Breast Health

This edition of *FP Essentials™* will update family physicians on breast health and will cover four sections: breastfeeding, benign breast conditions, breast cancer update, and the care of breast cancer survivors.

This edition of *FP Essentials* should be approximately 10,000 words in length, divided into four sections of approximately 2,500 words each (each with an abstract of 200 words or less) plus key practice recommendations, a maximum of 15 tables and figures, recommended reading, and approximately 100 references. This edition should focus on what is new in each topic and should answer the key questions listed for each section. Each section should begin with an illustrative case, similar to the examples provided, with modifications to emphasize key points; each case should have a conclusion that demonstrates resolution of the clinical situation. The references here include information that should be considered in preparation of this *FP Essentials*. However, these references are only a useful starting point that should be used to identify additional information to review.

**Needs assessment:** This edition of *FP Essentials* will address professional knowledge and practice proficiency gaps for several issues related to breast health. A survey of American Academy of Family Physicians (AAFP) members identified gaps between the relevance of breast health to practice and members’ knowledge and skill to manage breast health. Furthermore, questions and myths regarding benefits of breastfeeding continue to be debated, yet substantial evidence posits significant benefits. Although guidelines recommend against breast self-examinations and breast examinations during routine and annual gynecologic visits, many women still present with palpable or painful concerns that require investigation. Breast cancer screening guidelines continue to change and, unfortunately, some cancers are detected earlier than the age at which guidelines recommend commencement of screening. As more women become afflicted with breast cancer and survive, the role of the family physician becomes paramount in comanaging various therapies, potential complications, and overall health maintenance. Moreover, many women are seeking integrative medicine strategies for management and prevention of breast cancer.
Section 1: Breastfeeding

Example case: Mary, a 25-year-old primiparous woman, comes to your office for routine prenatal care and inquires about breast- versus bottle-feeding. She has heard about potential benefits of breastfeeding but works full-time, takes drugs for depression, anxiety, and fibromyalgia, and is concerned about the safety of breastfeeding while taking those drugs. She also has questions about breastfeeding with regard to preventing future food allergies, as she has an allergy to peanuts.

Key questions to consider:

- What factors influence a woman’s decision to breast- or bottle-feed her infant(s)? How do these factors vary globally, culturally, and across socioeconomic strata? What physicians and staff strategies are effective for promoting breastfeeding during the prenatal and perinatal periods? When should breastfeeding not be recommended?
- How soon after delivery should breastfeeding begin? How often should an infant nurse?
- What are the proven benefits of breastfeeding for the infant? For the woman? Are there potential adverse effects?
- What is the relationship between breastfeeding and breast cancer?
- What are the most common reasons women discontinue breastfeeding? What is the best approach to helping a woman who is experiencing difficulty and frustration in her initial attempts to breastfeed?
- What are the best strategies for latching on? What conditions prevent adequate latching?
- What are the recommended and optimal infant positions for breastfeeding?
- Are any vitamin and mineral supplements recommended for breastfeeding infants? If so, what are they?
- What are the recommended strategies for breast pumping?
- What is the recommended approach to managing breast and nipple pain with breastfeeding?
- Describe the diagnosis and management of mastitis and breast abscess in a breastfeeding woman.
- At what age should breastfeeding be discontinued? Are there risks to breastfeeding a toddler or young child?
- What are the best strategies to wean an infant or toddler from breastfeeding?
- What is the role of breastfeeding in neonatal jaundice?
- Which drugs, supplements, illicit substances, or food derivatives pass into breast milk? What are the best references for determining the safety of a particular drug during lactation?
- What is the role of induced or surrogate lactation?
- How can spouses and partners support breastfeeding?

Initial references to consider:


Section 2: Benign Breast Conditions

Example case: Amanda, a 23-year-old woman, comes to your office with a palpable right breast lump that she first noticed several months ago. Initially, she thought that it enlarged around the time of her menstrual cycle, then regressed after her cycle ended. However, she is now concerned that it is enlarging irrespective of menses and it is becoming more bothersome. She denies any breast erythema, nipple discharge, or constitutional symptoms. She is requesting a mammogram because she has read that breast cancer can occur in women before standard breast cancer screening is recommended.

Key questions to consider:

Please address the queries below for each of the following conditions:

- Fibrocystic breast disease
- Fibroadenomas
- Benign cysts
- Central intraductal papilloma
- Papillary apocrine change
  - What is the pathophysiology?
  - What genetic and environmental factors predispose to their development?
  - What is the incidence and prevalence? At what ages do they commonly occur?
  - Do they pose an increased risk of the development of breast cancer? What is the future risk of breast cancer after a lumpectomy for benign disease?
  - Does their presence influence routine breast cancer screening guidelines?
  - How are they commonly diagnosed? When is x-ray warranted? How should a clinician determine the best imaging modality? What is the earliest age at which mammography may be considered?
  - When is referral to a breast or surgery subspecialist indicated?
  - When is fine needle aspiration versus biopsy indicated? When is cytologic testing indicated after aspiration of a breast cyst?
  - When is surgical excision indicated?
  - What are the common management strategies?
  - What are effective strategies to relieve pain from these conditions?

Initial references to consider:


• Heyden S, Muhlbaier LH. Prospective study of “fibrocystic breast disease” and caffeine consumption. Surgery. 1984;96(3):479-484.


Section 3: Breast Cancer Update

Example case: Carly, a 42-year-old woman, comes to your office as a new patient for her annual health maintenance examination. She has never undergone a mammogram, but says that her half sister was diagnosed with breast cancer at age 45 years. She has no current concerns but is inquiring about current guidelines and when she should begin breast cancer screening.

Key questions to consider:

• What is the pathophysiology of breast cancer? What are the various types and classifications of breast cancer?
• How do genetics and environmental factors influence its development and expression? Do these factors vary between women and men?
• What is the prevalence and incidence of breast cancer in women and men?
• What are the common signs and symptoms of breast cancer? How is breast cancer best diagnosed?
• What are the current evidence-based guidelines for breast cancer screening (include breast self-examination, clinical breast examination, and women at increased risk)? What is the role for in-office screening tools?
• What are the risks of development of breast cancer from mammography?
• What is the role of genetic screening in women who may be at an increased risk of development of breast cancer? How/when should screening be performed if there is increased genetic risk?
• What are the current management strategies for breast cancer according to stage at time of diagnosis? When is lumpectomy versus radical mastectomy indicated? When are radiation and/or chemotherapy indicated? What are current recommendations for anti-estrogen therapy and how long should it be continued?
• What strategies exist for breast cancer prevention?
• What are the survival rates in women and men with breast cancer according to stage at time of diagnosis?

Initial references to consider:


Section 4: Care of Breast Cancer Survivors

Example case: Kathleen is a 57-year-old woman with a history of breast cancer who underwent a left radical mastectomy last year. She completed radiation therapy and currently is taking tamoxifen. She continues to experience anxiety about her cancer diagnosis, is concerned about the development of recurrent breast and other cancers and is interested in pursuing an integrative medicine approach toward prevention and management.

Key questions to consider:

- What x-ray surveillance schedule is recommended after a patient has been diagnosed with breast cancer? Which modalities are preferred? How does surveillance differ for women with surgically reconstructed breasts?
- What are the respective roles of the oncology subspecialist and the family physician in the care of breast cancer survivors?
- Which care providers do breast cancer survivors prefer for posttreatment care and follow-up?
- What are the different cultural viewpoints regarding breast cancer survivorship?
- How do existing medical conditions before diagnosis of breast cancer affect a patient’s recovery and survival?
- What are common psychological reactions that breast cancer survivors experience?
- What are the long-term effects of chemotherapy or radiation therapy after a patient has been successfully treated for breast cancer (eg, pain, lymphedema, menopause, osteoporosis, cardiomyopathy)? What interventions, screening, or therapies are appropriate when managing those potential conditions?
- What are the proven cardioprotective strategies to prevent cardiotoxicity from chemotherapy in patients treated for breast cancer? Are there recommendations to screen for cardiotoxicity (eg, with echocardiography)?
- What are the effective dietary and exercise recommendations for breast cancer survivors? What is known about the effect of alcohol consumption on the risk of cancer recurrence?
- Do integrative medicine therapies improve quality of life in breast cancer survivors? If so, which therapies are they?
- What technological support exists to aid breast cancer survivors? Are they effective?
- How effective are reproductive health survivorship care plans in breast cancer survivors?

Initial references to consider:


