

# 乳癌的復發

## 預防和減少機率及新療法

葉錦富 醫生

Tin Tin Hla, M.D., M.B.A.

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Herald Cancer Care Network Teleconference

# 乳腺癌復發

□ 預測癌症復發

□ 預防和降低乳腺癌復發

# 乳腺癌復發

- 乳腺癌在任何時間可能有復發
- 但大多數復發生在最初期治療後的三到五年。

# 乳腺癌復發

## □ 局部復發

在治療乳腺癌乳房切除附近的疤痕

## □ 遠處復發:

最常見的復發包括:

淋巴結

骨

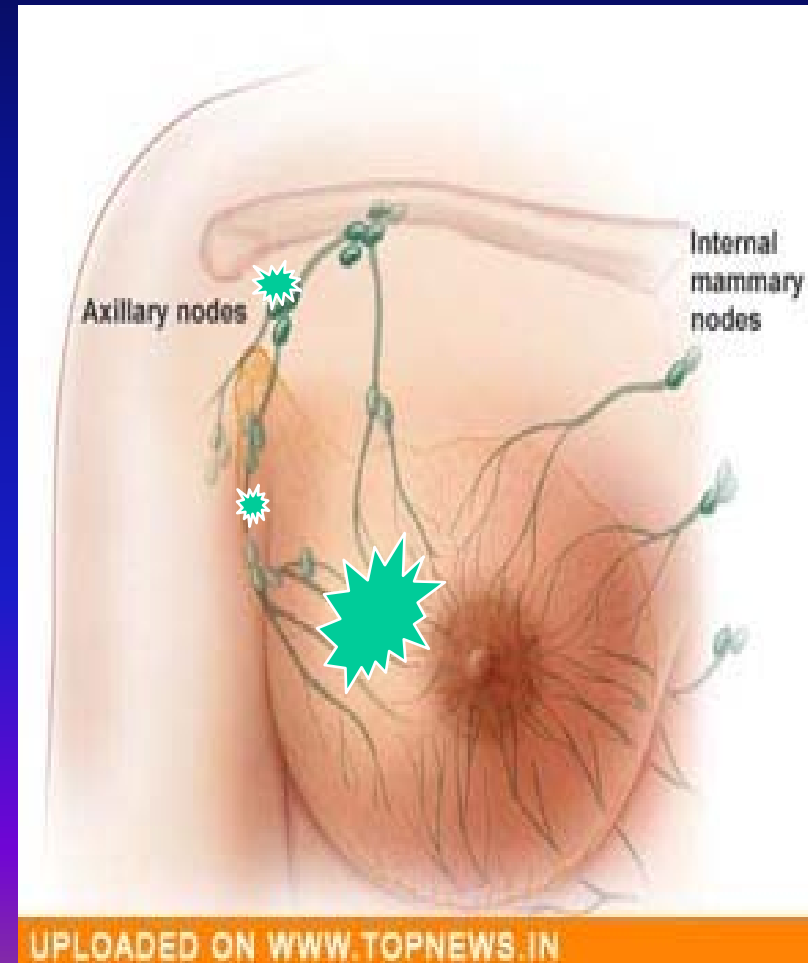
肺 或

腦

# 預測癌症復發

常見的預後指標 (prognostic factors)

1. 腫瘤的大小
2. 淋巴結轉移
3. 高病理分級/高核級(增殖能力)  
(Histology /nuclear grade)



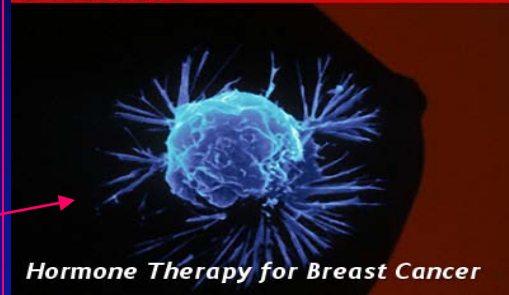
# 預測癌症復發-2

## 4. 雌激素受體

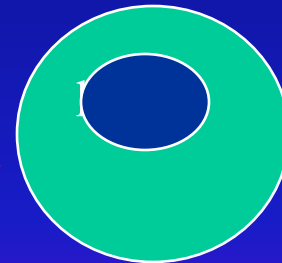
### Estrogen receptors

Cancer cell with ER receptors

EXCLUSIVE

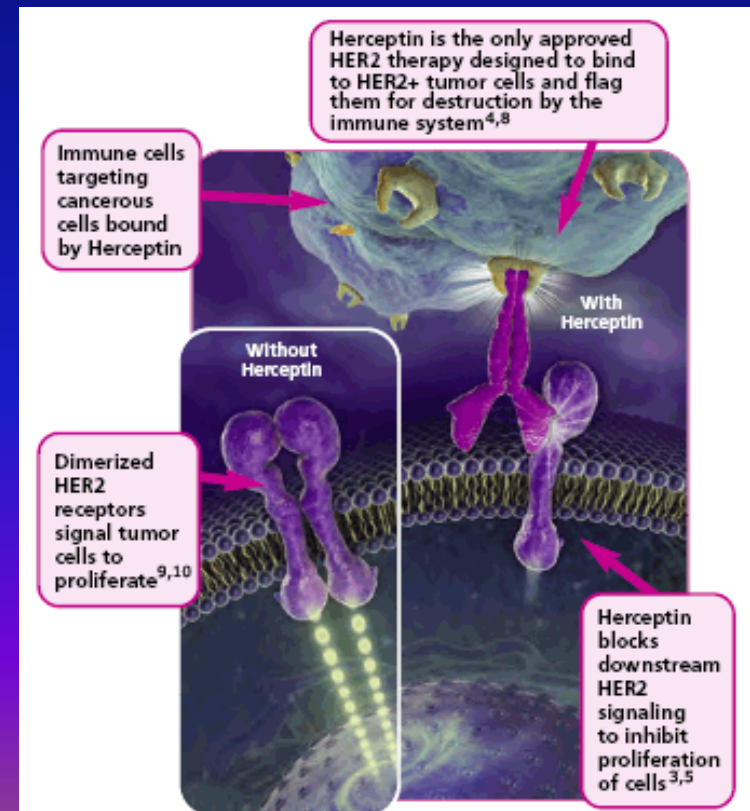
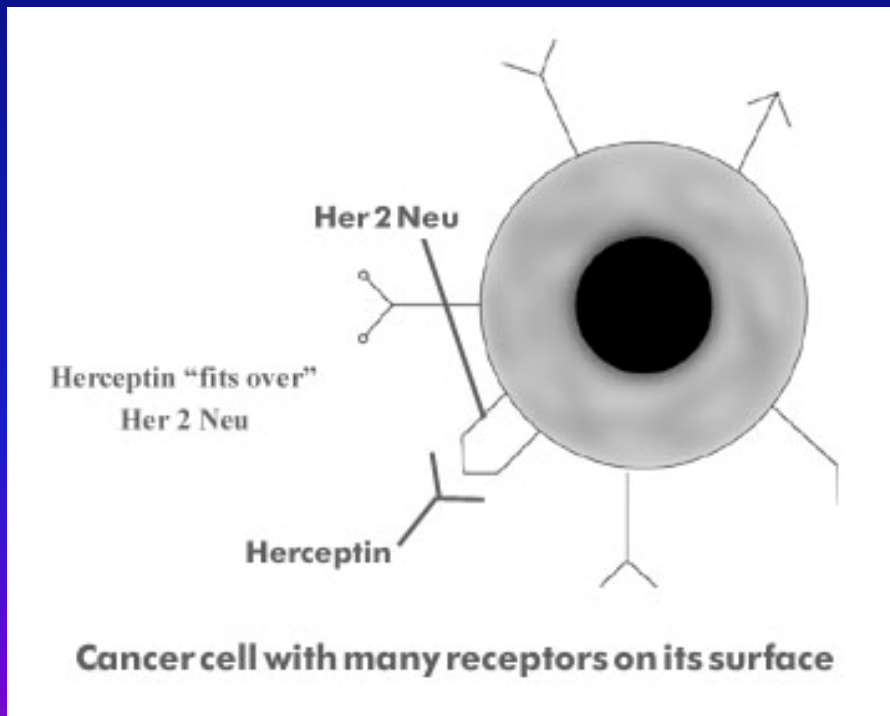


Cancer cell without receptors



# 預測癌症復發-2

## 5. (Her2-neu)癌基因的表達





### PATIENT REPORT

**Patient:** Doe, Jane  
**Sex:** Female  
**DOB:** 01/01/1950  
**Medical Record/Patient #:** 556677771  
**Date of Surgery:** 1/25/2008  
**Specimen ID/Block ID:** SURG-0001

**Requisition:** R00003G  
**Order Received:** 2/01/2008  
**Date Reported:** 2/13/2008  
**Client:** Community Medical Center  
**Treating Physician:** Dr. Harry D Smith  
**Submitting Pathologist:** Dr. John P Williams  
**Additional Recipient:** Dr. Sally M Jones

### ASSAY DESCRIPTION

Oncotype DX<sup>®</sup> Breast Cancer Assay uses RT-PCR to determine the expression of a panel of 21 genes in tumor tissue. The Recurrence Score™ is calculated from the gene expression results. The Recurrence Score range is from 0-100.

### RESULTS

**Recurrence Score = 5**

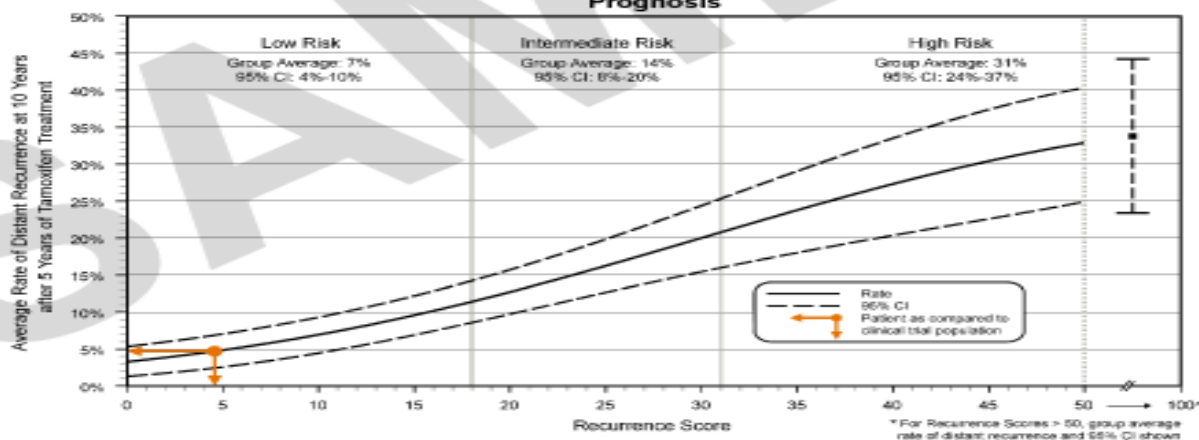
Test Results should be interpreted using the Clinical Experience information contained in this report which is derived from clinical studies involving patient populations with specific clinical features as noted in each section of the Clinical Experience. It is unknown whether the findings summarized in the Clinical Experience are applicable to patients with features different from those described.

### CLINICAL EXPERIENCE: PROGNOSIS FOR NODE NEGATIVE, ER-POSITIVE PATIENTS

The Clinical Validation study included female patients with Stage I or II, **Node Negative**, ER-Positive breast cancer treated with 5 years of tamoxifen. Those patients who had a Recurrence Score of 5 had an Average Rate of Distant Recurrence of **5% (95% CI: 2%-7%)**

The following results are from a clinical validation study of 668 patients from the NSABP B-14 study. *N Engl J Med* 2004; 351: 2817-26.

#### Recurrence Score vs Distant Recurrence in **NODE NEGATIVE**, ER-Positive Breast Cancer Prognosis



Node Negative

Laboratory Director: Patrick Joseph, MD

CLIA Number 05D1018272

This test was developed and its performance characteristics determined by Genomic Health, Inc. The laboratory is regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) as qualified to perform high-complexity clinical testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. These results are adjunctive to the ordering physician's workup.





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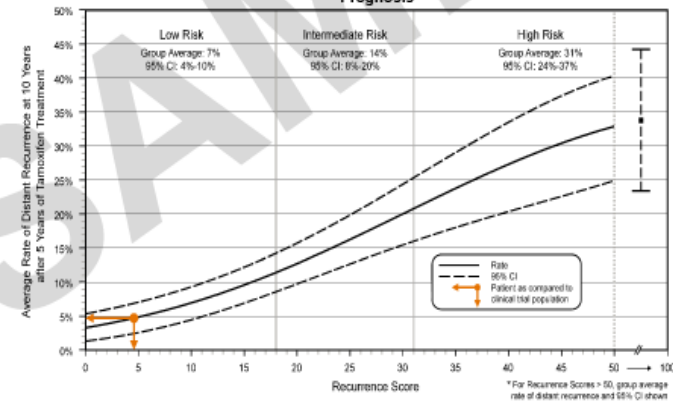
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301 Penobscot Drive Redwood City, CA 94063 (866) ONCOTYPE (866-662-6897) www.oncotypeDX.com © 2008 Genomic Health, Inc. All rights reserved. Oncotype DX and Recurrence Score are trademarks of Genomic Health, Inc.

GH004 Rev14 6/1/2008

< 18score: 低風險 復發 Tamoxifen No Chemorx

> 30 score: high recurrent rate ---- Tam + Chemotherapy

# 乳腺癌的復發風險

- 低風險 (Low Risk)
- 中等風險 (Intermediate Risk)
- 高風險 (High Risk)

# 低風險乳腺癌復發

淋巴結轉移 (Nodal Status)	Negative
腫瘤的大小 (Tumor Size)	< 1 cm
Grade 病理分級 (History /Nuclear/Mitotic)	1
ER/PR 雌激素受體	Positive
Breast CA Recurrent Score (oncotype Dx)	0-18%

# 中等復發風險

淋巴結轉移

- Negative

腫瘤的大小

- >1-2 cm

病理分級(History /Nuclear/Mitotic)

- 1-2

ER/PR 雌激素受體

- Negative /positive

Breast CA Recurrent Score  
(oncotype Dx)

- 19-31%

# 高風險復發

淋巴結轉移

- Negative /Positive

腫瘤的大小

- >2 cm

病理分級(History /Nuclear/Mitotic)

- 2-3

ER/PR 雌激素受體

- Negative

Breast CA Recurrent Score  
(oncotype Dx)

>31%

## Local recurrence after lumpectomy + radiation

For early stage breast cancer

5 year- recurrence rate: 5-10%

10 year- recurrence rate: 7-20%

Recurrent usually in the breast rather than  
Lymph node, skin or chest wall

For local recurrence (after lumpectomy ) – treat  
with mastectomy

# 局部復發

乳房切除 (mastectomy)

❑ Lymph node negative: 3-8%

❑ Lymph node positive: 19-27%

❑ 1/2 to 2/3 local recurrences:- first and only site of recurrence

❑ 1/3 distant metastases

❑ Recurrences on chest wall and lymph nodes

# 怎麼知道有復發-I

**1/3 by mammogram**

**1/3 by physical exam**

**1/3 by mammogram +  
physical exam**



# 乳部篩檢

- ❑ 乳部 x 光攝影 (Screening Mammogram)  
仍是例行篩檢的最佳首選
- ❑ 數位式乳部 x 光攝影 (Digital mammogram)
- ❑ 超音波乳房掃描 (Ultrasound)
- ❑ 核磁共振影像掃描(MRI)的乳房
- ❑ 乳房陽電子斷層掃描術PEM (PET imaging mammography)

# 怎麼知道有復發-I

1. 乳房局部復包括：
  - 乳房的形狀或輪廓變化, 或腫塊
  - 乳房或乳頭的皮膚發紅, 發炎
  - 從乳頭 排放清液體或血液體



# 乳癌的診斷性檢測

## Breast cancer diagnosis

- 針吸 (**Needle aspiration**)
- 抽取組織切片以檢測有否癌細胞 (**Core Needle biopsy**)
- 外科手術切片檢測 (**open biopsy**):  
切除部分或  
全部病變組織進行化驗 (**excisional biopsy**)

# 怎麼知道遠處有復發/轉移-11

轉移性乳腺癌的症狀可包括：

- 骨痛(可能顯示骨轉移)
- 氣短(可能顯示肺轉移)
- 缺乏食慾(可能表示肝臟轉移)
- 體重減輕(可能表示肝臟轉移)
- 神經疼痛或虛弱, 頭痛  
(神經系統可能顯示轉移)

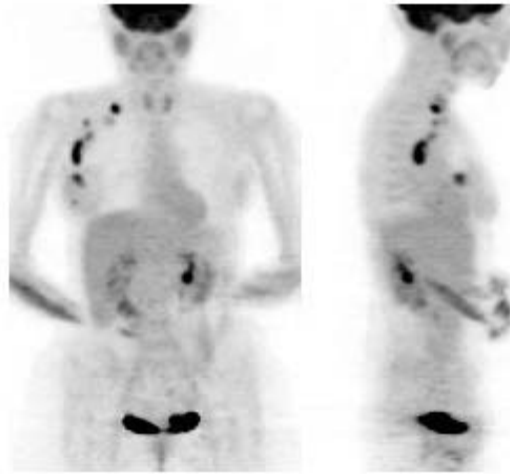
# Bone Scan



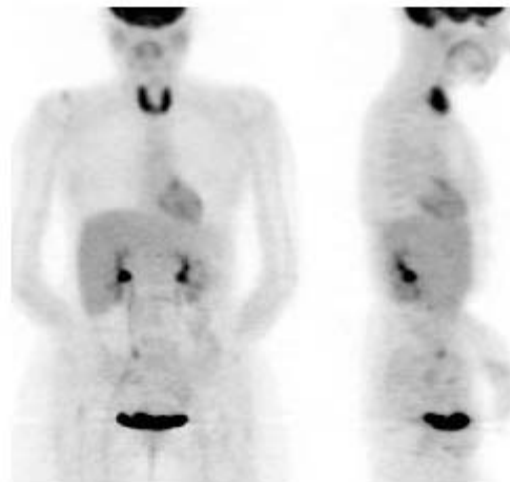
# CAT SCAN CHEST

CAT SCAN ABDOMEN

# 乳房陽電子斷層掃描術



Pre-therapy



Post-therapy

# 預防乳腺癌復發

- I. 早期發現, 早期可治療階段
- II. 早期治療階段 Adequate initial treatments
  - Surgery + lymphnode dissection
  - Radiation therapy if > 4LN
  - Chemotherapy +/-Herceptin for ER-/PR-  
/Her2Neu+++
  - Chemotherapy for ER-/PR-/Her2Neu-  
(Triple negative breast cancer)



# 預防乳腺癌復發

## 荷爾蒙治療乳癌

### □ Arimidex /Femara/ Aromacin

最近, 對 線絕經後, 激素受體陽性婦女的 治療

Femara reduced risk of breast cancer recurrent

**additional** 21% (7.4%), distant metastases by 27%  
as compared to Tamoxifen (9.2%)

### □ Tamoxifen:

- *20 mg po daily for 5 years*
- **實質利益 --前和絕經後婦女**
- **減少疾病復發了47%**
- **每年減少死亡的機率 by26%**
- **如果同時進行放射治療, 同側乳房復發降低了61%,  
(綜合 NSABP的B - 14)**

# 其他聯合輔助化療

## Adjuvant Chemotherapy

- AC X 4 CYCLES
- AC X 4 CYCLES FOLLOWED BY PACLITAXEL 4 CYCLES (3% improved survival with addition of Paclitaxel)
- FAC X 4-6 CYCLES
- CEF X 6 CYCLES /CMF X 6 MONTHS
- Other combination
- 高危患者-- 最近批准赫賽汀(Herceptin) 輔助治療  
結合化療治療  
AC-TH /TCH

# 乳腺癌可以預防嗎？

## III . 乳腺癌化學預防 Chemoprevention

使用藥物, 以用於降低患乳腺癌的風險

### ■ Tamoxifen (他莫昔芬)

可以降低患乳腺癌42% 風險，  
可以降低婦女患BRCA2基因突變乳腺癌的風險

### ■ Raloxifene (雷洛昔芬)



# 預防乳腺癌

- 其他藥物

目前正在研究，

阿司匹林(Aspirin)或

非甾體抗炎藥 (NSAIDs)

如布洛芬(Ibuprofen)似乎有降低乳癌風險

# 乳腺癌可以預防嗎？

## 4. 預防手術 (Preventive surgery)

預防性**雙邊**乳房切除手術

降低患乳腺癌的風險（達**97%**）。不完全預防乳腺癌

## 乳腺癌很高風險的少數婦女

- 以前乳房癌
- **BRCA/PTEN** 突變基因突變
- 強烈的家族病史（幾個近親乳腺癌）
- 小葉原位癌 lobular carcinoma in situ (LCIS)

# 乳腺癌可以預防嗎

- 預防性卵巢切除術（卵巢切除）  
(Prophylactic oophorectomy)

有**BRCA1/BRCA2**突變的婦女：

絕經前，卵巢切除會降低**50%**以上他們患乳腺癌的風險，降低**96%** 卵巢癌

# 預防乳腺癌復發

## V. 骨骼健康 (Bone Health)

### □ Biphosphonates- (NEJM-2009)

Zoledronic (Zometa) 3.2 % absolute reduction  
32% relative reduction in disease progression

### □ Vitamin D supplement

34% reduced risk of breast cancer

(need further studies)

## vi. Close follow up with doctors

# 乳腺癌復發將如何治療呢？

## 1. 局部復發：

治療乳腺癌復發- 取決於初始治療。

- 如果腫塊切除術...治療以乳房切除手術
- 如果初始治療乳房切除術 .... 盡可能切除消除附近腫瘤 + 放射治療。

在這兩種情況下 (外科手術和/或放射治療後)：用激素治療和/或化療。



# 遠處復發治療

以減輕某些症狀

- 並可能全身治療（化療和/或激素治療）。
- 外科手術
- 放射治療
- 赫賽汀 (Herceptin), TYKERB
- 標靶治療( Targeted therapy)- AVASTIN
- 動脈化療栓塞術 (Chemo embolization)
- Radio frequency ablation

# 減低遺傳危險因素的措施

## 預防性的乳腺切除手術

- 對於有**BRCA**變異的婦女，這種方法可以減低**90%**的乳癌發病率。

## 藥物：

- 如 **Tamoxifen**，在高發病率的婦女當中，可減低**45%**的乳癌發病率。

## 雙側 卵巢切除手術：

- 對於有**BRCA**變異的婦女，如果能在**30歲**切除卵巢，大約可以減少**90%**卵巢癌的可能性，減少**62%**乳癌的可能性。

# 身體活動/運動

- 越來越多的證據，身體活動/運動降低患乳腺癌的風險
- 在一項研究 (婦女健康倡議 (WHI)) 每星期快走 1.25至2.5小時，降低婦女的風險18%。  
每週步行10小時，減少的風險。
- 為了減少患乳腺癌的風險，美國癌症協會建議每 45至60分鐘身體活動，5天或更多天。

# 降低罹癌的可能性

- 配合均衡的營養，加上規律且適量的運動，可以預防癌症，並且改善全身的健康狀況。
  - ✓ 從少量的運動開始，逐漸增加到每天三十分鐘
  - ✓ 如果時間有限，每次運動的時間可以縮短，但多做幾次，使加起來達到每天三十分鐘
  - ✓ 可以包括一些喜愛的活動，例如園藝及舞蹈。

# 均衡的飲食

- 定量三餐，七分飽，少吃零食。
- 多吃有抗氧化物的食物，蔬菜水果(一天七八份)
- 少吃含高油脂類、煎炸的食物。
- 酒儘量少飲，尤其對乳癌有害 (已多項報告證實)
- 不要偏食，但是蔬菜水果不可少，可代替甜點



# 總結：預防和降低乳腺癌復發

- 不時和醫生聯繫, 繼續每年做身體檢查
- 預測癌症復發
- 減少患乳腺癌的風險
- 選擇治療法
- 抗激素治療, 建議 5 至 8 年
  - 停月經前 婦女... Tamoxifen
  - 停月經後 婦女... Femara/ Arimidex/  
Aromacin-
- 均衡的飲食和運動