

**Slidell Memorial Hospital  
Cancer Program  
2009 Breast Cancer Study**

**Introduction**

In 2008 more than 180,000 new cases of breast cancer were diagnosed and approximately 40,000 deaths were noted. Breast cancer can occur in males although 99 percent of cases arise in women.

There are risk factors for breast cancer, among them: early menarche or late menopause, nulliparity, post-menopausal hormone replacement therapy, obesity, excessive alcohol consumption, breast cancer in first-degree relatives, autosomal dominant mutation in the BRCA and BRCA2 genes and others.

Because of the significant incidence of breast cancer, prevention studies have been conducted that have shown a “decrease by 50 percent in the new diagnosis of breast cancer by using Tamoxifen.”

At SMH, 522 new cases were diagnosed between 2000- 2007 as compared to the other community hospitals in Louisiana that had a total of 7,065 new cases.

**Diagnosis**

Most cases of breast cancer nowadays are diagnosed by using digital mammography done on a routine basis, where a mass or suspicious calcifications are seen. Here at SMH, there is a dedicated unit that has facilitated the correct diagnosis of many cases within our community.

Once the suspicion of cancer arises, the next step is usually a biopsy of the lesion in question. There are various ways of attaining a diagnosis, either an incisional biopsy or an excisional one. After the diagnosis of cancer is confirmed, the patient and the surgeon (and sometimes the medical oncologist and radiation oncologist) meet and discuss further surgical benefits to include a sentinel node biopsy

plus lumpectomy vs. a modified radical mastectomy, depending on the physical and emotional characteristics of the patient. This discussion is many times preceded by a metastatic work up to find out whether there are other areas in the body affected by the malignancy (blood work, CT scans and other imaging studies).

**Treatment**

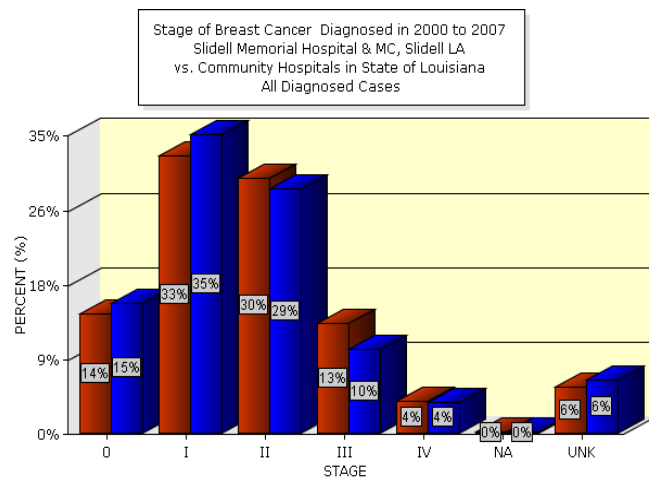
The treatment of the breast cancer patient depends on the stage and includes surgery, chemotherapy and/or radiation therapy. At SMH these three modalities are readily available through well-trained physicians and well-equipped facilities.

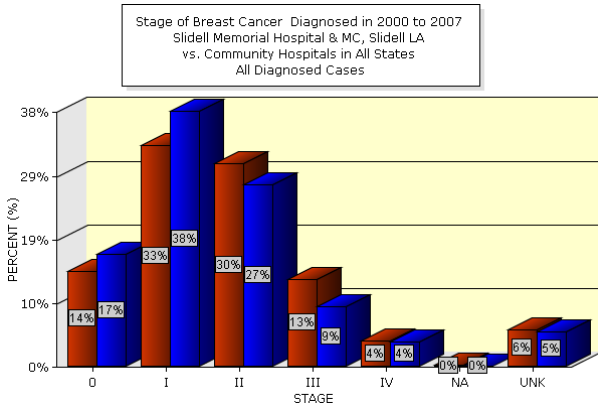
According to the National Cancer Database, the breakdown of the patients diagnosed between 2000 and 2007 at SMH, in terms of stage, is as follows:

Stage 0 (carcinoma in situ)	14.18%
Stage I	32.95 %
Stage II	30.27%
Stage III	13.03%
Stage IV	3.83%
Unknown	5.56 %

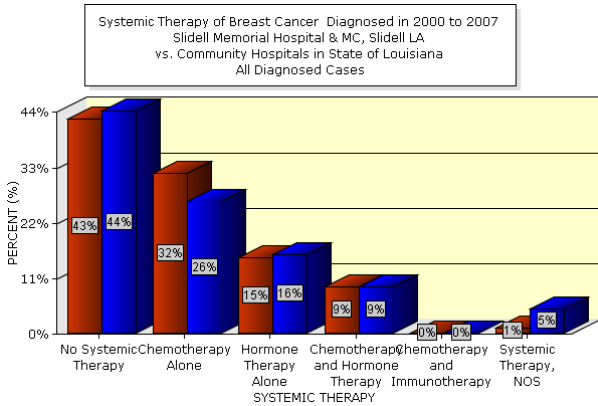
This is very similar to state and national statistics.

SMH- Red  
Community Hospitals- Blue





Furthermore, when we compare the use of systemic therapy at SMH for the same period of time to the rest of the state of Louisiana, the numbers are as follows:



The comparisons help us to make sure that we are providing the proper care and alert us should there be any significant difference that would guide our educational efforts in the community and among the members of the cancer care team.

**Prognosis**

The decision to offer the breast cancer patient one or more modalities of therapy depends on prognostic factors. These factors give us an idea of the patient’s chance of survival when offered therapy.

There are well-established prognostic factors: tumor size, nodal status, presence or absence of metastatic disease, estrogen receptor and progesterone receptor status, HER II neu status, age, etc. There are also

newer methods being developed that look at biomarkers and gene expression assays that will impact the therapeutic decision.

**Outcome**

Survival data of breast cancer patients is available for cases diagnosed in 1998-2002. Because of the sample size for stages 0, III and IV at our hospital, the statistical analysis could not be performed; however, the survival for stage I and II and the overall survival were compared to the state and national statistics and is represented by the graphs on this page. As noted, there is a very small variability among groups in the analysis, which could be accounted for by our small sample size.

SMH Observed Survival for Breast Cancer

Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
Stage 0	29	Insufficient cases to display survival information					
Stage I	91	100.0	98.9	95.6	93.4	86.7	86.7
Stage II	60	100.0	96.7	91.6	84.8	81.5	78.0
Stage III	24	Insufficient cases to display survival information					
Stage IV	5	Insufficient cases to display survival information					
OVERALL	209	100.0	98.1	93.8	88.5	84.1	82.1

74- Louisiana Programs Observed Survival for Breast Cancer

Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
Stage 0	1311	100.0	99.5	98.8	97.6	95.9	94.9
Stage I	3294	100.0	98.9	96.8	94.6	92.2	89.7
Stage II	3287	100.0	97.9	93.6	89.0	84.8	80.7
Stage III	784	100.0	91.7	78.3	66.7	59.8	53.2
Stage IV	414	100.0	67.4	47.5	34.1	23.8	17.8
OVERALL	9090	100.0	96.6	92.1	87.8	84.2	80.8



480 - Community Cancer Centers  
Observed Survival for Breast Cancer

Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
Stage 0	14977	100.0	99.3	98.1	97.0	95.5	94.2
Stage I	37949	100.0	98.6	96.7	94.5	91.9	89.2
Stage II	30254	100.0	97.6	93.3	88.7	84.4	80.2
Stage III	6766	100.0	91.9	79.5	68.8	60.4	54.2
Stage IV	3222	100.0	64.8	45.2	32.9	24.5	18.5
OVERALL	93168	100.0	96.7	92.8	89.0	85.4	82.0

1404- Programs Nationally  
Observed Survival for Breast Cancer

Stage of Disease	ENTER	0.0 yr	1.0 yr	2.0 yr	3.0 yr	4.0 yr	5.0 yr
Stage 0	110357	100.0	99.5	98.8	97.8	96.6	95.3
Stage I	251418	100.0	99.1	97.6	95.7	93.6	91.3
Stage II	200423	100.0	98.2	94.6	90.6	86.7	83.0
Stage III	40978	100.0	93.2	81.9	72.1	64.4	58.3
Stage IV	19283	100.0	69.4	50.4	36.7	27.7	21.4
OVERALL	622459	100.0	97.6	94.4	91.0	87.9	85.0

At SMH we are committed to improve cancer care on a daily basis through various educational tools aimed at the members of the cancer care team and at our community at large, as well as offering state-of-the-art facilities and programs.

***Agustin Suarez, MD***  
***Hematology Oncology***

References:  
NCCN Clinical Practice Guidelines  
NCDB National Comparison Benchmark Report  
NCDB Survival Reports