

College of Radiology Statement on Updates in Breast Imaging & Screening of Breast Cancer in Malaysia

Breast cancer is the most common cancer and the number one cause of cancer deaths among women in Malaysia. The incidence of breast cancer increases steadily starting from the age of 30 years with a peak age specific incidence rate in the 50-59 age group. The situation is similar amongst the Malays, Chinese and Indians. About 1 in 19 women in this country is at risk to breast cancer.

The exact cause of breast cancer is not known. However there are several risk factors that include family history, carriers of BRCA 1 & BRCA 2 genes, obesity, diet, early menarche and late menopause. These risk factors are also divided into low, medium and high risk.

Women with a personal history of breast cancer, lobular carcinoma or ductal carcinoma in situ, benign breast disease with atypical hyperplasia, carriers of BRCA 1 and 2 gene mutation or with first degree relatives with breast cancer are identified as the "High risk " group.

Most women come with symptoms of lumps, change in contour of the breast, blood stained nipple discharge, skin changes or changes in the nipple.

In Malaysia, the Ministry of Health follows the Clinical Practice Guidelines (CPG) for screening and management of breast cancer. According to this guideline:

BSE or breast self-examination is recommended for raising awareness among women at risk rather than as a screening method.

Mammography is still the **GOLD** standard.

Mammography may be performed biennially (2 yearly) in women from 50 – 74 years of age. Breast cancer screening using mammography in low and intermediate risk women aged 40 – 49 years old should not be offered routinely. However, women aged 40 – 49 years should not be denied mammography if they desire to do so.

For the high risk group, screening should be done from the age of 30 years with both MRI and mammography as it is more effective than mammography alone.

In young women (less 35 years old), ultrasound should be used as the initial imaging modality.

Patients presenting with a breast symptom should be evaluated with a full clinical examination, mammography and/or ultrasound followed by biopsy. Complimentary ultrasound assessment should be offered to all symptomatic breast patients.

There are other new options such as thermal imaging and CTLM (Computed Tomography Laser Mammography) available in the market. However these options are still in the trial phase and are not FDA approved at present.

In conclusion, breast cancer is a curable disease if detected early. Clinical or self-breast examination followed by the recommended screening methods can detect the disease early.

Women are advised to follow the clinical practice guidelines (CPG – Management of breast cancer - 2nd edition: Nov 2010).

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