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The B-RAS breast care concept: contact points for gynaecologist

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Oncoplastics?… not for today, thanks

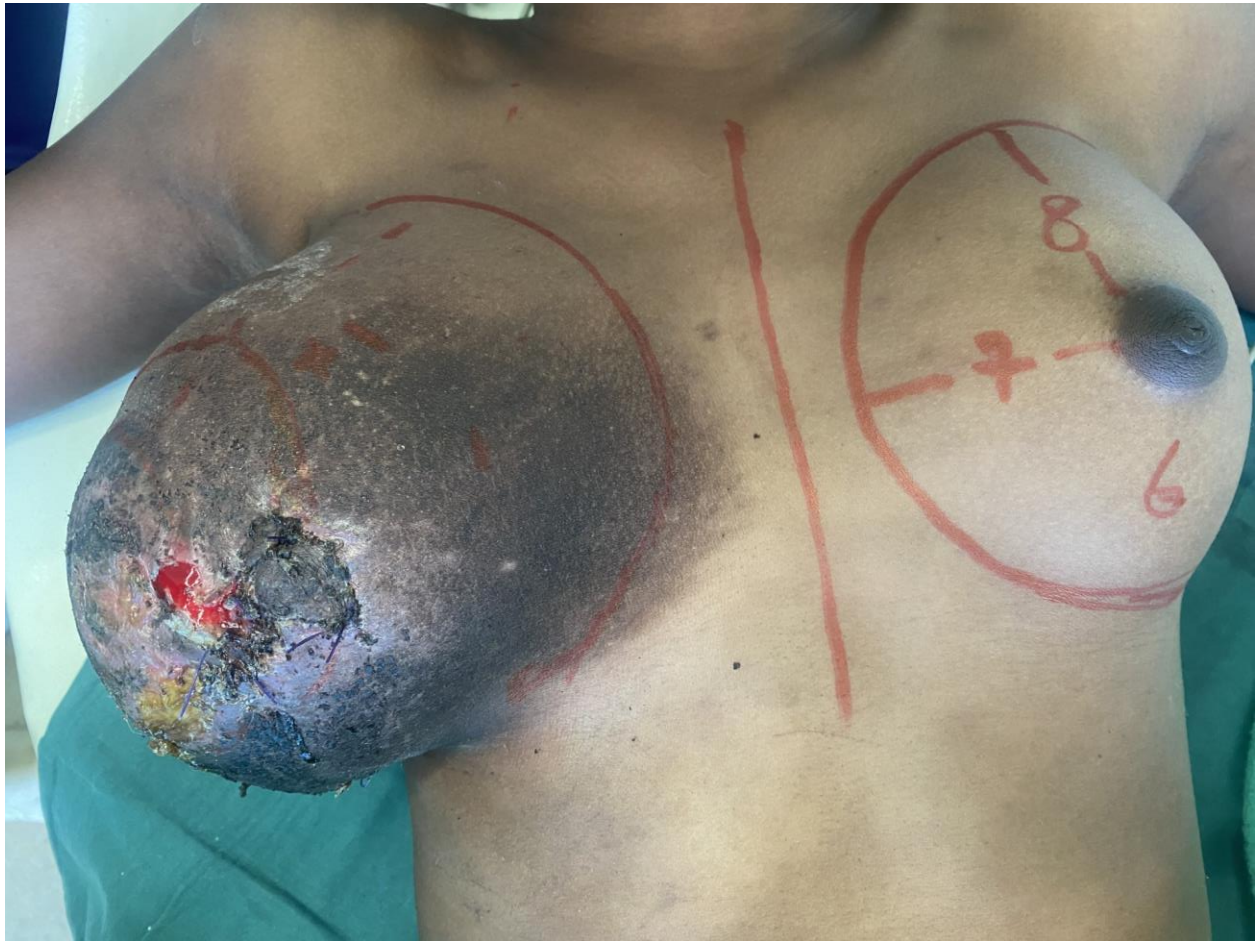

Image courtesy of M S Magara

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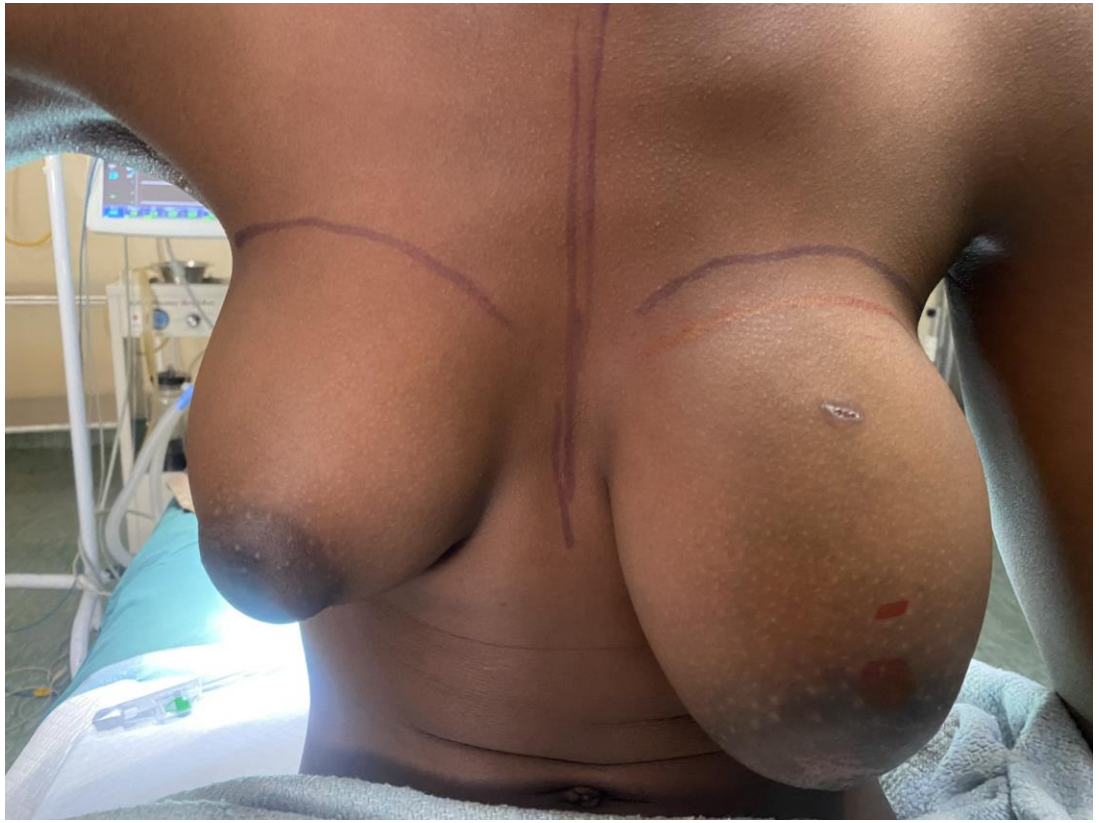
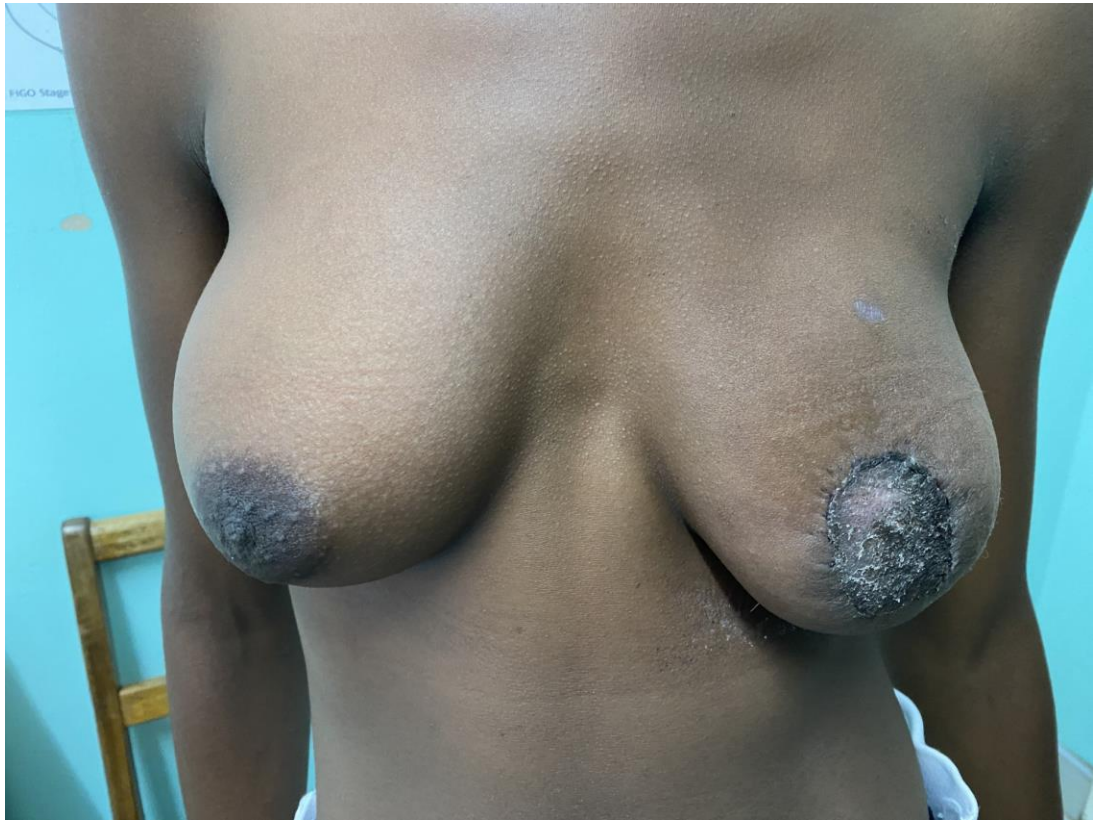
Ambiguity tolerance





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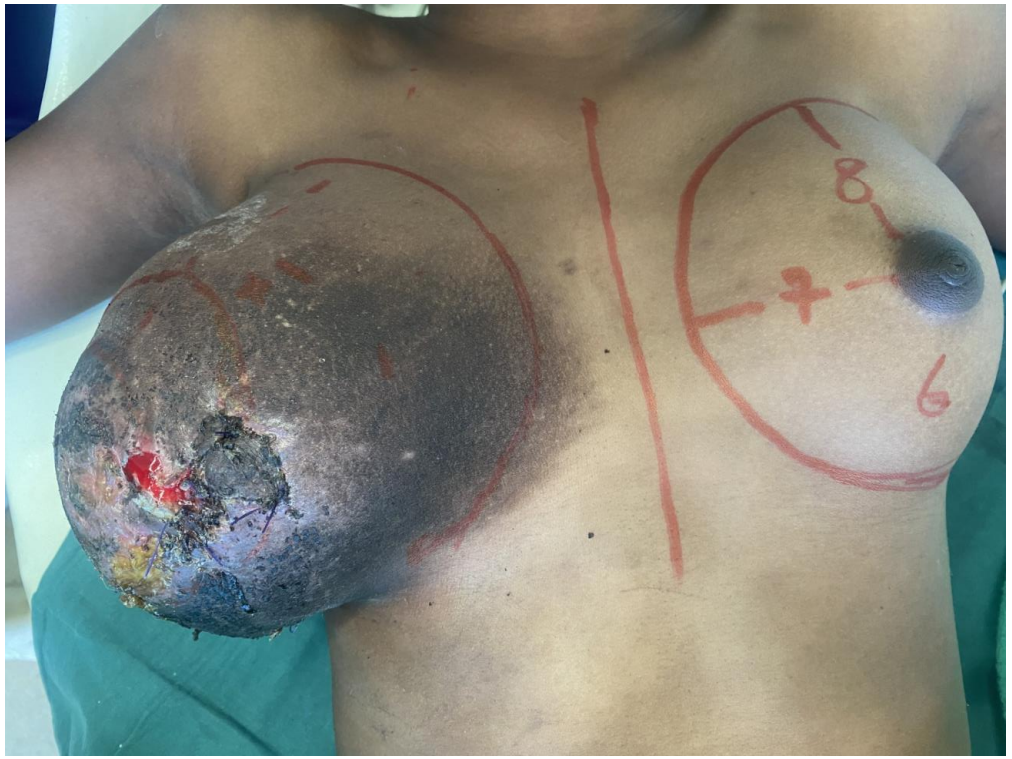
Patience premium



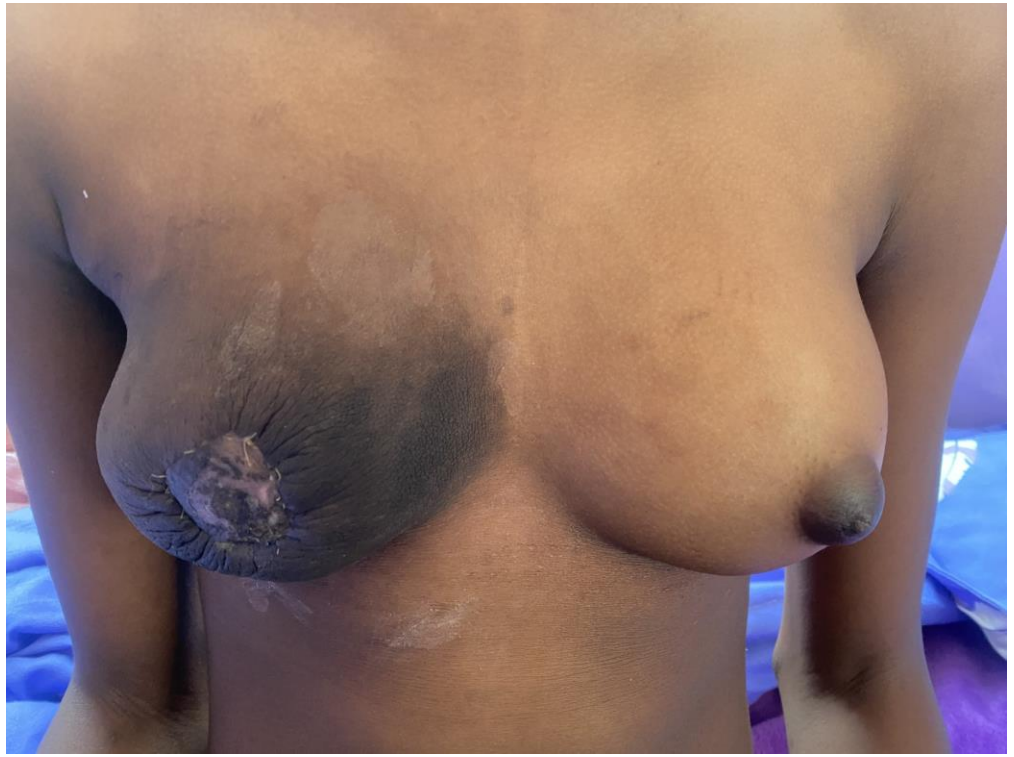


Image courtesy of M S Magara

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Breast cancer on the rise

- globally breast cancer is the highest cause of cancer related mortality among women (1).
- Zimbabwe: breast cancer comes second to cervical cancer (2)
- HPV vaccination changing the terrain …

(1) Bray et al, (2024)GLOBOCAN estimates of the incidence and mortality worldwide for 36 cancers…
(2) Chokunonga et al (2018) Patterns of cancer in Zimbabwe in 2016, Zimbabwe National Cancer Registry.

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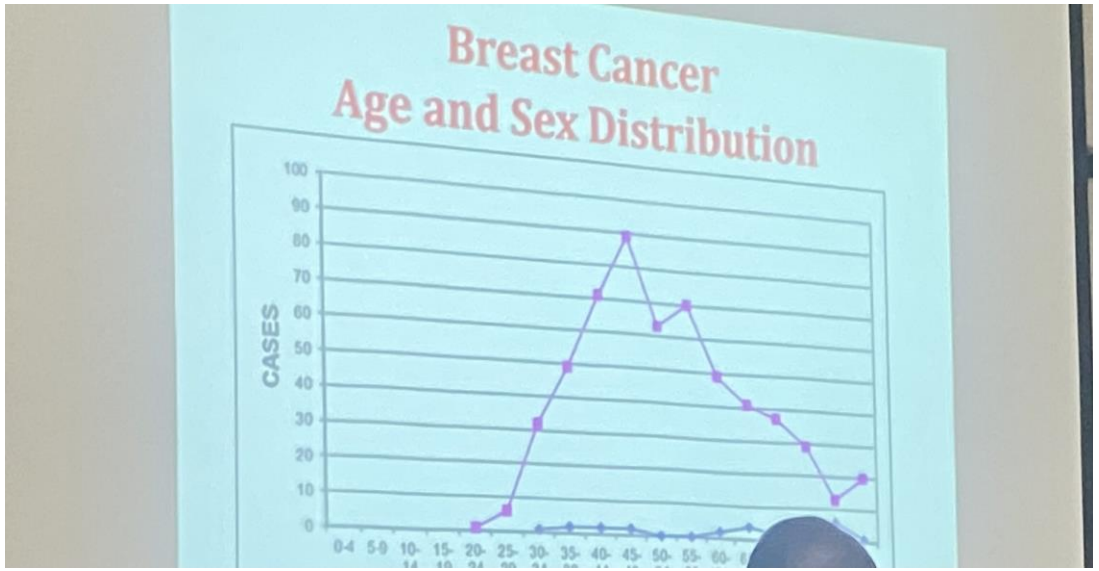
Unique epidemiology & setting



- BC peak incidence – 45 yrs in Zim
- 10-15 yrs younger than in western world
- Reproductive age
- No comprehensive structure in place for BC mitigation

- ABS/UBH partnership comes in

Image courtesy of Eric Chokunonga

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The B-RAS concept

Be breast aware

Report any changes

Ask a health professional

Support is there

- *three* **ASKS** for the lady (empowerment)
- *one* **SUPPORTIVE PLEDGE** : diagnose, treat, relevant information

- Support network: Who fits in here?
- Render support OR sign-post where to get help

B-RAS breast cancer awareness material: ABS/UBH partnership

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Current network

- Cohort of trained lower tier public hospitals Drs and nurses
- baseline evaluation of breast symptoms
- Information flow
- GP engagement in the concept of “One stop breast clinic”-
- efficiency in Dx work-up

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B-RAS touchpoints for the Gynaecologist

- **Family planning (Contraceptives) consultation**
- -initiating a method, or termination
- 70% of BCs are ER positive, they “feeds” off oestrogen to grow
- -hormonal contraceptives associated with a slight increase in breast cancer (BC) risk
- -if a woman has undiagnosed breast lump, offer proper evaluation before initiating hormonal contraceptive

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Touchpoints

- **Planning pregnancy-**
- limited Rx options for BC during pregnancy – discuss BC risk before woman tries for conception
- **Assisted reproduction clinics**
- Women who need this service tend to be older than the average age of starting family
- Significant ovarian stimulation- elaboration of very high estrogen levels…
- Need to examine breasts thoroughly before stimulation cycles

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Touchpoints

- **Ante natal clinics, and "10 days" clinics**
- (*anecdotal*: UBH- past 12 months, 6 women with BC in pregnancy or in puerperal period)
- -pregnancy associated BC is difficult to diagnose, & tends to be aggressive
- BC in pregnancy in the breastfeeding woman can easily be confused with some physiological changes or infective processes
- Reasonable to sign-post a pregnant woman with breast lump for full assessment

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Touchpoints

- **Hormone replacement therapy (HRT)**
- -gynaecologist commonly involved in managing menopausal symptoms
- -any exogenous oestrogen supplementation raises the risk of BC
- At initiation of HRT, need thorough assessment to exclude BC
- Very important to instruct on breast self examination, annual clinical exam & mammography
- Advisable not to exceed 3 years on HRT

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Touchpoints

- **Gynae Oncology Clinic**
- “Twin evils”: Ca Cervix and BC together account for >50% of all women’s cancer mortality in Zimbabwe
- BRCA risk- ovarian Ca and BC

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Touchpoints

- **Consultation rooms**

- Consider breast cancer awareness materials, interspaced with the “usual” gyno material

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Parting shot

Be breast aware

Report any changes

Ask a health professional

Support is there

Art of Shape image: Window advert, Ackermans Store, Canal walk mall, Cape Town

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THANK YOU

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