

# Breast cancer, Part 1: Issues in diagnosis



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**D**espite the progress made with new treatments and reduced mortality rates, breast cancer still remains by far the most common malignancy affecting Canadian women. An estimated 25 700 new cases were identified in Canada in 2016, and 3500 of these were in British Columbia.<sup>1</sup> Breast cancer remains big news. Articles on breast cancer are common in the popular press, and attention is heightened every time a celebrity faces this diagnosis. Pink ribbons can be found on just about any product, with portions of purchases directed toward breast cancer–related organizations.

While this is the most common cancer in women, and certainly the one that receives that most media attention, many women either significantly overestimate or significantly underestimate their personal breast cancer risk.<sup>2</sup> Either can affect a woman's decision to pursue screening and seek medical attention for breast concerns and can also increase her anxiety regarding new breast symptoms. Although many breast complaints will not be the result of a malignancy, thorough assessment is still required to exclude malignancy.

Primary care providers are faced with what can be the daunting task of helping patients navigate the process of investigating imaging abnormalities. Multiple appointments for further imaging and biopsy can be required, and patients can become increasingly anxious as they await the results of these tests.

This first in a two-part theme issue dedicated to breast cancer focuses on issues in diagnosis. In the first article, Dr Colin Mar and colleagues provide an overview of the Screening Mammography Program of BC and describe current breast cancer screening policies in the province. The authors include information on the benefits, limitations, and downsides of screening, and encourage primary care providers to discuss these with women at average risk for breast cancer to facilitate informed decision making.

In the second article, Dr Amie Padilla-Thornton and colleagues review the approaches to investigating breast health concerns in symptomatic patients and imaging abnormalities identified in asymptomatic patients. The authors stress the importance of assessment and describe some of the challenges primary care providers and surgeons in different centres may face in organizing investigations.

In the third article, Dr Christine Wilson and colleagues review the Provincial Breast Health Strategy, a plan to facilitate coordinated care in the diagnostic workup for breast abnormalities. The authors discuss the current state of diagnostic services in the province and demonstrate the efficacy of a coordinated system in terms of both timely investigation and cost savings.

In the final article, Dr Katherine Blood and colleagues report on 18 years of data from the High-Risk Clinic of BC Cancer's Hereditary Cancer

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Program. The authors describe the uptake rates for risk-reducing surgery and the incidence of new cancers developing in patients under surveillance, including how they were detected. The authors also report on the late age of referral for the majority of women served by the clinic and the need to identify and refer patients with hereditary risk.

In the second part of this theme issue we will focus on breast cancer treatment. Topics covered will include surgical management, radiotherapy, neoadjuvant chemotherapy, and survivorship care. With both parts of this theme issue we hope to help clinicians address some of the challenges of breast cancer care.

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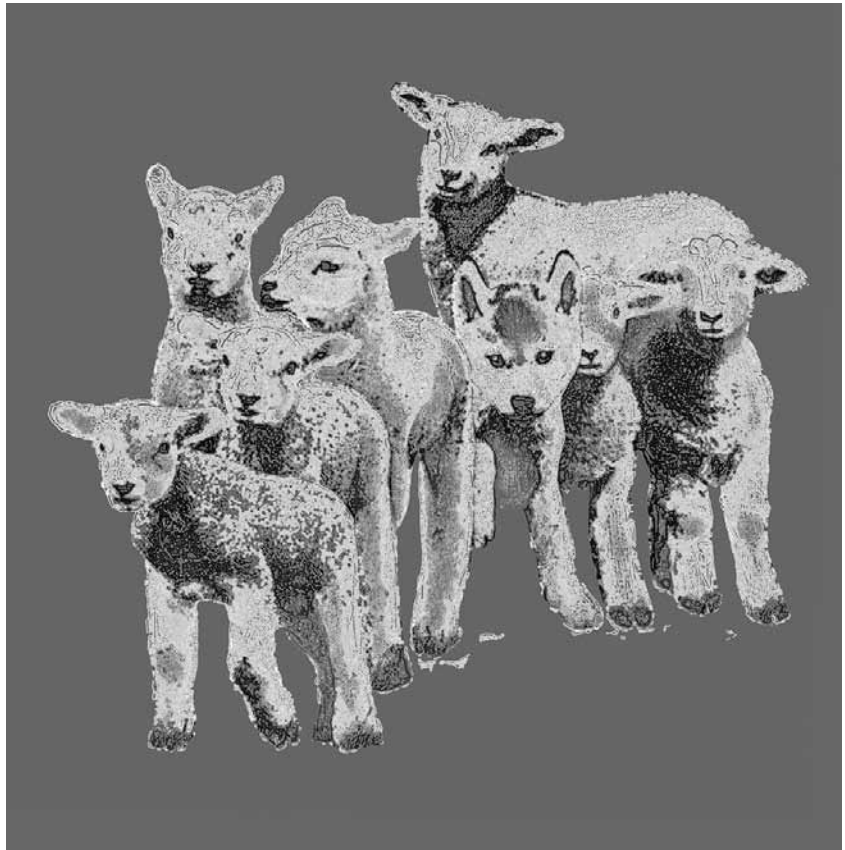
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