

Good Practices In Breast Cancer Care

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Medical Oncologist

June 22, 2023





Disclosures

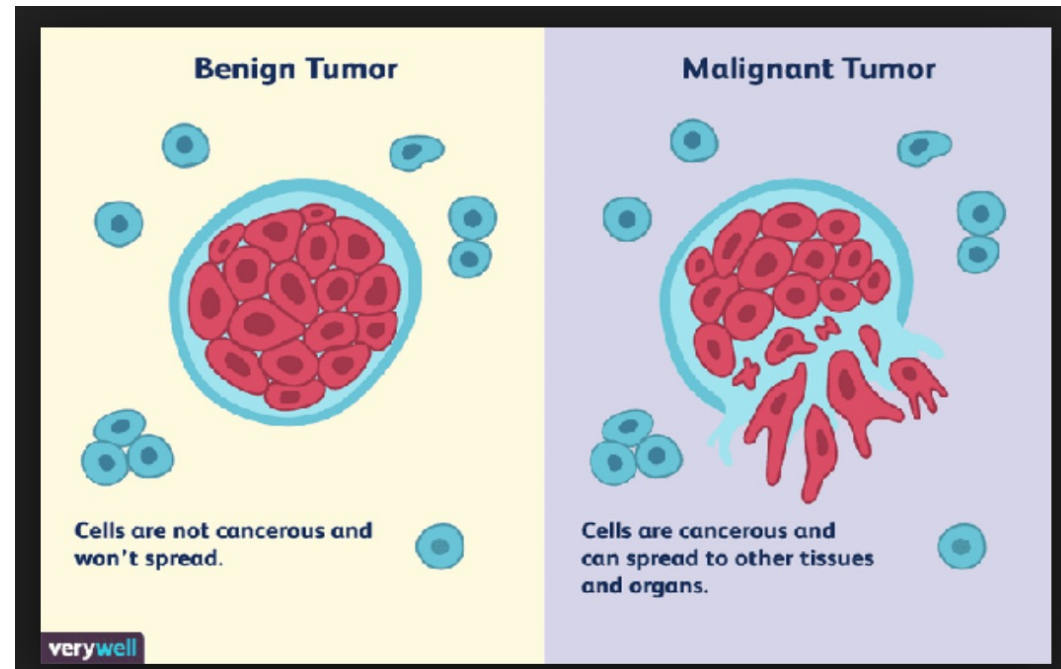
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Cancer

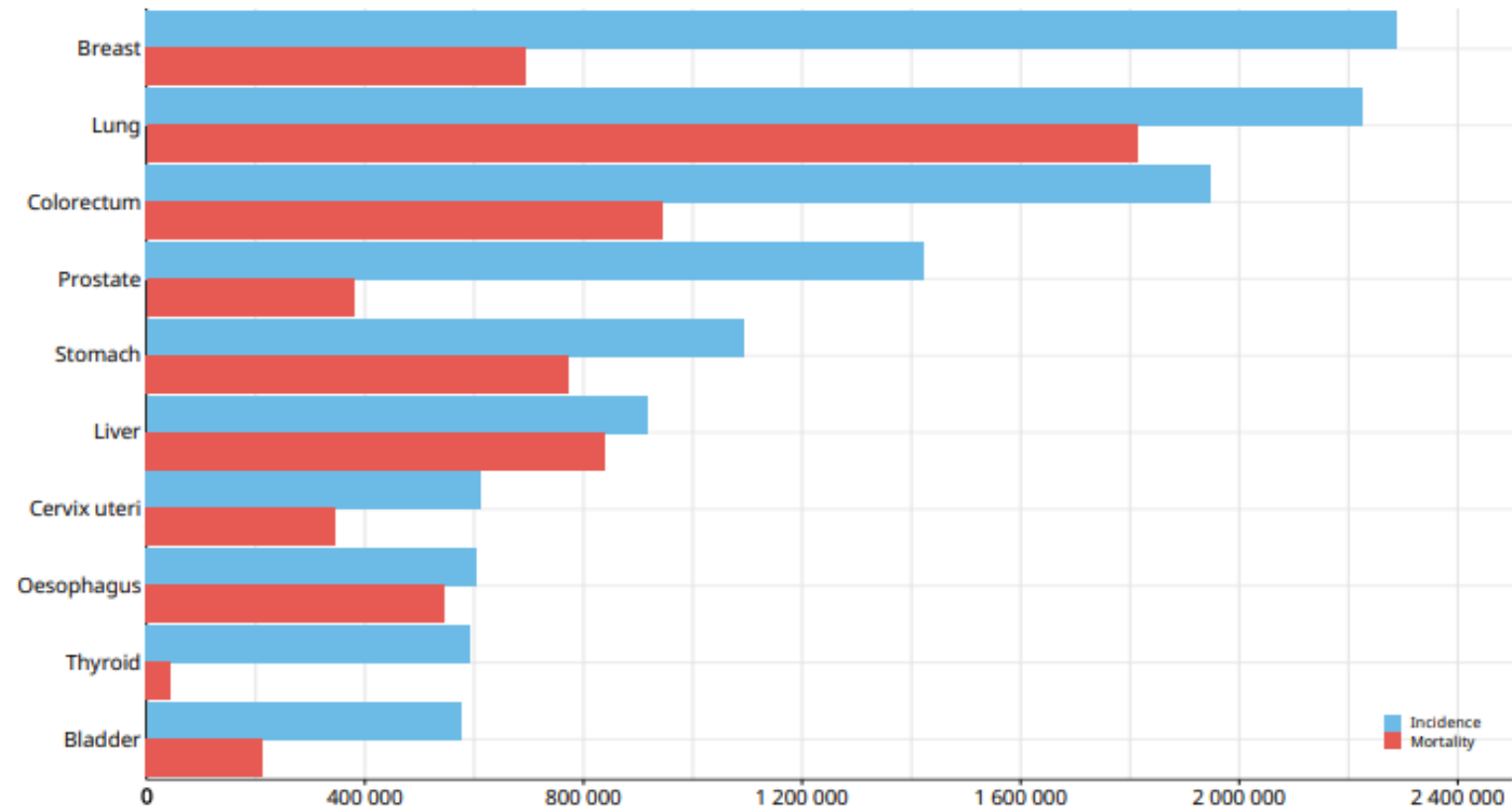
Disease with uncontrolled growth of abnormal cells with the capacity to invade surrounding tissues and spread to distant sites





CANCER in the Philippines

Estimated number of incident cases and deaths World, Philippines, both sexes, all ages (excl. NMSC)



Data source: Globocan 2020
Graph production: Global Cancer
Observatory (<http://gco.iarc.fr>)

International Agency for Research on Cancer
World Health
Organization



BREAST CANCER facts

3 out of a 100 Filipinos will develop cancer by 75 years old

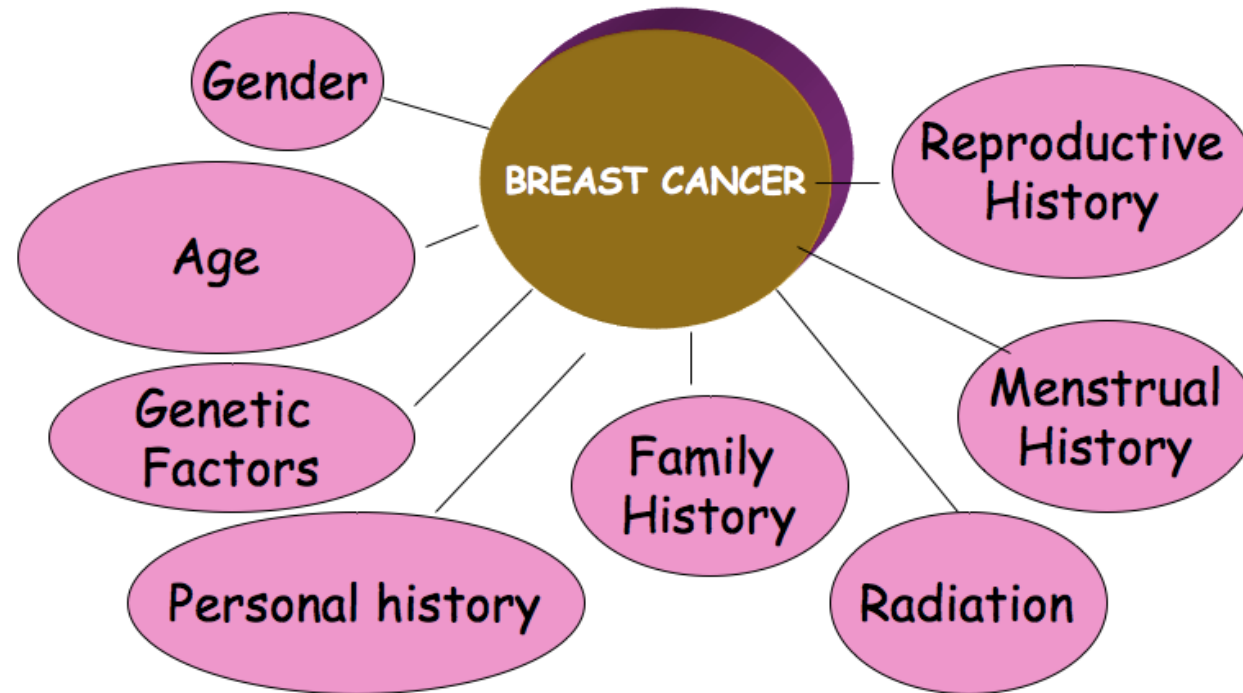
1 out of 13 Filipino women will develop breast cancer in her lifetime



2015 Philippine cancer facts and estimates, http://thepafp.org/website/wp-content/uploads/2017/05/2015-PCS-Ca-Facts-Estimates_CAN090516.pdf, Accessed October 2022.
Image under license from: <https://www.shutterstock.com/catalog/licenses?host=www.shutterstock.com>, accessed October 2022.



BREAST CANCER risk factors: Non-modifiable



Breast cancer risk factors, <https://www.breastcancer.org/risk/risk-factors>, accessed October 2022.



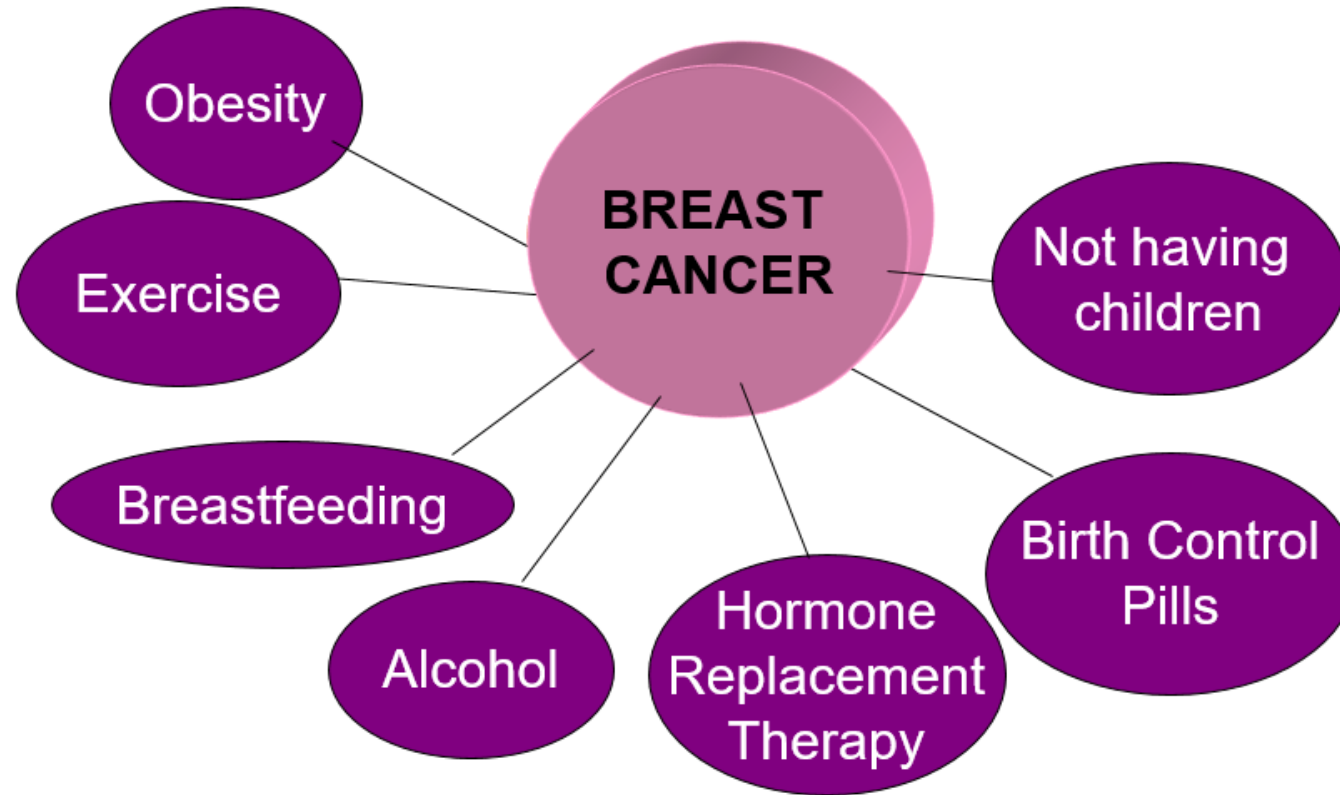
BREAST CANCER risk factors: Non-modifiable

A Woman's Chances of Breast Cancer Increases With Age

By age 30	1 out of 227
By age 40	1 out of 68
By age 50	1 out of 42
By age 60	1 out of 28
By age 70	1 out of 26
By age 80	1 out of 8



BREAST CANCER risk factors: Modifiable





BREAST CANCER risk factors

Having a risk factor or even several risk factors does not mean that you will surely get breast cancer.

Most women with breast cancer DO NOT have any known risk factors or even a history of the disease in their families.



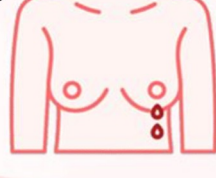
BREAST CANCER signs/symptoms



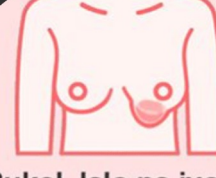
Pangangapal
ng suso



Iregular na hugis ng
suso dahil sa
pagkahatak paloob
ng balat at laman



Paglabas ng likido
(kadalasang may bahid
ng dugo) mula sa nipple
o utong



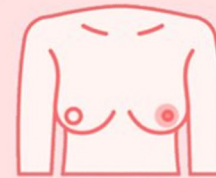
Bukol, lalo na iyong
lumalaki, matigas,
iregular ang hugis o
hindi naigagalaw
kapag kinakapa



Pagnipis at pagkasugat
ng balat na hindi
gumagaling



Pagkakaroon ng
parang "dimples"
sa balat ng suso



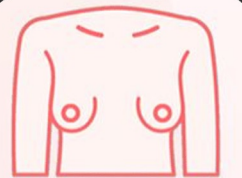
Paghatak paloob o
pagbaliktad ng utong



Kulani o lymph node sa
kilikili lalo na iyong
matigas at hindi
naigagalaw
kapag kinakapa



Balat na parang kahel
o dalandan



Pagbabago sa hugis
o sukat ng suso



BREAST CANCER screening

CORNERSTONES OF BREAST SCREENING

- **Breast self awareness**
- **Clinical breast examination**
- **Mammography**



Recommendations for **BREAST CANCER** screening



- **Mammogram yearly starting at age 40 – 45**
- **55 – 74 years old: every 1-2 years**

-American Cancer Society

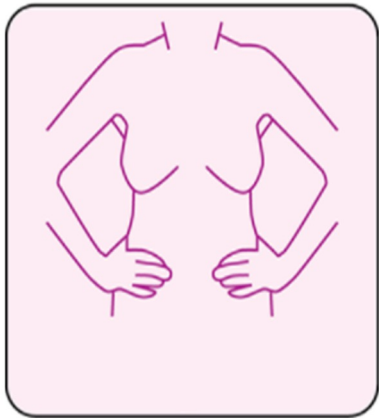
Mammograms, <https://www.breastcancer.org/screening-testing/mammograms>, accessed on October 2022.

American Cancer Society Recommendations for the Early Detection of Breast Cancer, <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html#:~:text=Women%20between%2040%20and%2044,choose%20to%20continue%20yearly%20mammograms.>, accessed on October 2022.

Image under license from: <https://www.shutterstock.com/catalog/licenses?host=www.shutterstock.com&q=mammogram>, accessed on October 2022.

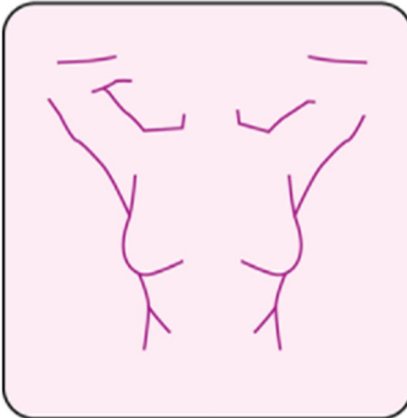


Breast Self Examination (BSE)



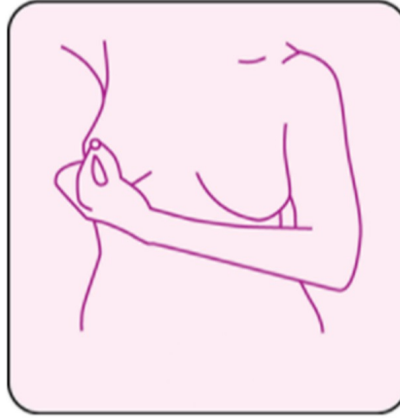
Step 1:

Examine Your Breasts in a Mirror With Hands on Hips



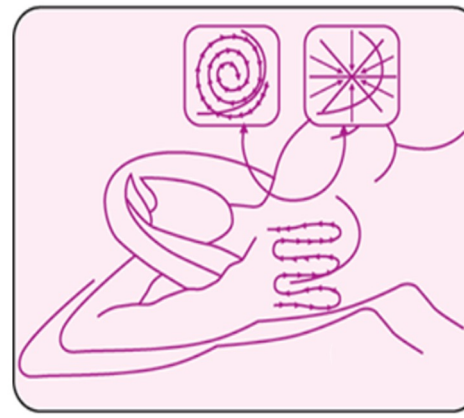
Step 2:

Raise Arms and Examine Your Breasts



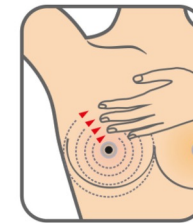
Step 3:

Look for Signs of Breast Fluid

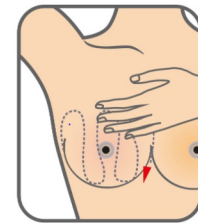


Step 4:

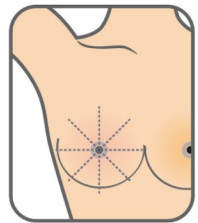
Feel for Breast Lumps While Lying Down



Circular Motion



Up & Down Motion



Wedge Motion

Step 5:

Feel Your Breasts for Lumps While Standing or Sitting

Breast self examination, accessed at <https://www.roche.com.bd/en/did-you-know/breast-self-examination.html>, last accessed on May October 2022.

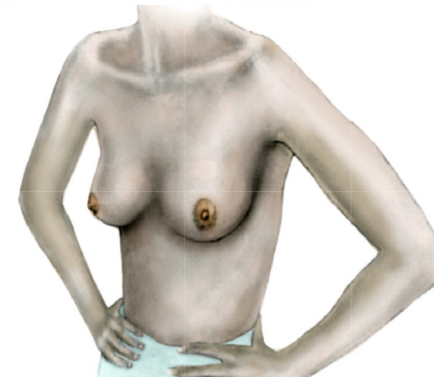
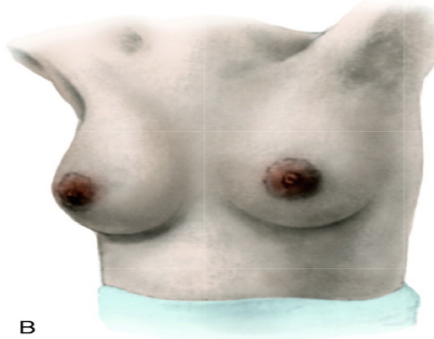
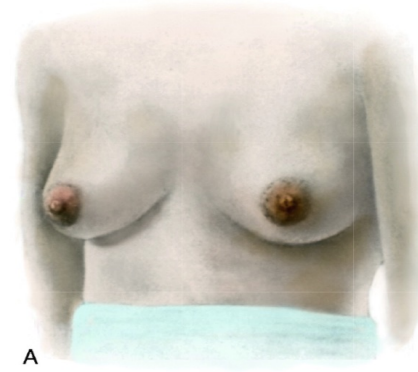
Breast Self-Exam, accessed at https://www.breastcancer.org/symptoms/testing/types/self_exam, last accessed on October 2022.

Photos created and owned by Roche Bangladesh,



Inspect for:

- **Skin**
 - Dimpling
 - Erythema
 - Edema / thickening
 - Scars
- **Nipple**
 - Crusting
 - Dimpling
- **Symmetry**

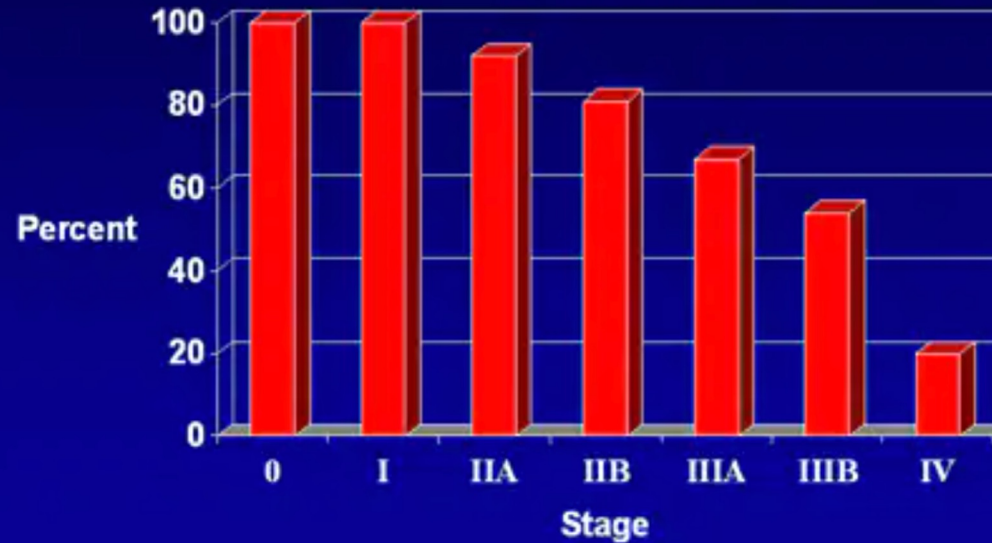




Breast cancer screening: Why screen?

Ultimate goal = **EARLY DETECTION**

5-year Breast Cancer Survival



American Cancer Society statistics

Slide courtesy of Victor Vogel, MD



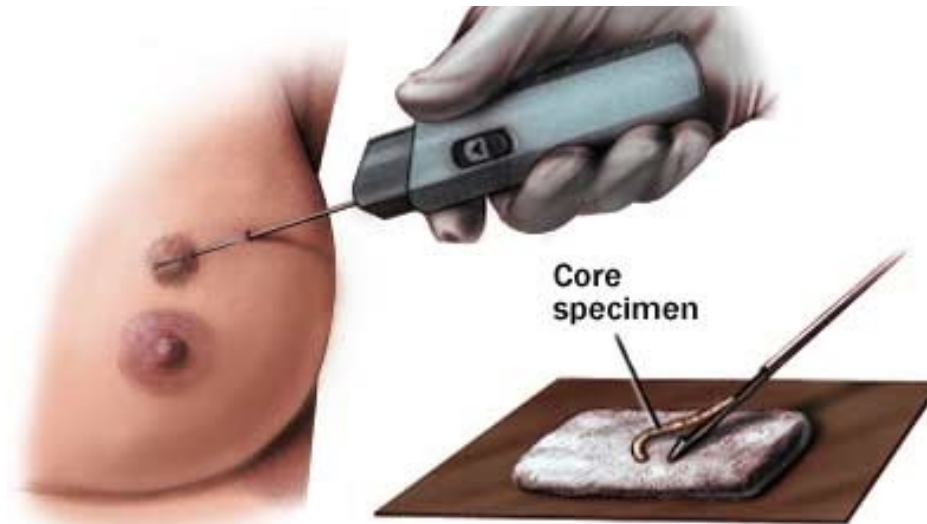
Triple test approach

- **The most accurate approach to breast masses is a combination of:**
 - **Clinical breast exam (CBE)**
 - **Breast imaging studies**
 - **Needle biopsy**

**If the triple test is concordant, there is a <1% risk of a missed malignancy*



DIAGNOSIS: Core Needle Biopsy

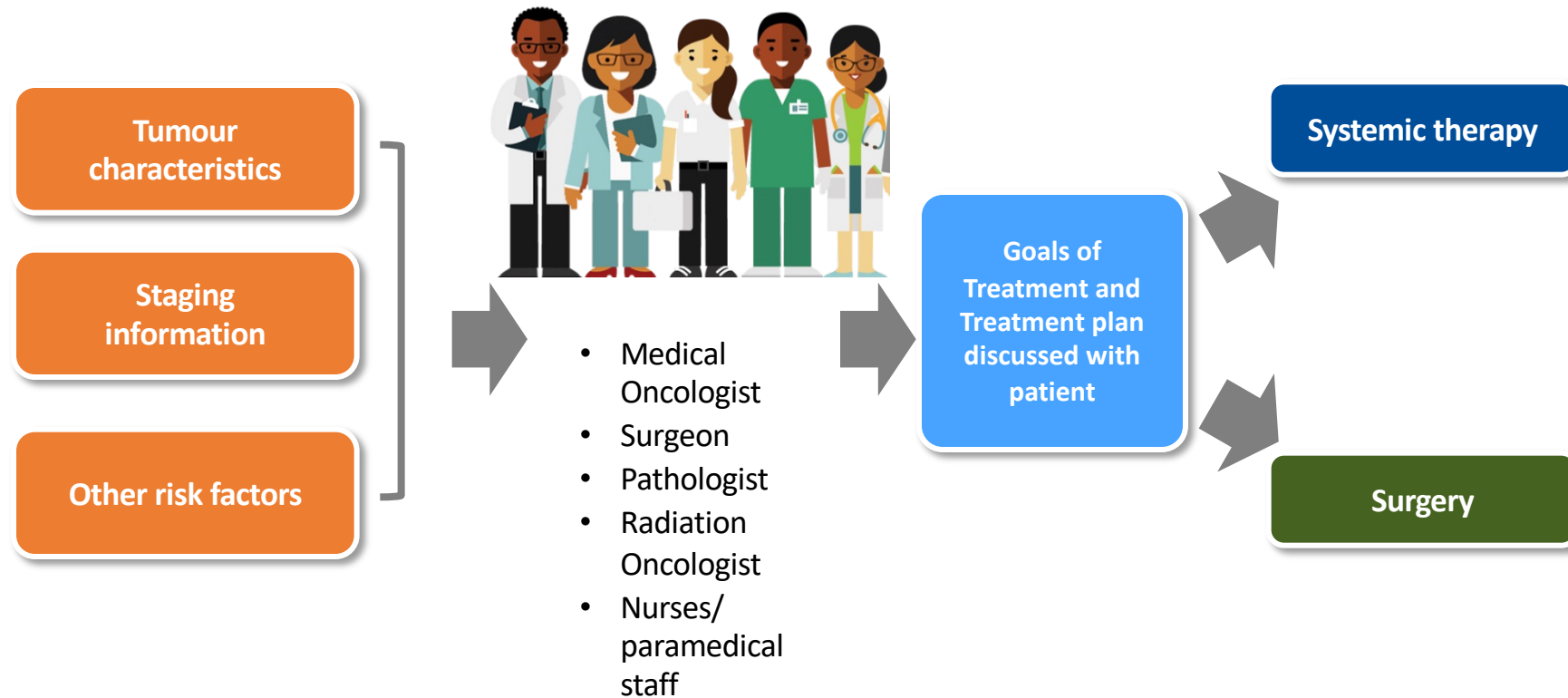


The only sure way to determine whether a lump is cancer is to do a **biopsy**

Biopsy, <https://www.breastcancer.org/screening-testing/breast-biopsy>, accessed on October 2022.




MULTI-DISCIPLINARY TEAMS (MDTs) are essential for optimal management of breast cancer patients



* Patient requests, e.g. desire for neoadjuvant therapy, breast-conserving surgery vs. mastectomy.
MDT, multidisciplinary team.

Chatterjee, Abhishek, and John K Erban. "Neoadjuvant therapy for treatment of breast cancer: the way forward, or simply a convenient option for patients?." *Gland surgery* vol. 6, : 119-124, 1 (2017).
Cain, H., et al. "Neoadjuvant therapy in early breast cancer: treatment considerations and common debates in practice." *Clinical Oncology* 29: 642-652., 10 (2017).

Request for a Family Multidisciplinary Team Meeting with us

A group of healthcare professionals and a patient are gathered around a large wooden conference table in a meeting room. A man in a white lab coat and glasses is gesturing while speaking to the group. Several other people, including a woman in a purple top and a man in a white shirt, are listening attentively. A laptop is open on the table. In the background, a projector screen displays two circular medical images, likely CT scans of a head. The room has blue walls and a large red letter 'C' on the wall.

In a single visit, we can organize a meeting with your doctors and the cancer team.



Breast cancer treatment

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An initiative of the ABIM Foundation

[Our Mission](#)

[Clinician Lists](#)

[For Patients](#)

Advancing a national dialogue around avoiding unnecessary medical tests

Our Mission

Our Mission

The mission of *Choosing Wisely* is to promote conversations between clinicians and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary



Choosing Wisely Philippines: ten low-value or harmful practices that should be avoided in cancer care

Frederic Ivan Ting¹, Crizel Denise Uy², Katrina Gaelic Bebero³, Danielle Benedict Sacdalan⁴, Honey Sarita Abarquez⁵, Grace Nilo⁶, Buenaventura Ramos Jr⁷, Dennis L Sacdalan⁸ and Arnold John Uson⁹ on behalf of the Philippine Society of Medical Oncology (PSMO)

¹Riverside Bacolod Cancer Care Center, Bacolod 6100, Philippines

²San Juan De Dios Hospital, Manila 1000, Philippines

³Bishop Joseph Regan Memorial Hospital, Davao Del Norte 8100, Philippines

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⁹Perpetual Succour Hospital, Cebu City 6000, Philippines

Abstract

The Choosing Wisely Philippines campaign is an initiative that identifies low-value or potentially harmful practices that are relevant to patients with cancer in the Philippines. The main purpose of these initiatives is to facilitate quality improvement systems and maximise patient outcomes. Of the ten practices identified, four are new recommendations, and six are modified adaptations from previous Choosing Wisely initiatives in the USA and Africa. Recommendations in the final list include interventions involving diagnosis (two practices), treatment (five practices), palliative and supportive care (two practices) and surveillance (1 practice).

Keywords: *Choosing Wisely, Philippines, cancer care, practices*






CHOOSING WISELY PHILIPPINES CONGRESS 2023

ecancer.org

IDENTIFYING LOW-VALUE OR HARMFUL PRACTICES THAT SHOULD BE AVOIDED IN CANCER CARE.



SCAN to view publication

New World Makati Hotel and ONLINE
March 24, 2023

Contact
+639946956839 for registration details.



CHOOSING WISELY PHILIPPINES CONGRESS 2023

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SCIENTIFIC PROGRAM

08:00 AM	REGISTRATION
08:50 AM	<p>OPENING CEREMONIES</p> <p>Welcome Remarks: Dr. Rosario Pitargue - President, Philippine Society of Medical Oncology</p> <p>Dr. Alvaro Martinez - Radiation Oncology, USA</p> <p>ecancer Global Foundation</p>
09:00 AM	<p>LECTURE 1: #ChoosingWisely in Radiation Therapy</p> <p>Speaker: Dr. Alvaro Martinez - Medical Oncology, USA</p> <p>Reactor: Dr. Michael Mejia - Radiation Oncology</p> <p>Moderator: Dr. John Paulo Vergara - Medical Oncology</p>
10:00 AM	<p>LECTURE 2: #ChoosingWisely with Multidisciplinary Team Approach</p> <p>Speaker: Dr. Arnold Uson - Medical Oncology</p> <p>Reactors: Dr. Christina Galvez - Medical Oncology</p> <p>Dr. Catherine Teh - H&TP Surgery</p> <p>Dr. Henri Cartier Co - Radiation Oncology</p> <p>Moderator: Dr. Herdee Glorlane Luna - Medical Oncology</p>
11:00 AM	<p>LECTURE 3: #ChoosingWisely in Serum Tumor Markers</p> <p>Speaker: Dr. Jasper Andel - Molecular Pathology</p> <p>Reactors: Dr. Eugenio Regala - Medical Oncology</p> <p>Dr. Diana Tamondong-Lachica - Internal Medicine</p> <p>Moderator: Dr. Herdee Glorlane Luna - Medical Oncology</p>
12:00 PM	<p>LUNCH SYMPOSIUM: Intraoperative Radiotherapy: Current Indications and Challenges</p> <p>Speaker: Dr. Henri Cartier Co - Radiation Oncology</p> <p>Moderator: Dr. John Paulo Vergara - Medical Oncology</p>
01:30 PM	<p>LECTURE 4: #ChoosingWisely in Neoadjuvant Treatment</p> <p>Speaker: Dr. Priscilla Caguioa - Medical Oncology</p> <p>Reactors: Dr. Marc Paul Lopez - Colorectal Surgery</p> <p>Dr. Frances Lily Lantín-Penano - Radiation Oncology</p> <p>Moderator: Dr. Arthur Gregory Lui - Medical Oncology</p>



CHOOSING WISELY PHILIPPINES CONGRESS 2023

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SCIENTIFIC PROGRAM

02:30 PM	<p>LECTURE 5: #ChoosingWisely in PET-CT Scan Use</p> <p>Speaker: Dr. Jonas Santiago - Nuclear Medicine</p> <p>Reactor: Dr. Marcelo Imasa - Medical Oncology</p> <p>Dr. Marie Dione Sacdalan - Colorectal Surgery</p> <p>Moderator: Dr. Arthur Gregory Lui - Medical Oncology</p>
03:30 PM	BREAK
04:00 PM	<p>LECTURE 6: #ChoosingWisely in Complementary Treatment</p> <p>Speaker: Dr. Ann Meredith Garcia-Trinidad - Medical Oncology</p> <p>Reactors: Dr. Mariana Ramona Sison - Clinical Nutrition</p> <p>Dr. Stephen Wong - Gastroenterology</p> <p>Dr. Ellie May Villegas - Medical Oncology</p> <p>Moderator: Dr. Monica Andrea Talag-Espinosa - Medical Oncology</p>
05:00 PM	<p>SPECIAL TOPIC 1: How to Handle Difficult Conversations?</p> <p>Speaker: Dr. Madelaine Amurao-Amante - Medical Oncology</p> <p>Moderator: Dr. Monica Andrea Talag-Espinosa - Medical Oncology</p>
06:00 PM	<p>SPECIAL TOPIC 2: Cancer Survivorship</p> <p>Speaker: Dr. Lidia Schapira - Medical Oncology, USA</p> <p>Reactors: Ms. Kara Magsanoc-Alikpala - Founder, Icanserve Foundation</p> <p>Moderator: Dr. Buenaventura Ramos - Medical Oncology</p>
06:40 PM	DINNER
07:00 PM	<p>SPECIAL TOPIC 3: Cancer Care in Older Adults and Special Populations</p> <p>Speaker: Dr. Don Dizon - Medical Oncology, USA</p> <p>Moderator: Dr. Buenaventura Ramos - Medical Oncology</p>
07:40 PM	<p>CLOSING PROGRAM</p> <p>Closing Remarks: Dr. Frederic Ivan Ting - Overall Chair, Choosing Wisely Philippines Congress 2023</p>



Table 1. CWP final list of low-value or harmful practices that should be avoided in cancer care.

	Origin of recommendation	Revisions made to original recommendation
Do not initiate cancer treatment without confirming the diagnosis, defining the extent of the cancer and discussing the intent of treatment with the patient.	Choosing Wisely Africa [4]	Yes
Do not use serum tumour markers indiscriminately for the screening and diagnosis of cancer.	New suggestion	Not applicable
Do not forget to discuss the value of biomarker testing for specific solid tumours where targeted treatments have proven benefits.	New suggestion	Not applicable
Do not decide treatment of potentially curable cancers without inputs from a multidisciplinary oncology team.	Choosing Wisely USA [1, 7]	No
Do not use surgery as the initial treatment without considering presurgical (neoadjuvant) systemic therapy and/or radiation for certain cancer types and stages where it is effective at improving local cancer control, quality of life or survival.	Choosing Wisely Africa [4]	No
Do not use combination cytotoxic chemotherapy when treating an individual for metastatic breast cancer unless the patient needs a rapid response to relieve tumour-related symptoms; instead, use a single cytotoxic agent.	Choosing Wisely USA [1]	Yes
Do not use cancer-directed therapy for patients with solid tumours with ALL of the following characteristics: low performance status (PS) (3 or 4), no benefit from prior evidence-based interventions and no strong evidence supporting the clinical value of further anti-cancer treatment. Instead, focus on symptom relief and palliative care.	Choosing Wisely USA and Africa [1, 4]	Yes
Do not use whole body Positron Emission Tomography - Computed Tomography (PET-CT) scans to detect recurrence after completing curative treatment for asymptomatic patients with early-stage solid tumours.	New suggestion	Not applicable
Avoid the use of granulocyte-colony stimulating factor (G-CSF) for primary prevention of febrile neutropenia for patients with less than 10%–20% risk for this complication.	Choosing Wisely USA [1]	Yes
Do not forget to discuss about alternative/herbal medications including its potential harmful consequences while on active cancer treatment.	New suggestion	Not applicable





Recommendation 1

Do not initiate cancer treatment without confirming the diagnosis, defining the extent of cancer and discussing the intent of treatment with the patient.

- ***Diagnosis***
- ***Extent of cancer = Stage***
- ***Treatment Goals***



Recommendation 3

Do not forget to discuss the value of biomarker testing for specific solid tumors where targeted treatments have proven benefits.

- ***ER / PR / HER2 testing for Breast Cancer***
- ***Check patient eligibility for targeted treatments***



Recommendation 4

Do not decide treatment of potentially curable cancers without inputs from a multidisciplinary oncology team.

- *MDT approach = Standard of care worldwide*
- *Best decisions on treatment approach = improved survival and better QoL*



Recommendation 5

Do **not** use surgery as the initial treatment without considering presurgical (neoadjuvant) systemic therapy and/or radiation for certain cancer types and stages where it is effective at improving local cancer control, quality of life or survival.

- **Presurgical treatment may:**
 - **Decrease the size of the primary tumour**
 - **improve resectability**
 - **reduces local recurrence**
 - **improve the patients' quality of life**



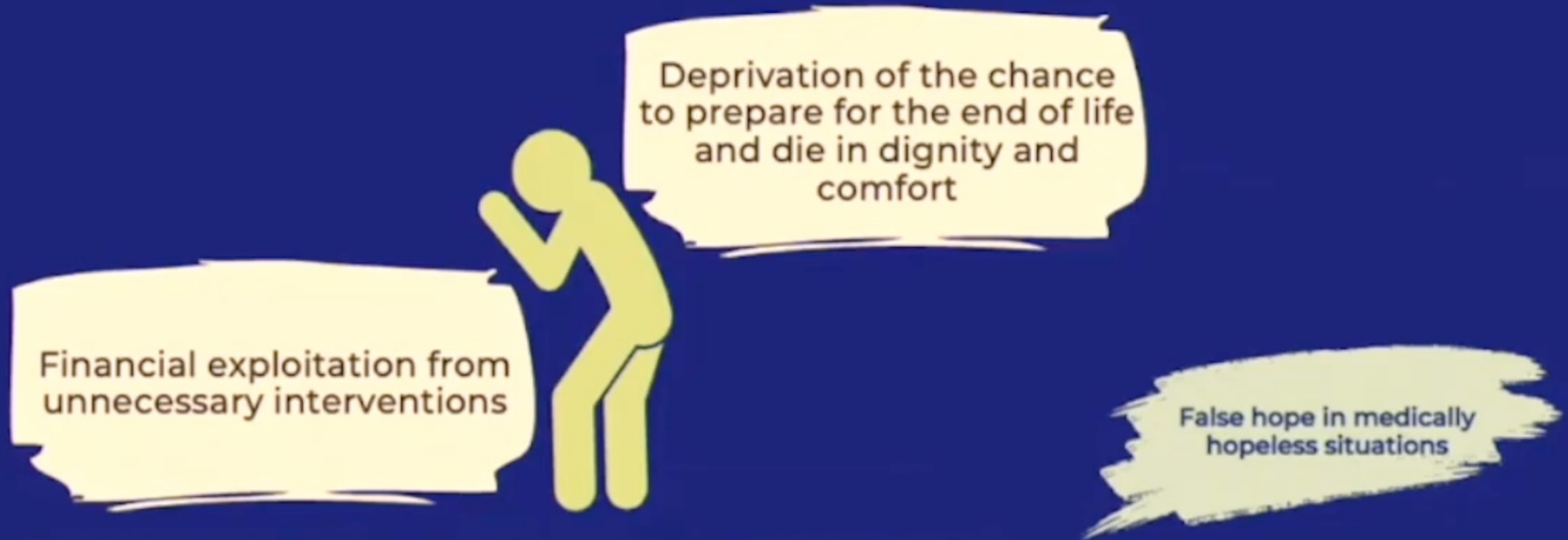
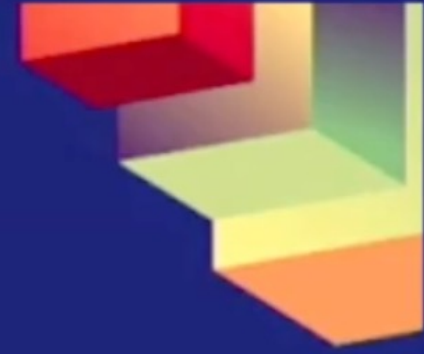
Recommendation 10

Do not forget to discuss herbal medications including its potential harmful consequences while on active cancer treatment.

- **There is no herbal supplement approved for the treatment of cancer by the Philippine FDA or international organizations**
- **Herbal medications also have inherent risks of toxicity**
- **Various drug interaction potential**

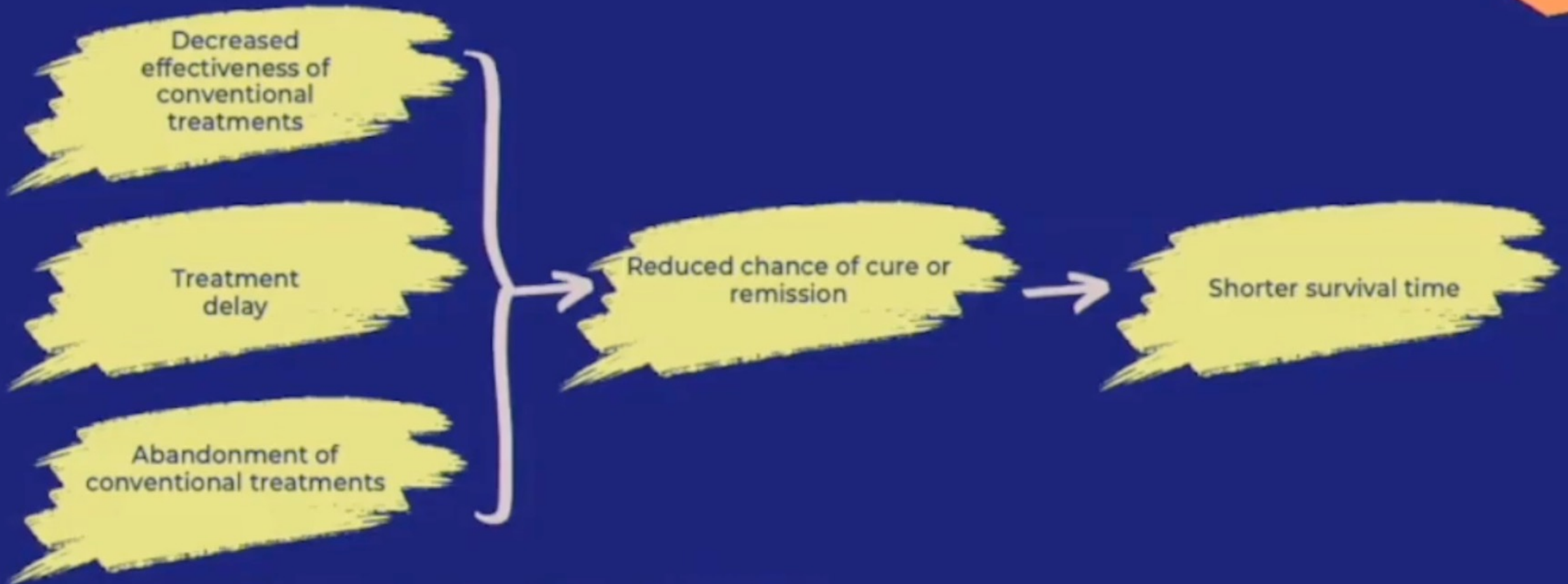
Source: Ting FI, Uy CD, Bebero KG, et al. Choosing Wisely Philippines: ten low-value or harmful practices that should be avoided in cancer care. *Ecancermedicalscience*. 2022;16:1424. Published 2022 Jul 7. doi:10.3332/ecancer.2022.1424

False hope results in requests for healthcare interventions that deviate unreasonably from the standard of care



Eijkholt M. Medicine's collision with false hope: The False Hope Harms (FHH) argument. *Bioethics*. 2020 Sep;34(7):703-11.

Important concerns for patients with cancer using CAM





The media and cancer: education or entertainment? An ethnographic study of European cancer journalists

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²Guys & St Thomas' NHS Trust, Department of Clinical Oncology, London SE1 7EH, UK

³Kings College London, London SE1 9RT, UK

Correspondence to: Ajay Aggarwal. Email: ajay.aggarwal@kcl.ac.uk

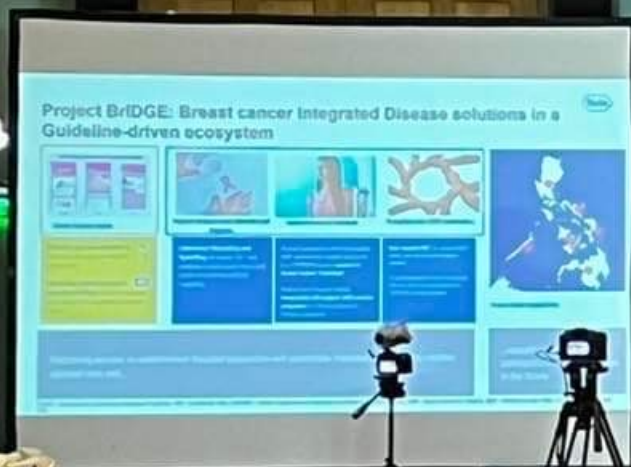
Abstract

The media plays a vital role in informing the public about new developments in cancer research and influencing cancer policy. This is no easy task, in view of the myriad of trials and wonder drugs that purport to be the 'magic bullet'. However, misrepresentation can have profound consequences. In this qualitative study, we sought to understand the interaction between the media and cancer through the perspective of European science journalists by defining their attitudes towards current cancer research and challenges faced when reporting science news. A total of 67 respondents took part in this online survey, which was distributed by the European CanCer Organisation (ECCO) to all its media contacts between June and September 2013. Fifty-three per cent had over 20 years experience in reporting science news stories. The respondents utilised a number of media formats, including newsprint, online services, and radio.



The media and cancer: education or entertainment?

- The media plays a vital role in informing the public about new developments in cancer care and influencing cancer policy
- Coverage of cancer related issues and scientific advances require greater collaboration between the press and cancer healthcare community to provide both credibility and accountability for the health information disseminated



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CANCER COMMISSION FOUNDATION
together with
CANCER

Philippine National Cancer Summit 2023

Bridging Gaps in Cancer Care through 3Cs
Communication • Complementation • Collaboration

February 23-24, 2023
Crowne Plaza Galleria Manila

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presented by:

media partner:

Business Partner:



palliative care specialists family and caretakers ent – head and neck surgeons

surgical oncologists **patient** pathologists

care specialists **medical oncologists** **nurses**

Fighting cancer is a team effort.

radiologists radiation oncologists social worker

spiritual chaplains paramedical professionals

psychiatrists gynecologic oncologists

Media / Press



Let your **faith** be bigger than your fear.

Cancer is not a death sentence. There is always *hope*

Email: f.ting@usls.edu.ph



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