




UNC Lineberger Cancer Network  
**NORTH CAROLINA  
COMMUNITY COLLEGE**   
ONCOLOGY WEBINARS

**October 25, 2022**

*Welcome to the  
UNC Lineberger Cancer Network's  
live webinar*

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**SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP**  
1st Wednesday - February, May and November  
12 pm - 1 pm (Nov 30 for 2022)

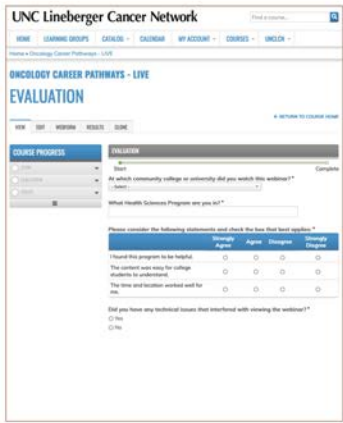
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### Breast cancer can occur in women and rarely in men.


True **A**

False **B**

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**OUR PRESENTER**



Amy Depue has been an oncology nurse for the past 18+ years. She has been embedded with the breast oncology division at UNC Healthcare since May of 2011 as a nurse navigator. She holds certifications in general oncology as well as breast cancer care by the Oncology Nursing Society. She resides in Chapel Hill with the youngest of her five children and her three dogs, Max, Levi, and Arlo.

**Amy Depue,**  
RN, MSN, OCN, CBCN

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## Breast cancer can occur in women and rarely in men.


True

False

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# BREAST CANCER



Caring for the Patient with Breast Cancer  
Amy DePue, MSN RN BSN OCN CBCN  
UNC Breast Oncology  
October 25, 2022

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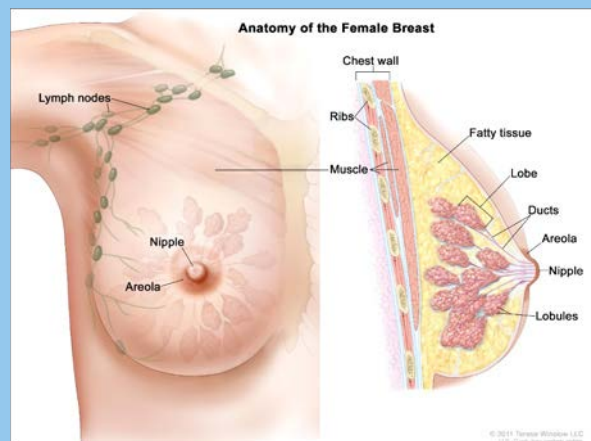
## Objectives

- Describe the types, stages, and diagnostic test available for treating the patient with breast cancer
- Discuss the treatment options, side effect management, emotional needs of the patient with breast cancer
- Discuss the importance of collaboration and teamwork to enhance the quality of care and patient outcomes

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## Definition

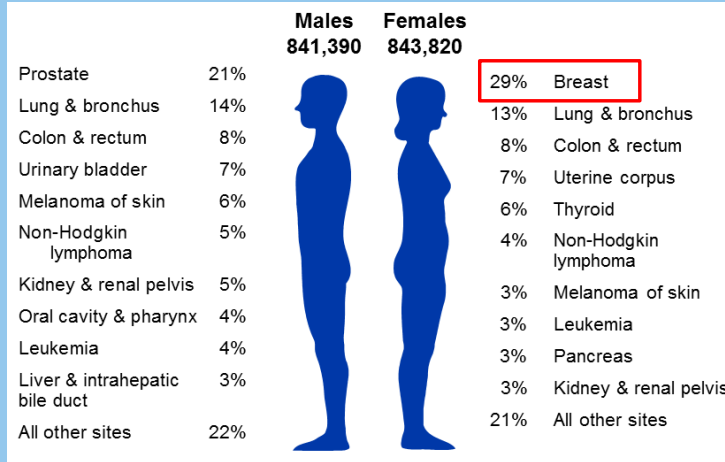
Breast cancer is a disease in which malignant (cancer) cells form in the tissues of the breast.



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# Incidence and Survival of Breast Cancer

Estimated New Cancer Cases\* in the US in 2016

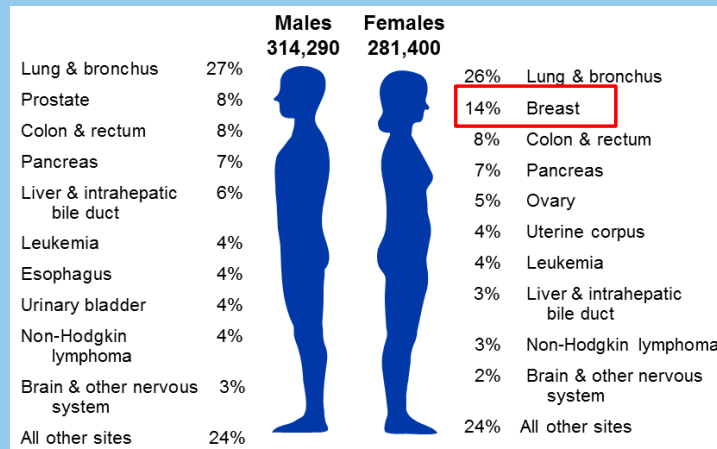


Excludes basal cell and squamous cell skin cancers and in situ carcinoma except urinary bladder.

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# Incidence and Survival of Breast Cancer

Estimated Cancer Deaths in the US in 2016



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## American Cancer Society

- <https://www.cancer.org/research/cancer-facts-statistics.html>

In this report, note the changes in individual cancer disease process.

- **Table 1, page 6 Estimated # of new diagnoses/deaths as result**

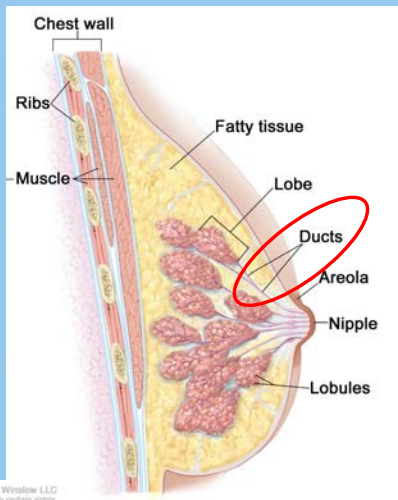
<b>Men: 2710 new cases</b>	<b>Women: 287,850</b>
<b>Men: 530 deaths BC</b>	<b>Women: 43,250</b>

American Cancer Society, 2022

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## Types of Breast Cancer

### Ductal Carcinoma



#### Ductal Carcinoma in situ (DCIS)

Abnormal cells are found only in the lining of the breast duct.

#### Invasive Ductal Carcinoma

Cancer spreads outside the breast duct to surrounding normal tissue.

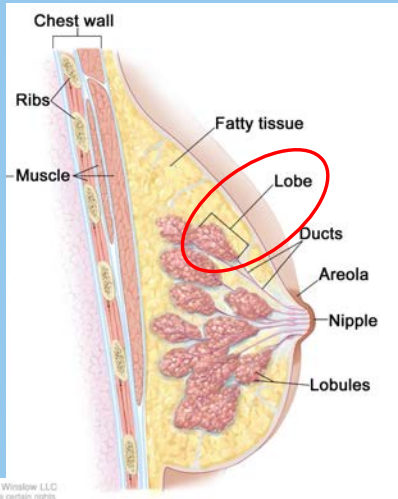
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## Types of Breast Cancer

### Lobular Carcinoma



#### Lobular Carcinoma in situ (LCIS)

Abnormal cells are found only in the lobes of the breast.

#### Invasive Lobular Carcinoma

Cancer spreads outside the lobes to surrounding normal tissue.

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## Types of Breast Cancer

### Inflammatory Breast Cancer

- Uncommon.
- Breast is warm, red, and swollen
- Skin of breast may also show a pitted appearance.



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## Symptoms and Signs of Breast Cancer

- Lump or change in the breast.
- Swelling (even if no distinct lump is felt)
- Skin irritation or dimpling
- Breast or nipple pain
- Nipple retraction (turning inward)
- Redness, scaliness, or thickening of the nipple or breast skin
- Nipple discharge (other than breast milk)

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## Risk Factor Models for predictive information

- Gail model
- [www.bcrisktool.cancer.gov/calculator.html](http://www.bcrisktool.cancer.gov/calculator.html)
- Age
- Race
- Gender
- Age at first menstrual cycle
- Biopsy
- Atypia
- First degree relative

National Cancer Institute

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**Gail model results**

**7.9%**  
5-year breast cancer risk

Compared with 1.8% for the average 60 year old woman

**34.3%**  
Lifetime breast cancer risk

Compared with 9.1% for the average 60 year old woman

Next Steps

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**RISK FACTORS**

Modifiable	Non-modifiable
Weight	Age
Exercise	Gender
Diet	Genetics
Hormonal use	Family History
Tobacco use	Previous radiation treatments
Alcohol consumption	

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**Which of the following has been associated with an increased incidence of breast cancer in women?**

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So, who needs mammograms and when?




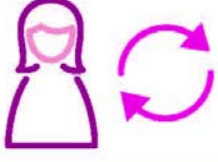
- American Cancer Society recommends:
  - Average risk: annual screening mammogram starting age 45
  - Average risk: biennial screening mammogram age 55-64
  - Any woman, any age, with life expectancy of > 10 years
- Strong family history of breast cancer, begin at age 40
- Anyone with a male family member, begin age 40



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## New Breast Cancer Screening Guideline *for women with average risk*


AGE 40	AGE 45	AGE 55	AGE 55 +
			
Talk with your doctor about when to begin screening. <b>Women should have the opportunity to begin screening</b> if they choose.	Begin <b>yearly mammograms</b> by age 45.	Transition to mammograms <b>every other year</b> at age 55 or continue with annual mammography, depending on your preferences.	<b>Continue to have regular mammograms</b> for as long as you're in good health.

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## Screening Options

### Mammogram

Mammogram, an x-ray of the breast, is the most common screening test for breast cancer.



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## BI-RADS

- Bi-rads indicates a finding on mammogram imaging
- **B**reast **I**maging **R**eporting and **D**atabase **S**ystem score
- Ranges from 0 to 6:
  - 0 = incomplete exam
  - 1= normal results, breast density
  - 2 = Normal result, probably cyst
  - 3 = Probably normal but small risk of cancer, 6 month follow up
  - 4 = Suspicious finding, biopsy needed
  - 5 = Highly suspicious, biopsy needed with clinical correlation
  - 6 = Have breast cancer diagnosis, imaging done for treatment effect

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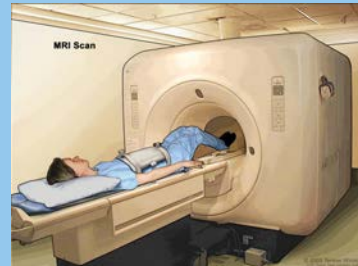
## Screening Options

### Magnetic Resonance Imaging (MRI)

Procedure that uses magnets, radio waves, and computers to make a series of pictures of areas inside the body.

Used with women who have one or more of the following:

- Gene changes (*BRCA1* or *BRCA2*)
- Family history of breast cancer
- Genetic Syndromes (*Li-Fraumeni*, *Cowden Syndrome*)



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## Screening Option: Clinical Breast Exam



Checking for masses to confirm imaging or given prior to imaging. Goal is early detection of malignancy. Performed by doctor or NP/PA

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## GENETICS

- Genetic mutations indicate increased risk for breast cancer BRCA1 and BRCA2
- Family history important
- First degree relatives
- Male in the family with breast cancer diagnosis
- Ashkenazi Jewish heritage

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**Which of the following statements regarding genetic predisposition to cancer is NOT correct?**



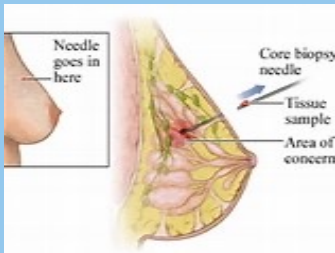
- The BRCA 1/BRCA 2 gene mutations are associated with increased susceptibility to breast cancer and ovarian cancer.
- The BRCA1/BRCA 2 gene mutations are more common among women with an eastern European background.
- The BRCA1/BRCA2 gene mutations are involved in approximately 30% of breast cancer patients.
- Breast cancer susceptibility genes are present in less than 1% of the general population.

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# Biopsy

- Core needle
- Stereotactic

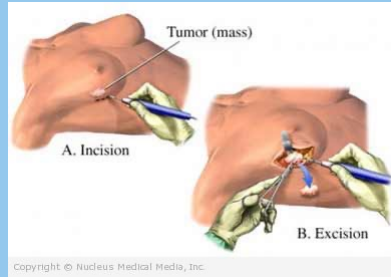


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# BIOPSY

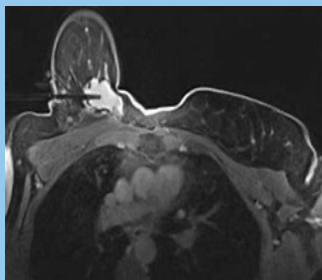
- Surgical (open)



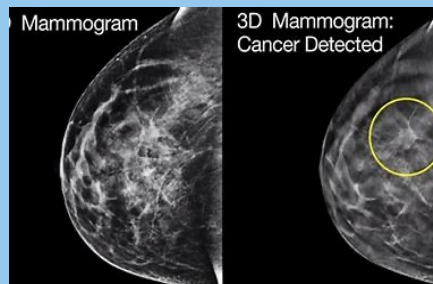
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# BIOPSY

- MRI guided

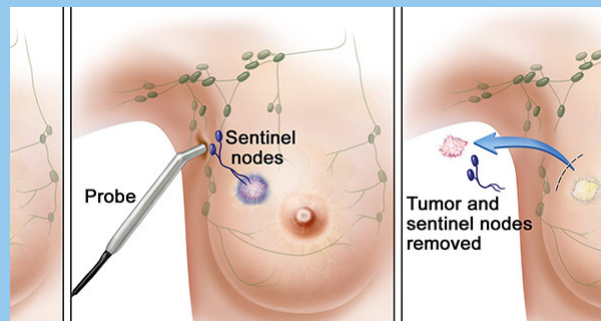


- Tomosynthesis guided



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## Axillary Node



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## PATHOLOGY

- INFORMATION THAT HELPS GUIDE TREATMENT
- GIVES PHENOTYPE
  - ER +/-PR+/HER2neu OR Triple negative
- SIZE
  - Yes, size does matter
- GRADE
  - 1, 2, 3 = higher the grade the more proliferative the tumor
- Information about axillary lymph node status

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## STAGING

- Staging often confused with pathological staging
- Pathological staging in the T(umor), N(ode), M(etastatic)
- Disease state staging is gathered to determine cancer **growth other than the breast itself**

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## PATHOLOGICAL STAGING

- New staging levels since 2017
- Based on the T N M system
- Based on size, number of lymph nodes positive, and presence of metastatic disease
- Tumor size at or less **2cm is stage I**
- Tumor size at or less than **5 cm is stage II**
- Tumor size and greater than **5 cm is stage III**
- *Tumor of any size that is found outside of the breast tissue and is a cellular similarity to breast tissue is STAGE IV*

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## Disease State Staging

- Positive lymph nodes
- Symptoms of pain, inflammation, body function decrease
- For initial staging, when appropriate:
  - CT chest/abdomen/pelvis *with contrast*
  - Bone Scan



For subsequent staging, metastatic disease or local recurrence


Repeat CT and /or bone scan as indicated

For CNS and brain staging

MRI *with and without contrast*


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**The MOST important objective of solid tumor staging is:**

- To provide information regarding risk factors
- To identify individuals a high risk for disease recurrence
- To determine performance status and eligibility for research protocols
- To provide the necessary information for individual treatment planning.

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## TREATMENT MODALITIES

- MEDICAL ONCOLOGY  
chemotherapy neo-adjuvant or adjuvant, curative or palliative
- SURGICAL ONCOLOGY  
mastectomy, lumpectomy, ax node dissection, palliative
- RADIATION ONCOLOGY  
post surgical and systemic therapy, palliative for symptom management

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## MEDICAL ONCOLOGY



- Responsible for systemic therapy such as chemotherapy
- Responsible for medical management of side effects from chemotherapy
- Responsible for follow up care, including aromatase inhibitors or Tamoxifen for risk reduction
- Will follow the patient for 5 years minimum
- Will care for metastatic patients


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## Predictive testing for Hormone positive breast cancer patients

- **Oncotype Dx**  
Genomic testing concerning benefit of chemotherapy and recurrence
- **Prosigna/Pam 50**  
Genomic testing for post menopausal women on AI/Tamoxifen
- **MammaPrint**  
Genomic testing for continued use of AI/Tamoxifen
- **Breast Cancer Index**  
Benefit for continued use of AI/Tamoxifen
- **Foundation Medicine**  
Genomic testing for other actionable mutations

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**Your patient has early stage breast, hormone positive breast cancer. The medical oncologist has ordered an additional genomic assay. What is the best answer when your patient asks you why?**

Oncotype Dx and MammaPrint assays help the doctor decide if adjuvant chemotherapy is indicated

Oncotype Dx and MammaPrint assays predict whether the cancer will come back

Oncotype Dx and MammaPrint are only used in clinical trials

Oncotype and MammaPrint identify inherited breast cancer genes

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## CHEMOTHERAPY

- Systemic therapy
- Neo adjuvant, before surgery
- Adjuvant, post surgical
- Depends on phenotype
- Significant side effect management
- Understanding of oncological emergencies key to adherence

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## CHEMOTHERAPY

- Cytotoxic drug: lab checks for myelosuppression
- Side effects, think rapidly reproducing cells: GI, Hair follicles
- Alopecia: Cryotherapy ?
- Nausea/vomiting
- Neuropathy
- Constipation
- Cardiotoxicity in some drugs: follow with echocardiogram
- Most fatal side effect: Myelosuppression

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## Specific Chemo for Specific Phenotype

- Anthracyclines for triple negative:  
Doxorubicin
- Taxanes for Hormone receptor positive and triple negative:  
Paclitaxel, Docetaxel
- Targeted agents for HER2 positive :  
Trastuzumab, Pertuzumab

COMBINATION REGIMIN DEPENDS ON PHENOTYPE AND NODE STATUS

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## SUPPORTIVE DRUGS

- Ondansetron for nausea
- Prochlorperazine for nausea, but is sedating
- Olanzapine but only at night
- Neulasta for myelosuppression
- Dexamethasone for anthracycline
- Lorazepam for extreme nausea but also for sleep if taking dexamethasone

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## BIOSIMILARS

- NOT chemotherapy
- Utilizes body systems to fight the cancer
- Can alter specific cascades to reduce hormones
- Receptors important for cancer growth
- More research needed
- Neulasta biosimilar is on the market, lower cost: Udenyca
- PARPi for BRCA carriers: Olaparib for one...

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## TARGETED THERAPY

- Monoclonal antibodies for HER2 positive breast cancer
- Cardiotoxic drugs

Trastuzumab

Pertuzumab

Chemo combination drug:

Kadcyla: chemotherapy + monoclonal antibody

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## Metastatic Disease

- Many drugs for disease control and symptomology
- Oral and IV
- Ibrance
- Xeloda
- Use of radiation therapy for palliative treatment for pain

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## METASTATIC BREAST CANCER

- Bone, Liver, Lung, Brain
- About 6% of metastatic patients present with metastatic disease
- Imaging useful for diagnosis, CT C/A/P, MRI, US
- Biopsy proven for treatment
- Symptoms most often show as pain, nausea, vision changes
- Palliative care to be introduced early

Cancer. net

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## Treatment Options

### Hormone Therapy

- Cancer treatment that removes hormones or blocks their action and stops cancer cells from growing.
- Tamoxifen is often given to patients with early localized breast cancer that can be removed by surgery and those with metastatic breast cancer



Image Source: The Irish Times

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## Treatment side effects: systemic therapy

- Comorbidity plays a part
- Must check renal function, liver function, baseline labs
- Heart failure
- Blood clots
- Early menopausal symptoms
- Secondary malignancy possible, such as leukemia
- Know oncological emergency

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## SURGICAL ONCOLOGY

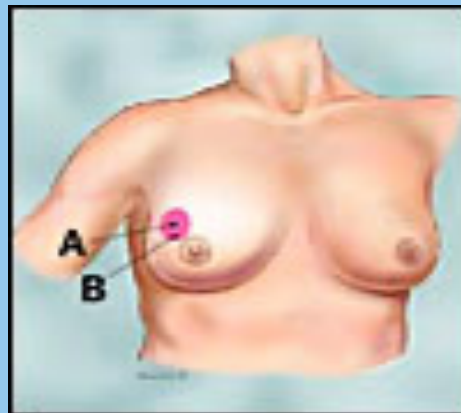
Often leads the way for treatment

If adjuvant, reason is often due to size of tumor

Consists of lumpectomy  
mastectomy  
node dissection  
Sentinel node

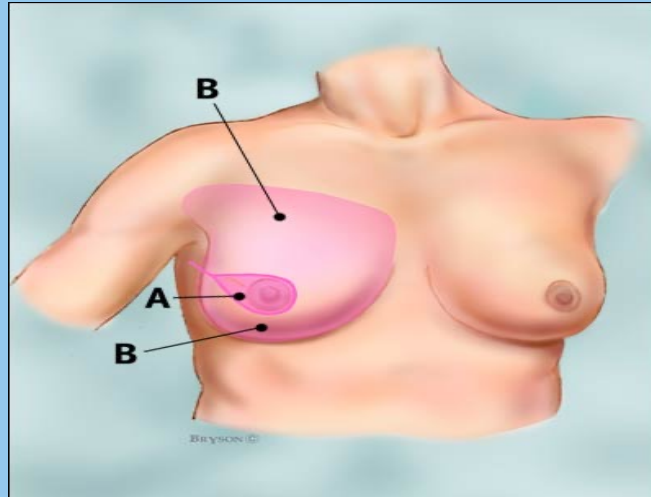
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## Lumpectomy



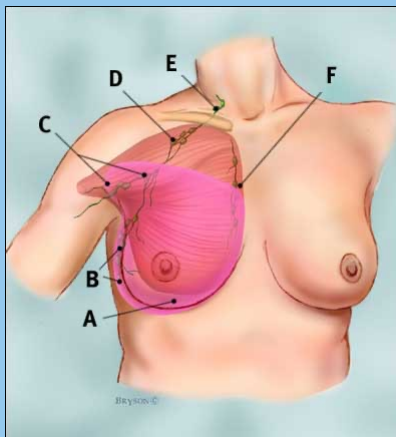
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## MASTECTOMY: Skin sparing



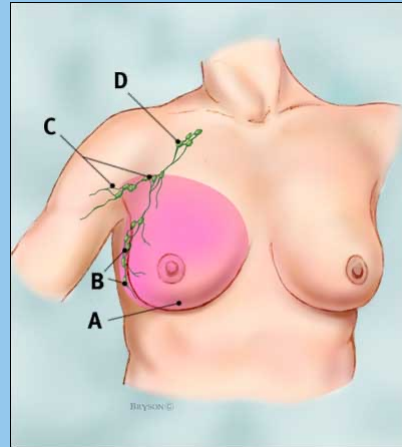
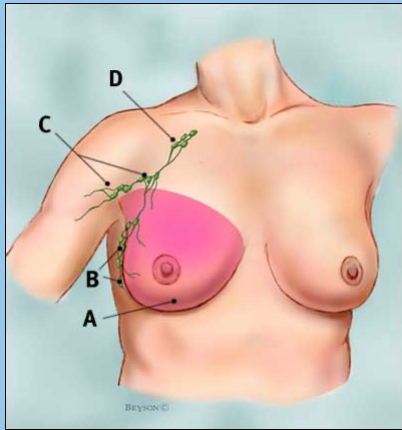
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## MASTECTOMY: Radical



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## MASTECTOMY: Simple and Modified Radical



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## Lymphedema

- Results from axillary node dissection
- May happen after breast surgery
- Requires PT for management
- Lymphedema specialist
- Lifetime problem
- Requires compression sleeve, glove

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## CELLULITIS

- Infectious process
- Requires antibiotics
- Teach patients how to prevent and signs and symptoms
  - Redness
  - Warm to touch
  - Painful

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## RADIATION ONCOLOGY

- Required if positive surgical margins
- Positive lymph nodes
- Treatment for 4 to 6 weeks
- Side effects: redness, induration, peeling
  
- Palliative care for bone or brain mets
- Whole brain
- SRS

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## Treatment side effects: radiation therapy

- Inflammation of the lung
- Upper extremity lymphedema
- Trunk lymphedema
- Higher risk of developing breast cancer in the contralateral breast

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## TEST QUESTION:

A 67 Y/O woman had a diagnostic mammogram and ultrasound that revealed a 30 x 25 x 21 mm lobulated irregular hypoechoic finding in the left breast. A core biopsy revealed a high-grade, triple negative infiltrating mammary carcinoma. MRI reveals an extension of the original tumor from the chest wall to the anterior skin and there is questionable chest wall involvement by tumor.

AT THIS TIME, the MOST appropriate treatment choice is...

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**AT THIS TIME, the MOST appropriate treatment choice is...**

- Surgery followed by anthracycline/taxane-containing chemotherapy followed by radiation
- Neoadjuvant taxane therapy followed by surgery, then followed by radiation
- Neoadjuvant anthracycline/taxane-containing chemotherapy followed by surgery, then followed by radiation treatment
- Surgery followed by taxane therapy and radiation therapy

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**From the question above, would this patient be a candidate for adding an aromatase inhibitor following radiation? Why or why not?**

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## SURVIVORSHIP

- Patient is survivor from moment of diagnosis
- Survivorship happens when active treatment is complete
- Will be followed by oncology through 5 years, often 10
- Return to primary care physician



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## Emotional Needs of the patient with breast cancer:

- Psycho – social needs vary
- Resources may be limited
- Often have to depend on family and friends
- MUST talk about real racial disparities
- TRUST significant factor for better outcomes
- Build a team



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## NURSING CARE for Patients with Breast Cancer

- Body
- Mind
- Spirit
- Extends to caregivers
- Includes social issues
- Often complex but never wrong

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## Thought:

“As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families and ourselves. They may forget your name, but they will never forget how you made them feel”

Maya Angelou

Author, poet, and civil rights activist



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## References

- American Cancer Society

[www.cancer.org](http://www.cancer.org)

American Society of Clinical Oncology

[www.cancer.net](http://www.cancer.net)

- Yarbro, C.H., Wujcik, D., & Gobel, B. H., (2013) *Breast Care Certification Review*. Burlington MA: Jones and Bartlett Learning

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# Questions/Comments?

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THANK YOU!

## UNC Lineberger Cancer Network

### The Telehealth Team


  

<p><b>Tim Poe</b>, Director</p> <p><b>Veneranda Obure</b>, Technology Support Specialist</p> <p><b>Jon Powell, PhD</b>, Continuing Education Specialist</p> <p><b>Oliver Marth</b>, Technology Support Technician</p>	<p><b>Andrew Dodgson, DPT</b>, Continuing Education Specialist</p> <p><b>Nadja Brown</b>, Interim Administrative Support Specialist</p> <p><b>Patrick Muscarella</b>, Technology Support Technician</p>
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UPCOMING LIVE WEBINARS

UNC Lineberger Cancer Network



<p><b>February 21</b> 12:00 PM</p>	<p><b>Caring for Patients with Head and Neck Cancers</b>  <b>Trevor Hackman, MD, FACS</b>  <b>Catherine J. Lumley, MD</b></p>
<p><b>March 21</b> 12:00 PM</p>	<p><b>Caring for Patients with GI Cancers</b>  <b>Melanie N. Allard, DNP, APRN, FNP-BC, CCRN</b></p>

For a complete listing and details on coming events visit:  
[learn.unclcn.org/cco](https://learn.unclcn.org/cco)

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SELF-PACED, ONLINE COURSES

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NORTH CAROLINA  
COMMUNITY COLLEGE  Self-Paced,  
ONCOLOGY WEBINARS Online Course

Gynecologic Cancers: A Team Approach to Women's Health Care

Daniel Clarke-Pearson, MD

Lyn Filip, RN, BSN, OCN

Palliative Care and Hospice for the Cancer Patient

Gary Winzelberg, MD, MPH

Jenny Hanspal, RN, BSN, MS, OCN

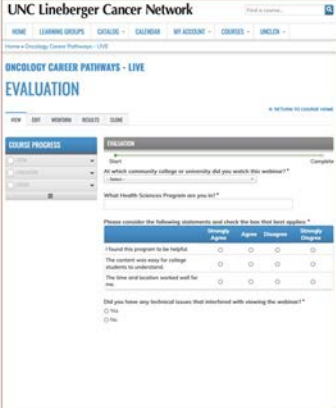
Today's webinar will be available in November 2022  
as a **FREE**, Self-Paced, Online Course

For a complete listing and details on coming events visit:

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EVALUATION SURVEY



The screenshot shows a web browser interface for the 'ONCOLOGY CAREER PATHWAYS - LIVE EVALUATION' survey. The page includes a navigation menu at the top with options like 'HOME', 'LEARNING GROUPS', 'DETAILS', 'CALENDAR', 'MY ACCOUNT', 'COURSES', and 'UNCLCN'. Below the navigation, there are tabs for 'COURSE PROGRESS' and 'EVALUATION'. The 'EVALUATION' section contains several questions with radio button options for 'Yes' and 'No'. The questions include: 'At which community college or university did you watch this webinar?', 'What Health Sciences Program are you in?', and a Likert scale for 'Please consider the following statements and check the box that best applies'. The statements are: 'I found this program to be helpful', 'The content was easy for college students to understand', 'The time and location worked well for me', and 'Did you have any technical issues that interfered with viewing the webinar?'. The Likert scale has five columns labeled 'Strongly Agree', 'Agree', 'Disagree', 'Strongly Disagree', and 'Other'.

Your feedback  
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**THANK YOU FOR PARTICIPATING!**

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