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Breast Care Newsletter

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“Identifying the High Risk Patient”

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(Saving Lives by Early Detection and Preventing Breast Cancer)

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Editor’s Note:

All women are not alike when it comes to screening for breast cancer. Our understanding of who is at risk for developing breast cancer is rapidly evolving. Now we can better “identify” who is at a higher risk to develop breast cancer. These patients can undergo more specialized screening for “early detection” and be offered “preventive” interventions to lessen their risk of developing breast cancer.

Any patient felt to be at a “Very High Risk” for breast cancer should be referred to a Breast Specialist. The application of an individualized breast cancer-screening program will detect cancer at an earlier stage. Prevention measures (ie: chemoprevention or prophylactic surgery) and early detection has been shown to save lives.

John P. Williams, M.D., F.A.C.S.
Dedicated to Breast Care

Risk for Breast Cancer is Multifactorial



(OVER)

(OVER)

Common Breast Cancer Risk Factors:

Dramatically Higher Risk: (Increased Relative Risk more than 5 times normal)

BRCA 1 & 2 Mutation

Chest Wall Radiation between ages of 10 – 30

Prior Atypical Breast Biopsy & 1st Degree Relative with Breast Cancer
(RR = 11 to 18)

Significantly Higher Risk: (Increased Relative Risk 3 – 5 times normal)

Very Dense Breasts by Mammogram

Personal History of Breast Cancer or DCIS

Strong Family History of early onset (<50 yo) Breast Cancer

Prior Breast Biopsy with Atypia or Proliferative Changes:

***LCIS – Lobular Carcinoma In Situ**

***ADH – Atypical Ductal Hyperplasia**

***ALH – Atypical Lobular Hyperplasia**

Slightly Higher Risk: (Secondary factors)

Distant Family History

Age at childbirth

Early Menstration

Late menopause

Obesity

Fewer Children

Excessive Alcohol use

Hormone Replacement Therapy

Benefits of a “High Risk” Assessment by a Breast Specialist

- 1. Comprehensive Risk Assessment**
 - a. BRCA 1 & 2 Mutation Counseling and Testing**
- 2. Enhanced Screening (if needed)**
 - a. Screening MRI**
 - b. Closer surveillance**
- 3. Chemoprevention Options (hormonal manipulation)**
 - a. Tamoxifen**
 - b. Aromatase Inhibitors**
- 4. Preventive Prophylactic Surgery Options**

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