

乳癌檢驗 面面觀

Imaging

醫學影像

Tissue diagnosis

抽組織

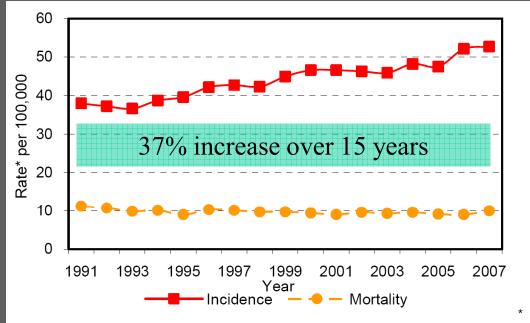
Blood test

抽血

香港癌症資料統計中心 2007

	New Case	Death
Number of cases registered	2,701	526
Rank	1	3
Proportion of all cancer	23.9%	11.2%
Median age (years)	52	59
Crude rate*	74.2	14.5
Age-standardized rate (World)*	52.7	10.0
Lifetime risk before age 75	1 in 20	1 in 102
Mortality : Incidence ratio	0.19	

^{*} All rates are expressed per 100,000

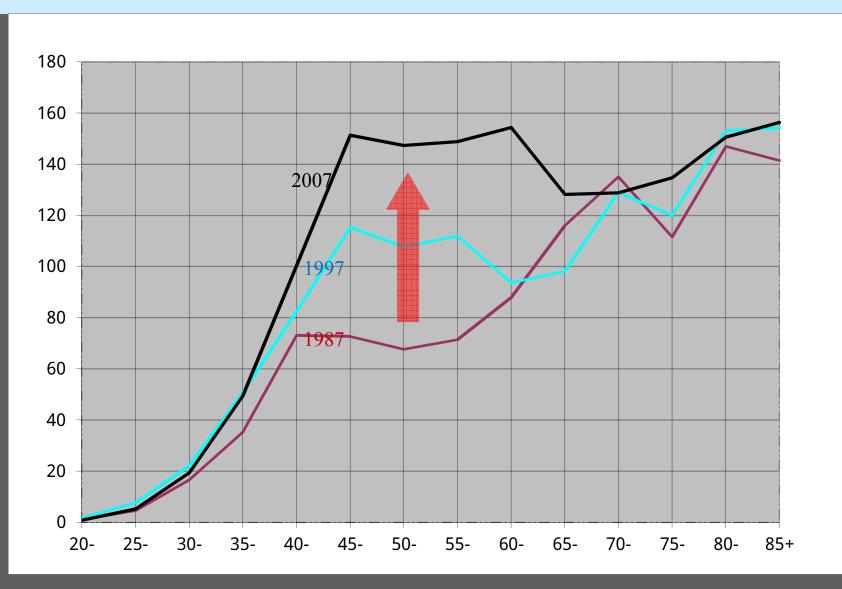


^{*}Rates are standardized to the year 2000 world standard population.

Figure 10c. Incidence and Mortality Trends for Female Breast Cancer, 1991-2007

年齡別 發生率

age-specific incidence rate (per 100 000 women)





Imaging 醫學影像

乳腺X光造影 mammogram

超聲波

ultrasound

磁力共振

MRI

數碼乳腺X光造影

Digital mammography



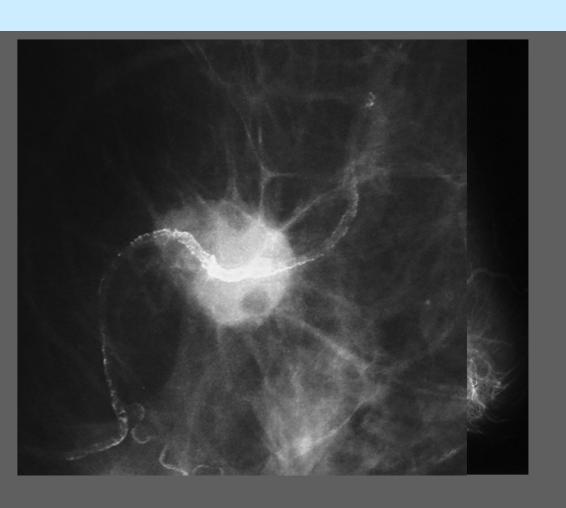


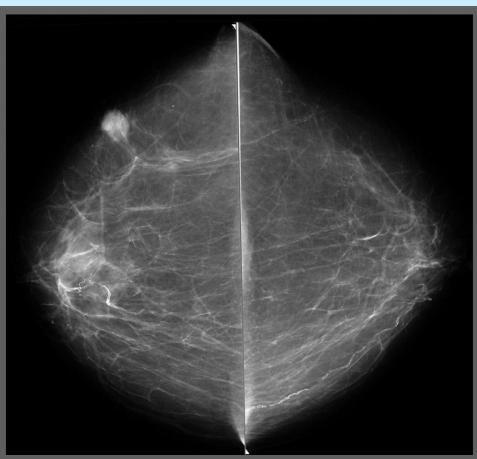


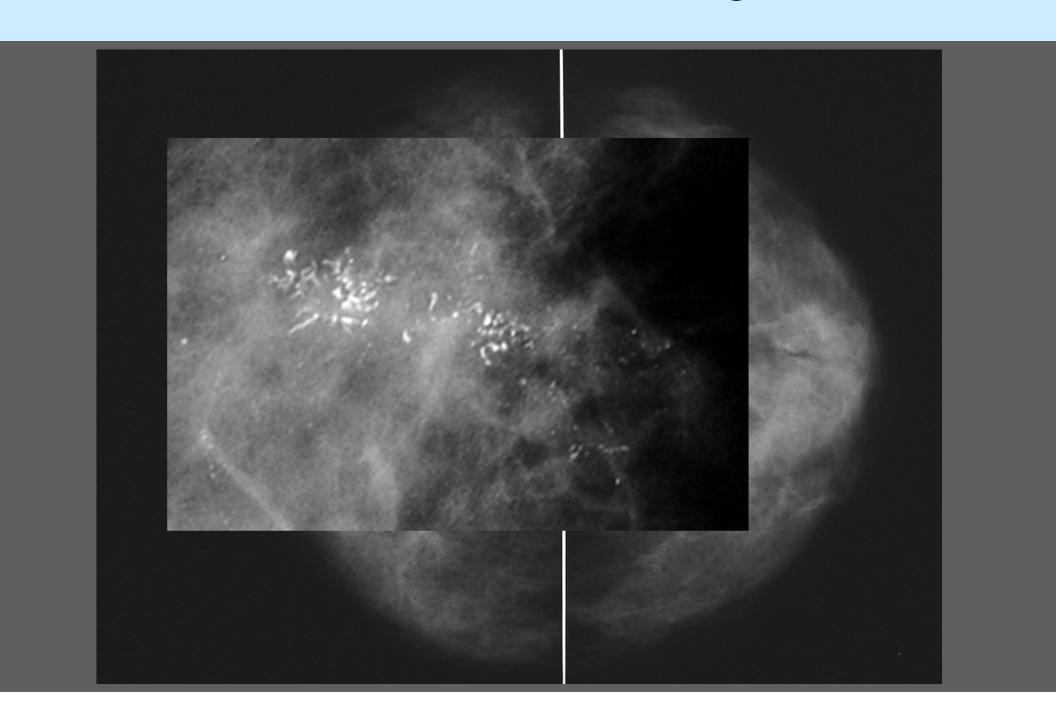




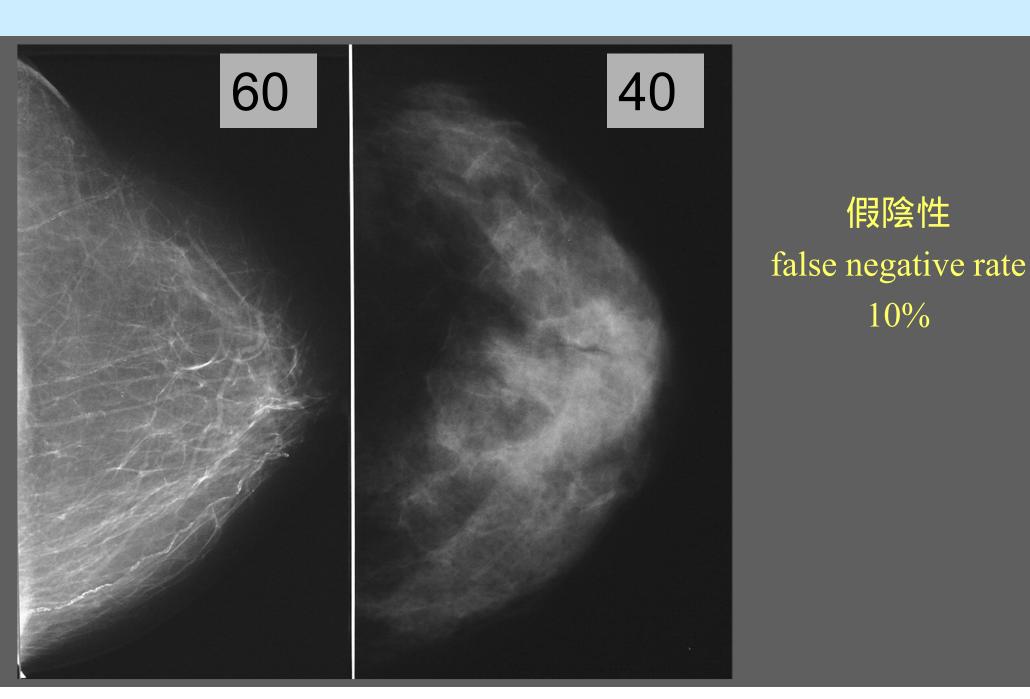




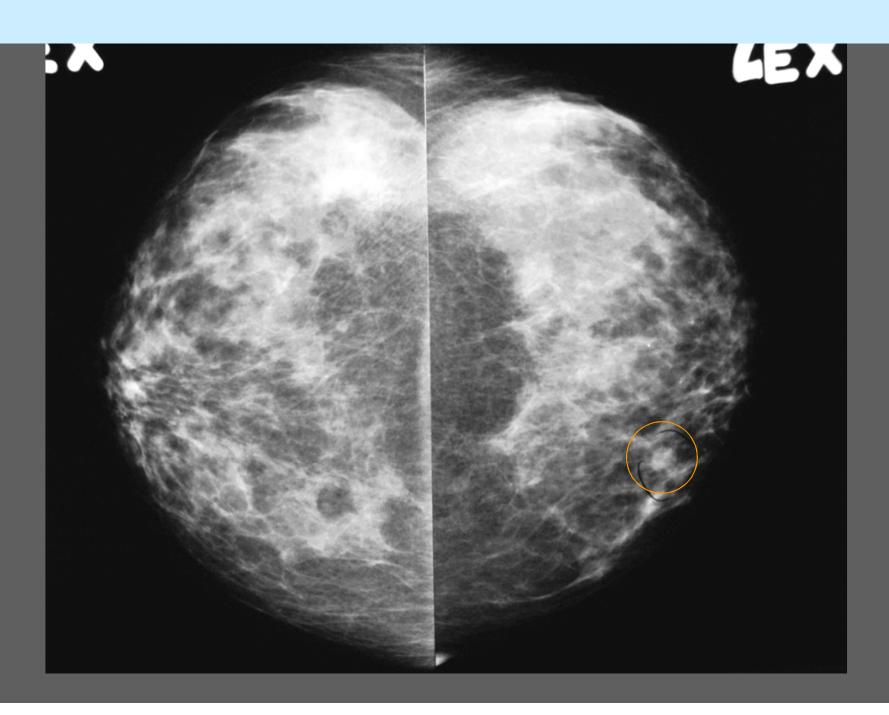




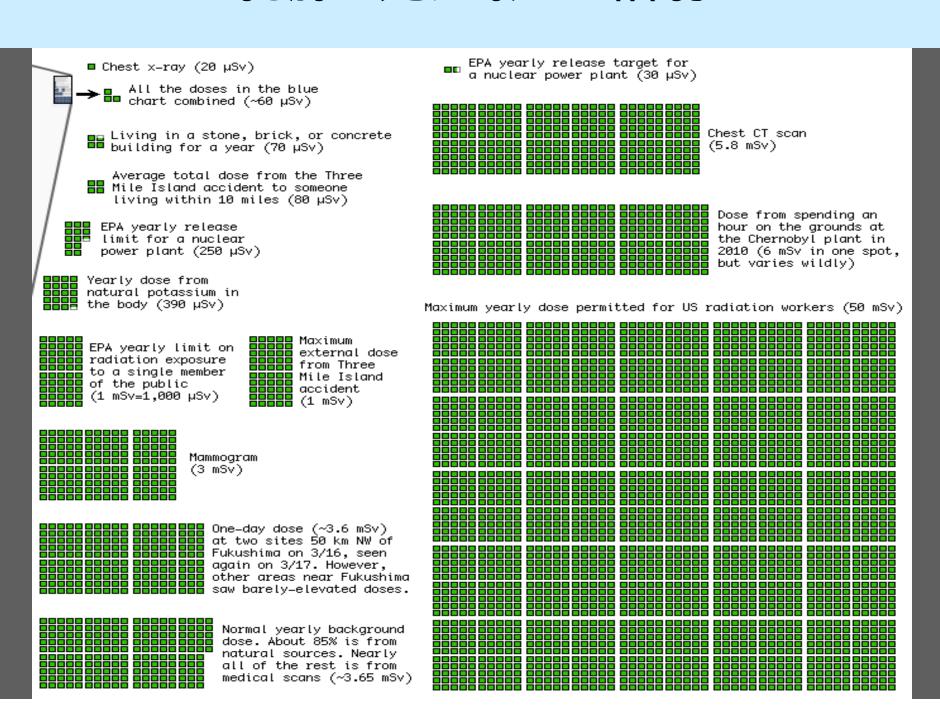
乳腺密度 breast density



8mm lesion



乳腺X光造影 - 輻射



乳腺X光造影 - 輻射

- 一次輻射 份量極小
- 由40歲開始,每年一次X光
- 好處多於壞處



Radiation dose of mammogram

- excess breast cancers have been demonstrated in women receiving doses of 0.25-20 Gy
- These high-level exposures to the breast occurred from the 1930s to the 1950s due to atomic bomb radiation, multiple chest fluoroscopies, and radiation therapy treatments for benign disease
- Using a risk estimate provided by the Biological Effects of Ionizing Radiation (BEIR) V
 Report of the National Academy of Sciences
- a mean breast glandular dose of 4 mGy from a two-view per breast bilateral mammogram
- annual mammography of 100,000 women for 10 consecutive years beginning at age 40 will result in at most 8 breast cancer deaths during their lifetime
- On the other hand, researchers have shown a 24% mortality reduction from biennial screening of women in this age group
- this will result in a benefit-to-risk ratio of 48.5 lives saved per life lost
- An assumed mortality reduction of 36% from annual screening would result in 36.5 lives saved per life lost
- Thus, the theoretical radiation risk from screening mammography is extremely small compared with the established benefit from this life-saving procedure and should not unduly distract women under age 50 who are considering screening.

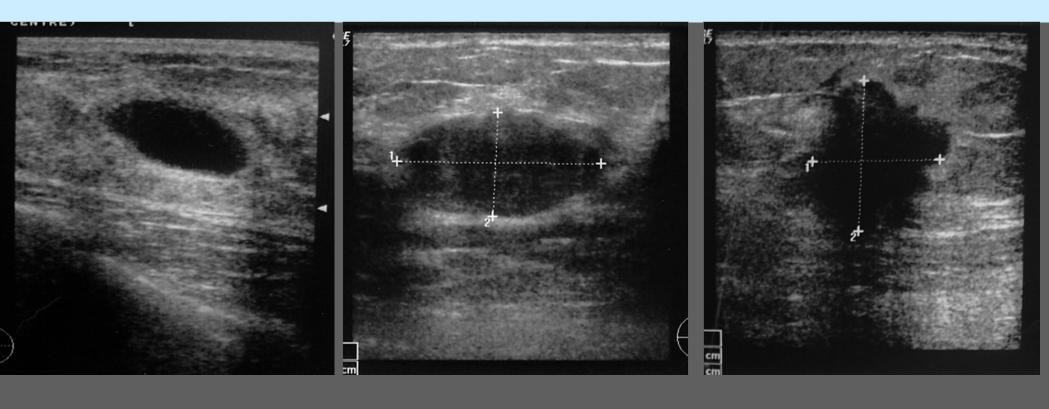
• Feig SA JNCI Mono 1997;22:119-24

超聲波 ultrasound





超聲波 ultrasound



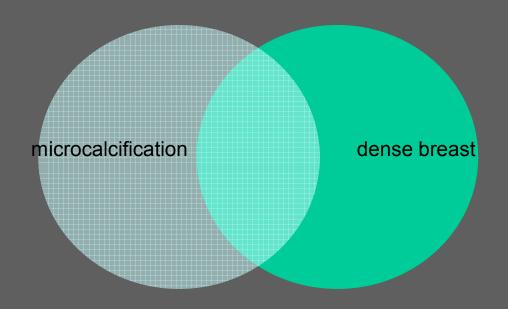
水囊/囊腫

纖維瘤

乳癌

超聲波 ultrasound

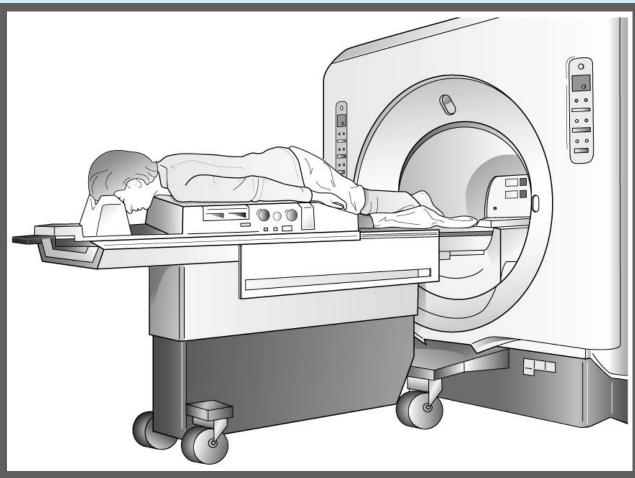
- 好處:
 - *沒有痛楚*
 - 一 適用於 稠密乳腺
 - 能診斷 水瘤
 - 一 能加強 抽針 準確性
- X光造影 超聲波 互補不足





無輻射

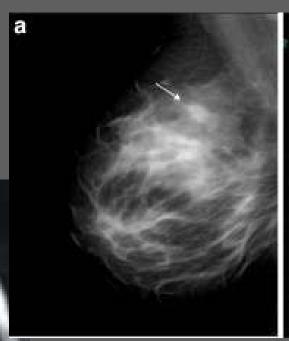
顯影劑 contrast

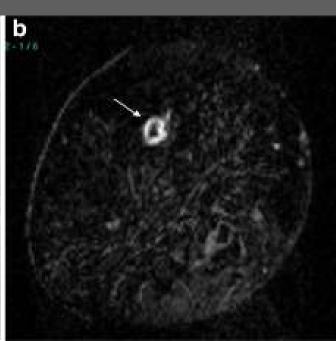


非常高 敏感性(<u>sensitivity</u>) 低 特異性(<u>specificity)</u>

• (many benign biopsy)



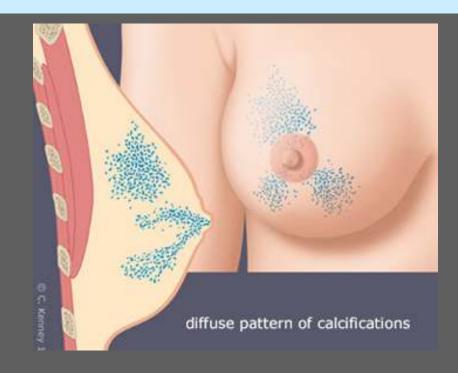




• 癌症範圍

局部切除 – 適應性





- 小於 3cm
- 非多發性 (multifocal)
- 離開乳頭

• 癌症範圍

• 手術後 跟進 scar / recurrence

• 癌症範圍

• 手術後 跟進 scar / recurrence

• 矽袋隆胸 implants



• 癌症範圍

• 手術後 跟進 scar / recurrence

• 矽袋隆胸 implants

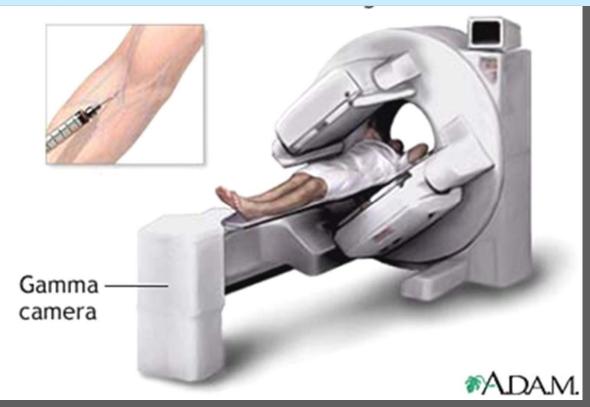
• 乳腺稠密 dense breast

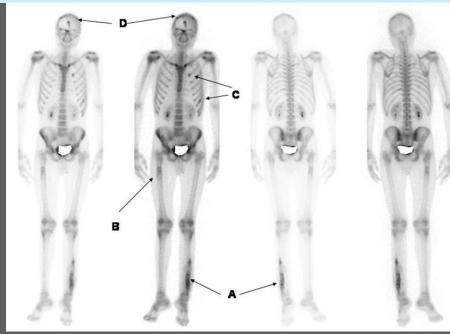
- 高危女士
 - BRCA1 or BRCA2 mutations (annually starting at 30)
- 比 <u>MMG & US</u> 更敏感
- American Cancer Society (ACS):
- 建議每年 MRI



骨掃描

Bone scan





同位素 radioisotope

骨轉移

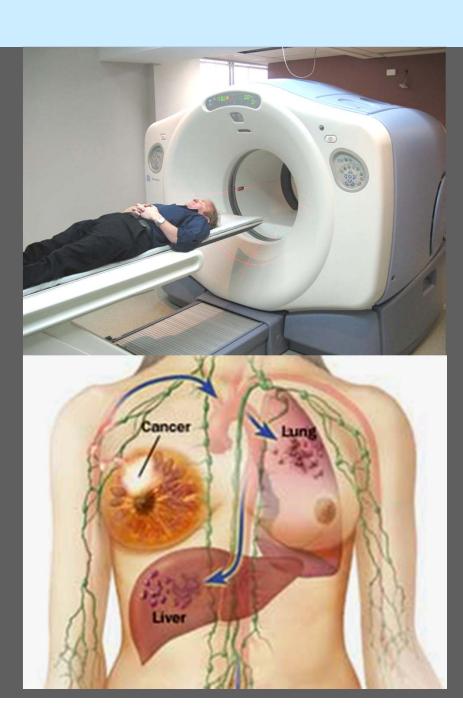
正電子掃描

PET scan

• 全身性 掃描

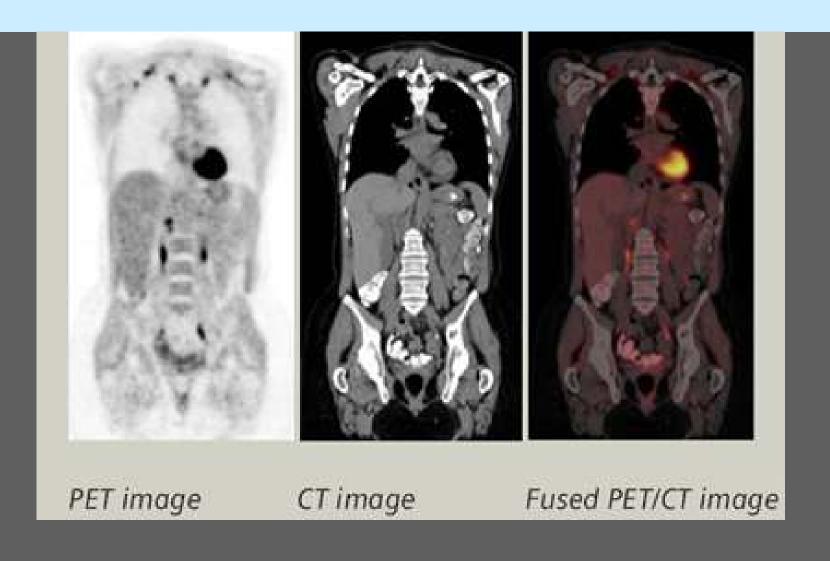
• 全身性轉移

- 淋巴掃描
- 局部



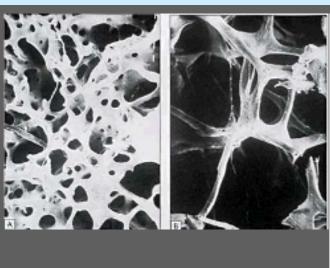
正電子+電腦掃描

PET-CT



骨質密度

bone density / DEXA scan



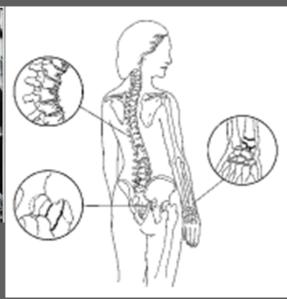
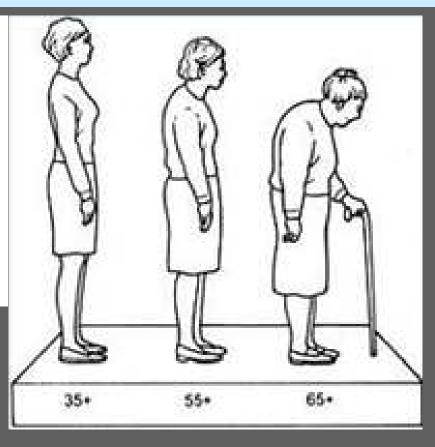




Figure 3. Your doctor can ask for a bone scan to be carried out to test the strength or density of the bones.

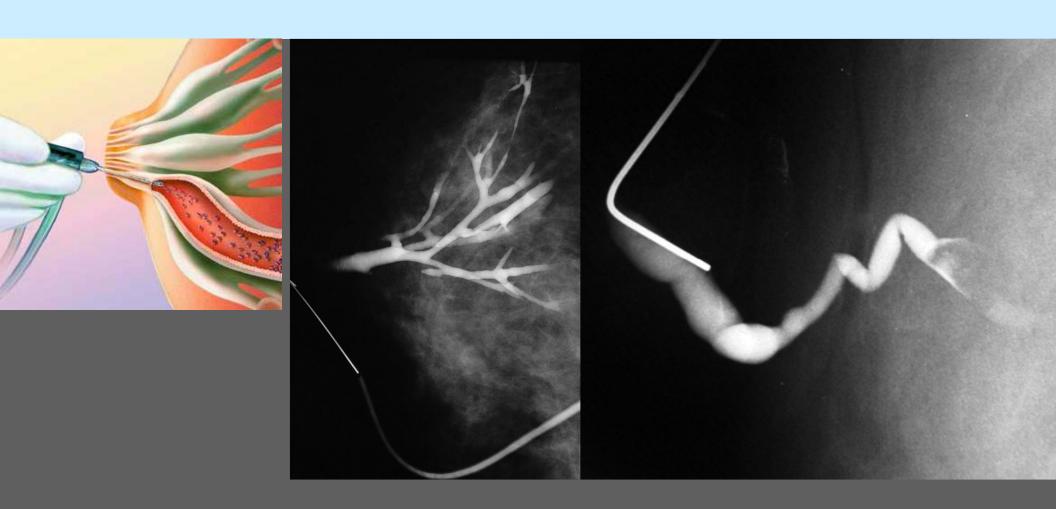


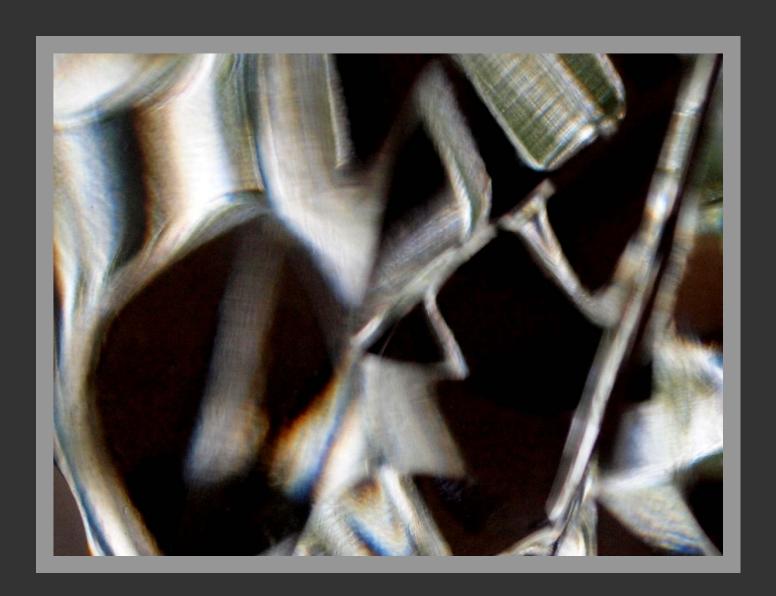
骨質疏鬆 osteoporosis

芳香酶 抑制劑 aromatase inhibitor

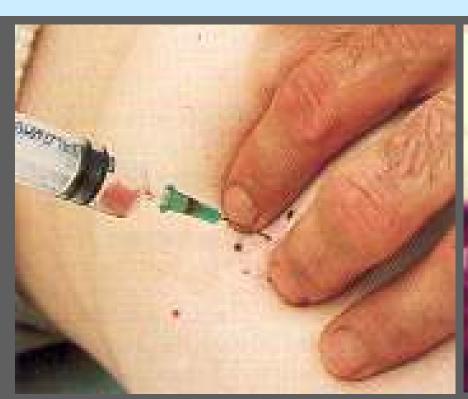


乳頭分泌 — 乳管造影 / ductogram





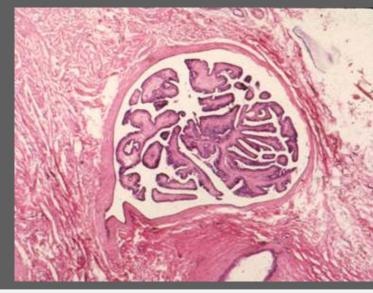
幼針 穿刺 / FNAC



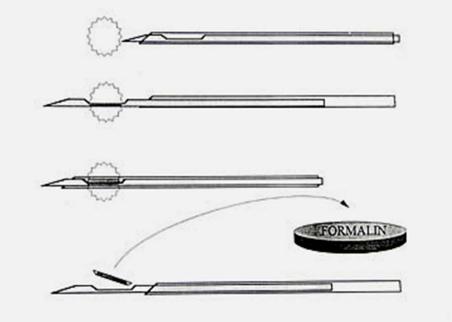


粗針 / core biopsy

- 比較準確
- 多組織 更多測試
- 診斷原位癌







組織檢查 - 比較

	幼針 穿刺	粗針	手術切除
 所需時間	+	++	+++
傷口	-	+	+++
創傷性	+	++	+++
費用	+	++	+++
分辨原位癌	NO	YES	YES
準確性	++	++	+++

立體定位活組織檢查 / stereotactic biopsy





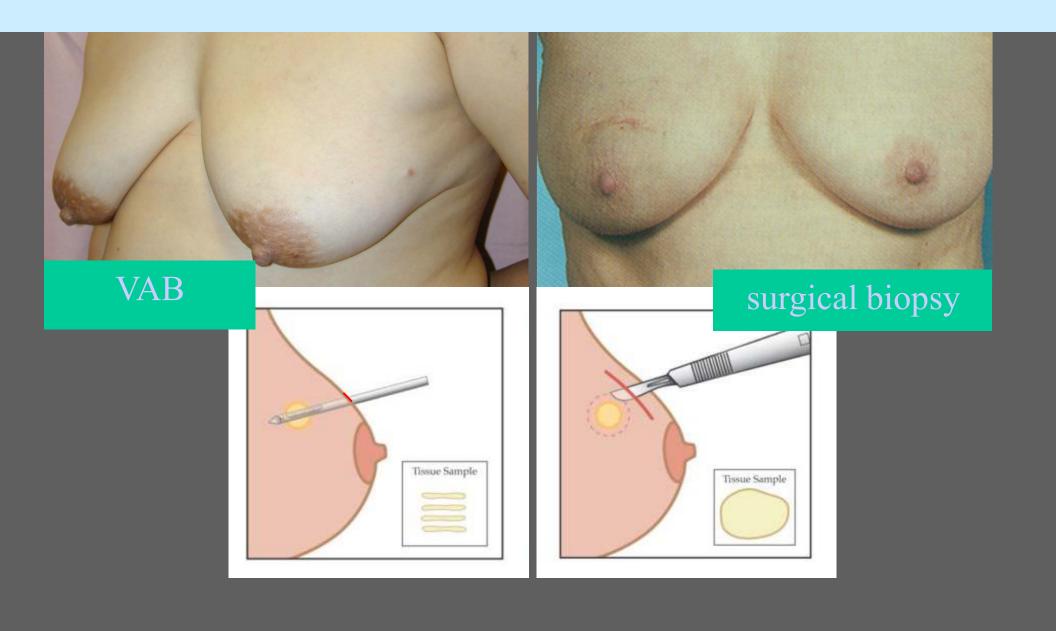
手術切除 / surgical excision

- 適應性:
 - 癌症
 - 未能排除癌症

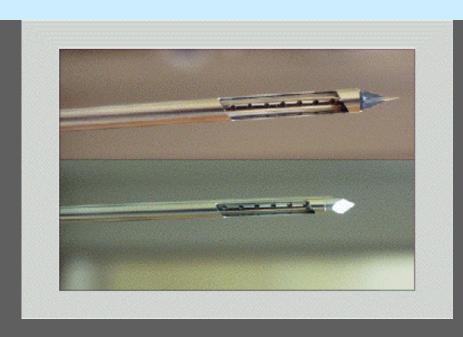
- 選擇:
 - 微創乳腺手術
 - Minimally invasive breast surgery (MIBS)



微創乳腺手術 / MIBS

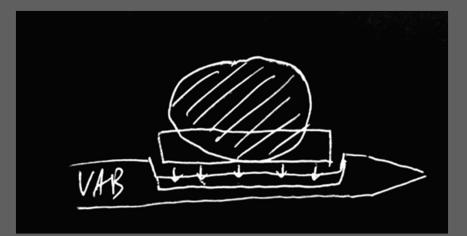


微創乳腺手術 / MIBS



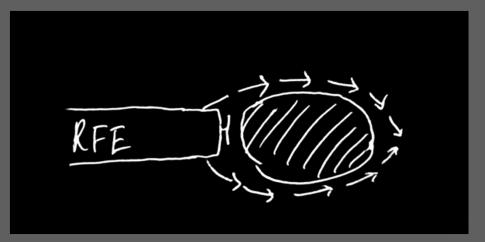
Vacuum-assisted biopsy (VAB)

Mammotome ®

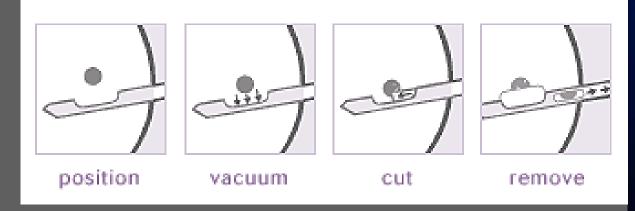


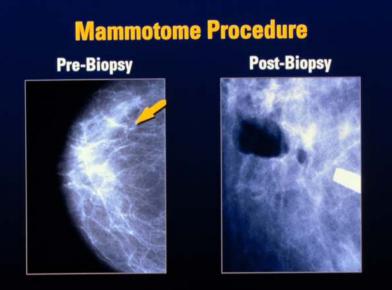


Radiofrequency-assisted excision device Intact $\ensuremath{\mathbb{R}}$

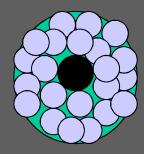


Mammotome ®



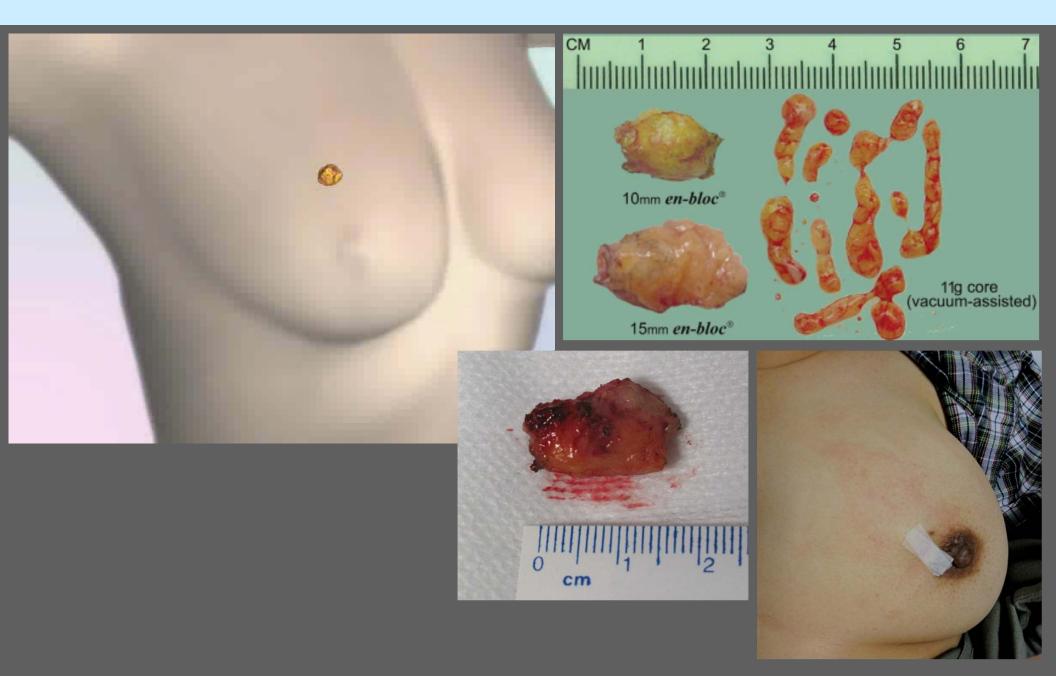


piecemeal removal





radiofrequency excision (RFE)





癌指數 / tumour marker

CA 15-3

CEA

CA 27.29



癌指數 / tumour marker

• 低敏感性(不能用作診斷或普查)

• Stage I 10%

• Stage II 20%

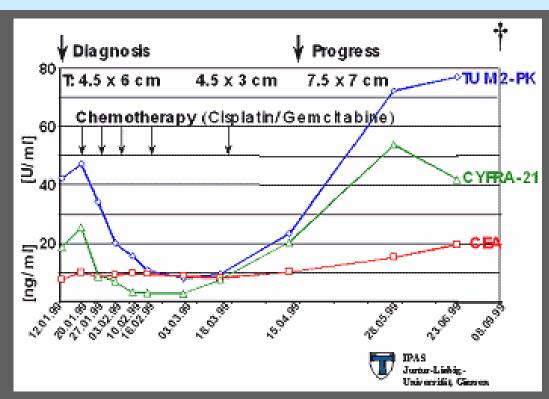
• Stage III 40%

• Stage IV 75%

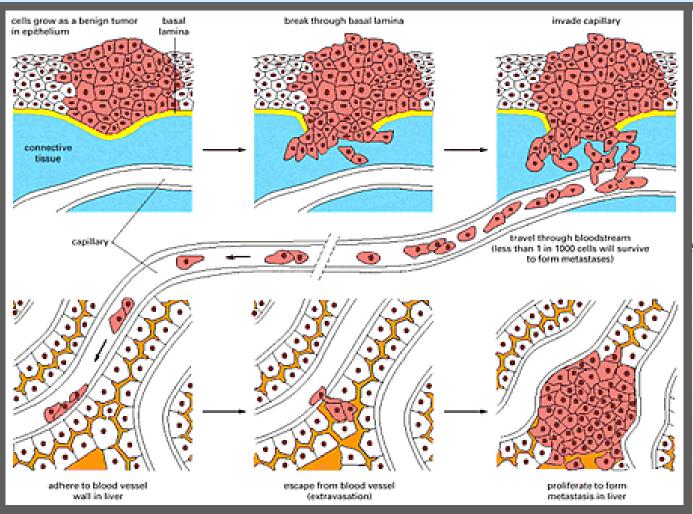
- 低特異性
 - 身体正常 (5%)
 - 肝病 或 其它癌症

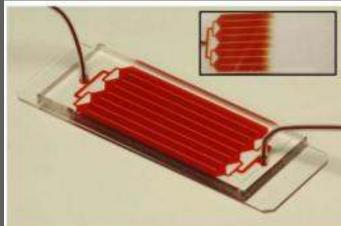
癌指數 / tumour marker

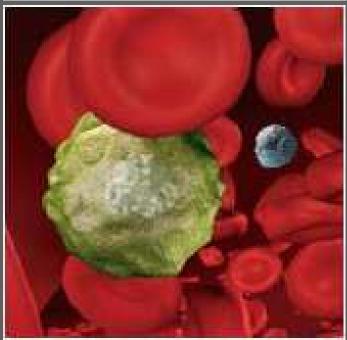
- 發生擴散 機會較高
- 監察復發
 - 提早發現
 - 可以提高存活率?
- 監察治療反應
 - difficult to assess lesions (bone disease and pleural effusion)



循環腫瘤細胞 Circulating Tumour Cells







循環腫瘤細胞 Circulating Tumour Cells

- CellSearch® (JJ)
- CTC occur in early breast cancer (9-48%), support early dissemination theory
- CTC ≠ metastases (not all CTC develop metastases)
- CTC characteristics ≠ primary tumour (HER2 status)
- CTC predicts survival
- Cutoff value: 5 CTC/7.5ml blood
- Elevated CTC during $tx \Rightarrow \downarrow survival$ (in MBC)
- CTC monitoring during $tx \Rightarrow$ allow change of tx if elevated CTC in MBC (SWOG S0500)