

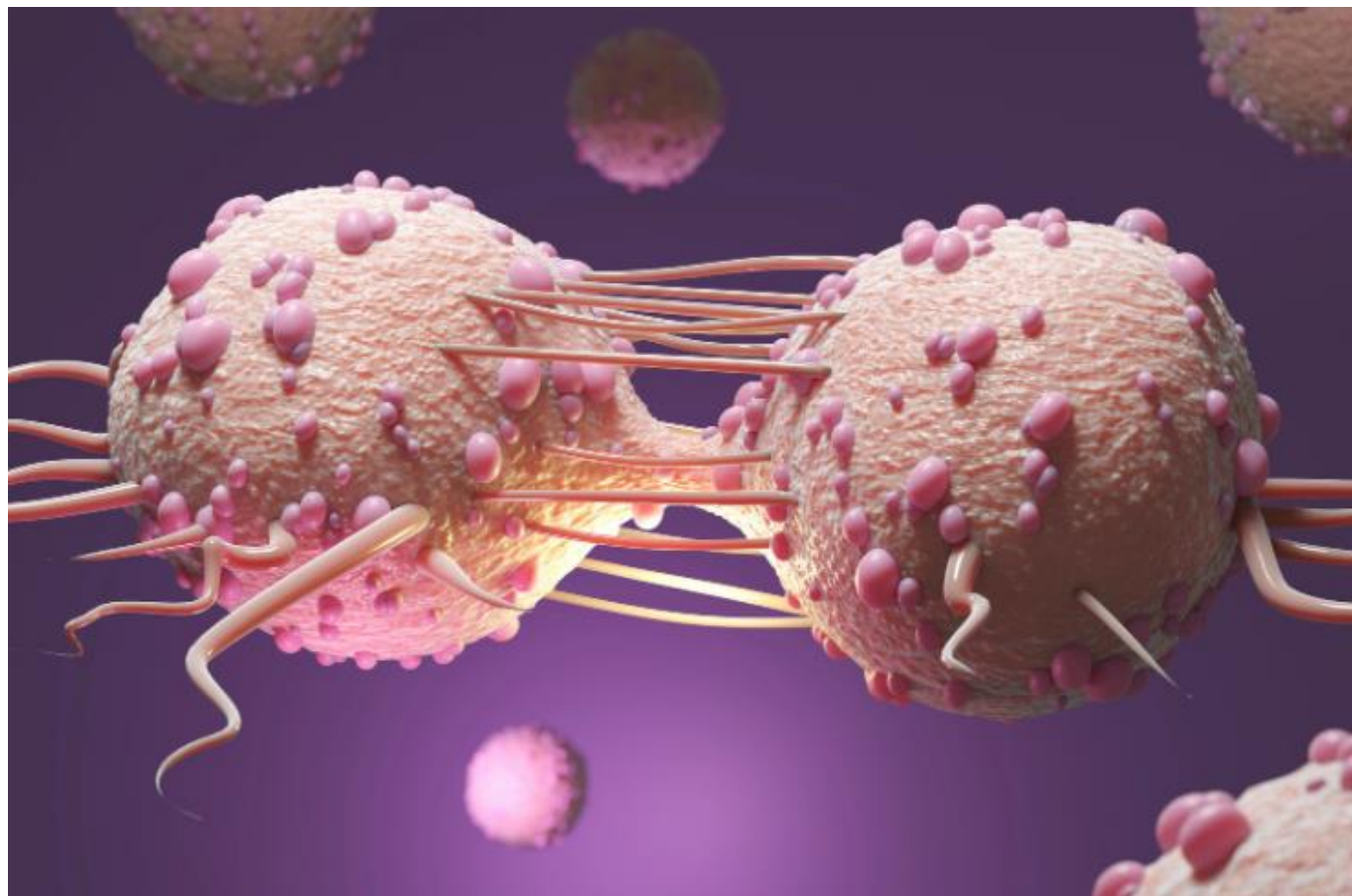
Improving long-term quality of life for breast cancer patients

The incidence of breast cancer in women under 50 years of age is increasing each year. In 2019, 3,885 younger Australian women were diagnosed with breast cancer, representing 20% of all breast cancers diagnosed that year. While survival outcomes for younger breast cancer patients are improving, these women are likely to develop long-lasting physical and emotional side effects from the treatments that they receive. These chronic side effects – including infertility, early menopause, fatigue, psychological distress and severe swelling in the arms and legs – cause significant disruption to both family and work roles.

Currently, there are no services dedicated to helping younger women overcome these chronic health issues.

New research conducted by Dr Janine Porter-Steele is trialling a lifestyle intervention specifically targeted to younger women with breast cancer which aims to enhance long-term quality of life. 60 women aged between 18 and 50 years who have received intensive treatment for breast cancer will be enrolled in the research study at The Wesley Hospital, and will be randomly allocated to receive either the 12-week intervention or standard follow-up care. The intervention will be delivered by a breast cancer nurse and promotes evidence-based recommendations and strategies to prevent, manage and overcome treatment-related chronic health issues that are common in younger women.

It is hoped that the intervention will mitigate the significant personal and social costs of breast cancer treatment experienced by younger women, enhance their quality of life and reduce their risk of treatment-related chronic conditions.



Breast Calcifications

Breast calcifications are calcium deposits within breast tissue. They look like white spots on a mammogram.

Breast calcifications are common and are more evident as women age (e.g after the age of 50). Breast calcifications can appear as macro-calcifications or micro-calcifications on a mammogram.

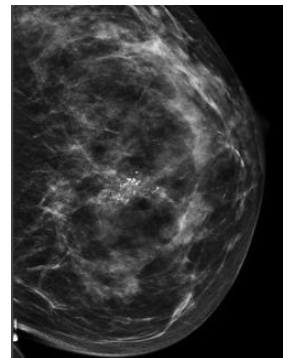
- Macro- calcifications show up as large white dots or dashes. These are almost always non-cancerous and do not need further testing or follow-up.
- Micro-calcifications show up as fine, white spots, similar to grains of salt. They are usually non-cancerous, but it is best to check as some patterns may be an early sign of cancer.

Although breast calcifications are mostly benign (non-cancerous), some calcification patterns are indicative of breast cancer or pre-cancerous breast tissue. It is important to monitor breast calcifications if they look suspicious. Your doctor may ask you to come back to take a closer look and recommend a breast biopsy if further inspection does not provide enough insight. If your calcifications appear non-cancerous, upon closer inspection, your doctor may ask you to come back for follow-up within six to 12 months. This is to ensure that your calcifications are not changing.

Causes

Possible causes of breast calcifications include:

- Breast cysts – fluid-filled sacs in the breast which are not cancerous
- Fibroadenoma – a non-cancerous breast tumour that most often appears in young women
- Mammary duct ectasia – a non-cancerous breast condition that occurs when a milk duct in the breast widens and its walls thicken
- Cell secretions or debris
- Previous injury or surgery to the breast (fat necrosis)
- Previous radiation therapy for cancer
- Skin (dermal) or blood vessel (vascular) calcification
- Breast cancer
- Ductal carcinoma in situ – is when the cells that line the milk ducts of the breast have become cancer but the cancer has not spread to surrounding breast tissue



At times, products that comprise materials or metals that appear light or white in a radiographic image, such as deodorants, creams and powders, may resemble calcifications on a mammogram, making it more difficult to determine whether the calcifications are due to benign or cancerous changes. For this reason, skin products should not be worn during a mammogram.

When to see a doctor

If your radiologist suspects that your breast calcifications are associated with pre-cancerous changes or breast cancer, you may need to have another mammogram with magnification views to get a closer look at the calcifications. Or the radiologist may recommend a breast biopsy to test a sample of breast tissue. Your radiologist may ask for prior mammogram images to compare and examine if the calcifications are new or whether they have changed in number or pattern over time.

If breast calcifications seem to be caused by a benign condition, your radiologist may recommend a six-month follow-up for another mammogram with higher magnification views. The radiologist will check these images to determine if there have been any changes in the shape, size and number of calcifications or whether they remain unchanged.

Wesley Medical Research

Wesley Medical Research is a not-for-profit organisation that focuses on improving patient care and quality of life through applied health and medical research. Our vision is to be recognised as a world leader in applied medical research and to be acknowledged for achieving excellence and innovation in patient care.

Wesley Medical Research aims to foster a strong research culture investing in innovations that lead to faster and more accurate diagnoses, new and better treatment options and ultimately life-changing cures for the most debilitating illnesses and disease.

As the official research partner for UnitingCare, our research outcomes impact all UnitingCare hospitals including The Wesley Hospital in Auchenflower, St Andrew's War Memorial Hospital in Spring Hill, Buderim Private Hospital in Buderim and St Stephen's Hospital in Hervey Bay.

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