

“Breast Cancer Forum” Webinar series 2021–2022



12th Online Webinar

Date: 15/05/2022, 5:00–6:00pm

Breast Cancer Forum

- **Seminar series organised by**

Clinical Department of Oncology, MedUni Vienna

Univ.-Prof. Dr Matthias Preusser and Assoc. Prof. Dr Rupert Bartsch

University Hospital for Internal Medicine I

- **In cooperation with**

the Federal Chancellery, Women's Department, and Federal Minister

MMag. Dr Raab



With funds from Women's Affairs

Final module

Take-home messages

Univ.-Prof. Dr Matthias Preusser, Assoc. Prof. PD Dr Rupert Bartsch
Clinical Department of Oncology, University Department of Internal Medicine I, MedUni Vienna

Assoc. Prof. PD Dr Rupert Bartsch

Specialist in internal medicine since 2008

Additive specialist in haematology and oncology since 2010

Since 2002 at the clinical department for oncology

2009/2010 Elisabethinen Hospital, Linz

2017/2018 German Breast Group, Neu Isenburg, Germany

Head of specialist outpatient clinic for breast cancer



Final module

Take-home messages

Breast Cancer Forum



MEDIZINISCHE
UNIVERSITÄT WIEN



Wiener Gesundheitsverbund
Universitätsklinikum AKH Wien

"Breast Cancer Forum"

Clinical Department of Oncology, MedUni Vienna/University Hospital Vienna

Note

The following presentation contains images that may be disturbing to some people.



Agenda

- Module 1:
- Prof. Dr Alexandra Resch, M.A.
- Breast cancer screening – life-saving or pointless?



What is screening for?

- Bringing forward the time of diagnosis to a stage favourable for prognosis
- Improving the chances of cure via gentler methods of therapy
- Reduction of disease and therapy-related suffering
- **Reduction of mortality**

S3 Breast Cancer Guideline <https://www.awmf.org/leitlinien>

Medical journal: THE LANCET – 13 April 1985

Reduction in mortality from breast cancer after mass screening with mammography

Randomised trial from the Breast Cancer Screening Working Group of the Swedish National Board for Health and Welfare

REDUCTION IN MORTALITY FROM BREAST CANCER AFTER MASS SCREENING WITH MAMMOGRAPHY

Randomised Trial from the Breast Cancer Screening Working Group of the Swedish National Board of Health and Welfare

L. TABÁR	C. J. G. FAGERBERG
A. GAD	L. BALDETÖRP
L. H. HOLMBERG	O. GRÖNTÖFT

Result: 31% reduction in breast cancer mortality and 25% reduction in the rate of stage two or higher breast cancer

How dangerous is mammography?

Can compression or radiation cause breast cancer?

- In a study at the University of Salford (UK), various national screening programmes were examined with regard to the question of how many cancer cases might be triggered in women by taking part in mammography screening.
- According to the calculations of the study authors, seven out of 1,000,000 regular participants in mammography screening in Germany develop a malignant tumour due to the radiation administered in the process (after 15–20 years).
- **Limitation:** These figures only apply to full-field digital mammography. In reality, they are probably somewhat lower because the age-related decrease in breast density was not taken into account in the calculations. In the same period, however, around 80,000 women develop breast cancer that is not radiation-related.

Effective lifetime radiation risk for several national mammography screening programs R.M.K. M.Ali A. England M.F. McEntee C.E. Mercer2 A. Tootell P. Hogg.
Open Access Published: 15 March, 2018DOI: <https://doi.org/10.1016/j.radi.2018.02.001>

Agenda

- Module 2:
- Karin Isak, MA
- “Breast cancer” diagnosis:
Who will help me?



“Breast cancer” diagnosis

- Women/men are usually completely unprepared for a diagnosis of “breast cancer”, hitting them out of the blue in the middle of their lives.
From one moment to the next, the diagnosis changes the entire life of those affected, and their families.
- Shock, existential fears, depression, uncertainty, hope, despair, anger, aggression, feelings of guilt, cancer myths – emotional chaos/imagination running wild/mind in a spin
- No one falls ill alone – all family members are involved and challenged

Counselling services from ÖKH

All-round help from one source

- Medical information and counselling
- Advice on complementary medicine
- Psycho-oncological counselling and support in all stages of the disease and in the mourning process
- Cancer and your job
- Nutrition and exercise counselling

Effects of psycho-oncological care

It's good to talk!

- Strengthening communication with therapists
- Improving tolerance of therapies
- Making it easier to cope with pain
- Readiness to actively participate in therapeutic measures
- Improving the ability to relax by teaching various relaxation techniques

Agenda

- Module 3:
- Claudia Altmann-Pospischek, MA
- Me and my disease



Living with your disease

- Claudia Altmann-Pospischek, MA: Patient, breast cancer activist and blogger
- From shock to determining for yourself how to live with your disease
- Giving a voice to people with metastatic breast cancer
- De-tabooing
- Empowerment

Agenda

- Module 4:
- Univ.-Prof. Dr Christian Singer
- Hereditary breast cancer



Hereditary breast and ovarian cancer

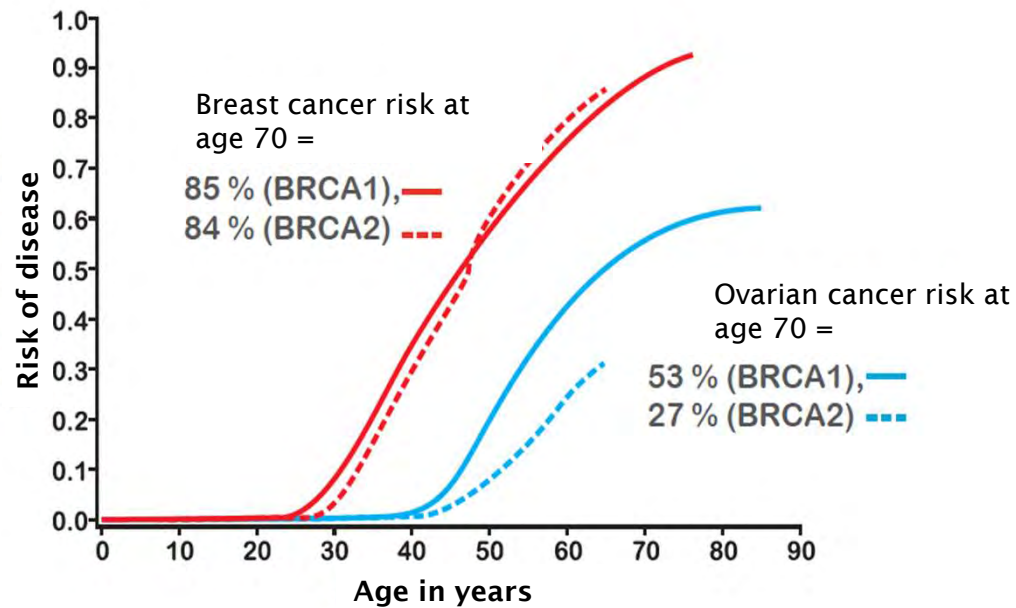
Why is this topic so important?

- Breast cancer affects one in eight women during their lifetime (lifetime risk: 12.5%)
- Ovarian cancer affects about one in 70 women (lifetime risk: 1–2%)
- In certain families, breast and/or ovarian cancer occur significantly more often (“familial disposition”)
- One in about 300 people have a mutation in the BRCA1 or BRCA 2 gene in all their cells



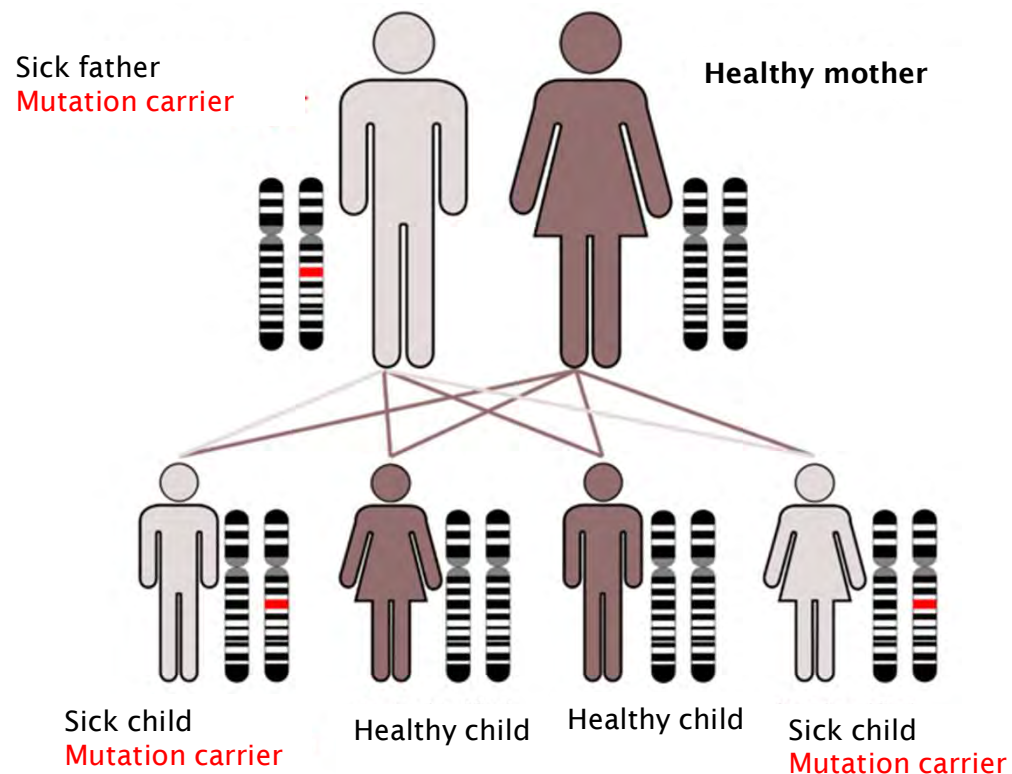
BRCA1/2 germline mutation

Age and risk of disease



BRCA1/2 germline mutation

Autosomal dominant inheritance



Where can I get more information about familial breast and ovarian cancer?



ZENTRUM für
Familiären Brust-
und Eierstockkrebs

Über uns | Aktuelles | Beratungsstellen | Informationen | Login | Kontakt



Eierstockkrebs und die
Behandlung bei BRCA-
Mutation

Wir, das ZENTRUM für Familiären Brust- und Eierstockkrebs, informieren Sie über medizinische Hintergründe, über die Bedeutung einer genetischen Untersuchung, und über die Möglichkeiten, die sich daraus für Sie und Ihre Familie ergeben können. Außerdem finden Sie eine Hilfestellung bei der Entscheidung für oder gegen eine genetische Untersuchung.

Informationen über erblichen Brust- und Eierstockkrebs

Wenn Brust- und/oder Eierstockkrebskrankungen in Ihrer Familie häufig vorkommen, so fragen Sie sich vielleicht, ob Sie selbst, Ihre Kinder, Ihre Geschwister oder andere Familienmitglieder ebenfalls gefährdet sind. Sie möchten möglicherweise wissen: Wie groß ist das Risiko, dass in meiner Familie eine Mutation vorliegt, die das Risiko erhöht, an einer dieser beiden Krebsarten zu erkranken?

Informationen für an Eierstockkrebs erkrankte Frauen

Wenn Sie an Eierstockkrebs erkrankt sind, so fragen Sie sich wahrscheinlich, welche Behandlung in Ihrem Fall besonders wirksam ist, und wie Sie persönlich zu Ihrem Behandlungserfolg beitragen können. Sie möchten möglicherweise wissen, ob ihre Krebserkrankung durch genetische Veränderungen bedingt ist, und ob Ihre Kinder, Ihre Geschwister oder andere Familienmitglieder ebenfalls gefährdet sind. Hier finden Sie weitere Informationen.

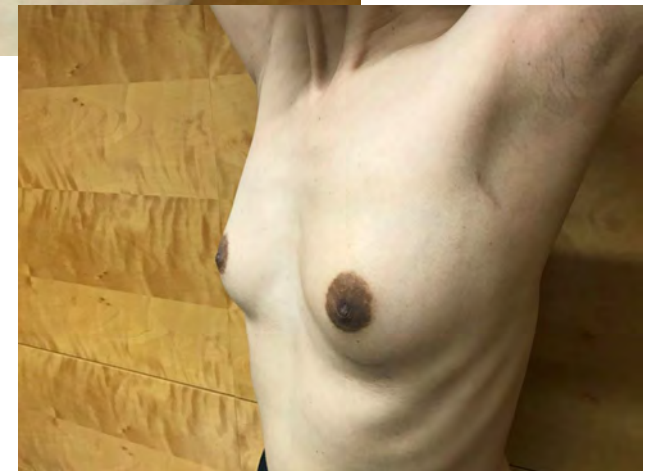
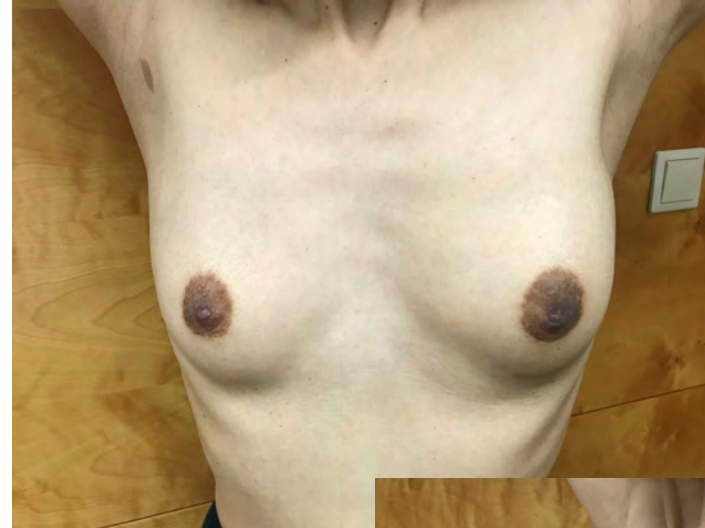
www.brustgenberatung.at

Agenda

- Module 5:
- Assoc. Prof. Adj. Prof. Dr Ruth Exner, F.E.B.S.
- Operating on the breast



Breast-conserving surgery



Breast-conserving surgery – summary

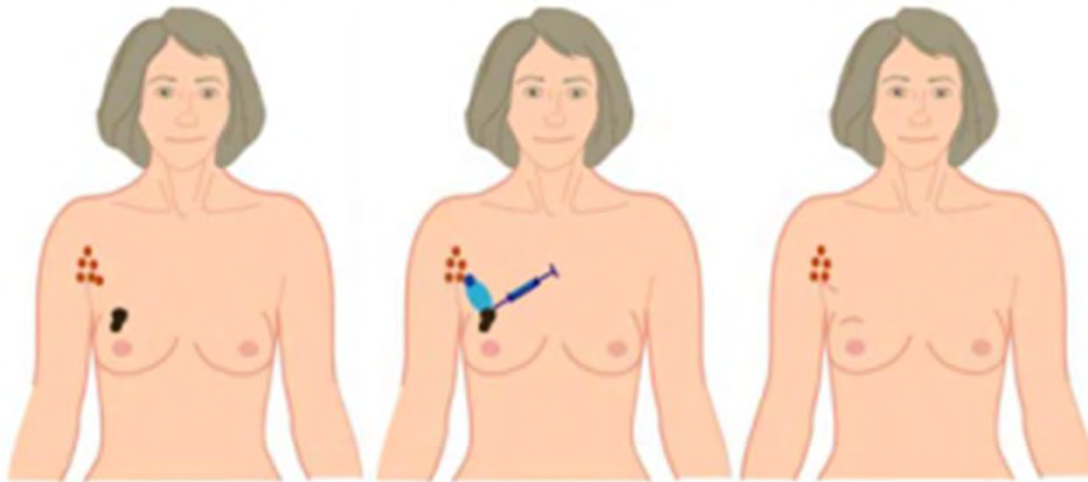


- Biopsy, clip marking of all suspicious foci
- Discussion in the tumour board – possibly neoadjuvant systemic therapy (tumour biology, breast conservation)?
- Genetic counselling in the event of a familial risk scenario
- Preoperative marking of non-palpable foci
- The breast should ALWAYS be preserved wherever possible!
- If necessary, intraoperative preparation radiography of the frozen section to ensure that the entire tumour has been removed
- At the same time: lymph node surgery

Radiation therapy is required after breast preservation surgery for malignant tumours!

Lymph node surgery

- Sentinel lymph node = first lymph node in the armpit
- A gentle operation for diagnostic purposes
- Marking with patent blue or radioactive (Tc99m)



Agenda

- Module 6:
- Assoc. Prof. Dr Gerd Fastner, MSc
- Radiation therapy: Why?



How does radiation therapy work?

- The DNA (genetic material) of cells is impacted with every irradiation.
- In healthy tissues, this damage is almost completely repaired by the following day.
- Tumour cells have lost this ability – irradiation as a “brake on tumour cell survival”.

Primary target: DNA

(Single [reversible] double strand breaks)



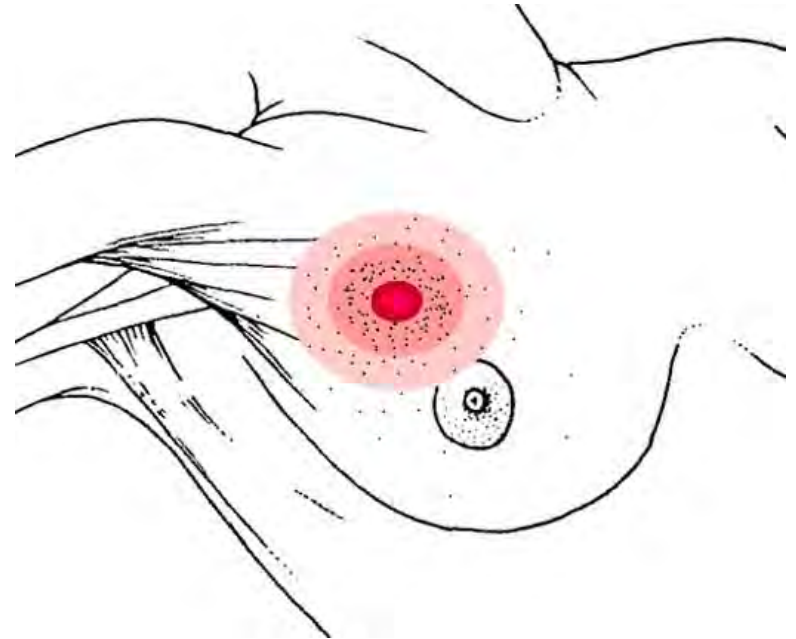
How does radiation therapy work?

Any irradiation is an **exclusively local measure**, i.e. it only has any effect (and “side effect”) in the irradiation field.

However:

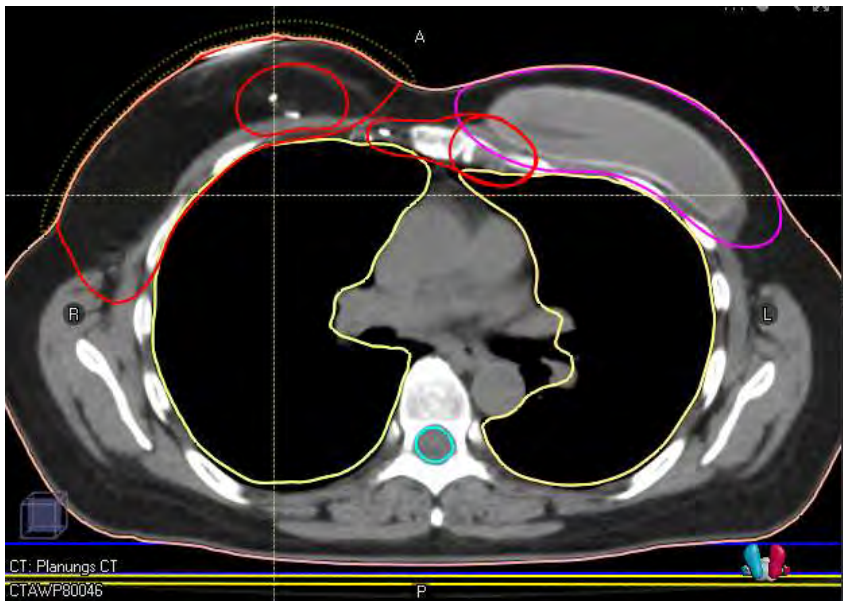
Sterilisation of residual tumour cells in the remaining breast tissue can also prevent metastasis!

Subclinical tumour cell density

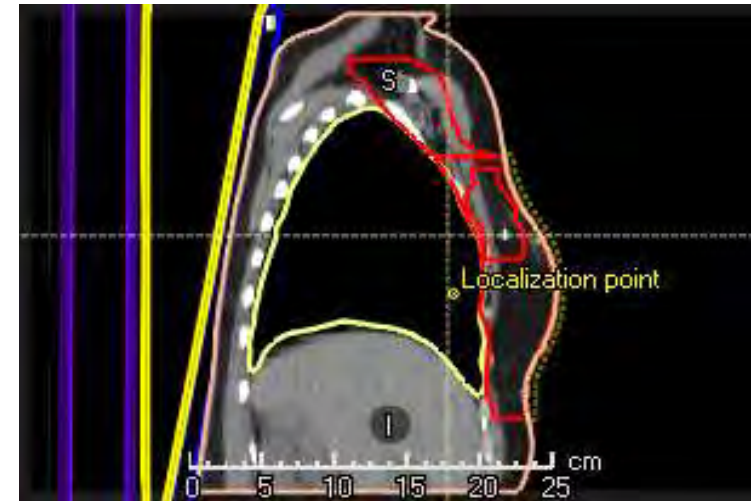


3D planning

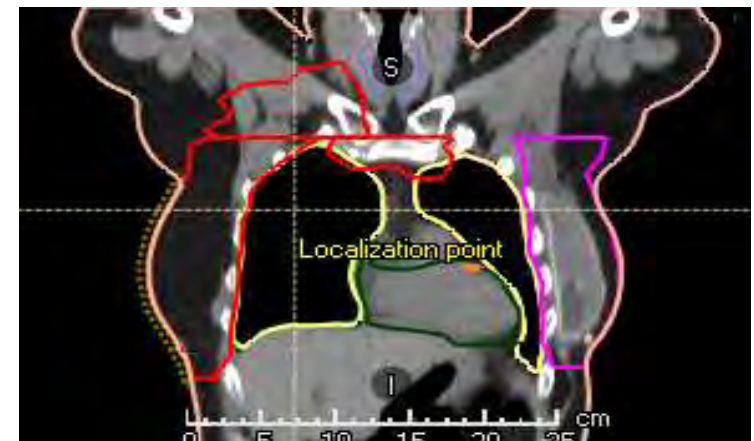
axial



sagittal



frontal



Clinical effect?

Is tumour recurrence prevented by postoperative radiotherapy (RT)?

Clinical studies on breast-conserving surgery (BCT) \pm RT:

- BCT + RT reduces recurrences **by up to 75%**
- BCT + RT leads to **improved prospects of survival**
- BCT + RT has few side effects and does not affect the cosmetic outcome

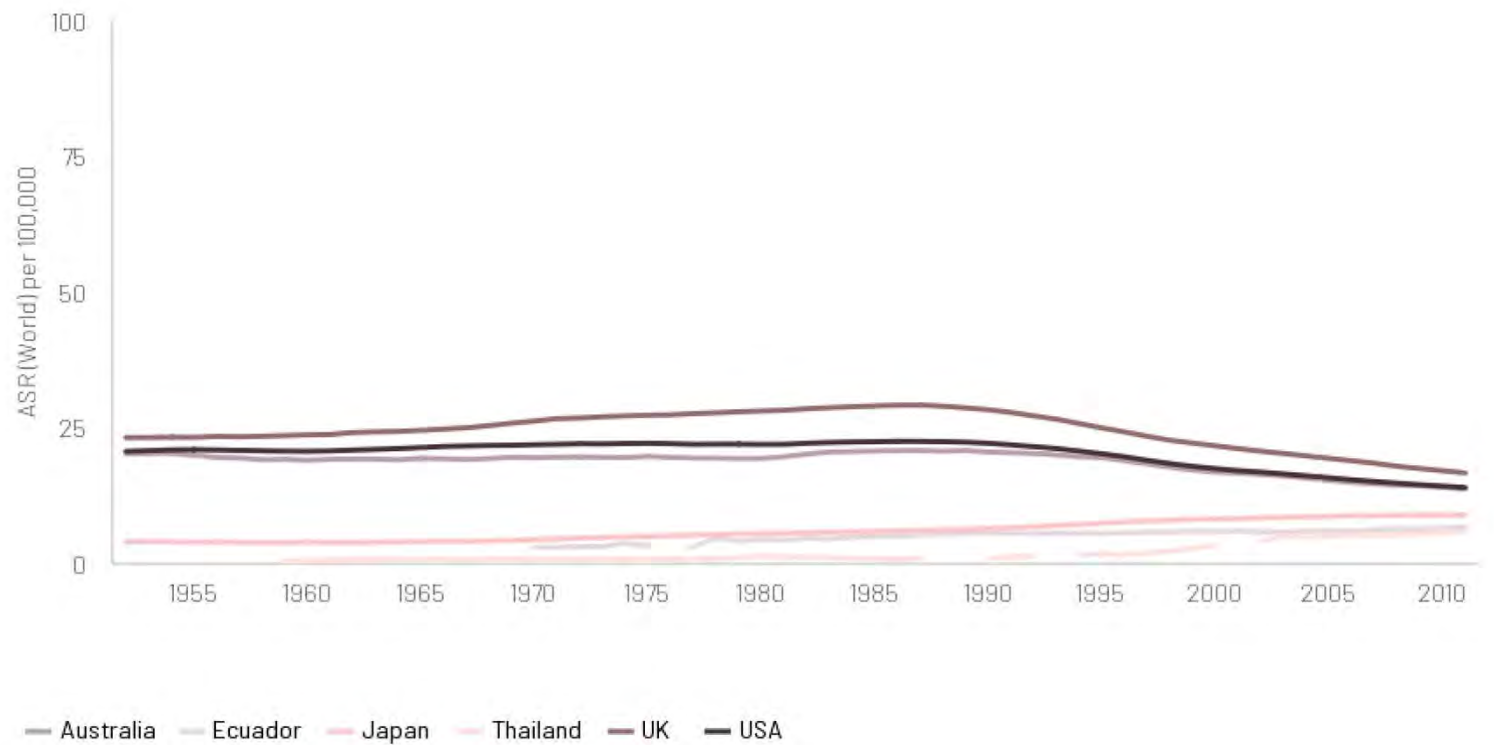
Agenda

- Module 7:
- Assoc. Prof. Adj. Prof. Dr Marija Balic, MBA
- Drug treatment of breast cancer



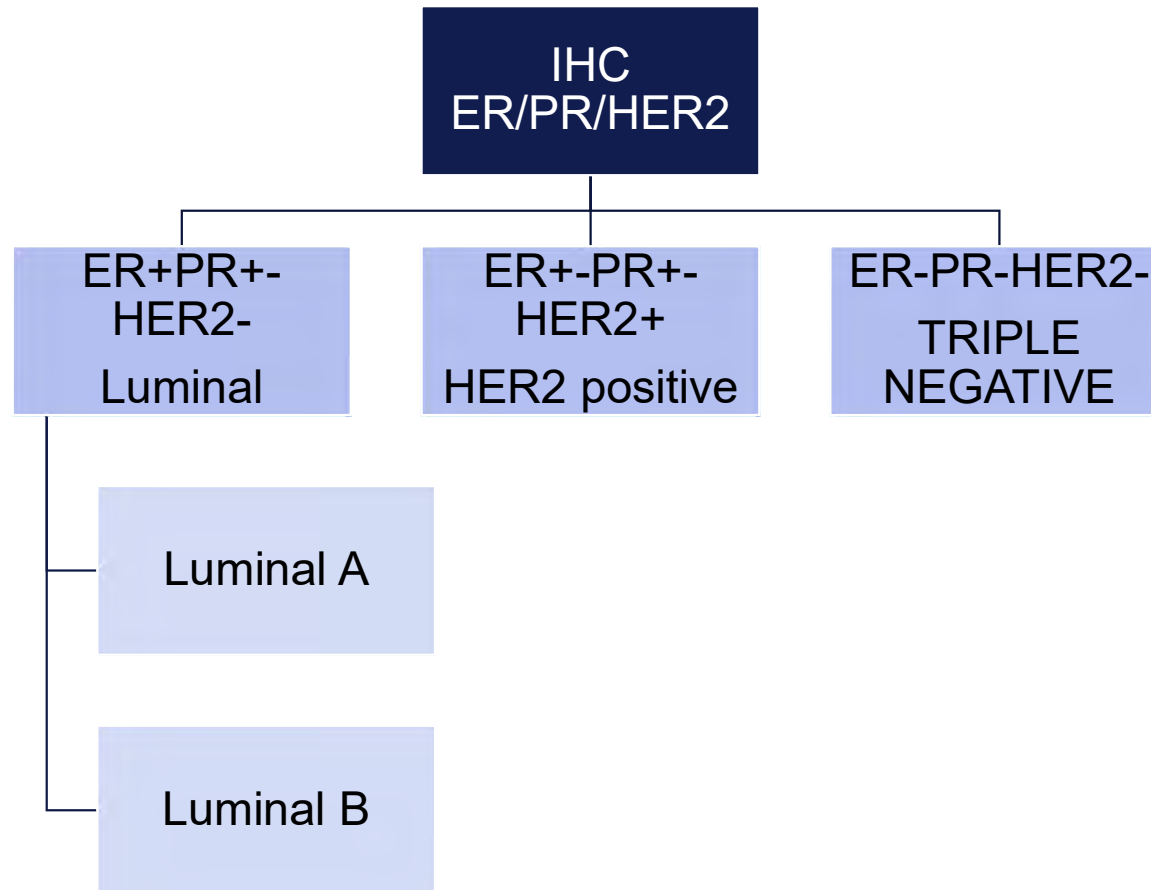
Mortality trends

Female breast cancer mortality rates, all ages, 1950–2013



canceratlas.cancer.org

Intrinsic subtypes of breast carcinoma



Agenda

- Module 8:
- Senior Physician Christine Brunner
- Clinical studies:
what does it mean for me?



Various phases of the clinical study

Phase I

A drug is tested on a small group of patients (20–60 people) who have no other treatment options



What **dose** has the best efficacy with acceptable side effects?

Phase II

Larger number of patients (50–100 people)



Experience is gained in terms of **side effects**

Phase III

Large number of patients
100–1,000 people (group precisely defined)



Comparison with already available standard therapy



Who reviews the study before it gets underway at a trial site?



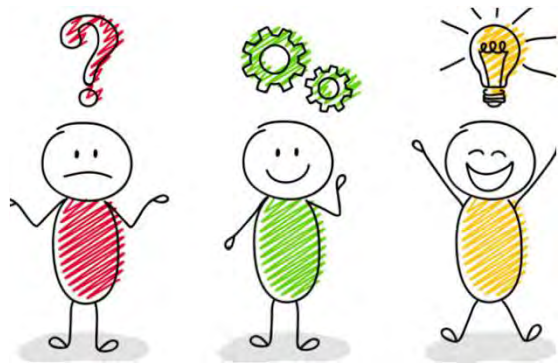
A study protocol must be available for each study.

Detailed “roadmap” of how the study will proceed

Insurance for the study participants

I would be interested in taking part in the study – what happens now?

1. Detailed discussion in appropriate, easy-to-understand language
2. Explanation of potential risks and expected benefits
3. Distribution of written patient information leaflets
4. Time for questions, discussions with family doctor/specialist/family
5. Signed informed consent form

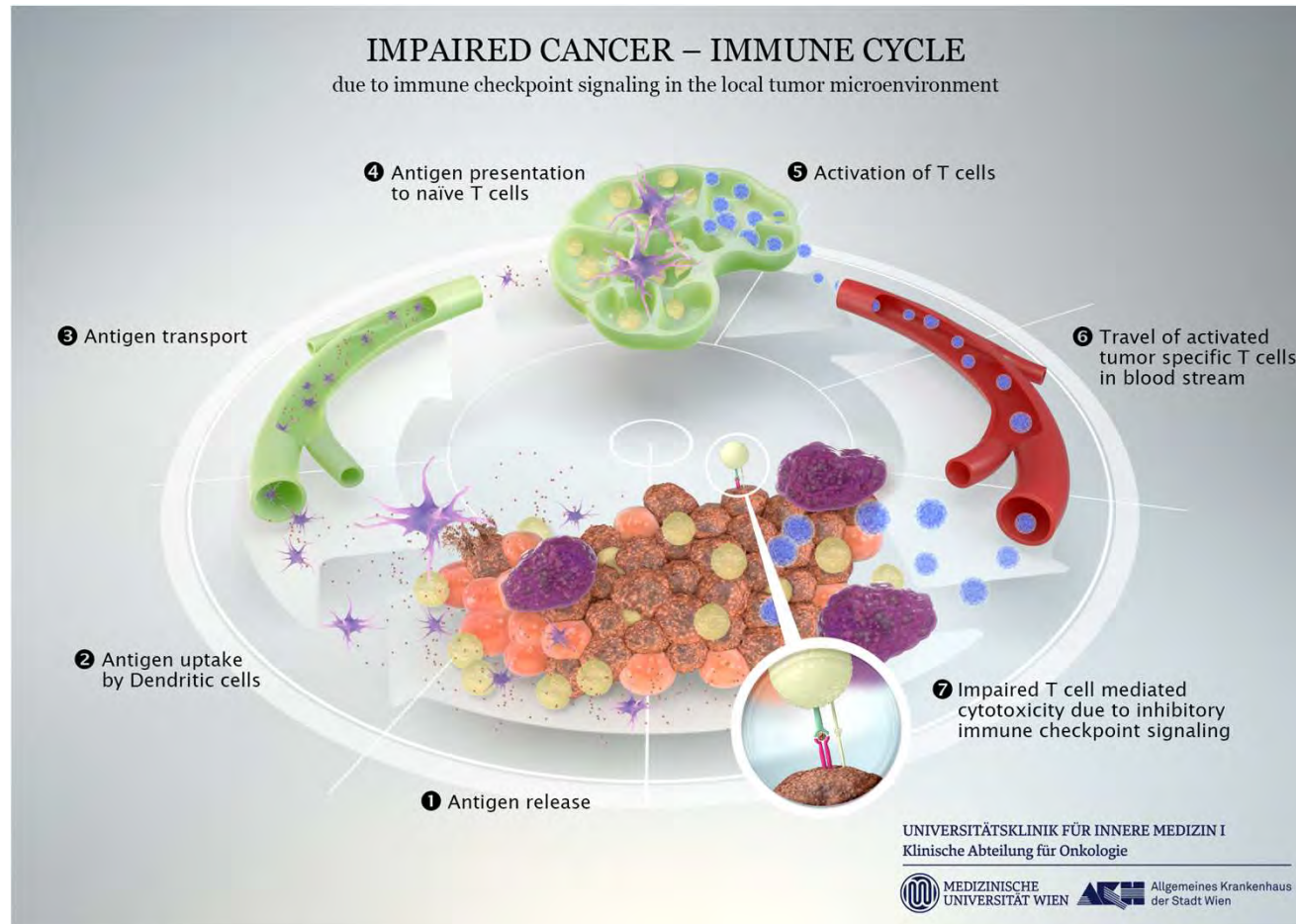


Agenda

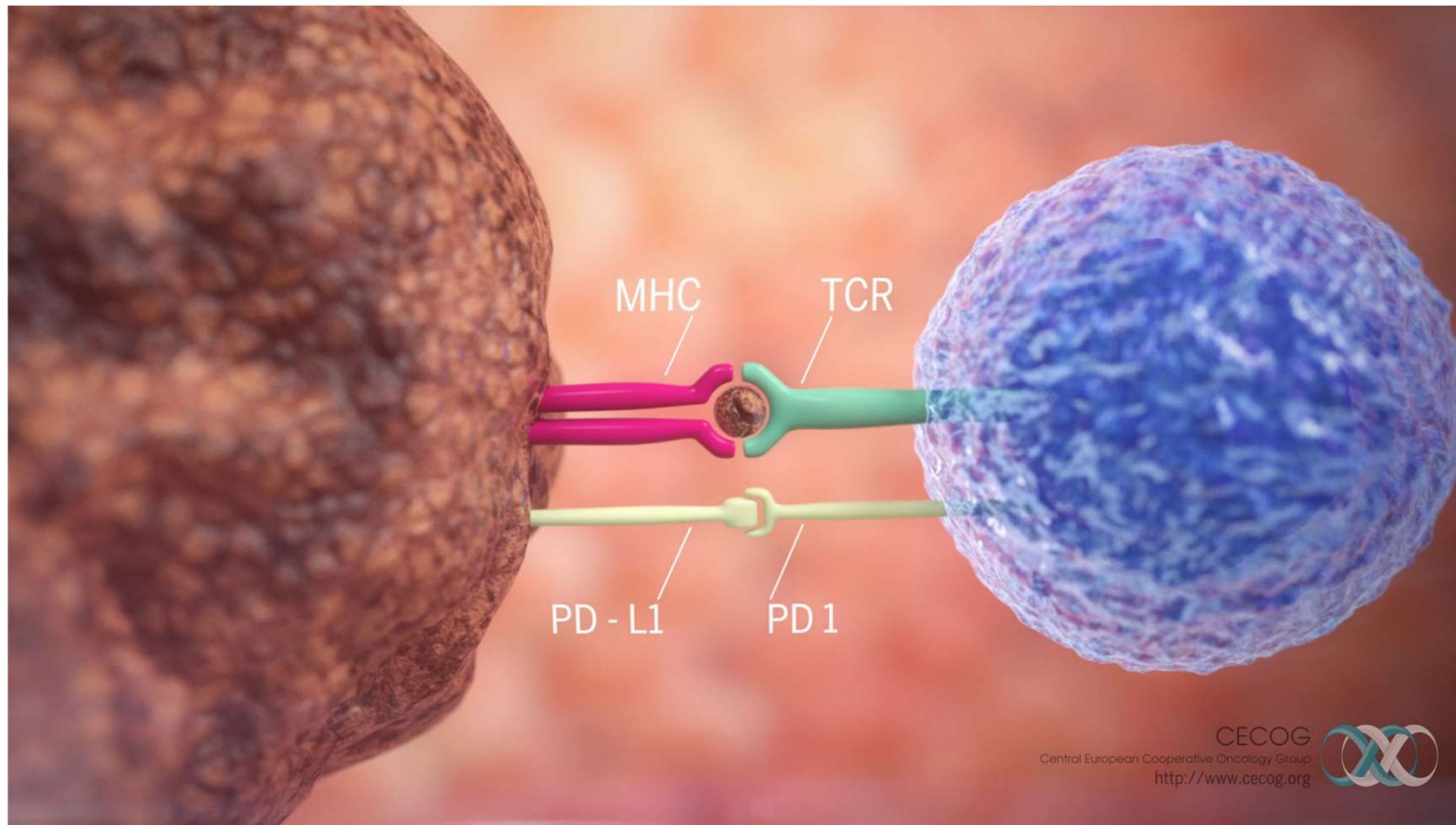
- Module 9:
- Assoc. Prof. Adj. Prof. Dr Anna Sophie Berghoff
- So much that is new: immune therapy and other developments



Why doesn't immune therapy always work?



How do CAR T cells function?



Agenda

- Module 10:
- Prim. Dr Marco Hassler
- The journey back:
rehabilitation, life



The perils of the invisible

Sleep disorders

Fatigue

“Chemo-brain”

Pain (scar pain, tumour pain, joint pain, etc.)

Shame and loss of self-esteem due to physical changes

Experiences of loss (body part, strength, youth, beauty, symmetry)

Accompanying mood disorders

Loss of enjoyment and pleasure/sexual identity

Loss of confidence in one's own body

Loss of control over bodily functions

Negative feelings about health and attractiveness

Less visible to those around you –
expectations of those around you – outwardly recovered –
pressure to perform!

Treatment goals

Reduction of inner turmoil and tension

Relief of symptoms of anxiety and depression

Improvement in physical and sensory perception

Increase in physical and psychological well-being

Pain alleviation

Psychological education

De-tabooing topics such as exhaustion, body image, sexuality, loss of libido...

Developing support mechanisms

Relaxation techniques

Summary

- Symptoms can be improved!
- Support in terms of nutritional coaching!



Stay active!
You're not alone!

Agenda

- Module 11:
- Dr Elisabeth Bergen
- Breast cancer in younger women



Hot topics for younger patients

Premature ovarian insufficiency

- Fertility & desire to have children
- Menopausal problems

Sexuality

Breast cancer during pregnancy

Long-term side effects

Breast cancer & working



Cryopreservation

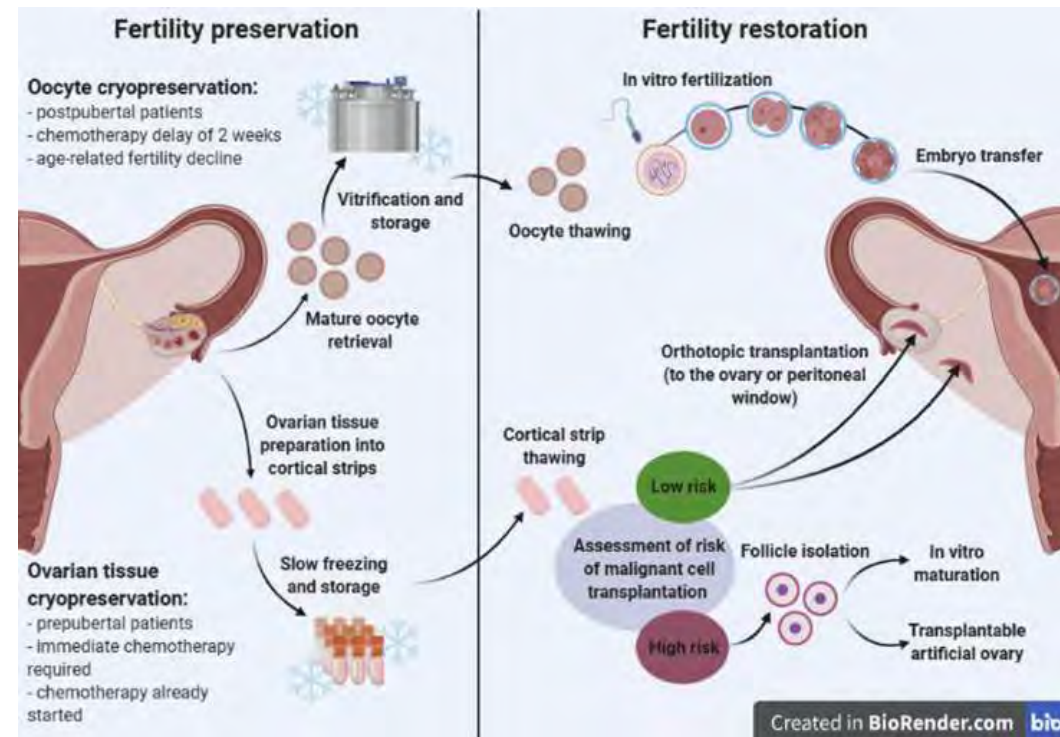
of fertilised/unfertilised oocytes:

- preceded by two weeks of stimulation with gonadotropins
- number of eggs retrieved is age-dependent and correlates with probability of pregnancy

of ovarian tissue:

Ovarian tissue banking (OTB)

- tissue harvested laparoscopically and transplanted back after chemo



Dolmans MM et al., *Fertil Steril*, May 2021; 115(5):1102-1115

Long-term side effects

Heart:

Anthracyclines can reduce heart function in the long term in approx. 5% of patients (=cardiomyopathy), particularly in older patients or those with high blood pressure/additional heart diseases.

Thus, in the event of additional risk factors, consider a cardiac echo once a year for up to 10 years after therapy¹³

Bones:

Oestrogen has a bone-protective effect > ovarian insufficiency (due to chemo or endocrine therapy) may encourage osteoporosis¹⁴

- > Calcium and vitamin D recommended on a daily basis, especially with endocrine therapy (tamoxifen, OFS + aromatase inhibitor)
- > Potentially denosumab with aromatase inhibitor therapy (+OFS) after breast cancer

Cognitive impairment: “chemo-brain”

Chemotherapy associated with subjectively impaired cognitive function for two years in about 20–30% of all patients, causes not completely understood¹⁵

Breast cancer & working¹⁷

- Everyday work essential as a “**normality factor**” for many patients
- However, the ability to perform is clearly reduced during therapy > danger of being overburdened
- In principle, there is **no obligation for employers to be advised about a cancer diagnosis**, but an open discussion is often useful in order to be able to make plans (replacing, restructuring, etc.)
- In principle, resigning/being dismissed while on sick leave is possible for either party.
- **Increased protection against dismissal** in the event of a >50% reduction in earning capacity (apply to Ministry of Social Affairs) = **status of supported disabled person**
- Entitlement to ongoing payments during sick leave followed by a **sickness benefit** from the Austrian Health Insurance Fund (max. 26 weeks)
- **Part-time working hours for reintegration purposes** after sick leave as an option to facilitate a return to work
- **Care allowance** for >65 hours of care per month



Multidisciplinary care is essential!

Hormonal changes

Sexuality

Breast cancer during
pregnancy

Long-term side effects

Working environment



Fertility counselling
Genetic counselling
Oncoplastic surgery
Breast/cancer nurses
Psychosocial care

Referenzen Frau Dr. Bergen

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- 2) Ferlay et al, Int J Cancer.2010;127:2893-2917
- 3) www.onkopedia.at
- 4) Vila J et al, Breast 2015;24:175-181
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- 6) Lambertini M et al, J Clin Oncol. 2018 Jul 1;36(19):1981-90
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- 8) Bellet M et al, Cancer Res. 2019;79:P4-P14
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- 17)www.krebshilfe.net

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Thank you very much

Breast Cancer Forum



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"Breast Cancer Forum"

Clinical Department of Oncology, MedUni Vienna/University Hospital Vienna



Interview

Questions & answers

Breast Cancer Forum



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"Breast Cancer Forum"

Clinical Department of Oncology, MedUni Vienna/University Hospital Vienna



Preview

Webinar series 2022–2023

Cancer in Women forum



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Wiener Gesundheitsverbund
Universitätsklinikum AKH Wien

"Breast Cancer Forum"

Clinical Department of Oncology, MedUni Vienna/University Hospital Vienna

New webinar series

“Cancer in Women forum”

September 2022 to December 2023

Starts 26/09/2022, 5:00–6:00pm

Organiser

Univ.-Prof. Dr Matthias Preusser & Assoc. Prof. PD Dr Rupert Bartsch

Clinical Department of Oncology, University Department of Internal Medicine I, MedUni Vienna



Thank you
very much
for
taking part
Breast Cancer Forum



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Clinical Department of Oncology, MedUni Vienna/University Hospital Vienna