

SURGERY OF EARLY BREAST CANCER IN THE 1990' S.

EASSY

Submitted in Partial fulfillment of Master
Degree in General Surgery

BY

KHALED MOHAMED TAHER
M.B; B.Ch

Supervisors

Prof. Dr. REDA MAHMOUD MOUSTAFA

*Professor of General Surgery
Faculty of Medicine
Ain Shams University.*

DR. ALAA ABBASS SABRY MOUSTAFA

*Assis. Professor of General surgery
Faculty of Medicine
Ain Shams University.*

**FACULTY OF MEDICINE
AIN SHAMS UNIVERSITY**

1997



Acknowledgment

*I wish to express my deepest thanks, gratitude and appreciation to **Professor Dr. Reda Mahmoud Moustafa**, Professor of General Surgery, Faculty of Medicine, Ain Shams University, it is a real pleasure to acknowledge his sincere encouragement and valuable guidance. I would also thank him for his honest help, constant advice, keen interest and guidance throughout the performance of this work.*

*I would also like to express my deepest thanks to **Dr. Alaa Abbass Sabry Moustafa**, Assis. Professor of General Surgery, Faculty of Medicine, Ain Shams University, for sharing his expertise, valuable time and helpful suggestions to ensure the accuracy of this work.*

Lastly, I would not forget to pay thanks to all staff members of General Surgery Department, Ain Shams University, and everyone who helped me or gave me his advice until this work is completed.

CONTENTS

| Part | | Page | |
|------|---|------|----|
| I | Introduction | 1 | |
| II | Review of Literature: | 3 | ge |
| | 1- Anatomy of the breast | 3 | 5 |
| | 2- Pathology of the breast carcinoma | 14 | 5 |
| | 3- Staging of breast carcinoma | 27 | 0 |
| | 4- Indication and contraindication of conservative treatment | 30 | 1 |
| | 5- Conservative surgery of breast cancer | 35 | |
| | I. The breast | 35 | 1 |
| | II. The axilla | 42 | |
| | 6- Radiation therapy | 45 | 7 |
| | 7- Duct carcinoma in situ | 52 | 2 |
| | 8- Lobular carcinoma in situ | 61 | |
| | 9- Adjuvant chemotherapy of breast cancer | 64 | 5 |
| | 10- Adjuvant antiestrogen therapy of breast cancer | 83 | 9 |
| | - Results of conservative surgery and radiation therapy for breast cancer | 89 | 1 |
| | I. The breast | 89 | |
| | II. The axilla | 97 | |
| III | Summary | 101 | |
| IV | Referecnes | 105 | |
| V | Arabic summary | ---- | |

LIST OF ABBREVIATIONS

- CMF** Cyclophosphamide; methotrexate; 5-fluorouracil.
- CMFP** Cyclophosphamide; methotrexate; 5-fluorouracil; prednisone.
- CMFVP** Cyclophosphamide; methotrexate; 5-fluorouracil; vincristine; prednisone.
- L-PAM** L-phenyl alanine mustard.
- NSABP** National surgical adjuvant breast and bowel project.
- P.F.** L-phenyl alanine mustard; 5-fluorouracil.
- PMF** L-phenyl alanine mustard; methotrexate; 5-fluorouracil.

INTRODUCTION

INTRODUCTION

Conservative surgery represents an important step forward in the treatment of breast carcinoma, providing the same level of disease control as traditional surgical therapies but reducing the deformity and mutilation to which the patients are subjected. This consequently increases their acceptance of the disease and its treatment (*Orvalho et al, 1993*).

For stage I and II breast cancer conservative surgery and radiation are as effective as modified radical or radical mastectomy (*Osteen & Smith, 1990*).

One thousand seventy patients treated conservatively for stages I and II breast cancer between the years 1982 and 1994 were reviewed .The 10-year results were at least equivalent to reported series similarly staged patients treated by mastectomy .This should encourage more surgeons to offer conservative treatment as an alternative to mastectomy to patients with stage I and II breast cancer (*Mansfield et al., 1995*) .

Many women will not be cured of breast cancer even by the best early detection and surgical techniques, because of micrometastases already present at diagnosis. Combination chemotherapy has become the standard adjuvant treatment for premenopausal women with axillary lymph node metastases, but benefit is less clear for postmenopausal women or any women with negative lymph nodes (Breitmeyer & Henderson.,1990).

Tamoxifen, the endocrine adjuvant treatment of choice for breast cancer, is tumoristatic agent only, there have been suggestions that tamoxifen be used as a preventive agent in women at high risk of breast cancer.(Gibson & Jordan, 1990).

REVIEW OF LITERATURE

ANATOMY

