



CMScript

*Member of a medical scheme?
Know your guaranteed benefits!*

Issue 13 of 2014

Breast cancer is the most common cancer in women in both the developed and less developed world. In 2012, breast cancer was present in 6.3 million women worldwide. According to the World Health Organisation, breast cancer is the most common cause of cancer death among women with over 522 000 deaths recorded in 2012. According to the National Cancer Registry, one in every 27 South African women will be diagnosed with breast cancer in her lifetime.

Early detection of breast cancer

Early detection of breast cancer greatly increases the chances for successful treatment. Early detection begins with regular self examination of the breast which allows one to become familiar with breasts in order to notice any changes that may occur. Screening tests for early detection includes:

- Clinical breast exam by a health professional to detect any possible signs of breast cancer.
- Mammography which uses x-rays to make pictures of the insides of the breast.

Breast cancer in men

It should be noted that breast cancer is not a women only disease. While breast cancer in men is rarely diagnosed there is a possibility for them to develop this disease. Men should thus be aware and seek medical help if they experience any abnormalities in their breasts described above.

Signs and Symptoms

Initially, breast cancer may not cause any symptoms. During these early stages a lump may be too small to be felt or to cause any unusual changes that can be noticed. In some cases however the first sign of breast cancer may include the following:

- A lump or thickening in or near the breast
- A change in the size or shape of the breast
- A nipple turned inward into the breast
- A nipple discharge other than breast milk
- Scaly, red, or swollen skin on the breast, nipple, or areola (the dark area of skin that is around the nipple).
- Dimples in the breast that looks like the skin of an orange
- Pain in the breast



Diagnostic tests

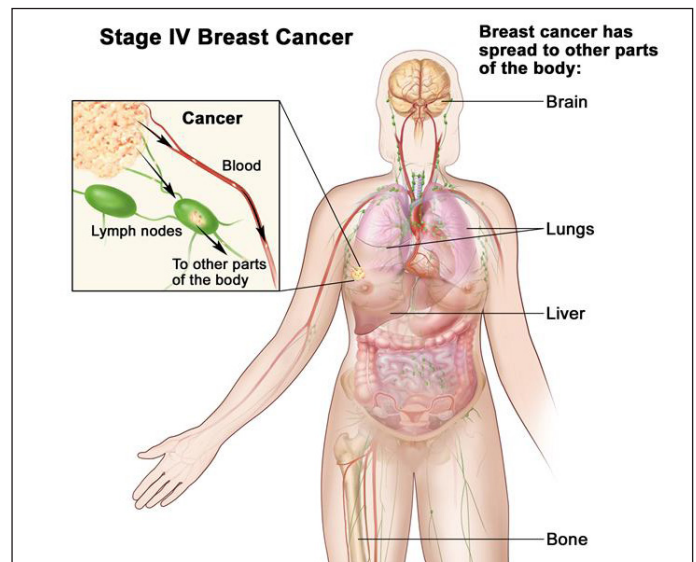
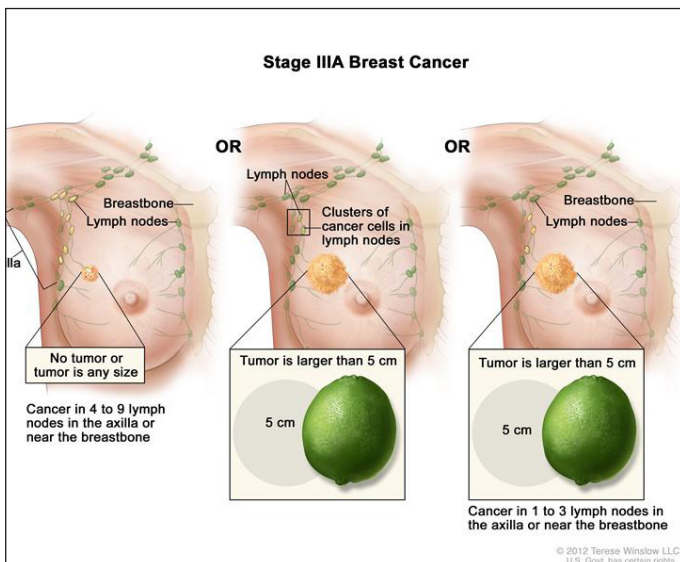
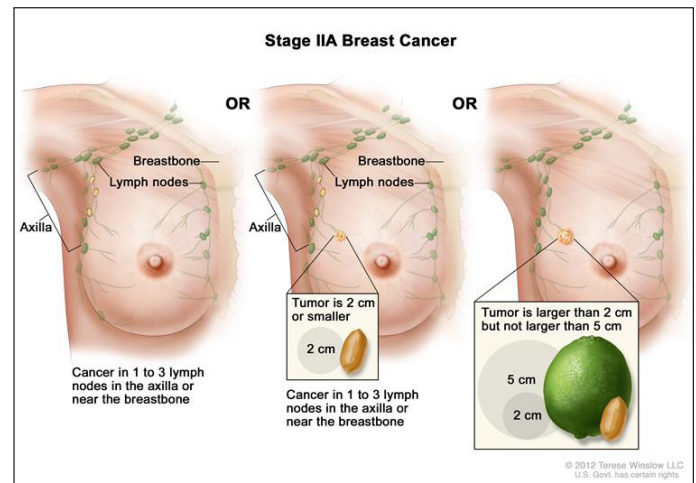
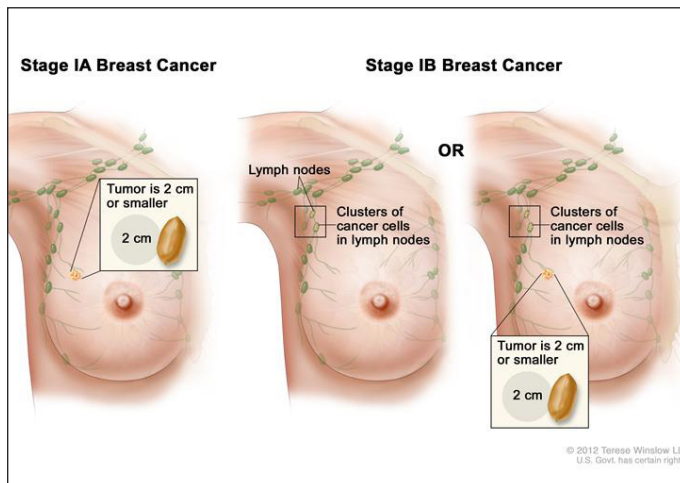
The first critical step in the management of cancer is to establish the diagnosis based on clinical, imaging and pathological examination. The following tests and procedures may be used:

- Medical History: A history of the patient's health habits and past illnesses and treatments; and family history.
- Physical examination: An examination of the body to check general signs of health, including checking for signs of disease, such as lumps or anything else that seems unusual.

- **Biopsy:** The removal of cells or tissues so they can be viewed under a microscope to check for signs of cancer.
- **Blood tests:** To measure the number of blood cells which are important for the normal functioning of the body and to measure the amounts of certain substances released into the blood by organs and tissues in the body.
- **Mammography:** A test that uses x-rays to make pictures of the insides of the breast.
- **Ultrasound exam:** A procedure that uses sound waves to make pictures of the breast tissue. It is used when mammograms are not clear.
- **MRI (magnetic resonance imaging):** A procedure that uses a magnet, radio waves, and a computer to make a series of detailed pictures of areas inside the body.
- **Stage 0:** abnormal cells are found in the lining of a breast duct and lobules of the breast
- **Stage IA:** the tumour is 2 centimetres or smaller and is found only in the breast.
- **Stage IB:** the tumour is 2 centimetres or smaller. Small clusters of cancer cells are found in the lymph nodes.
- **Stage IIA:** tumours are 2 centimetres or smaller and cancer is found in axillary lymph nodes or lymph nodes near the breastbone.
- **Stage IIB:** tumours are larger than 2 centimetres but not larger than 5 centimetres and small clusters of cancer cells are found in the lymph nodes.
- **Stage IIIA:** tumours are larger than 5 centimetres but don't involve the breast skin or chest wall.
- **Stage IIIB:** tumours involve the breast skin, chest wall or both.
- **Stage IIIC:** tumour may or may not be present but the cancer appears to have spread into nearby lymph nodes.
- **Stage IV:** the cancer has spread beyond the breast to other parts of the body, most often the bones, lungs, liver, or brain.

Stages of breast cancer

Knowing the cancer stage is important for determining prognosis and treatment options. The stage describes the extent of the cancer in the body. The staging is based on whether the cancer has spread or not, the size of the tumour, how many lymph nodes are involved and whether it is invasive or not.



Management

The choice of treatment strategy is based on the tumour extent/location (size and location of primary tumour, number of lesions, number and extent of lymph node involvement) and biology as well as on the age and general health status of the patient and personal preferences. The following are the treatment options that are available for the treatment of breast cancer:

- Lumpectomy: surgery that removes the breast tumour and some normal tissue around the edge of the tumour. Lumpectomy is usually indicated in women with stage 0 and I cancer.
- Mastectomy: surgery that removes either a large part or the whole breast. Mastectomy is indicated in patients with evidence of widespread disease.
- Radiation therapy is a cancer treatment that uses high-energy X-rays or other types of radiation to kill cancer cells or keep them from growing.
- Chemotherapy: is a cancer treatment that uses drugs to stop the growth of cancer cells, either by killing the cells or by stopping them from dividing.
- Hormone therapy is a cancer treatment that removes hormones or blocks their action and stops cancer cells from growing. Hormones are substances made by glands in the body and circulated in the bloodstream.

Breast replacement options

Women who have had their breast removed during surgery have an option of surgery to reconstruct the breasts or external prosthesis to maintain the shape of the breast. During the reconstruction process, the plastic surgeon rebuilds the breast so that it is about the same size as it was before. There are three ways to reconstruct breasts:

- Implants: breast implants are small bags filled with salt water and silicone gel. These bags are placed under the breast skin and muscle.
- Flaps: are made of tissue taken from the belly area, buttocks or from under the shoulder blade to form the breast.
- Implants and flaps: make use of both implants and flaps.
- An external prosthesis can be used for women who decide that breast reconstruction isn't right for them but still want a breast shape.

Follow-up

After treatment for breast cancer, follow-up care is important to help maintain good health and watch for signs of a cancer recurrence. Follow-up care is individualised based on the type of cancer, the type of treatment received, and the person's overall health, including possible cancer treatment-related problems.

The purpose of follow-up care is:

- To see your reaction to treatment
- To discuss further treatment

- To discuss any side effects you may have
- To check out new symptoms, if any

Follow-up care after treatment includes:

- Breast self-examination: Breast self-examination should be performed every month. This procedure is not a substitute for a mammogram.
- Medical history and physical examination: Every 4-6 months for 5 years then every 12 months afterwards.
- Mammography: every 12 months post the first diagnosis.
- Pelvic examination: Annual gynaecologic exam for women on the tamoxifen drug.
- Active lifestyle: A moderate level of exercise and activity is recommended to maintain good health.

What is covered by the PMB?

Treatable breast cancer is a Prescribed Minimum Benefit (PMB) condition. According to the PMB regulation, treatable cancers are defined as follows:

- they involve only the organ of origin, and have not spread to adjacent organs;
- there is no evidence of distant metastatic spread;
- they have not, by means of compression, infarction, or other means, brought about irreversible and irreparable damage to the organ within which they originated (for example brain stem compression caused by a cerebral tumour) or another vital organ;
- if points (i) to (iii) do not apply, there is a well demonstrated five-year survival rate of greater than 10% for the given therapy for the condition concerned.

According to the regulations, schemes have to pay for the diagnosis, treatment and care costs of treatable breast cancer, whatever medical scheme option you are a member of. This would include screening (physical exam), consultations with doctors and other health professionals, surgery, radiology, pathology, chemotherapy and radiation therapy.

Exclusions

- Screening Mammograms: mammography for screening is not PMB level of care however most medical schemes will pay for one mammogram per year. It is important to find out if your specific medical scheme will cover a mammogram as screening before you go for the examination.
- Biologics: the costs of biological drugs are much higher than that of normal drugs. Some schemes will pay based on strict clinical guidelines and the benefit option that a member belongs to.
- Prophylactic mastectomy also known as preventative mastectomy is excluded as a PMB level of care.
- Reconstruction on the undiseased breast.
- DIEP (Deep Inferior Epigastric Perforators) flap.
- Genetic screening based on family history.



References

Giordano, SH. (2003). Update on Locally Advanced Breast Cancer. *The Oncologists*. [Online] 8(6). p.521-530. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/14657530> [Accessed 10/07/2014]

Lin, NU et al. (2013). International guidelines for management of metastatic breast cancer (MBC) from the European School of Oncology (ESO)-MBC Task Force: Surveillance, staging, and evaluation of patients with early-stage and metastatic breast cancer. *Breast*. [Online] 22(3). p.203-210. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23601761> [Accessed 10/07/2014]

National Cancer Institute. General Information about breast cancer. Available from <http://www.cancer.gov/cancertopics/pdq/treatment/breast/healthprofessional> [Accessed 01/10/2014]

National Comprehensive Cancer Network. (2013). Breast Cancer. Available from www.nccn.com [Accessed 01/07/2014]

NICE. (2009). Early and locally advanced breast cancer: diagnosis and treatment. Available from: <http://www.nice.org.uk/guidance/cg80/resources/guidance-early-and-locally-advanced-breast-cancer-pdf> [Accessed 01/10/2014]

World Health Organisation. (2013). Latest world cancer statistics. Geneva. Available from: <http://www.who.int/mediacentre/factsheets/fs297/en/> [Accessed 01/10/2014]

PMBs

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

The Communications Unit would like to thank Evelyn Thsehla for assisting with this edition of CMScript information@medicalschemes.com

Hotline: 0861 123 267

Fax: 012 430 7644

The clinical information furnished in this article is intended for information purposes only and professional medical advice must be sought in all instances where you believe that you may be suffering from a medical condition. The Council for Medical Schemes is not liable for any prejudice in the event of any person choosing to act or rely solely on any information published in CMScript without having sought the necessary professional medical advice.