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Jessica F. Partin and Patrice M. Weiss

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Cimmie L. Shahan and Ginger P. Layne

In the last several decades, breast imaging has undergone transformation. Technological advances in mammography and ultrasound and the development and increased availability of imaging modalities used in supplemental screening and diagnostic settings, including tomosynthesis and breast MRI, have allowed for improved breast cancer detection and diagnosis. Image-guided core breast biopsies have largely replaced fine needle aspirations. This article discusses the current status of breast imaging in the screening and diagnostic settings and is intended to inform the referring physician of why and how common studies and procedures are performed in the breast imaging clinic.

**Challenges in the Management of Breast Conditions During Lactation** **35**

Katrina B. Mitchell and Helen M. Johnson

The lactating breast can develop a wide range of conditions that require surgical management, from abscess drainage to the evaluation of nipple-areolar complex (NAC) lesions. In addition, both benign and malignant masses can present in the lactating population. Patients should undergo routine diagnostic workup including core needle biopsy if indicated. Ultrasound, mammogram, and magnetic resonance imaging (MRI) with gadolinium contrast are safe in lactation and do not require interruption of breastfeeding.

**Benign Breast Disorders** **57**

Micaela Weaver and Ashley Stuckey

The term benign breast disease encompasses a heterogeneous group of breast lesions. These can be classified as non-proliferative, proliferative, and atypical hyperplasia. Some of these confer an increased lifetime risk of breast cancer and warrant further discussion of enhanced screening and awareness. This article reviews common benign breast problems as they may present to the clinician. A discussion of common breast symptoms is followed by a review of benign breast processes found incidentally on imaging and biopsies.

**Challenges in Breast Evaluation: Breast Asymmetry, Macromastia, and the Surgically Altered Breast**

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Christina N. Canzoneri and Kurtis E. Moyer

Many breast conditions that warrant referral to a plastic surgeon may first be identified in a routine gynecologic or primary care setting. These range from asymmetric anomalies and macromastia to sequelae of previous aesthetic and reconstructive procedures. The purpose of this reference article is to provide an overview of common breast deformities and discuss their unique challenges in evaluation.

**Breast Cancer Risk Assessment and Management of the High-Risk Patient**

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Victoria L. Green

Breast cancer is the most commonly diagnosed nonskin cancer in women. To decrease the breast cancer burden, conserve resources, and decrease unnecessary treatments, guidelines suggest interventions be reserved for those women at greatest risk for disease. Risk assessment incorporating breast cancer risk factors and risk assessment models is of paramount importance in identifying women who have the greatest benefit from risk reduction strategies. Principles of shared decision-making should guide practitioners to incorporate patients' values, goals, and objectives in decisions around genetic testing, pharmacologic intervention, enhanced surveillance, and other risk reduction strategies.

**Hereditary Breast and Ovarian Cancer: An Updated Primer for OB/GYNs**

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Cecelia A. Bellcross



video content accompanies this article at <http://www.obgyn.theclinics.com>.

This article provides an update on hereditary breast and ovarian cancer syndrome (HBOC) associated with pathogenic variants (PVs) in BRCA1/2. While many new genes have been identified and are included in testing panels, HBOC will serve as the primary example to illustrate the main concepts involved in genetic testing and management for hereditary breast and/or ovarian cancer. We provide practical information regarding collecting a family history, cancer risk assessment, genetic testing and result interpretation, BRCA-associated cancer prognosis and treatment, screening recommendations, and prevention strategies. We also introduce implications of more recently identified cancer genes, polygenic risk scores (PRSs), and tumor genomic profiling. Evidence-based management strategies have been shown to reduce cancer incidence and improve survival in HBOC and other high penetrance syndromes. Obstetricians and gynecologists familiar with these concepts can identify and improve the quality of care for women and families impacted by hereditary breast and/or ovarian cancer.

**Disparities in Breast Cancer**

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Victoria F. Grabinski and Otis W. Brawley

In the western world, breast cancer is the most common lethal cancer in women and the second leading cause of cancer death behind lung cancer.

When assessing registry data, incidence and mortality vary significantly by race or ethnicity and by socioeconomic status. There are a number of established risk factors, that effect risk of not just risk of breast cancer overall but the risk of certain molecular subtypes of breast cancer. Other factors in the disparity in outcomes include certain populations experiencing lower quality of care; prevention, screening, diagnosis and treatment.

**Multidisciplinary Management of Breast Cancer and Role of the Patient Navigator** 167

Andrew Fenton, Nicki Downes, Amanda Mendiola, Amy Cordova, Kathy Lukity, and Julie Imani

Modern breast cancer treatment is multidisciplinary. Comprehensive breast centers are uniquely positioned to treat patients in a multidisciplinary fashion, providing timely diagnoses, state-of-the-art treatment options, and survivorship care. Important ancillary services can improve patients' emotional, financial, physical, and sexual distress. Patient navigators are the link between these provided services and the patient.

**Breast Cancer in Pregnancy: Caring for the Very Young Breast Cancer Patient from Diagnosis Through Survivorship** 181

Natalie Levey and Iris Krishna

Pregnancy-associated breast cancer is defined as breast cancer diagnosed during pregnancy or in the first postpartum year. Breast cancer is one of the most common malignancies to occur during pregnancy. As more women delay childbearing, the incidence of breast cancer in pregnancy is increasing. This article provides an overview of diagnosis, staging, and treatment of pregnancy-associated breast cancer. Recommendations for management of breast cancer in pregnancy are discussed.

**Special Considerations in Patients with Early-Stage Breast Cancer and Survivors** 195

Jessica F. Partin

Multidisciplinary care is the standard for the treatment of breast cancer. Even among women with early-stage breast cancer, the multiple subtypes and various treatment pathways involve coordination of care plans among multiple providers. Nuances exist in defining treatment strategies for specific subtypes of cancer and for different subsets of breast cancer. With improvement in breast cancer mortality, more women are surviving longer but have increased risks of treatment-related long-term effects that negatively impact the quality of life. Knowledge of the many facets of breast cancer treatment and survivorship is critical to the successful treatment of early-stage breast cancer.

**Breast Cancer Survivorship—Mitigating Treatment Effects on Quality of Life and Improving Survival** 209

Hannah W. Hazard-Jenkins

Cancer survivorship is complex and varies by individual, disease type, geographic area, and socioeconomic resources. As cancer treatments and survival improves, the survivorship population continues to grow. Communication between oncologists, patients, health care providers,

patient advocates, and other stakeholders is critical to improved outcomes in cancer survivors. Important areas of study relate to improving the quality of life in survivors and include health promotion, psychosocial distress, and financial toxicity of cancer treatment. As survivorship begins at diagnosis, cancer programs must incorporate survivorship treatment goals into the care plan initially to positively effect the quality of life and improve health outcomes.