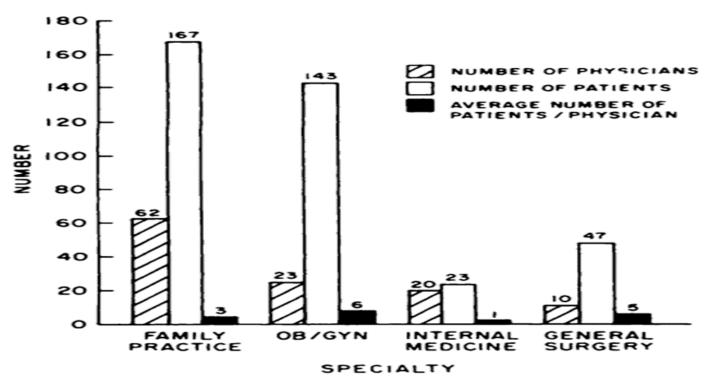
- 1. Health promotion for early detection.
- 2. Early diagnosis through screening.
- 3. Comprehensive breast cancer management.



## Our unique position



## Who facilitates breast cancer screening the most?



- Your answer: The OBGYN and the competent general practitioner
- Laurene et al(1987)



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ACOG Revises Breast Cancer Screening Guidance: Ob-Gyns Promote Shared Decision Making

Washington, DC—Today, The American College of Obstetricians and Gynecologists (ACOG) released its updated breast cancer screening guidance for average-risk women.



#### ACOG

"Our new guidance considers each individual patient and her values," said Christopher M. Zahn, M.D., ACOG Vice President of Practice Activities. "Given the range of current recommendations, we have moved toward encouraging obstetrician—gynecologists to help their patients make personal screening choices from a range of reasonable options."

#### Shared Decision-







#### Training obstetrics-andgynecology residents to manage breast disease. Incorporation into a breast care clinic

M P Hopkins et al. J Reprod Med. 1990 Sep.

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#### **Abstract**

The American Board of Obstetricians and Gynecologists recently issued a directive that education in breast disease be incorporated into all residency training programs. At the University of Michigan Medical Center, the Comprehensive Breast Care Center (BCC) provides the vehicle for the education and training of residents in the area of breast disease. The department of obstetrics and gynecology is fully integrated and participates actively in the care of patients in the BCC.



Country	Gynecologist	Surgeon	Both
Belgium			+
Denmark			+
France			+
Germany			+
Great Britain		+	
Greece	+		
Ireland		+	
Italy			+
Luxembourg			+
Portugal			+
Spain			+
The Netherlands		+	

White et al (1990)





Current Syllabus: All OBGYN must be trained in gynae oncology procedures and reconstructive surgery including for the Breast



## The big question is:

WHY ARE WE FALLING BEHIND WHEN EVIDENCE BASED MEDICINE IS ADVOCATING FOR GYNAECOLOGICAL SURGICAL CARE FOR BREAST CANCER PATIENTS?

**ANSWER:** 



Am J Obstet Gynecol. 2012 May; 206(5): 390–397. doi:10.1016/j.ajog.2011.10.858.

# Gynecologic care for breast cancer survivors: assisting in the transition to wellness

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Front Oncol. 2016 Jan 14;5:308. doi:

10.3389/fonc.2015.00308 ☑



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#### THANK YOU FOR LISTENING





### Some key References

- 1. Rosa C, Kiley KC, Reeves TA, McPhail JF, Morgenstern LL. Education on breast disease in an obstetrics and gynecology training program: a multidisciplinary approach. Obstet Gynecol. 1990 Apr;75(4):716-9. PMID: 2314793.
- 2. Laurene C. Mann, MD2 Donald R. Hawes, MD Mehdi Ghods, PhD Edward J. Bednar, MD E. James Potchen, MD Utilization of Screening Mammography: Comparison of Different Physician Specialties'
- 3. Ph. Buytaert and M. Coppens: The role of the gynecologist in the diagnosis and management of breast disease Department of Gynecology and Obstetrics. Antwerp UniL'ersity Hospital, Belgium Accepted for publication 9 September 1991