

Self-examination is self-care

BREAST cancer is so common that one in 20 Malaysian women develops breast cancer in her lifetime. Dr Daphne Anthonyamy, consultant breast and endocrine surgeon at Subang Jaya Medical Centre, says it is best if the cancer can be detected early and treated accordingly for a higher chance of survival.

She advises women to examine their breasts around 10 days after their periods, as hormonal changes during the menstrual cycle may cause breasts to feel lumpy and sore and potentially lead to a misdiagnosis.

For a proper self-examination, one should stand in front of a mirror, use the flat of her palms and massage her breasts and the areas around them, including her underarms, with circular motions to feel for lumps and irregularities. Dr Daphne lists several breast cancer warning signs to watch out for:

- **Asymmetry** – When the breasts look very different from each other
- **Abnormalities on the nipple** – Peeling skin, cracks and sores around the nipple
- **Nipple discharge** – Any nipple discharge requires medical attention, especially when the discharge is coloured
- **Puckering of the skin** – Dimple on the breast
- **Lumps**

If you notice any of these signs when checking your breasts, Dr Daphne urges you to consult a doctor right away. Imaging of the breasts can be done via mammogram for older women with ultrasound as adjunct screening, ultrasound for younger women and MRI for women with



Dr Daphne Anthonyamy.

breast implants.

Reducing the chance of occurrence

There are no confirmed preventative steps for breast cancer. However, Dr Daphne says it can be helpful if we recognise our risk factors and take steps to minimise our risk of developing breast cancer.

“The risk increases as we age and is notably higher in women. Besides that, a first-degree family history of breast cancer, having the breast cancer gene (BRCA gene) and undergoing hormone replacement therapy can increase breast cancer risk.”

All in all, she wishes the public to know that there is a higher chance of survival for breast cancer as long as there is early detection and proper treatment. As her final advice for women, she quips, “Always be breast aware.”

■ For more information, call 03-5639 1212.



Do not be fooled by the myth and misconceptions of breast cancer. Should you notice any warning signs, get it checked immediately.

Choosing what matters most

Despite heightened awareness and technological advances, Dr Daphne Anthonyamy, consultant breast and endocrine surgeon at Subang Jaya Medical Centre, says misconceptions about breast cancer are still prevalent in Malaysia. She clarifies a few, as detailed below.

False: It isn't breast cancer if it isn't painful

True: In most cases, breast cancer is actually painless.

False: Breast cancer occurs only in elder women

True: Younger women can be at risk of developing breast cancer, too.

False: Traditional medicine can cure cancer just as well as modern medicine

True: Some people buy into the sweet talk of a painless and easier way of treatment with traditional medicine. However, this may cause a patient's condition to worsen by delaying treatment.

False: When you undergo treatment for breast cancer, you will lose your breast

True: If treatment is sought early, you may not need to lose your breast. Lumpectomy, which is a type of breast-conserving surgery, only removes the lump. Even if you have to remove your breast, surgeons can

carry out immediate breast reconstruction.

False: Being diagnosed with breast cancer equals a death sentence

True: Breast cancer is actually curable when diagnosed early and treated accordingly. The five-year survival rate for breast cancer is 92% to 98% for stages 1 and 2, 70% for stage 3 and 20% for stage 4.

False: Only women get breast cancer

True: Men can also get breast cancer. While it is rare, it is more aggressive when it occurs in men because men have less breast tissue.

Don't let fear get in the way of treatment

“A LOT of women are afraid to come to hospitals for breast cancer treatment because they are afraid that if they are diagnosed with cancer, they are going to lose their breast,” says Dr Tan Gie Hooi, consultant breast and oncoplastic surgeon at ParkCity Medical Centre.

However, that is far from the reality. With modern technology and advancements in medicine, there are many more treatment options for women in their fight against breast cancer, one of which is reconstructive surgery.

“Doctors will always try and save the existing breast with breast conserving surgery (lumpectomy),” says Dr Tan. Only in instances when it is not advisable to have a lumpectomy is a mastectomy (removal of the



Dr Tan Gie Hooi.

whole breast) conducted.

In this scenario, Dr Tan finds that a lot of women are fearful about going through with a

mastectomy because of body image issues, as they can't imagine seeing themselves with one breast. “This is where breast reconstruction comes in,” says Dr Tan.

Breast reconstruction surgery can be done either immediately during the mastectomy or at a later date. Delayed breast reconstruction usually is done about one or two years after treatment is complete.

Talking to your doctor

There are two types of breast reconstruction for patients to choose from – the use of implants or tissue flap procedures.

While breast reconstruction is available for everyone, you and your doctor will need to talk about your wants, needs, medical conditions and any previous

surgery before you decide. If you are someone who wants to have children after reconstructive surgery, you will also need to talk to your doctor to find the right procedure for you.

“Most of the time, ideal candidates for breast reconstruction surgery are patients less than 55 years old, who don't have any pre-existing medical problems, such as diabetes or hypertension, and is a non-smoker,” says Dr Tan. However, if you do have any of these conditions, more caution is taken with reconstructive surgery.

Because every person's body is unique, a number of factors are

usually taken into consideration before undergoing breast reconstruction surgery. “When we suggest the type of reconstruction, we look at the patients' breast as a whole, taking into account the breast size and shape to know the volume required for reconstruction,” she says, who adds that you should not be afraid to ask your doctor what your options are, emphasising that every woman deserves to be told about breast reconstruction and it is up to them to decide if they wish to undergo the procedure.

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Types of breast reconstruction

It's important to choose breast reconstruction that is suitable for your body type. The two types of breast reconstruction available are:

● Implants

Breast implants, usually made of silicone, are surgically placed to reconstruct the breast. These implants are the quickest and simplest form of breast reconstruction. However, an implant does not last forever. There is a risk of

capsular contracture, which is a response of the immune system to foreign objects in the body, years after getting the implant. This will require changing the implants and a capsulectomy.

● Tissue flap procedure

In this procedure, a woman's own tissue is taken from within the tummy (TRAM flap) or back muscle (latissimus dorsi flap) and used to create a mound to reconstruct the breast. Sometimes the tissue being moved is kept

attached to its blood supply, in what is called a pedicled flap. Other times, where a free flap is done, the blood vessels are disconnected and then reconnected to a blood supply near the new location (breast).

In instances where a TRAM flap is used, part of the core muscle of a patient's abdomen is harvested. Hence, patients are advised not to stress the abdominal muscle too much after the surgery.



Women must remember there are medical treatment options for patients with breast cancer, including reconstructive surgery.