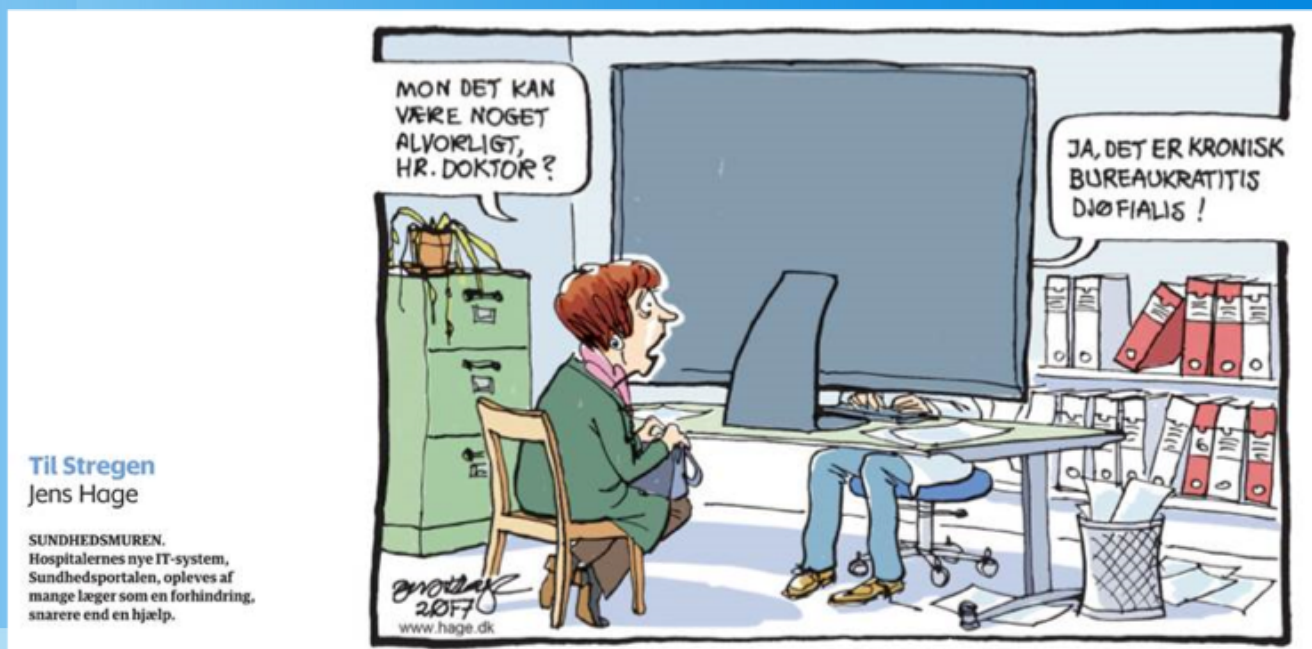
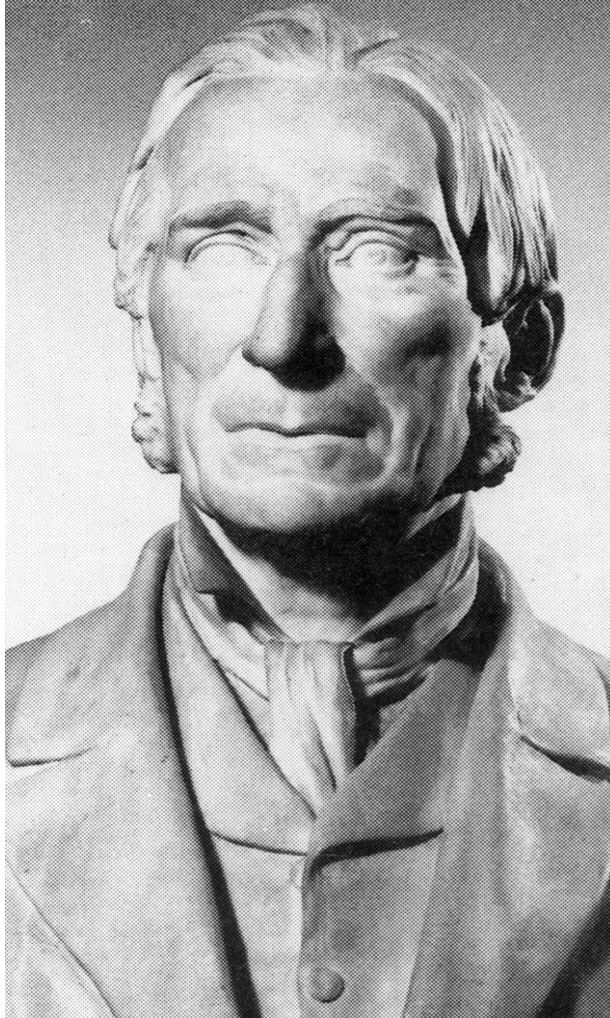


Skånsom brystkirurgi



Professor, Overlæge, Dr. Med. Niels Kroman
Brystkirurgisk afdeling Herlev/Rigshospitalet
Cheflæge Kræftens Bekæmpelse



Sir James Paget

1814-1899



ON THE AVERAGE DURATION OF LIFE IN PATIENTS WITH SCIRRHOUS CANCER OF THE BREAST.

By JAMES PAGET, Esq., F.R.S.,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE BREAST.

[JANUARY 19, 1856.]

Records which I have made or collected of 139 cases of scirrhus cancer of the breast, watched to their conclusions, or to their survivals beyond the average duration, give the following results:—

In 75 not submitted to operation, the average duration of life, after the patient's first observation of the disease, has been 48 months. In 64 submitted to operation, and surviving its immediate consequences, the corresponding average has been a little more than 52 months. The longest duration of life, in the former class, has been 216 months; in the latter class, 146; the shortest, in the former, was 7 months; in the latter 7½.

The proportionate numbers of the deaths* in each year, after the first observations of the disease, may be represented by the following table:—

	With Operation. Per Cent.	Without Operation. Per Cent.
In the first year, there died	4·7	8
„ second „	6·25	22·6
„ third „	21·8	24
„ fourth „	14	9·37
„ fifth „	20	7·3
„ sixth „	11	5·3
„ seventh „	9·37	9·37
„ eighth „	3·12	2·66
„ years after the eighth	9·37	12

the mortality from the operation itself, which I still believe to be not less than ten per cent.



Paget report on breast cancer survival *Lancet 1856*

- 75 cases observed without operation: Average survival 48 months (range 7-216 months)
- 64 cases who underwent surgery: Average survival 52 months (range 7½-146 months)



Samuel David Gross

1805 - 1884

Painting by Thomas Eakins

1875



Samuel Weissel Gross

1837 - 1889

Painting by Thomas Eakins, 1875



A
PRACTICAL TREATISE
ON
TUMORS OF THE MAMMARY GLAND:

EMBRACING THEIR
HISTOLOGY, PATHOLOGY, DIAGNOSIS, AND TREATMENT.

BY
SAMUEL W. GROSS, A. M., M. D.,
SURGEON TO, AND LECTURER ON CLINICAL SURGERY IN, THE JEFFERSON MEDICAL
COLLEGE HOSPITAL AND THE PHILADELPHIA HOSPITAL; PRESIDENT OF THE
PATHOLOGICAL SOCIETY OF PHILADELPHIA; FELLOW OF, AND FOR-
MERLY MÜTTER LECTURER ON SURGICAL PATHOLOGY IN, THE
COLLEGE OF PHYSICIANS OF PHILADELPHIA; FELLOW
OF THE ACADEMY OF SURGERY OF
PHILADELPHIA, ETC.

ILLUSTRATED BY TWENTY-NINE ENGRAVINGS.

LONDON:
H. K. LEWIS, 136 GOWER STREET.
1880.



**“I did not save one of
my first hundred
cases”**

Samuel Weissel Gross



The Agnew clinic. Portrait of David Hayes Agnew, 1889.

By Thomas Eakins



“I operate on breast cancer solely for the morale effect of the patient. I believe that the operation rather shorten than prolongs life”.

Haynes Agnew, 1889



Theodor Billroth

1829-1894

3-year survival:

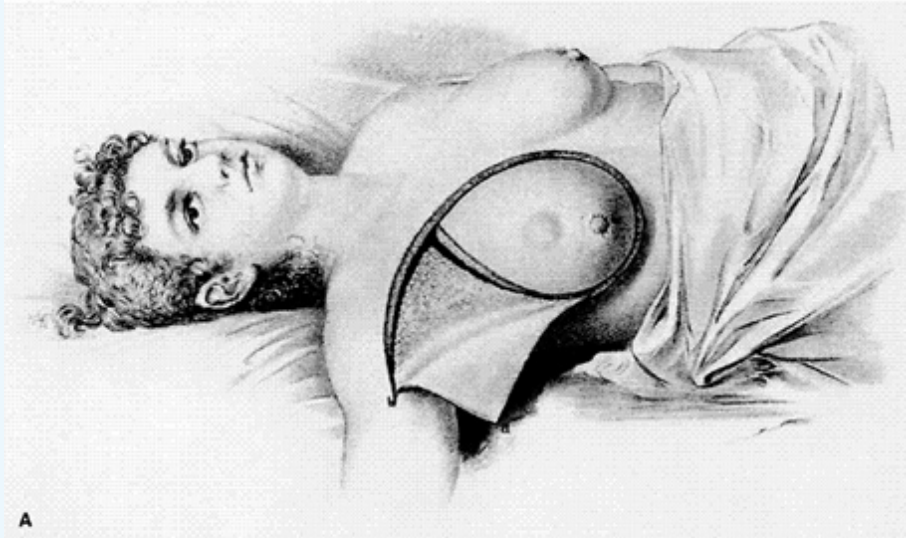
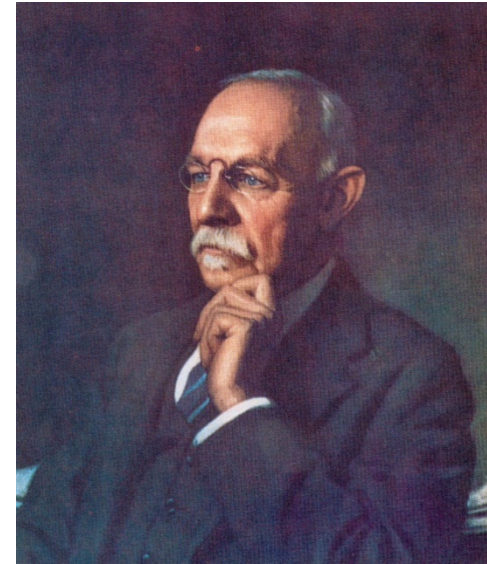
4.7%

Local relapses:

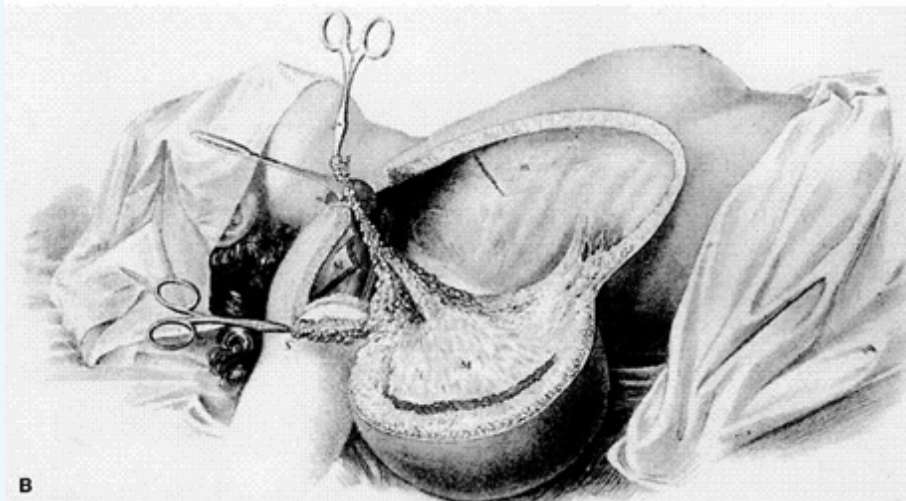
85%



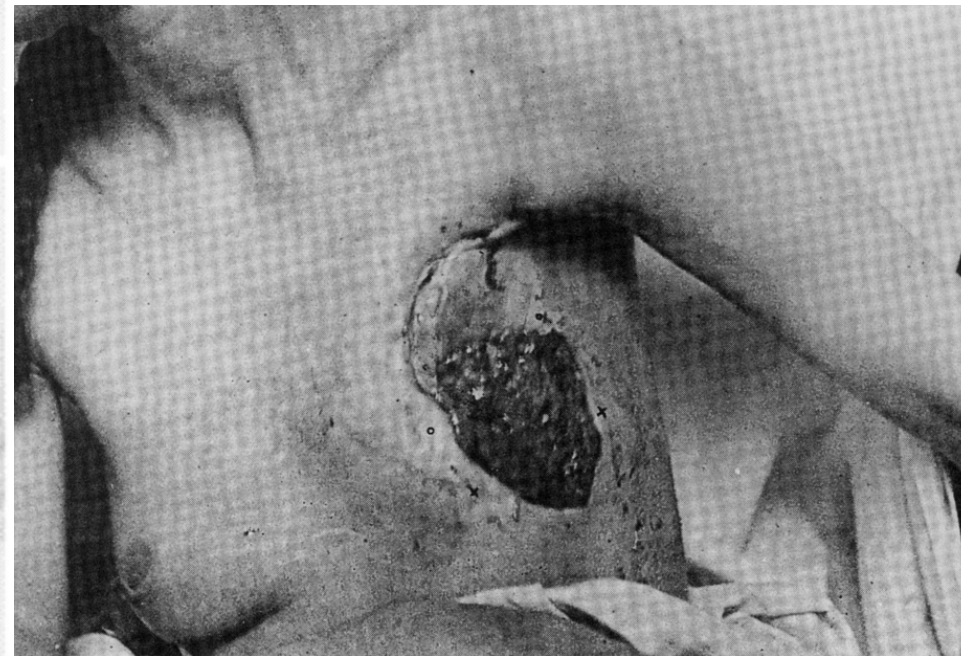
Halsted's mastectomy



A

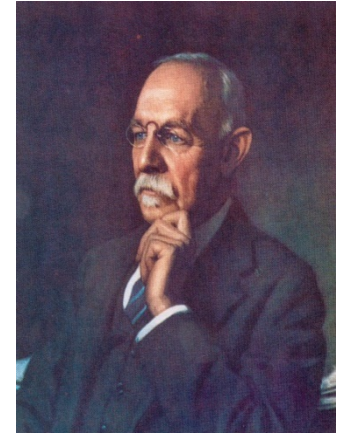


B





“After all, disability even so great, is a matter of very little importance, as compared with the life of the patient...”



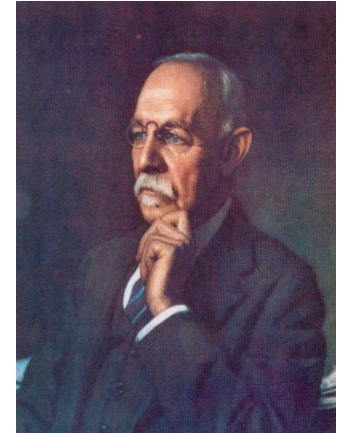
William S. Halsted

1852 - 1922



“After all, disability even so great, is a matter of very little importance, as compared with the life of the patient...

Furthermore, these patients are old, their average age is nearly 55 years; they are no longer active members of society.”

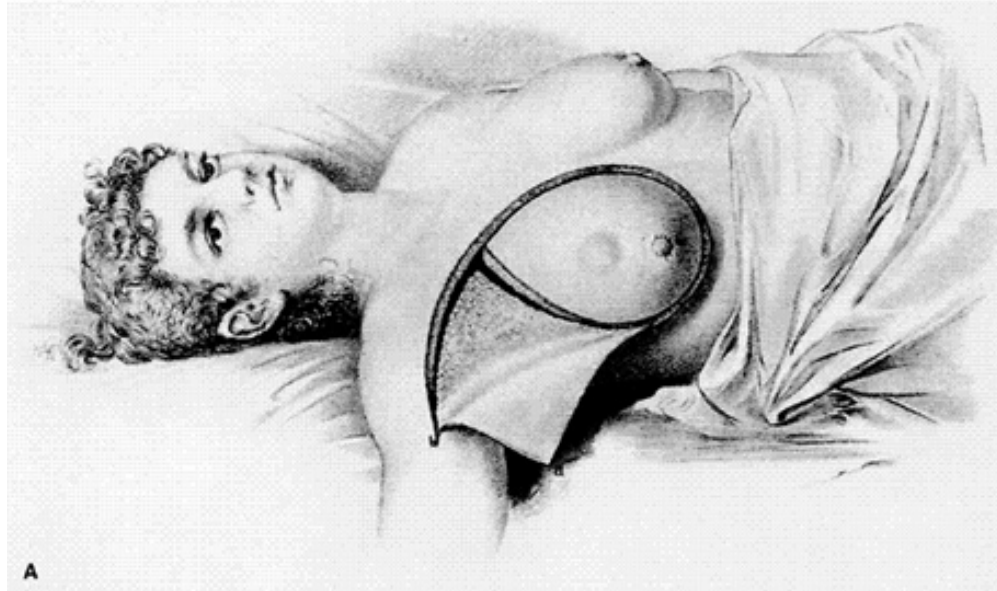


William S. Halsted

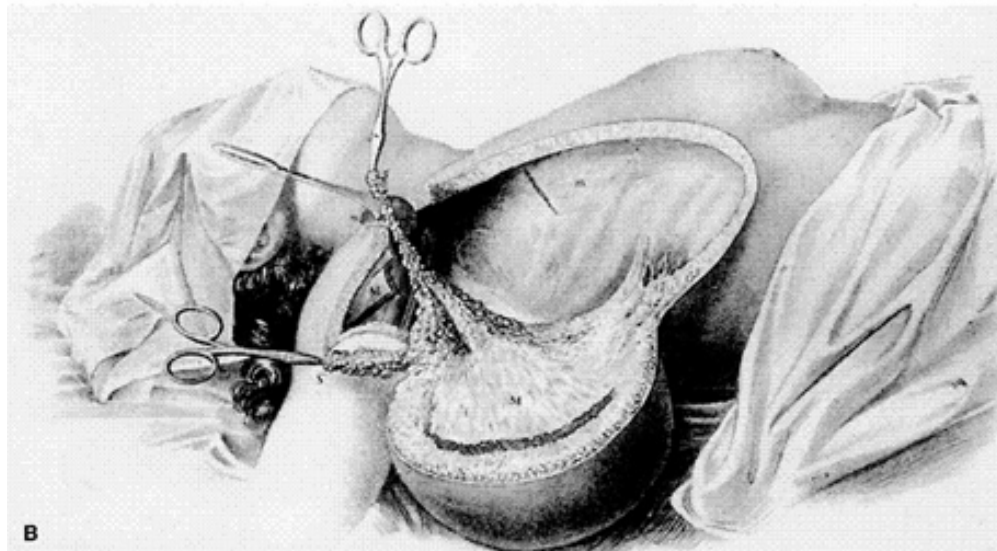
1852 - 1922



Halsted's Mastectomy



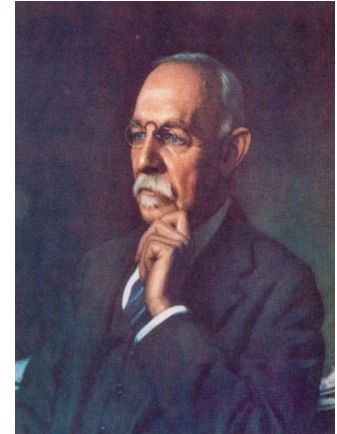
A



B



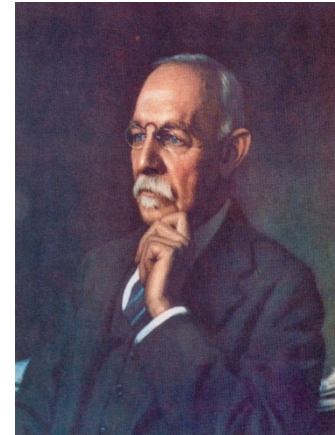
Halsted's paradigm:



Lokal sygdomskontrol er
af afgørende betydning



Halsted's paradigm:



Lokal sygdomskontrol er
af afgørende betydning



Radikal kirurgi



Hvorfor ændre?

”If we stop improving,
we stop being good”

Oliver Cromwell,
1599-1658





Hvorfor ændre?

”If we stop improving,
we stop being good”

Oliver Cromwell,
1599-1658



Maksimal tolerabel behandling
→
Minimal effektiv behandling

U. Veronesi,
St. Gallen 2005





Fishers paradigme:

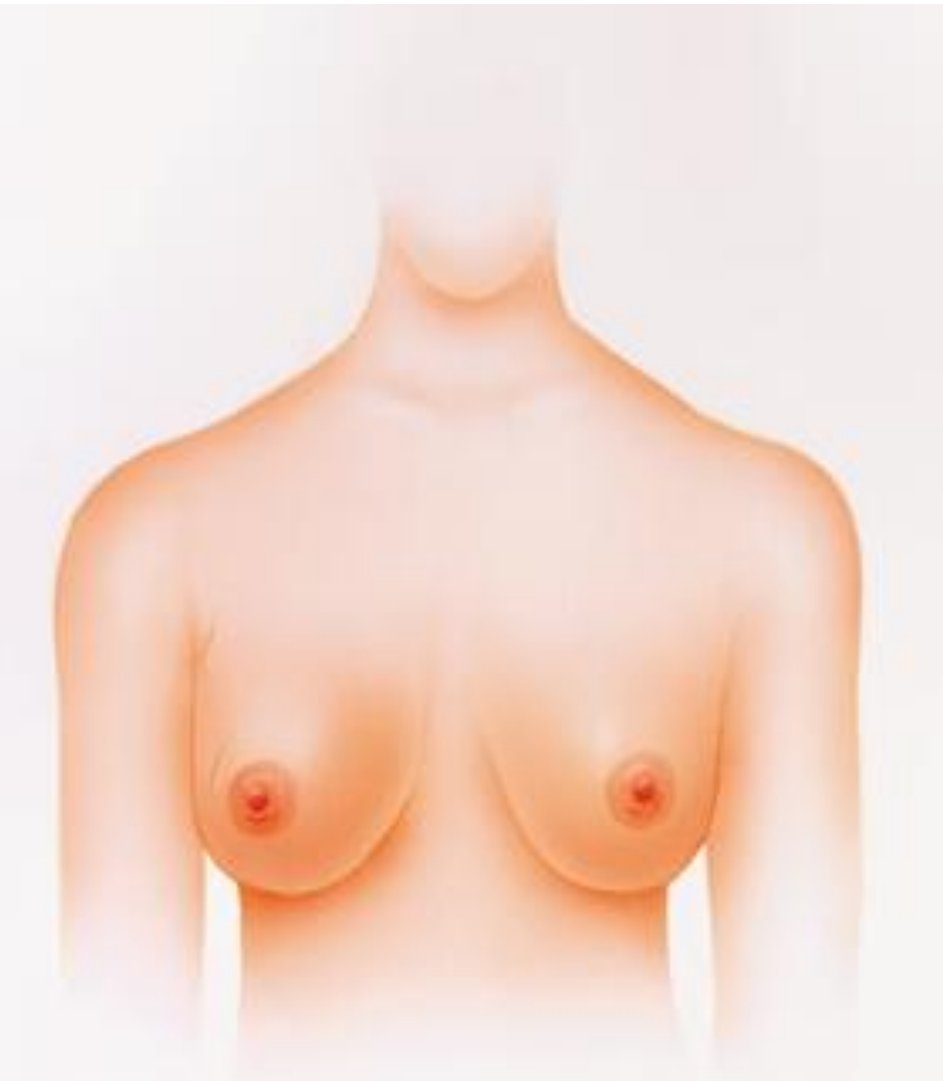
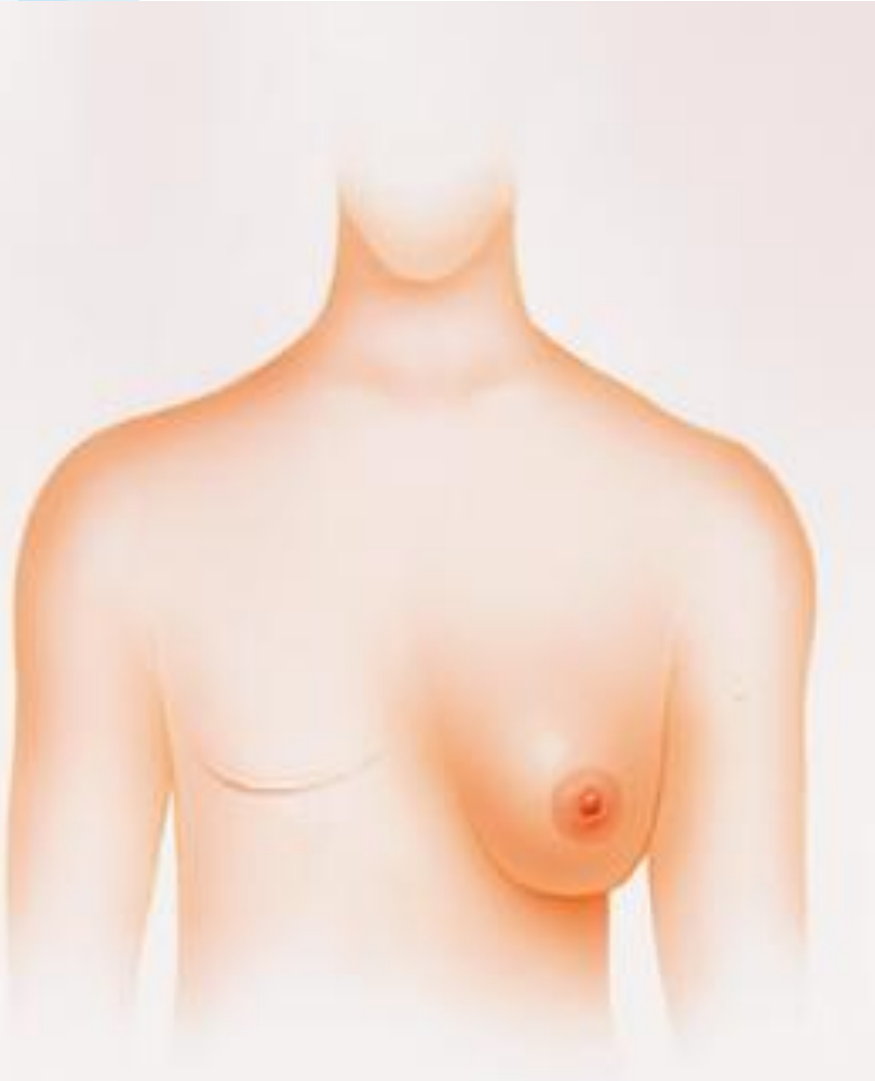
Sygdommen er allerede på
diagnosetidspunktet
dissemineret \Rightarrow

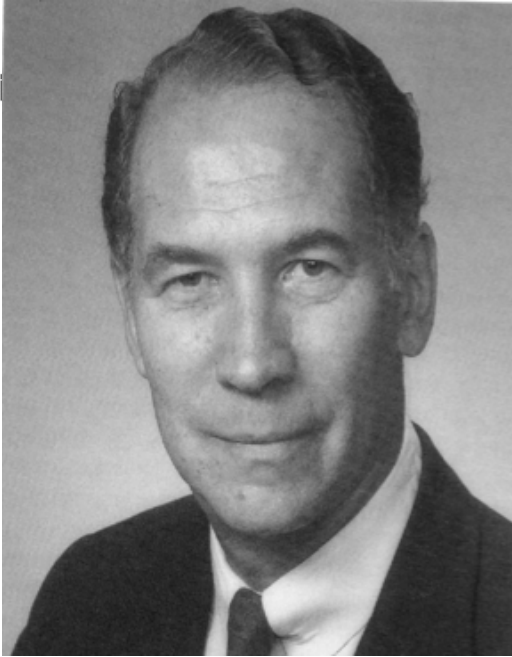


Fishers paradigme:

Sygdommen er allerede på
diagnosetidspunktet
dissemineret \Rightarrow

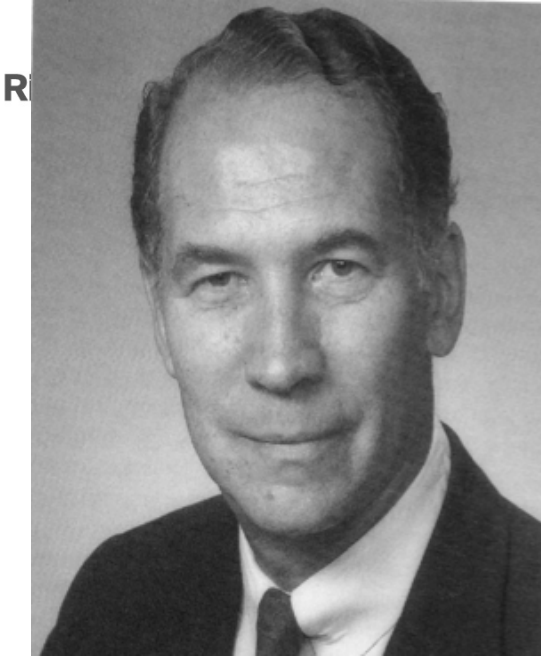
Ekstensiv kirurgi forbedrer ikke
prognosen





Hellman's Spektrumkoncept:

Brystkræft udgøres af et bredt
spektrum af sygdomme med
forskellig biologi og prognose ⇒



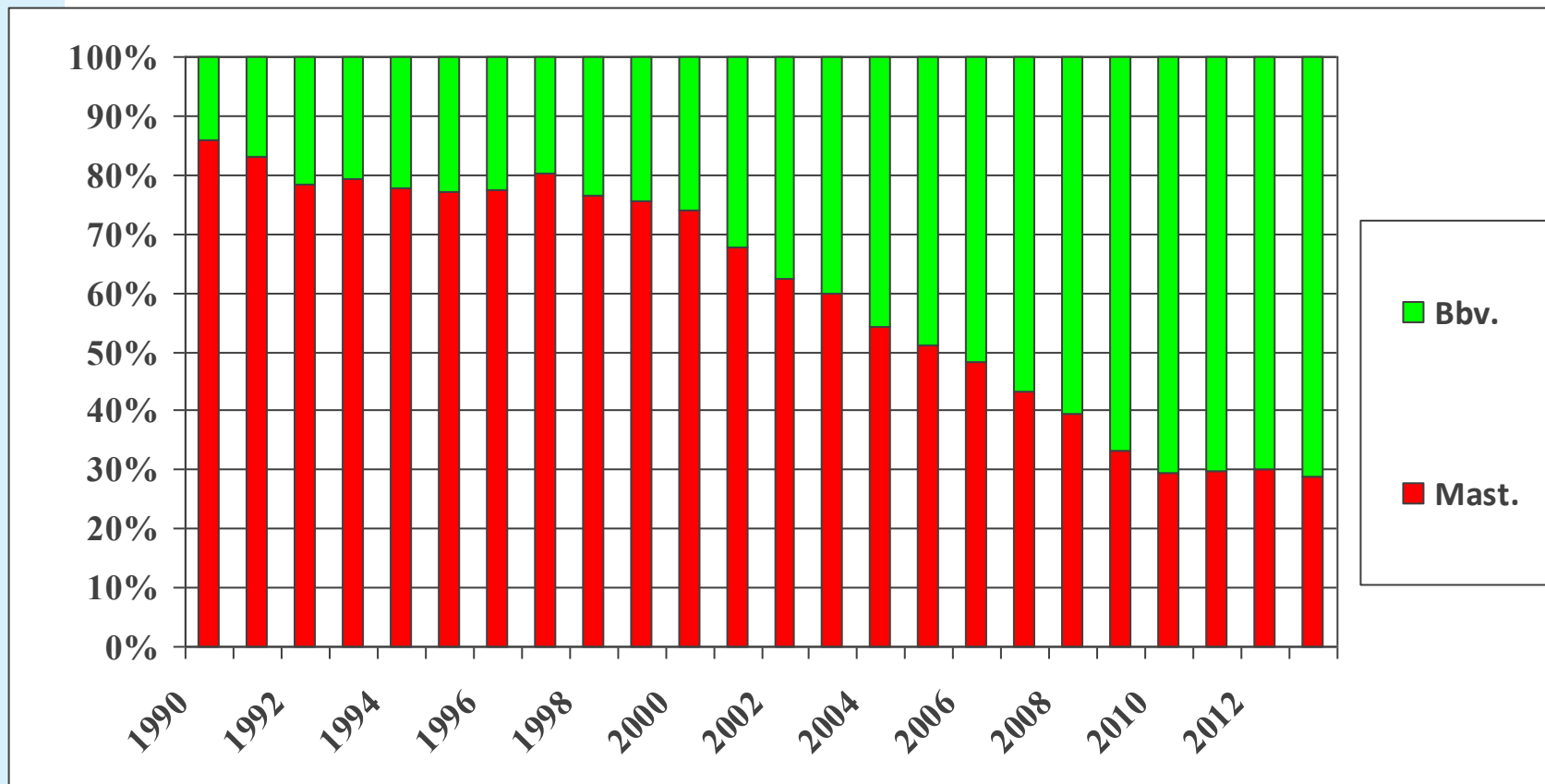
Hellman's Spektrumkoncept:

Brystkræft udgøres af et bredt *spektrum* af sygdomme med forskellig biologi og prognose ⇒

Behandlingen skal differentieres efter det enkelte sygdomstilfælde



Fordeling af operationstype pr år



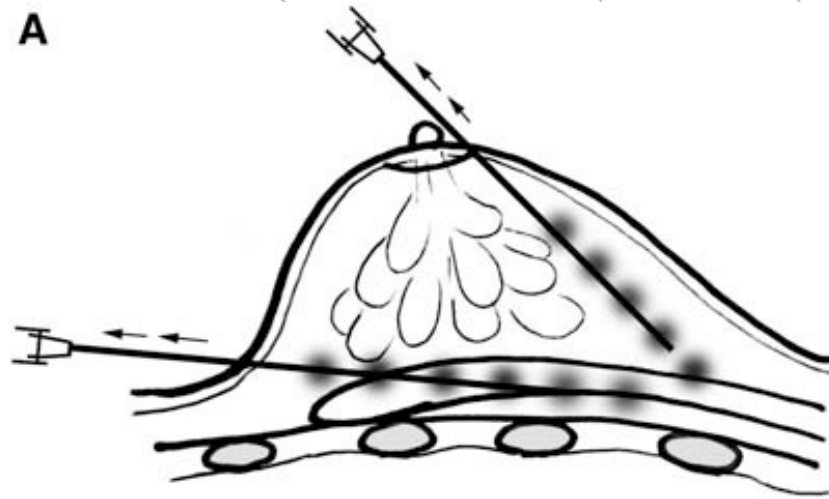




Onkoplastisk kirurgi skal forstås som integration af plastikkirurgiske teknikker i forbindelse med lumpektomi ved brystbevarende behandling af brystkræft



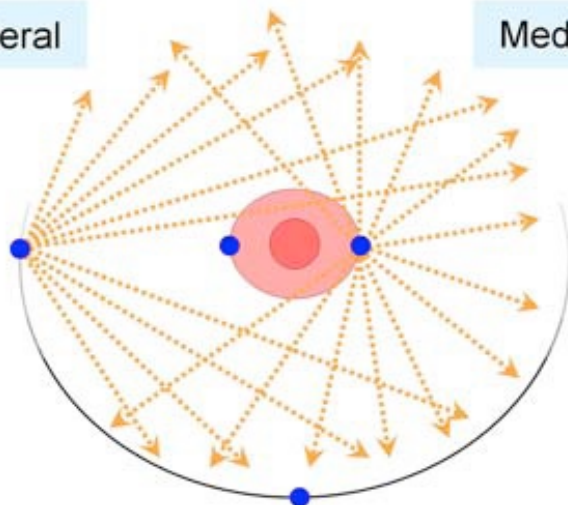
A



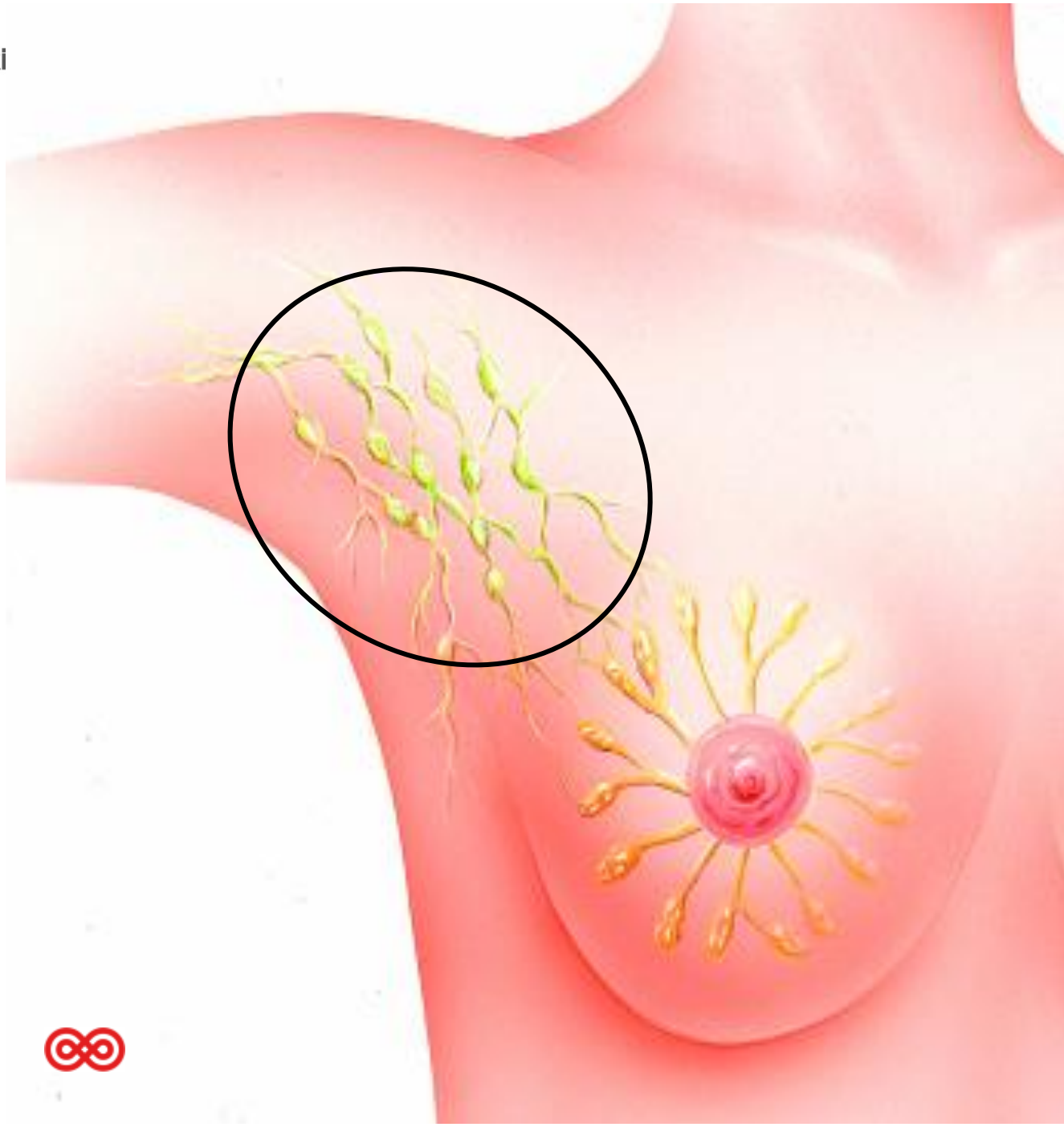
B

Lateral

Medial









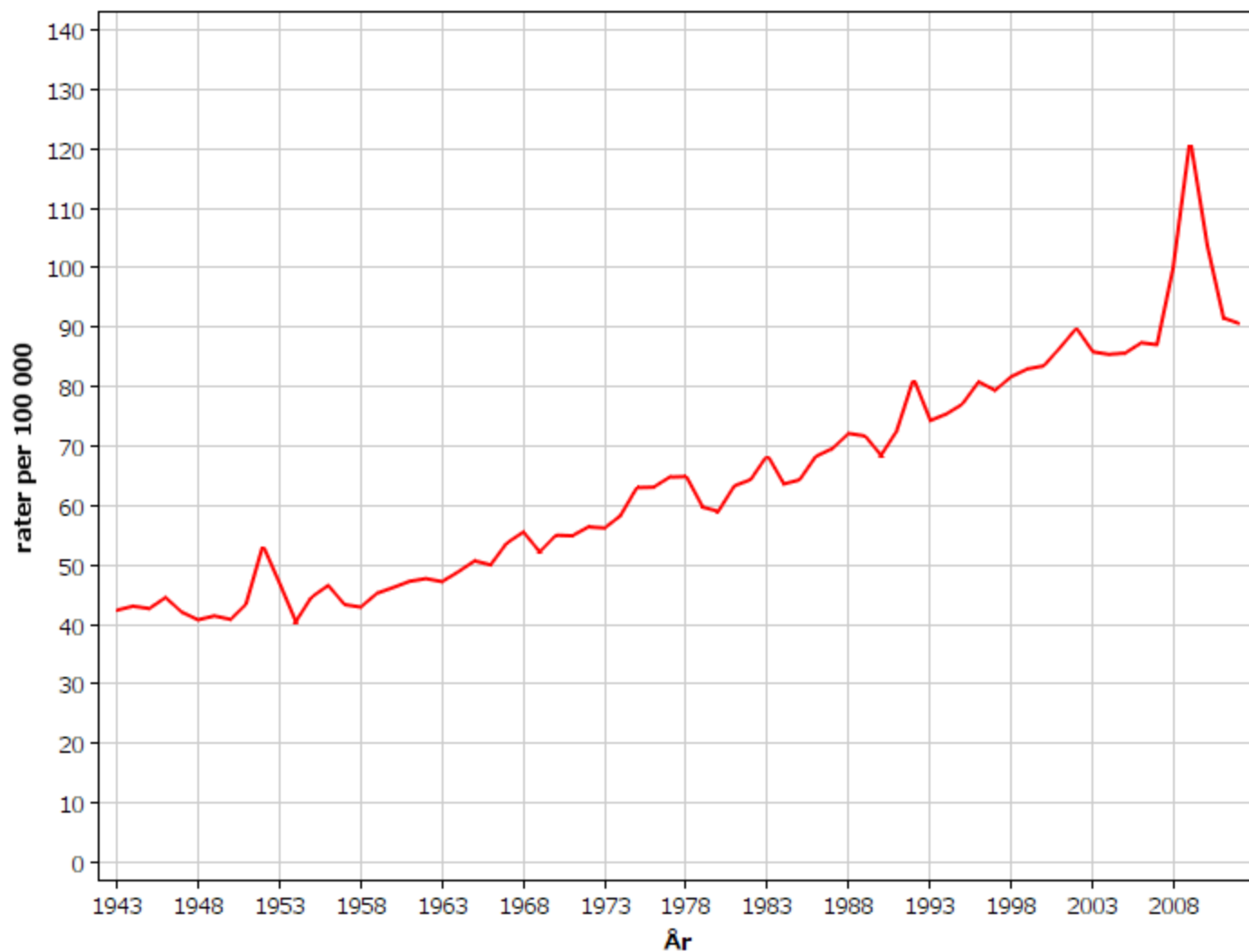


**Det kan man vel med
en vis rette kalde
produktudvikling!**

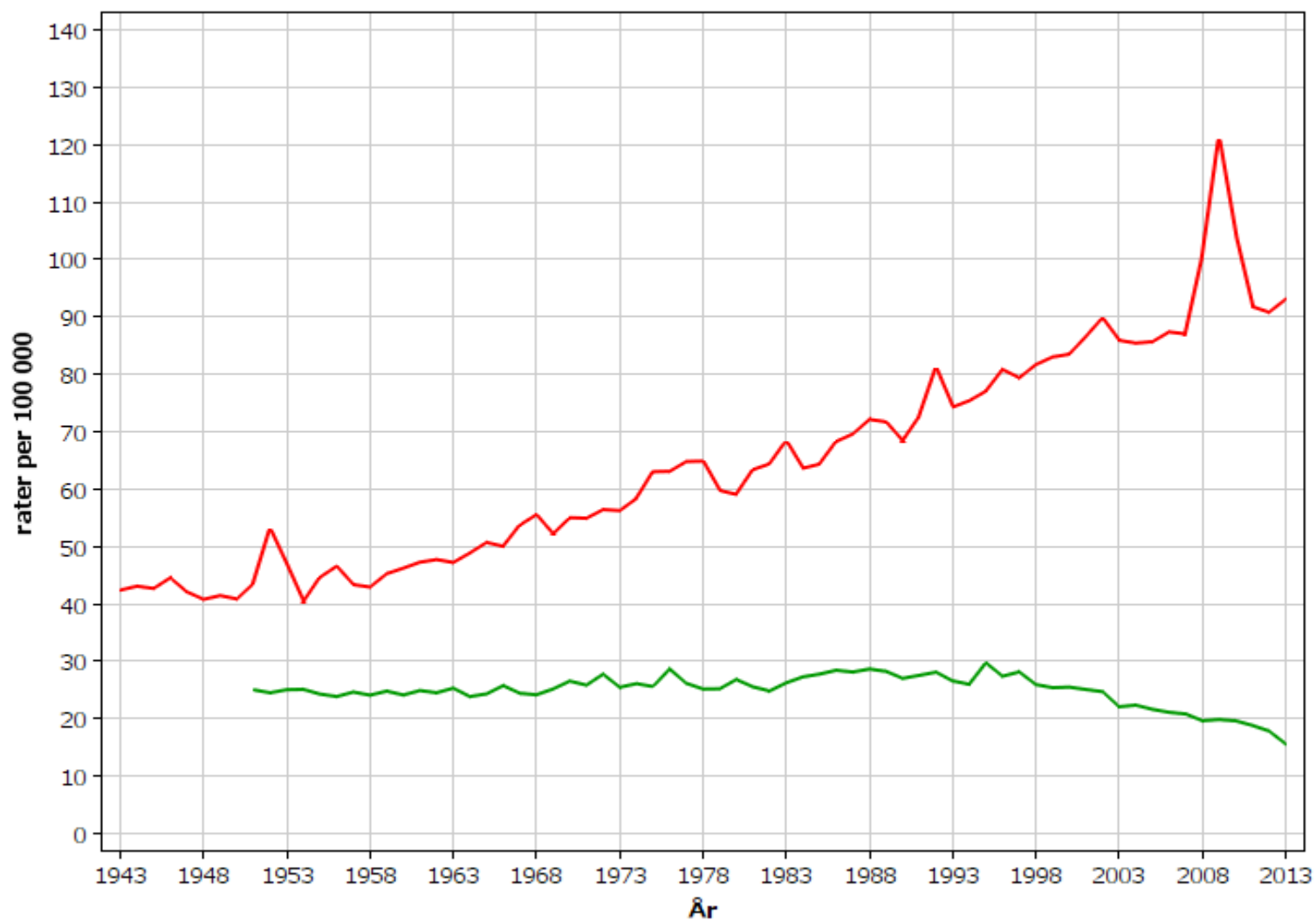
Danmark

Bryst

Incidens: ASR (W), Kvinder alder 0-85+

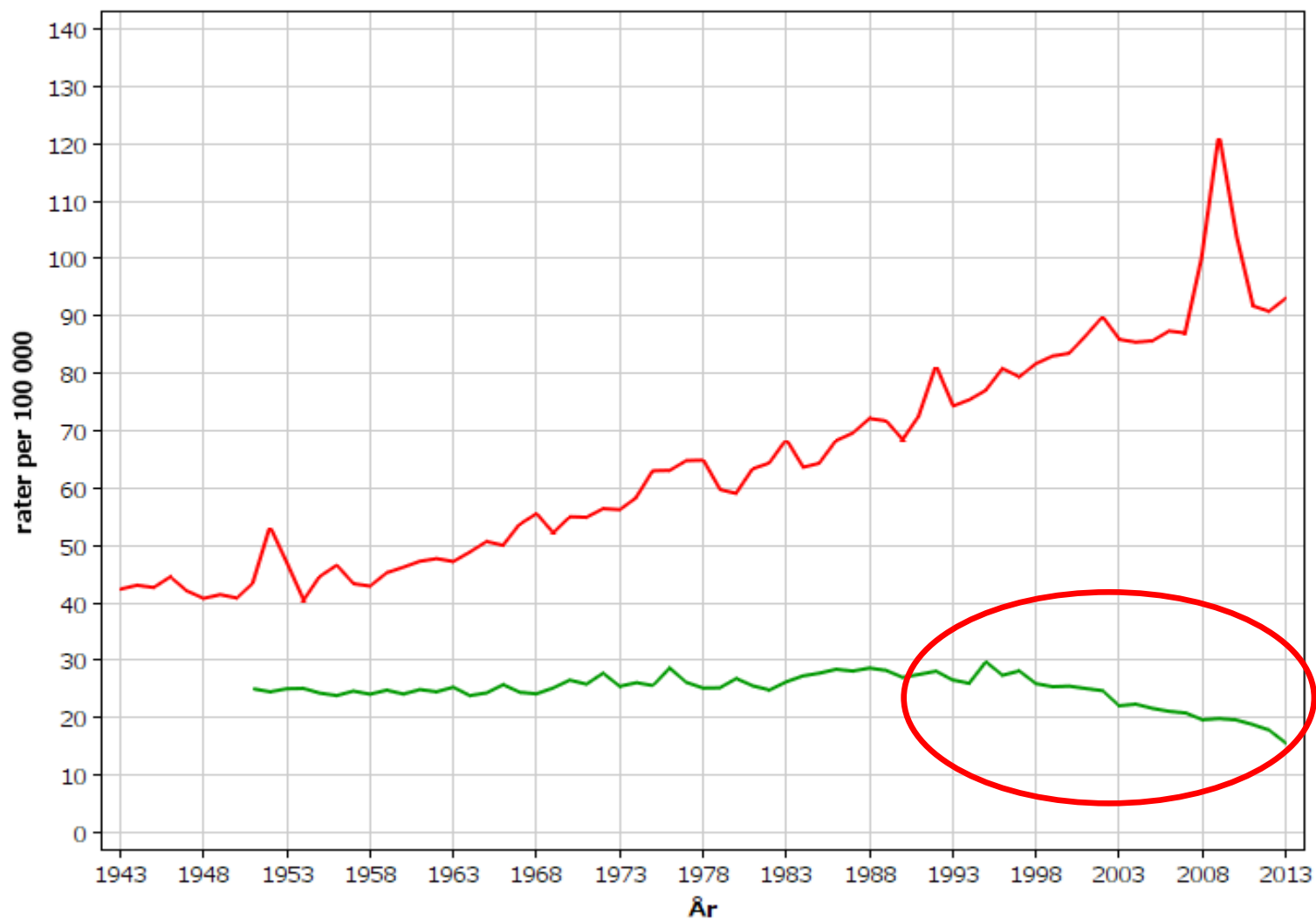


Danmark Bryst ASR (W), Kvinder alder 0-85+



■ Incidens: ■ Dødelighed:

Danmark Bryst ASR (W), Kvinder alder 0-85+



■ Incidens: ■ Dødelighed:



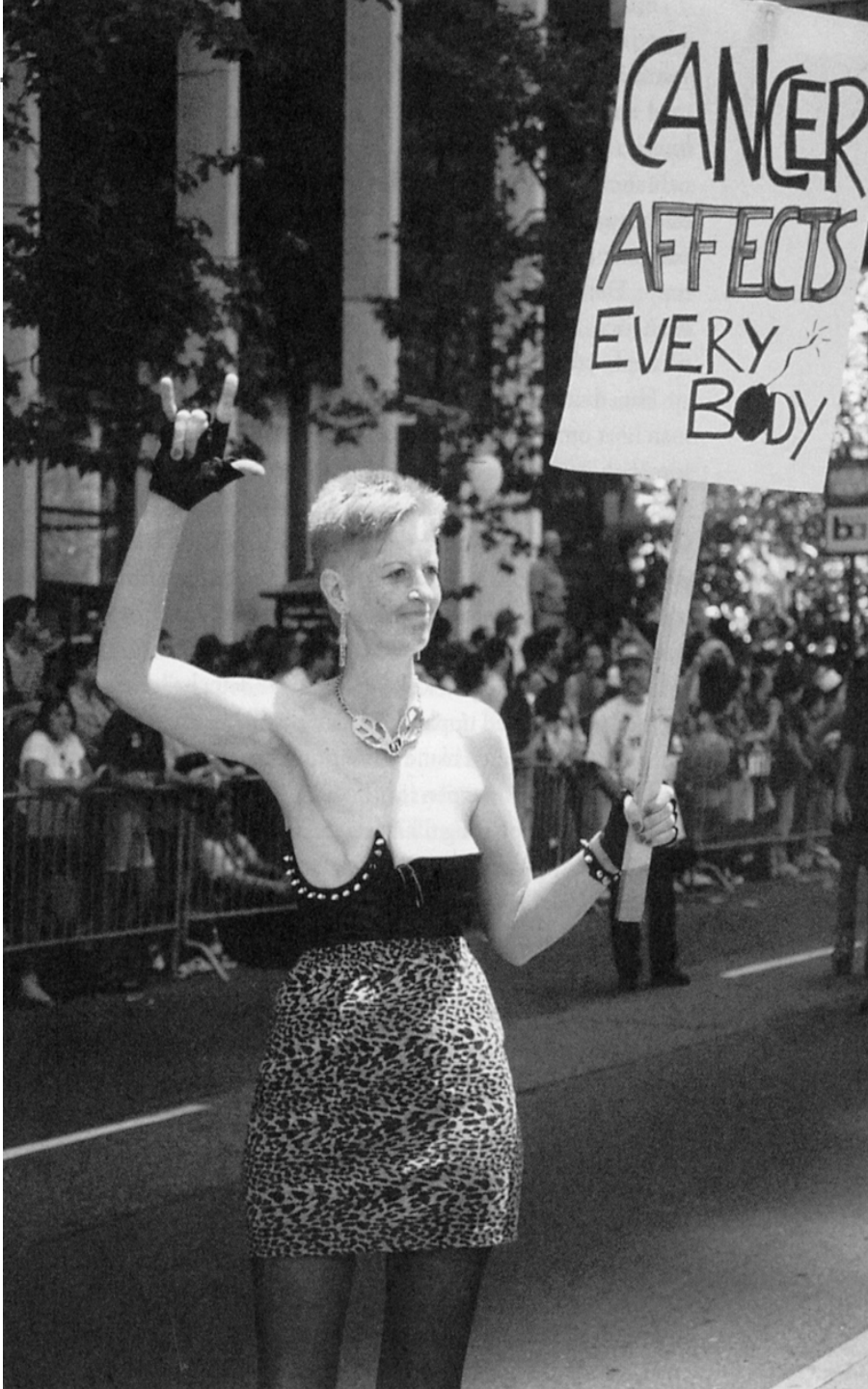
1994	75.25	25.84
1995	76.90	29.56
1996	80.67	27.25
1997	79.25	27.99
1998	81.53	25.79
1999	82.85	25.25
2000	83.33	25.35
2001	86.40	24.93
2002	89.68	24.56
2003	85.76	21.94
2004	85.28	22.21
2005	85.51	21.48
2006	87.22	20.96
2007	86.87	20.67
2008	100.01	19.50
2009	120.70	19.70
2010	103.86	19.48
2011	91.63	18.68
2012	90.65	17.70
2013	92.91	15.46

Danmark
Bryst
ASR (W), Kvinder alder 0-85+



Danmark
Bryst
ASR (W), Kvinder alder 0-85+

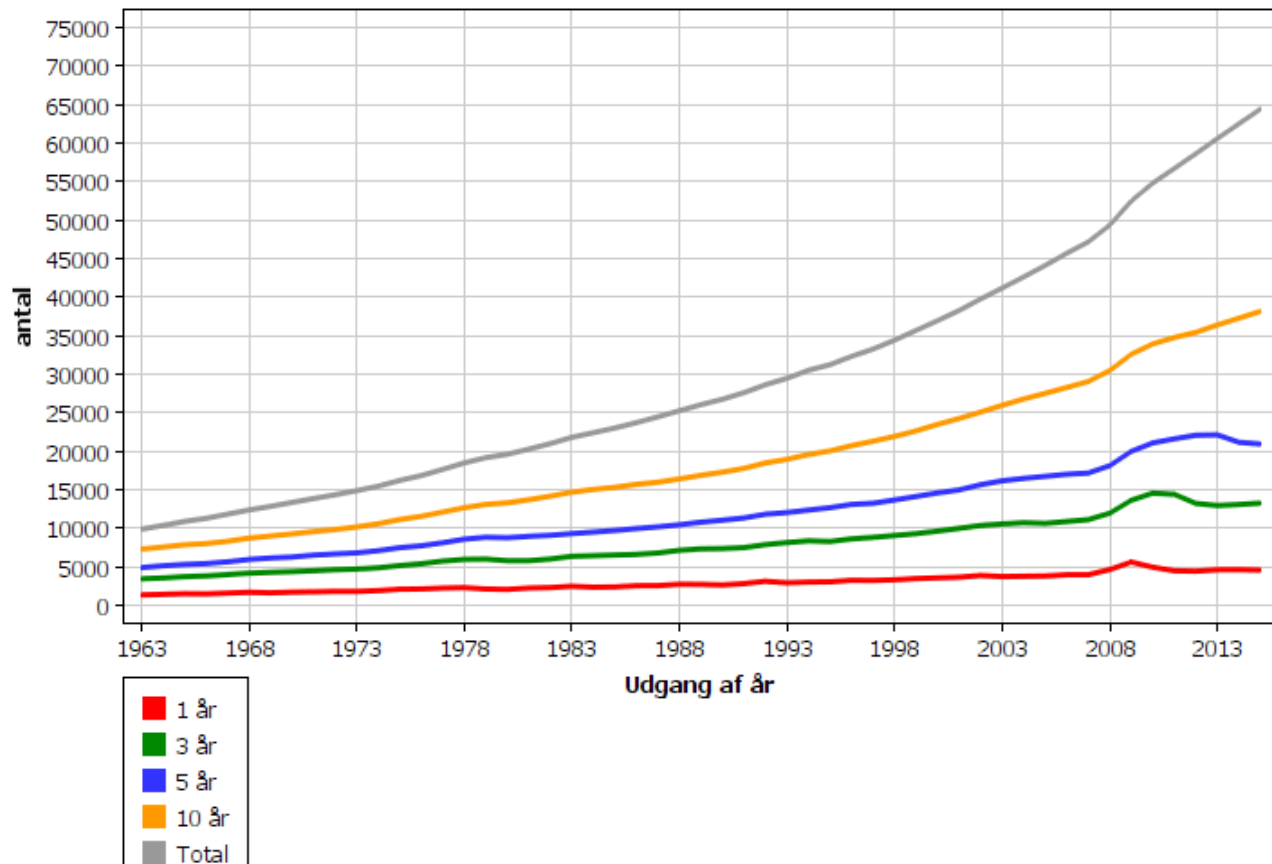
1994	75.25	25.84
1995	76.90	29.56
1996	80.67	27.25
1997	79.25	27.99
1998	81.53	25.79
1999	82.85	25.25
2000	83.33	25.35
2001	86.40	24.93
2002	89.68	24.56
2003	85.76	21.94
2004	85.28	22.21
2005	85.51	21.48
2006	87.22	20.96
2007	86.87	20.67
2008	100.01	19.50
2009	120.70	19.70
2010	103.86	19.48
2011	91.63	18.68
2012	90.65	17.70
2013	92.91	15.46





Kvinder der lever i Danmark efter behandling af brystkræft

Danmark: Prævalens, alder 0-85+
Bryst, Kvinder





Oversigt over senfølger

Kirurgi – stråleterapi – kemoterapi - antihormonbehandling

- Kroniske smerter
- Lymfødem
- Funktionsnedsættelse
- Fertilitet
- Kosmetisk resultat
- Hjertepåvirkning
- Lungefunktion
- Depression
- Angst
- Søvnforstyrrelser
- Kognitive problemer
- Træthed
- Seksuelle problemer



Kontrol eller opfølgning?

- Det er vigtigt at holde øje med:
 - *lokalt tilbagefald/en ny kræftknode*
- Der er intet holdepunkt for at undersøgelse for et tilbagefald et andet sted i kroppen kan forlænge overlevelsen/livskvaliteten



Prevalence of and Factors Associated With Persistent Pain Following Breast Cancer Surgery

Rune Gärtner, MD

Maj-Britt Jensen, MSc

Jeanette Nielsen, RN

Marianne Ewertz, MD, DMSc

Niels Kroman, MD, DMSc

Henrik Kehlet, MD, PhD

PERSISTENT POSTSURGICAL PAIN has been demonstrated to be clinically relevant in 10% to 50% of patients undergoing various common operations, including breast cancer surgery.¹ With breast cancer, the pathogenic mechanisms are multiple, including nerve damage related to surgical technique resulting in risk of intercostobrachial neuralgia, neuroma pain, or phantom breast pain.² Different types of sensory disturbances (eg, allodynia, hyperpathia, aftersensations, burning, or sensory loss) are sequelae to other surgical procedures and may be an important part of the pain characteristics in breast cancer.¹

Pain has also been reported to be associated with adjuvant therapy, such as chemotherapy and radiotherapy.³ Other risk factors may include age (<40 years), psychosocial status, prog-

Context Persistent pain and sensory disturbances following surgical treatment for breast cancer is a significant clinical problem. The pathogenic mechanisms are complex and may be related to patient characteristics, surgical technique, and adjuvant therapy.

Objective To examine prevalence of and factors associated with persistent pain after surgical treatment for breast cancer.

Design, Setting, and Patients A nationwide cross-sectional questionnaire study of 3754 women aged 18 to 70 years who received surgery and adjuvant therapy (if indicated) for primary breast cancer in Denmark between January 1, 2005, and December 31, 2006. A study questionnaire was sent to the women between January and April 2008.

Main Outcome Measures Prevalence, location, and severity of persistent pain and sensory disturbances in 12 well-defined treatment groups assessed an average of 26 months after surgery, and adjusted odds ratio (OR) of reported pain and sensory disturbances with respect to age, surgical technique, chemotherapy, and radiotherapy.

Results By June 2008, 3253 of 3754 eligible women (87%) returned the questionnaire. A total of 1543 patients (47%) reported pain, of whom 201 (13%) had severe pain, 595 (39%) had moderate pain, and 733 (48%) had light pain. Factors associated with chronic pain included young age (18-39 years: OR, 3.62; 95% confidence interval [CI], 2.25-5.82; $P < .001$) and adjuvant radiotherapy (OR, 1.50; 95% CI, 1.08-2.07; $P = .03$), but not chemotherapy (OR, 1.01; 95% CI, 0.85-1.21; $P = .91$). Axillary lymph node dissection (ALND) was associated with increased likelihood of pain (OR, 1.77; 95% CI, 1.43-2.19; $P < .001$) compared with sentinel lymph node dissection. Risk of sensory disturbances was associated with young age (18-39 years: OR, 5.00; 95% CI, 2.87-8.69; $P < .001$) and ALND (OR, 4.97; 95% CI, 3.92-6.30; $P < .001$). Pain complaints from other parts of the body were associated with increased risk of pain in the surgical area ($P < .001$). A total of 306 patients (20%) with pain had contacted a physician within the prior 3 months for pain complaints in the surgical area.

Conclusion Two to 3 years after breast cancer treatment, persistent pain and sensory disturbances remain clinically significant problems among Danish women who received surgery in 2005 and 2006.

JAMA. 2009;302(18):1985-1992

www.jama.com

3253
kvinder
behandlet
for
brystkræft



Konklusion

Senfølger efter beh. for brystkræft er betydelige:

Smerter:

- Halvdelen af patienterne har ondt (25-60%)
- 6% har svære smerter hver dag

Lymfødem:

- 13%-65% af kvinderne udvikler sympt. på lymfødem
- Mere en hver tiende udvikler lymfødem i svær grad

Funktionsindskrækning:

- 11%-44% har måttet opgive aktiviteter
- >20% påvirket arbejds- og sportsaktiviteter



Risikofaktorer for smerter

- Alder < 40 år
- Fjernelse af lymfeknuderne i armhulen
- Strålebehandling
- Smerter andre steder i kroppen
(f. eks. hovedpine eller lænderygsmerter)

**Men ikke kemoterapi eller
typen af brystkirurgi**

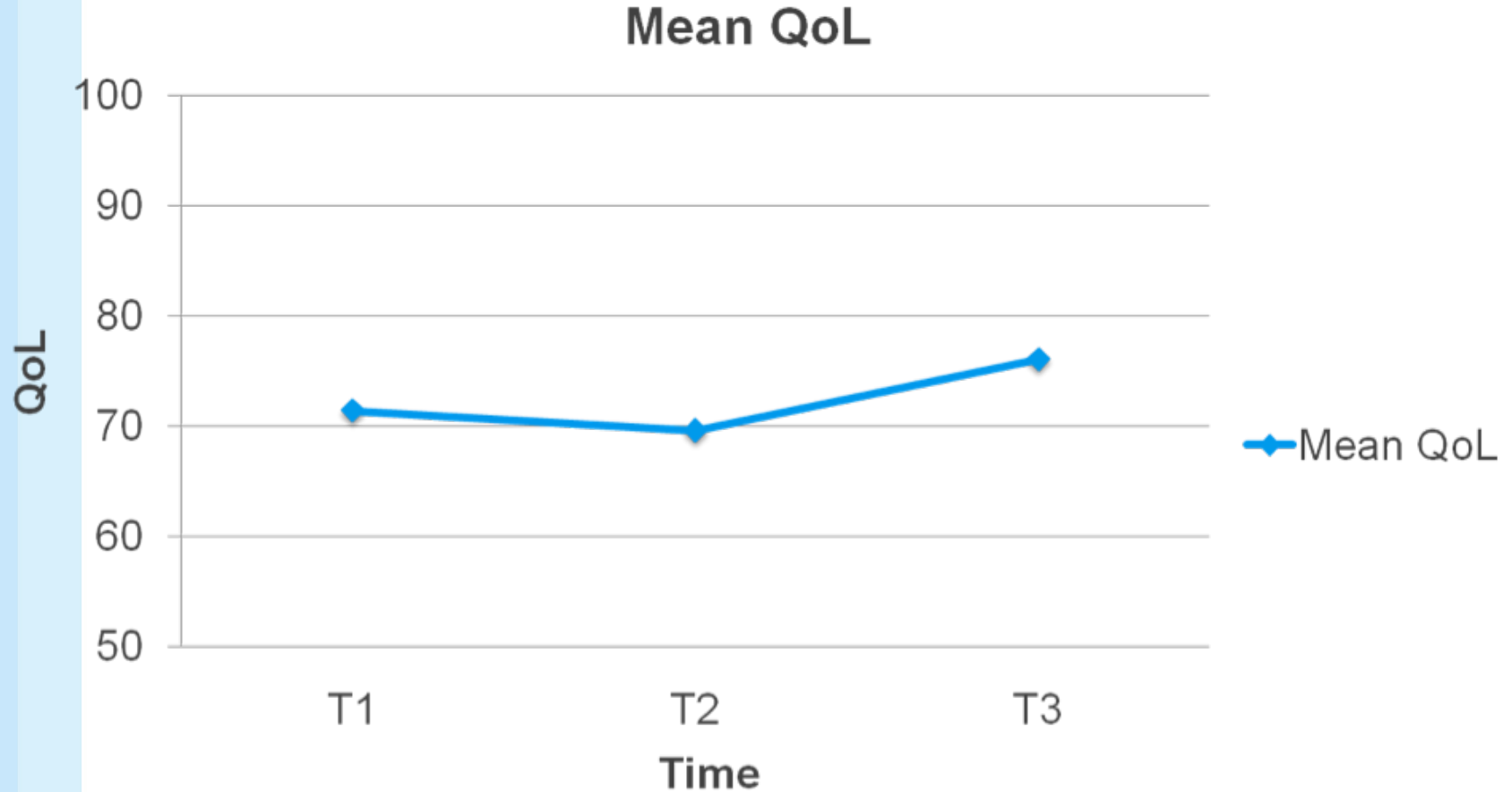


Udvikling af kroniske smerter 2008 to 2012



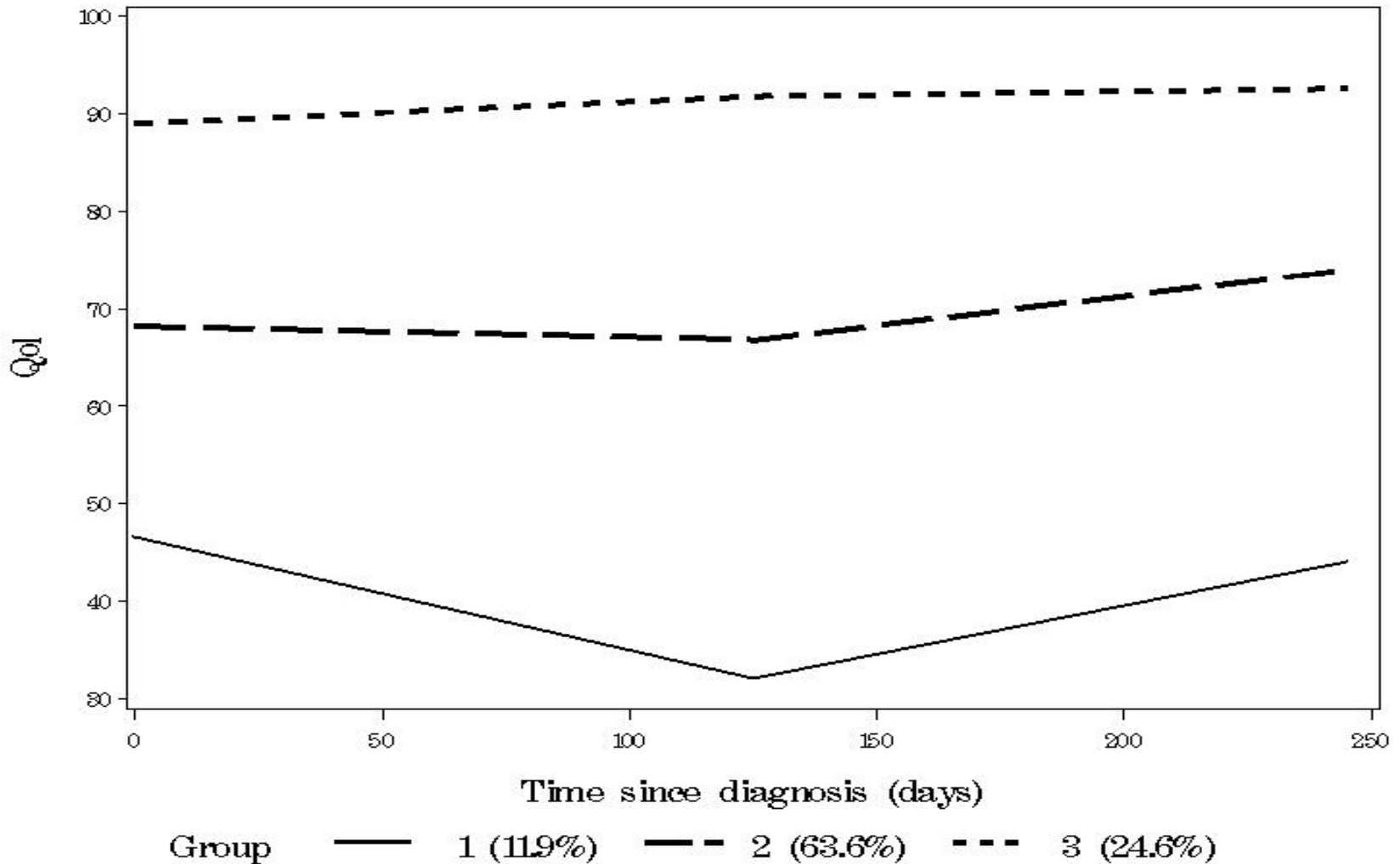


Gennemsnitlig livskvalitet blandt 319 danske kvinder med brystkræft





Gennemsnitlig livskvalitet blandt 319 danske kvinder med brystkræft





Increased Risk for Depression After Breast Cancer: A Nationwide Population-Based Cohort Study of Associated Factors in Denmark, 1998-2011

Nis P. Suppli, Christoffer Johansen, Jane Christensen, Lars V. Kessing, Niels Kroman, and Susanne O. Dalton

ABSTRACT

Purpose

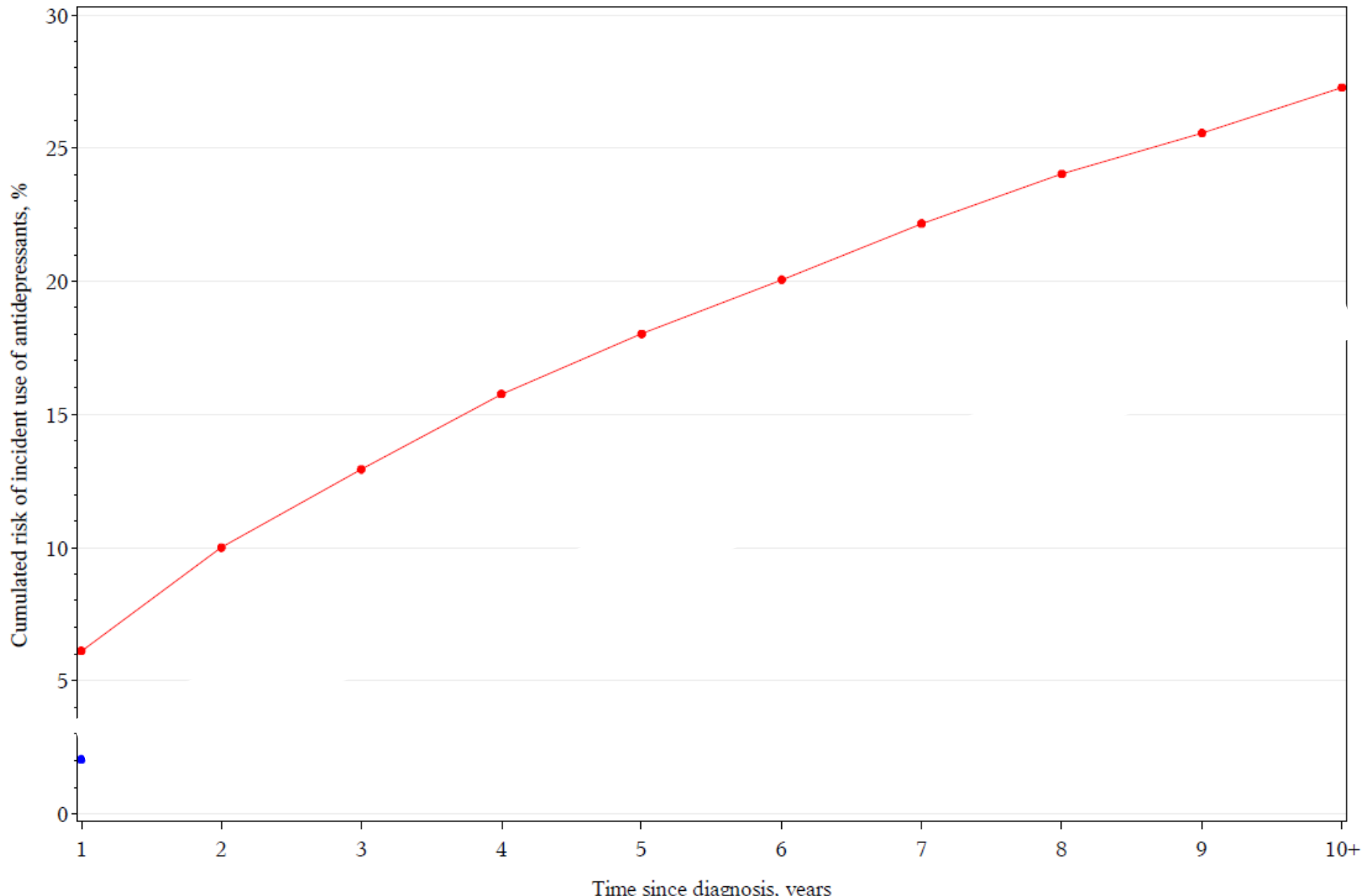
To investigate the risk for first depression, assessed as incident hospital contacts for depression and incident use of antidepressants, among women with breast cancer.

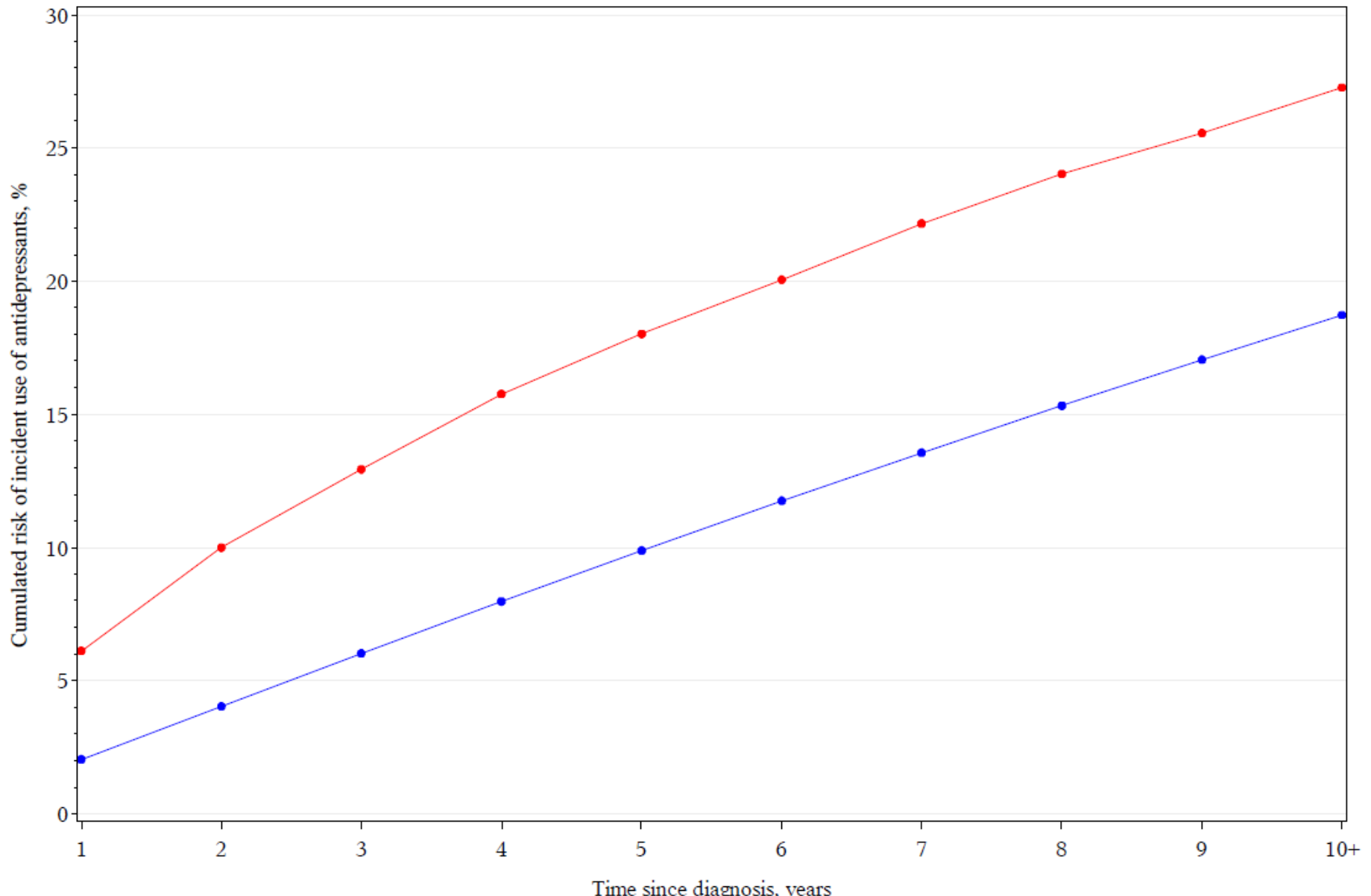
Patients and Methods

Danish national registries were used to identify 1,997,669 women with no diagnosis of cancer or a major psychiatric disorder. This cohort was followed from 1998 to 2011 for a diagnosis of

Nis P. Suppli, Christoffer Johansen, Jane Christensen, Susanne O. Dalton, Danish Cancer Society Research Center; Christoffer Johansen, Niels Kroman, Rigshospitalet; Lars V. Kessing, Psychiatric Center Copenhagen, University of Copenhagen; and Niels Kroman, Danish Breast Cancer Cooperative Group, Copenhagen, Denmark.

Published online ahead of print at

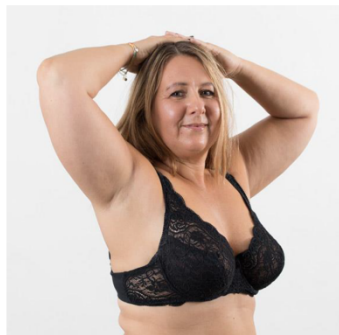






Hvordan skal vi forebygge og håndtere senfølger efter brystkræft?

- Rehabilitering starter på diagnosetidspunktet
- ”One size fits all” duer ikke
- Opfølgning skal fokusere på opsporing og behandling af senfølger



S
p
ø
r
g
s
m
å
l
?