



BREAST CANCER SURGERY THE MAINSTAY OF THERAPY

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INCREASED understanding of how to predict who is most at risk of breast cancer is leading to the possibility of risk-based screening, allowing better and more targeted early detection and treatment for women at high risk, according to the author of a Narrative Review published today by the *Medical Journal of Australia*.

Professor Christobel Saunders, the James Steward Chair of Surgery at the University of Melbourne, wrote that surgical management remained the mainstay of breast cancer therapy.

"Unfortunately, to date, we have no precise way to predict who could avoid further non-surgical treatment," she reported.

"Surgery is not practised in isolation but relies on a large team of health professionals, with the patient at the centre, and vital roles played not just by the cancer clinicians but notably by breast care nurses, allied health professionals and general practitioners."

The narrative review highlights recent advances in the prevention, diagnosis, and loco-regional management of breast cancer, and "shows why it is imperative to offer the most efficient and effective treatments and to continue to research better ways of breast cancer treatment and prevention".

"The evolution of surgical practice includes the widespread use of oncoplastic surgery, allowing better cosmetic and oncological outcomes; reconstructive surgical advances, using free flap techniques; and sequencing of systemic and local therapies to better tailor treatments to the patient's cancer and improve outcomes," Professor Saunders wrote.

"Recognition of side effects of breast cancer treatment have led to improvement in the management of conditions such as chronic pain and lymphoedema, as well as addressing the psychosocial, body image and sexual complications caused by the cancer and its treatment."

Other topics covered in the review include prevention and screening, diagnosing breast disease, evolution of surgical management, managing side effects of cancer surgery, new insights into breast cancer biology and their effects on surgical management, surgery in metastatic disease, and future possibilities.

"In the medium term, surgery will remain the primary treatment for nearly all patients diagnosed with breast cancer, performed by highly subspecialised surgeons who have undertaken extensive training both in technical aspects of breast and reconstructive surgery but also in multidisciplinary oncology care," Professor Saunders concluded.

"Moreover, the strong and respectful links between surgical practice and patients, both individually and via remarkable patient advocacy organisations (such as www.bcna.org.au),



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will continue to drive patient-centred, value-based care and research, which will improve survival rates in the coming decades.”

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CONTACTS:

Media and Communications Office

University of Melbourne

Ph: 03 8344 4123

Email: media-enquiries@unimelb.edu.au