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HK Breast Cancer Foundation

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What we learn from Breast Cancer Facts in Hong Kong 2008 Report

30 May 2010

Hong Kong Breast Cancer Registry

First-of-its-kind Territory-wide comprehensive information collection system on local breast cancer

Vision:

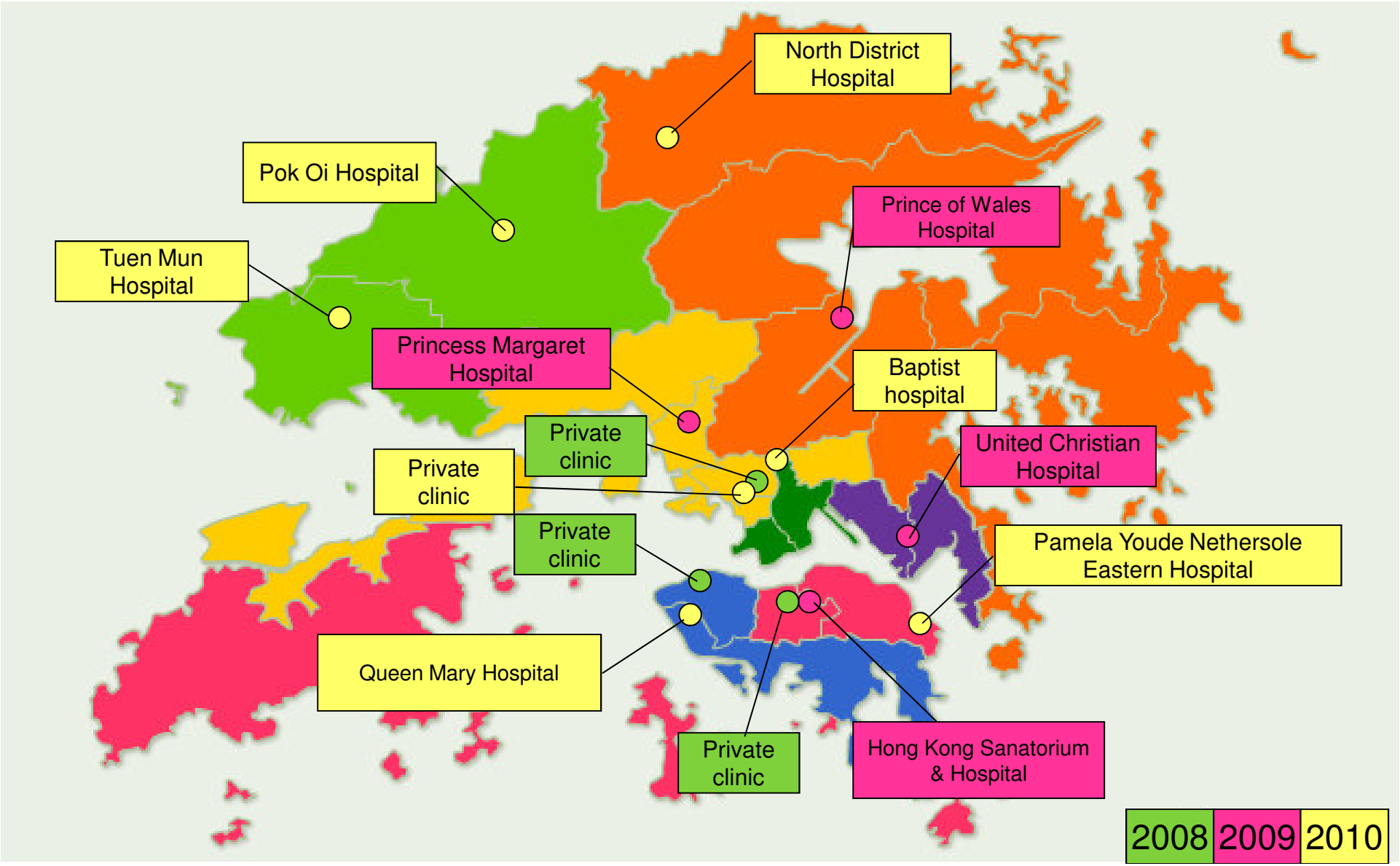
- To enhance effectiveness of preventive measures, diagnosis and treatment of breast cancer
- To help bring about changes in public policies and medical practice for improved breast healthcare in Hong Kong

Hong Kong Breast Cancer Registry

Objectives:

- To analyze the causes and risk factors of local breast cancer cases
- To monitor the general situation of the disease and treatment trends in the local context
- To investigate the impact of breast screening in early detection
- To advocate and support people-oriented public healthcare policies
- To develop and improve the standard of care for breast cancer

Collaborating Centres



Over 3000 breast cancer cases participating the Registry (as in Jan, 2010)

Breast Cancer Facts in Hong Kong 2008 Report in Chapters

- Patient Demographics
- Lifestyle
- Health Background
- Clinical Characteristics
- Overall Cancer Characteristics
- Histological & Molecular Characteristics
- Treatment Methods
- Patients Status

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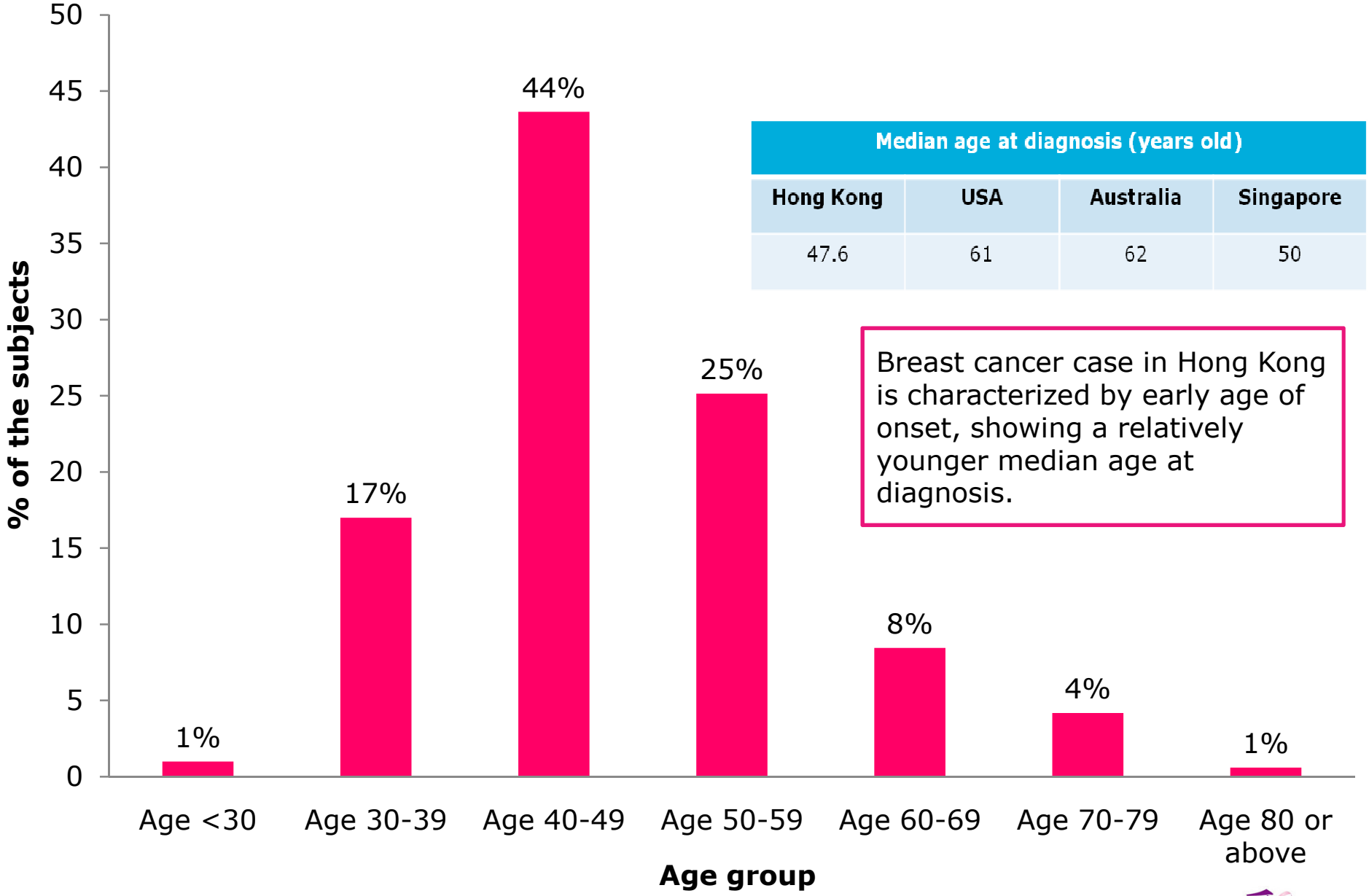
About the dataset

- 1006 cases
- Data collection period: Feb 2008 – Jan 2009
- Over 95% of breast cancer cases from private clinics

Who is at risk for Breast Cancer?

- Age
- Socioeconomic profile
- Body built
- Health profile
- Life style and dietary habit

Age distribution



Median age at diagnosis (years old)			
Hong Kong	USA	Australia	Singapore
47.6	61	62	50

Breast cancer case in Hong Kong is characterized by early age of onset, showing a relatively younger median age at diagnosis.

Source: Breast Cancer Facts in Hong Kong 2008 Report

Demographic data (1)

	Percentage (%)
Occupation	
Professional	17%
Clerical	33%
Housewife	30%
Self-employed	5%
Non-clerical/ Labor	4%
Retired/ Unemployed	11%
Education level	
No schooling/ Kindergarten	1%
Primary school	11%
Secondary school	60%
Matriculation or above	28%
Marital status	
Never married	17%
Married	73%
Widowed/ cohabitating	10%
Monthly household income	
<$10,000	9%
$10,000-29,999	33%
>$30,000	58%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Demographic data (2)

Districts	Percentage (%)	
Hong Kong Island		
Southern	6%	
Central and Western	9%	
Wan Chai	5%	38%
Eastern	16%	
Islands	2%	
Kowloon		
Kwun Tong	5%	
Wong Tai Sin	4%	
Yau Tsim Mong	5%	27%
Sham Shui Po	4%	
Kowloon City	9%	
New Territories		
Kwai Tsing	3%	
Tsuen Wan	5%	
Sai Kung	6%	
Tai Po	3%	35%
Sha Tin	9%	
Yuen Long	4%	
Tuen Mun	3%	
North	2%	

Source: Breast Cancer Facts in Hong Kong 2008 Report

Who is at risk for Breast Cancer?
Body built

Mean BMI (SD)	22.1 (3.2)
Median BMI	21.6
	Occurrence (%)
Obesity	17%
Bra size	
≤ 34 inches	64%
> 34 inches	36%
Cup size	
Cup A or B	81%
Cup C or above	19%

BMI: body mass index

Source: Breast Cancer Facts in Hong Kong 2008 Report

Are women with larger breast size at higher risk for breast cancer?

- Some studies in western countries showed women with larger breasts had higher risk for breast cancer.[1-2]

- In *Breast Cancer Facts in Hong Kong 2008 Report*, breast cancer occurred in 81% with smaller cup size (cup size A or B) or in 64% with breast size <34 inches.

- Women with small breast size should also be on the alert of breast cancer risk.

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Ref 1: Egan KM et al. Cancer Causes Control. 1999 Apr;10(2):115-8.
Ref 2: Hsieh CC et al. Eur J Cancer. 1991;27(2):131-5.

Who is at risk for Breast Cancer?
Health background

	Occurrence (%)
Personal history of breast cancer	20%
Previous breast disease	17%
Family history	19%
Early menarche (<12 years old)	17%
Late menopause (>55 years old)	8%
No childbirth	21%
Childbirth >35 years old	7%
No breast feeding	64%
Oral contraceptives	38%
Hormone replacement therapy	14%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Who is at risk for Breast Cancer?
Life style and dietary habits

	Occurrence (%)
Lack of physical exercise (<3 hours per week)	74%
Stress (high level of stress, >50% of time/wk)	40%
Dietary habit	
Meat and dairy products rich diet	15%
Balanced diet	70%
Vegetable rich/ vegetarian	15%

Note: High level of stress defined as more than half the time or nearly all the time perceived stress

Source: Breast Cancer Facts in Hong Kong 2008 Report

Summary of most common risk factors in breast cancer patients

Risk factors	Occurrence (%)
Lack of exercise (<3 hrs/ week)	74%
No breast feeding	64%
High stress level	40%
Use of oral contraceptives	38%
Overweight/ obese	34%
Nulliparious/ first childbirth >35 yrs of age	28%
Family history of breast cancer	19%
Early menarche (<12 years old)	17%
Meat/dairy product rich diet	15%
Use of hormonal replacement therapy	14%
Alcohol drinker	9%
Late menopause (>55 years old)	8%
Smoker	4%

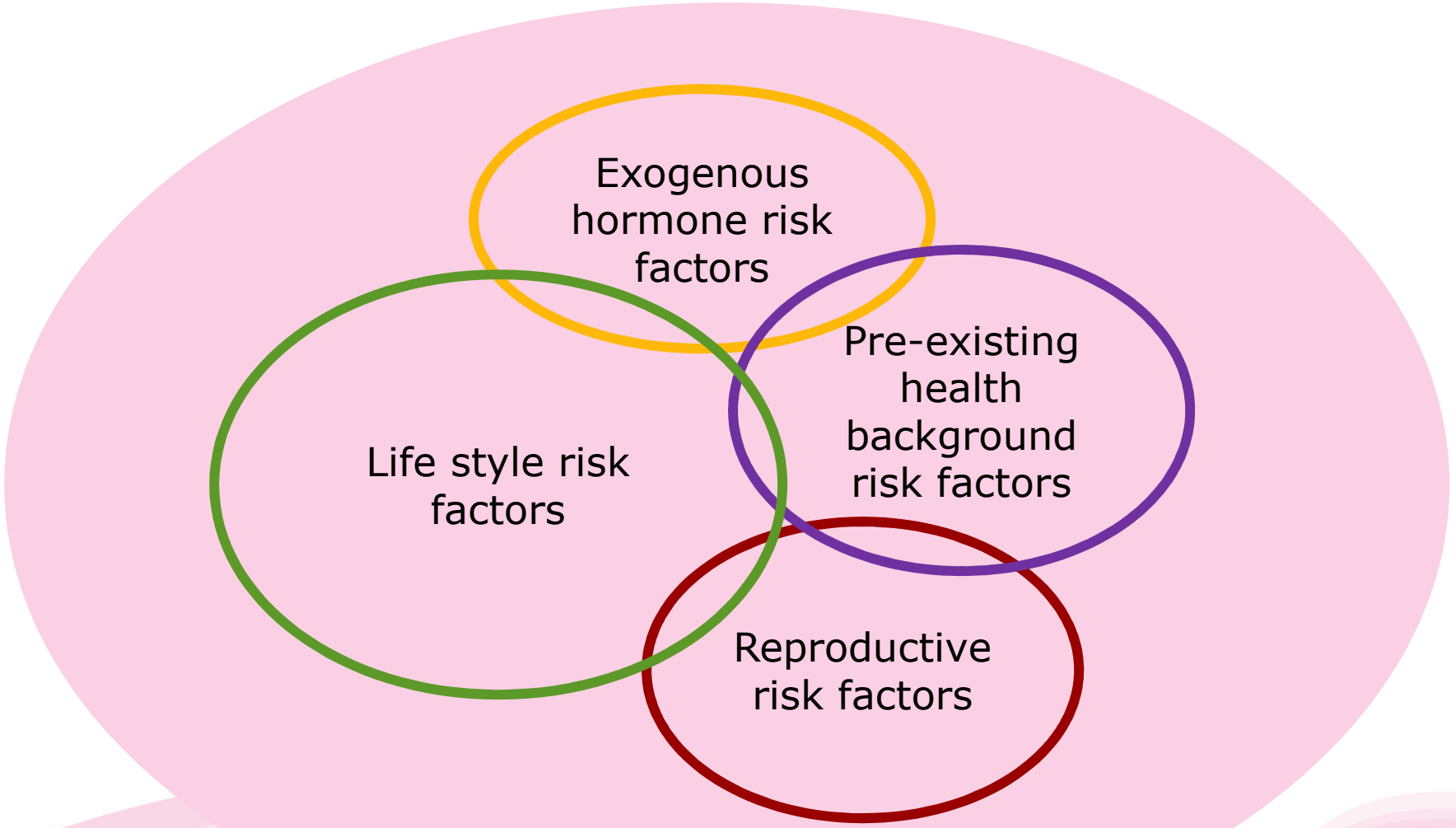
Source: Breast Cancer Facts in Hong Kong 2008 Report

Which risk factors are the most common in breast cancer patients?

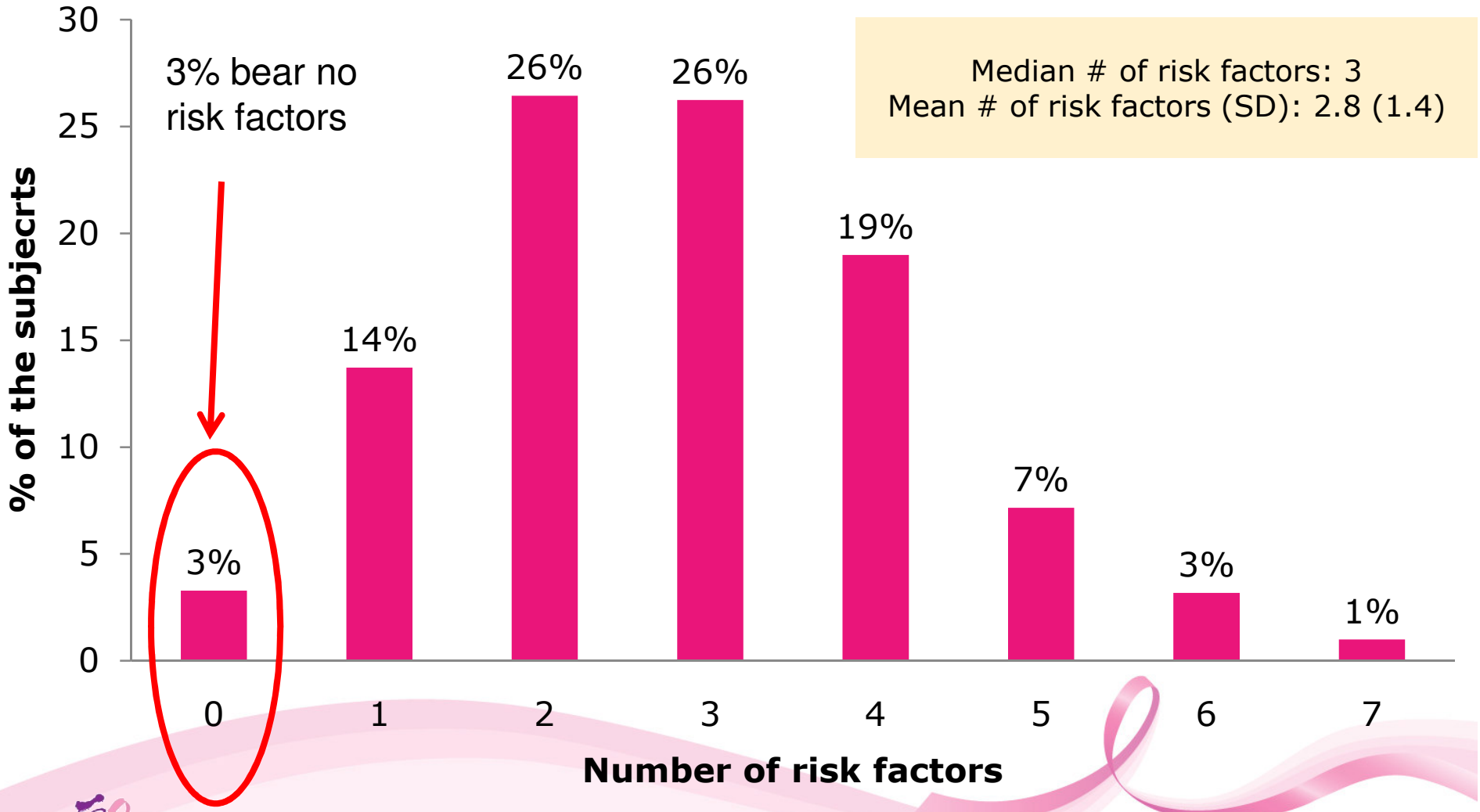
- 74% lacked regular physical exercises
- 64% had no breast feeding
- 40% perceived high stress level.

This observation warrants further research to study the relative risk of identifiable risk factors attributed to breast cancer.

How many risk factors are present among breast cancer patients?



Percentage of subjects with risk factors



Median # of risk factors: 3
Mean # of risk factors (SD): 2.8 (1.4)

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Source: Breast Cancer Facts in Hong Kong 2008 Report

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Number of risk factors by category

Risk factors by category	Range	Mean number of risk factors (SD)	Median number of risk factors
Subjects bearing lifestyle risk factors[1]	0-5	1.1 (0.8)	1.0
Subjects bearing pre-existing health background risk factors[2]	0-2	0.5 (0.6)	0.0
Subjects bearing reproductive risk factors[3]	0-4	0.9 (0.8)	1.0
Subjects bearing exogenous hormone risk factors[4]	0-2	0.4 (0.6)	0.0

[1]Lifestyle risk factors including smoker, drinker, diet, exercise and stress level
[2]Pre-existing health background risk factors including obesity and family or personal history of breast cancer
[3]Reproductive risk factors including early menarche, late menopause, first childbirth age >35 years old and no breast feeding
[4]Exogenous hormone risk factors including use of contraceptives and use of hormone replacement therapy

Recommendations for breast cancer prevention

ACS 2002 recommendations: Nutrition & Physical Activity Guidelines for Cancer Prevention

- **Maintain a healthy weight throughout life**
  - Balance calorie intake with physical activity
  - Avoid excessive weight gain throughout life
  - Achieve and maintain a healthy weight if currently overweight or obese
- **Adopt a physically active lifestyle**
  - Adults: Engage in at least 30 minutes of moderate to vigorous physical activity, above usual activities, on 5 or more days of the week; 45 to 60 minutes of intentional physical activity are preferable

Source: American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention 2002

ACS 2002 recommendations: Nutrition & Physical Activity Guidelines for Cancer Prevention

- **Adopt a healthy diet, with emphasis on plant sources**
  - Choose foods and drinks in amounts that help achieve and maintain a healthy weight
  - Eat 5 or more servings of a variety of vegetables and fruits each day
  - Choose whole grains over processed (refined) grains
  - Limit intake of processed and red meats
- **Drink no more than 1 drink of alcoholic beverages per day for women or 2 per day for men**

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Source: American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention 2002

Examples of moderate and vigorous intensity physical activities

	Moderate Activities	Vigorous Activities
Exercise and Leisure	Walking, dancing, leisurely bicycling, ice-skating or roller-skating, horseback riding, canoeing, yoga	Jogging or running, fast bicycling, circuit weight training, aerobic dance, martial arts, jump rope, swimming
Sports	Volleyball, golfing, softball, baseball, badminton, doubles tennis, downhill skiing	Soccer, field hockey or ice hockey, lacrosse, singles tennis, racquetball, basketball, cross-country skiing
Home Activities	Mowing the lawn, general lawn and garden maintenance	Digging, carrying and hauling, masonry, carpentry
Occupational Activity	Walking and lifting as part of the job (custodial work, farming, auto or machine repair)	Heavy manual labor (forestry, construction, fire fighting)

Source: American Cancer Society Guidelines on Nutrition and Physical Activity for Cancer Prevention 2002

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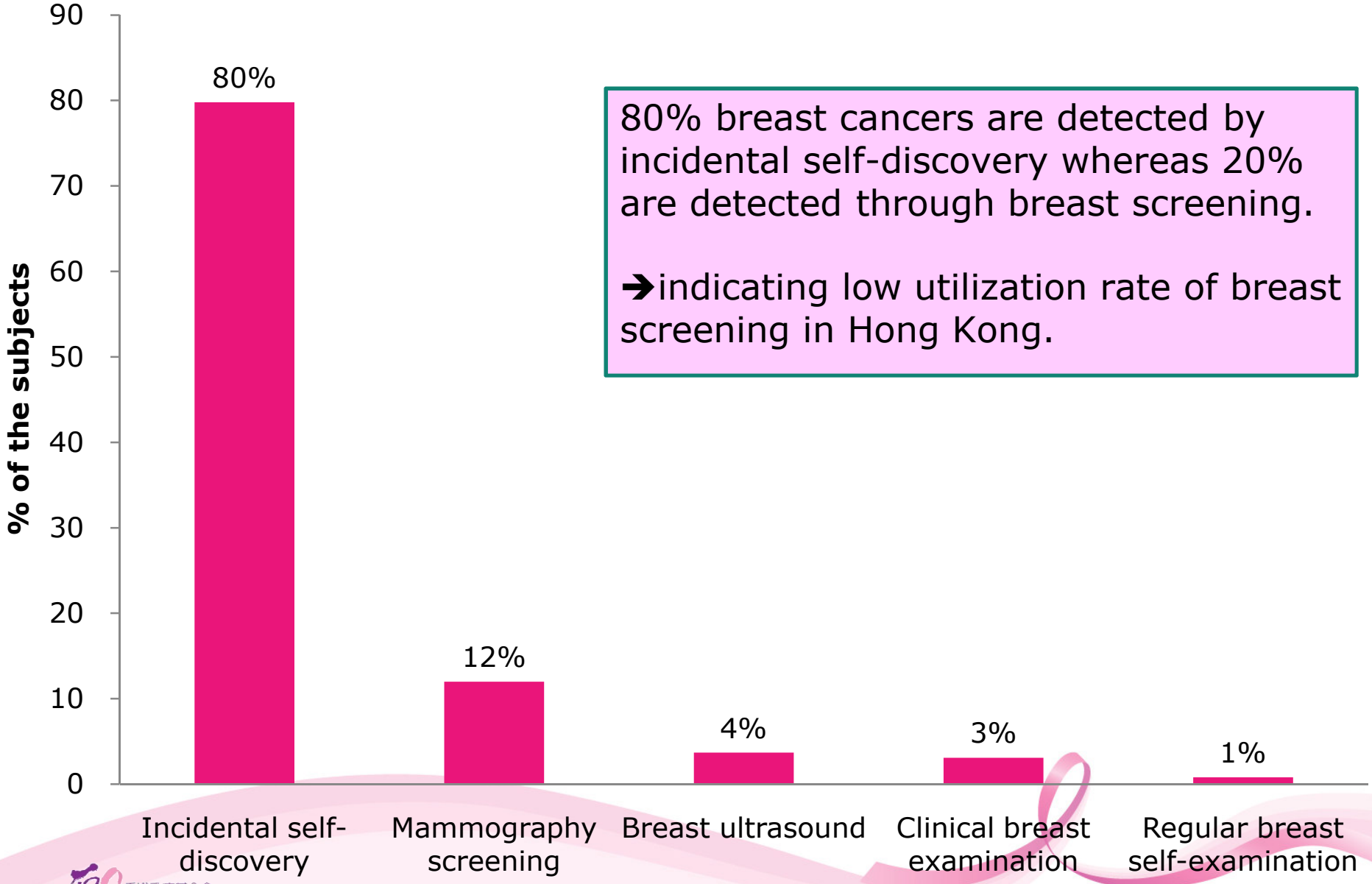
Mode of first breast cancer detection

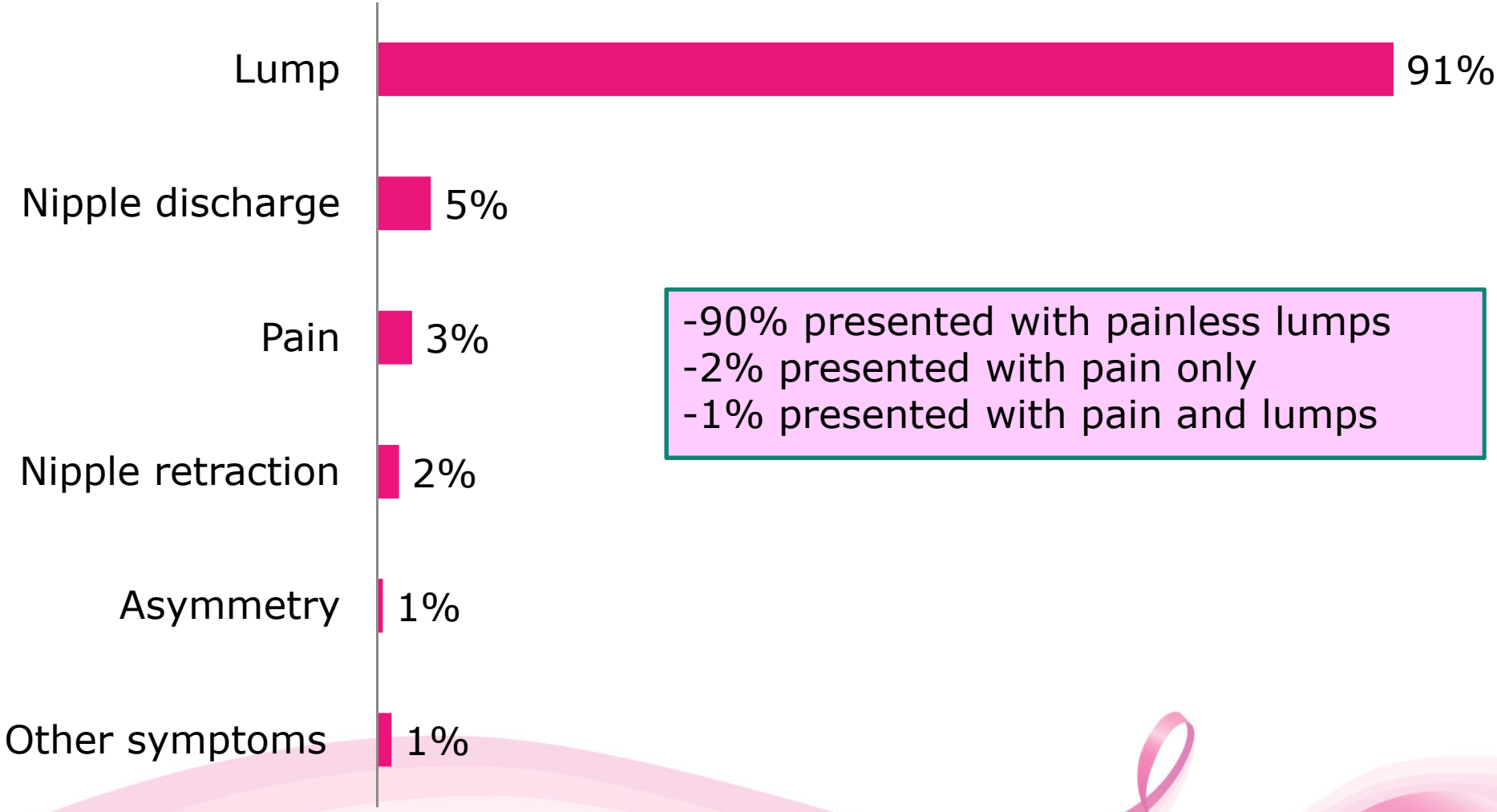


80% breast cancers are detected by incidental self-discovery whereas 20% are detected through breast screening.

➔indicating low utilization rate of breast screening in Hong Kong.

Source: Breast Cancer Facts in Hong Kong 2008 Report

Major presenting symptoms among subjects with incidental discovery of breast cancer



-90% presented with painless lumps
-2% presented with pain only
-1% presented with pain and lumps

Note:*= percentages added to more than 100% as more than one response could be checked
Other symptoms: breast discomfort and chest pain

Source: Breast Cancer Facts in Hong Kong 2008 Report

80% of subjects discovered breast cancer incidentally with larger tumour size

	Breast Cancer Facts in Hong Kong 2008 Report	Other countries
% incidental self-discovery	80%	75% (Australia)[1]/ 80% (USA)[2]/ 87% (Singapore)[3]
Median tumour size		
Incidental self-discovered patients	2.2 cm	2.3 cm (Singapore)[3]
Screen-detected patients	1.7 cm	1.8 cm (Singapore)[3]

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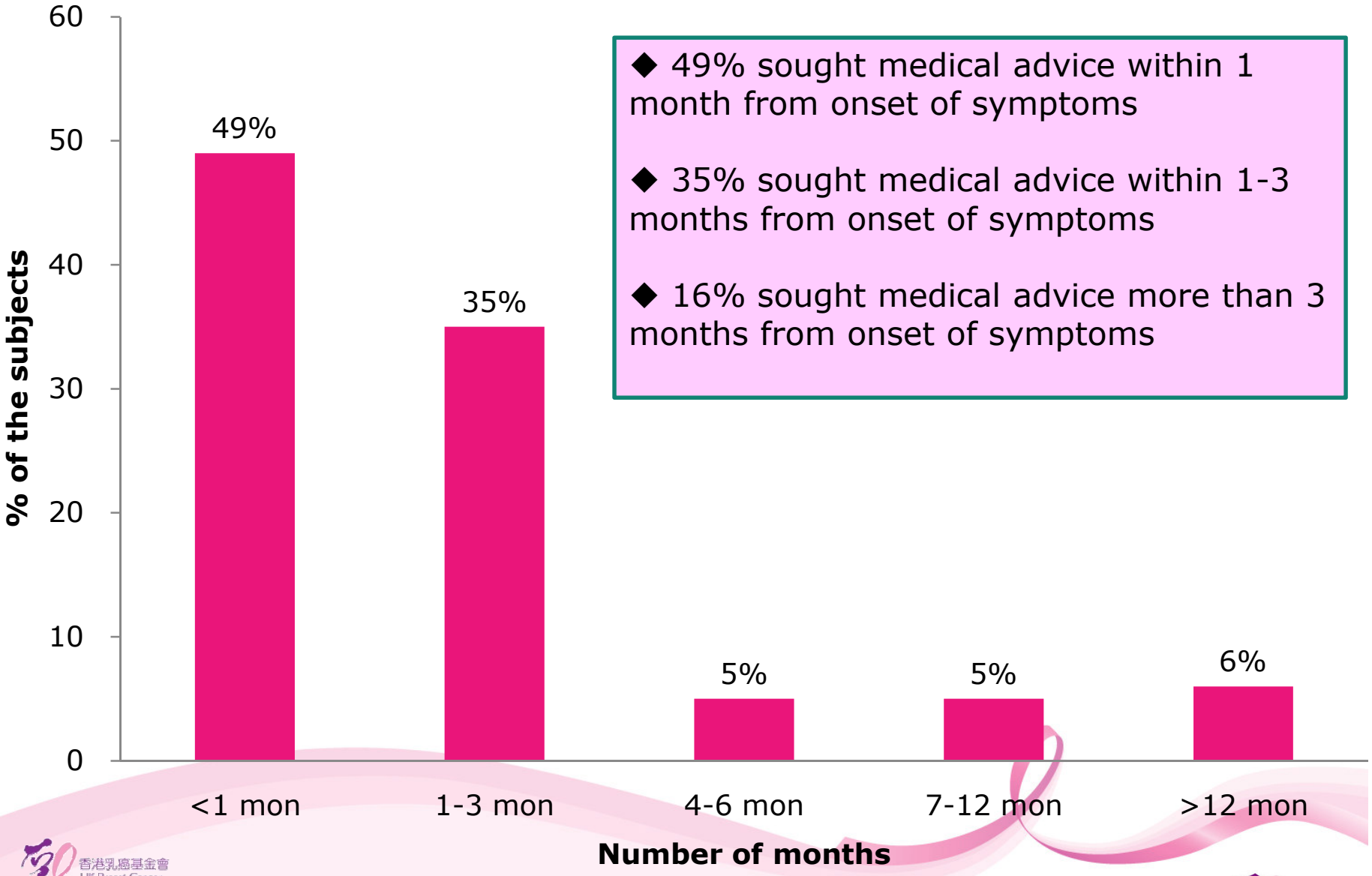
[1] ANZ J Surg 2001; 71(7): 398-402; [2] Am J Surg 2006; 191(5): 635-40; [3] Breast J 2009: 15(2): 133-9

Duration from onset of symptoms to first medical consultation



- 49% sought medical advice within 1 month from onset of symptoms
- 35% sought medical advice within 1-3 months from onset of symptoms
- 16% sought medical advice more than 3 months from onset of symptoms

Source: Breast Cancer Facts in Hong Kong 2008 Report

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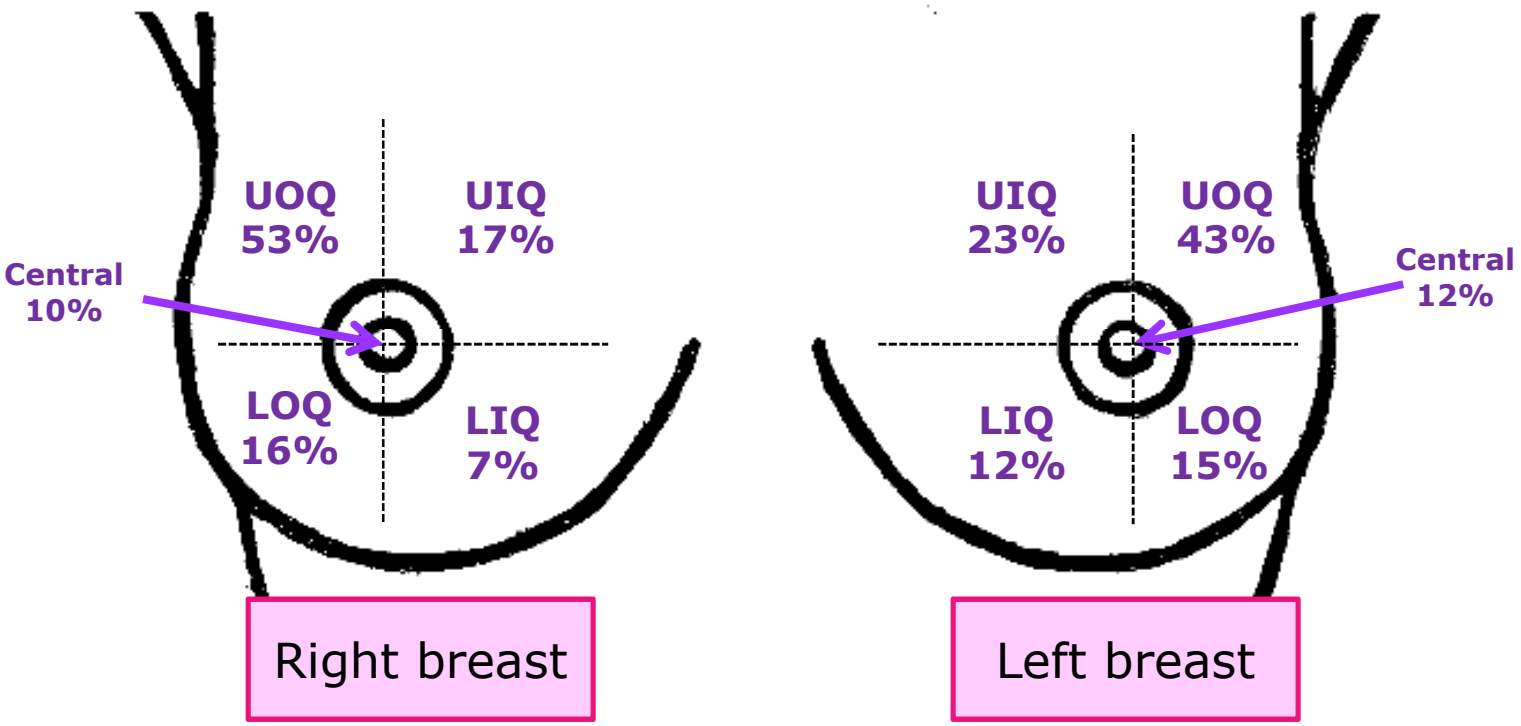
Location of tumours



UOQ: upper outer quadrant
UIQ: upper inner quadrant
LOQ: lower outer quadrant
LIQ: lower inner quadrant
Figures include multicentric cancers

Source: Breast Cancer Facts in Hong Kong 2008 Report

Diagnostic results of mammography, breast ultrasound and magnetic resonance imaging (MRI)

Diagnostic method	Mammogram	Breast ultrasound	MRI
% subjects using diagnostic test	979/1006 (97%)	963/1006 (96%)	96/1006 (9.5%)
Total no.	979	963	96
Normal (BI-RADS 1)	113 (12%)	33 (3%)	1 (1%)
Benign (BI-RADS 2)	112 (11%)	45 (5%)	2 (2%)
Probably benign (BI-RADS 3)	136 (14%)	143 (15%)	2 (2%)
Indeterminate (BI-RADS 4a)	367 (38%)	405 (42%)	28 (29%)
Suspicious (BI-RADS 4b)	13 (1%)	12 (1%)	3 (3%)
Diagnostic /malignant (BI-RADS 5)	238 (24%)	325 (34%)	60 (63%)
Overall sensitivity (4&5)	618 (63%)	742 (77%)	91 (95%)

MRI: Magnetic resonance imaging
BI-RADS: Breast Imaging Reporting And Data System
Mammography, breast ultrasound and MRI: BI-RADS 4,5 are considered accurate

Sensitivity of the test = No. of positive tests / Total of the subjects performed

Source: Breast Cancer Facts in Hong Kong 2008 Report

Diagnostic results of fine needle aspiration (FNA), core needle biopsy (CNB) and excisional biopsy

Diagnostic method	FNA	CNB	Excisional biopsy
% subjects using diagnostic test	601/1006 (60%)	396/1006 (39%)	112/1006 (11%)
Total no.	601	396	112
Scanty benign (Class I)	6 (1%)	0 (0%)	--
Benign (Class II)	31 (5%)	3 (1%)	--
Atypical (Class III)	50 (8%)	6 (2%)	--
Suspicious (Class IV)	156 (26%)	20 (5%)	--
Diagnostic/ malignant (Class V)	358 (60%)	367 (92.7%)	112 (100%)
Overall sensitivity (III,IV & V)	564 (94%)	393 (99%)	112 (100%)

Sensitivity of the test = No. of positive tests / Total of the subjects performed

FNA: Fine needle aspiration
CNB: Core needle biopsy
Fine needle aspiration (FNA), core needle biospy (CNB) and excisional biopsy: Class 3,4,5 are considered accurate

Source: Breast Cancer Facts in Hong Kong 2008 Report

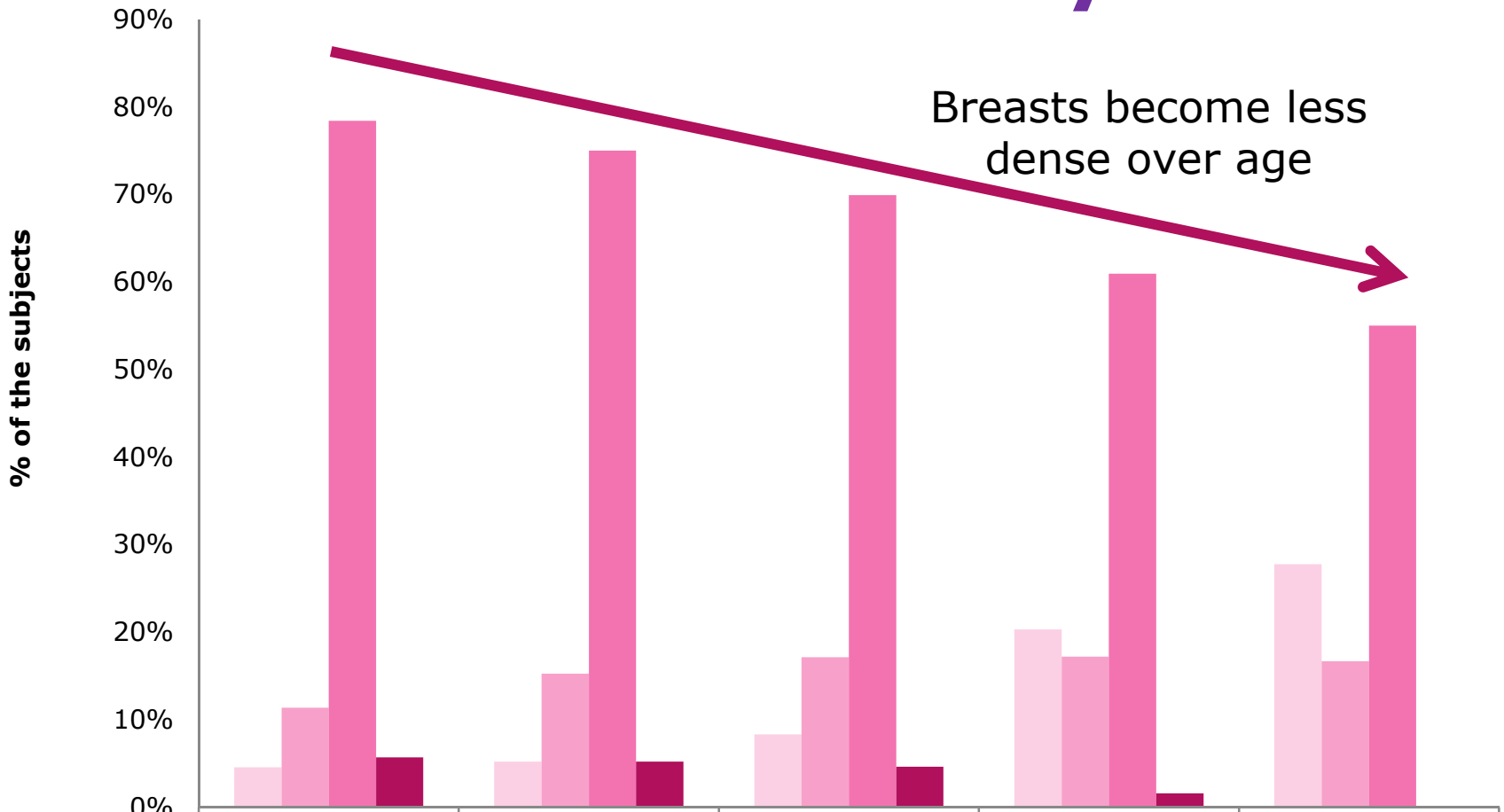
Mammogram is the gold standard in early detection especially for nonpalpable cancers

Mammographic findings*	Percentage (%)
Negative findings	13%
Mircocalcifications	48%
Opacity	27%
Architectural distortion	11%
Asymmetric density	8%
Other findings**	7%

* Mammographic findings: more than one option can be checked, the percentage added up can be more than 100%
**Other findings: skin thickening, lymph node metastasis

Source: Breast Cancer Facts in Hong Kong 2008 Report

Breast density



	age <40	age 40-49	age 50-59	age 60-69	age 70+
fatty	5%	5%	8%	20%	28%
scattered density	11%	15%	17%	17%	17%
heterogeneous density	78%	75%	70%	61%	55%
extreme density	6%	5%	5%	2%	0%

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Source: Breast Cancer Facts in Hong Kong 2008 Report

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Staging methods employed

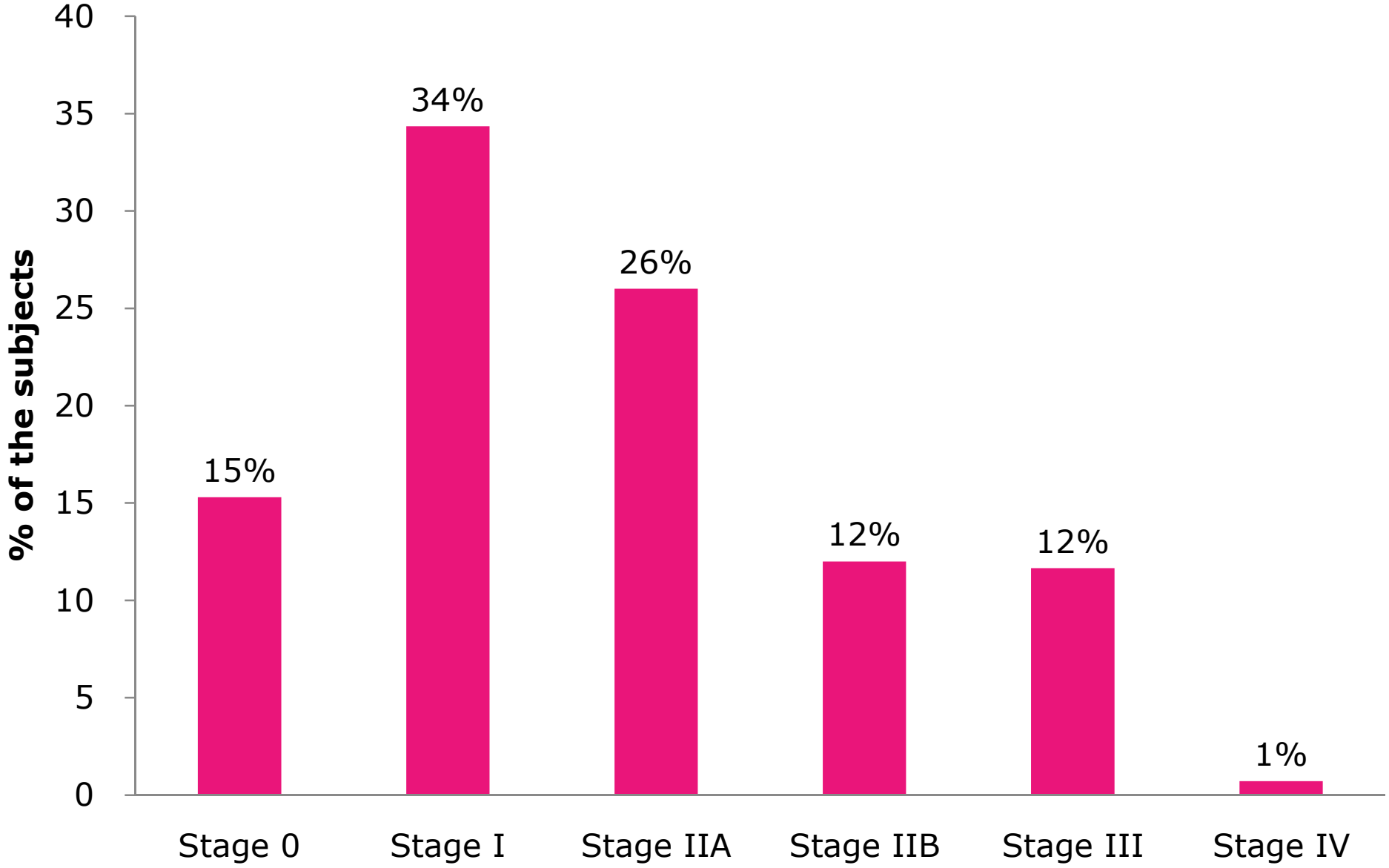
Staging methods	Percentage (%)
CXR and USG abd	73.2%
PET scan	22.8%
CXR or USG abd only	3.5%
MRI whole body	0.5%
CTT, CTA and bone scan	0.1%

The most common staging method

CXR: chest x-ray
USG abd: ultrasound abdomen
PET scan: positron emission tomography
MRI: magnetic resonance imaging
CTT: computed tomography thorax
CTA : computed tomography abdomen

Source: Breast Cancer Facts in Hong Kong 2008 Report

Cancer stage at diagnosis



Source: Breast Cancer Facts in Hong Kong 2008 Report

13% are advanced stage breast cancer

	Breast Cancer Facts in Hong Kong 2008 Report	Other countries
Cancer stage		
Localized	60%	62% (USA SEER)
Regional	24%	31% (USA SEER)
Metastasized	1%	4% (USA SEER)
Unstaged	--	3% (USA SEER)
Cancer stage (AJCC 2002)		
Stage 0	15%	--
Stage I	34%	--
Stage II	38%	--
Stage III	12%	--
Stage IV	1%	--

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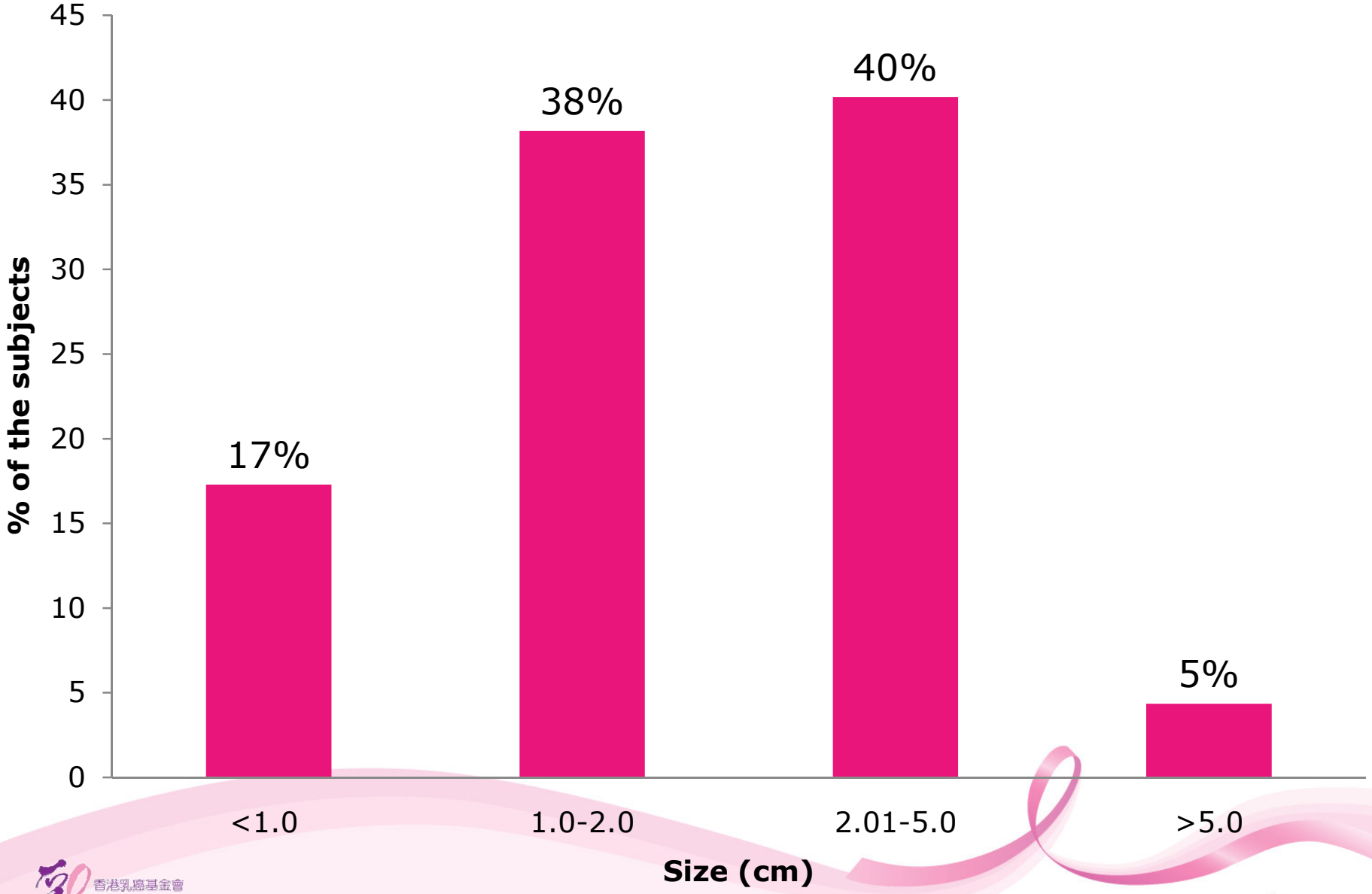
SEER Cancer Statistics Review 1975-2006, National Cancer Institute

Invasive breast cancer size



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Source: Breast Cancer Facts in Hong Kong 2008 Report

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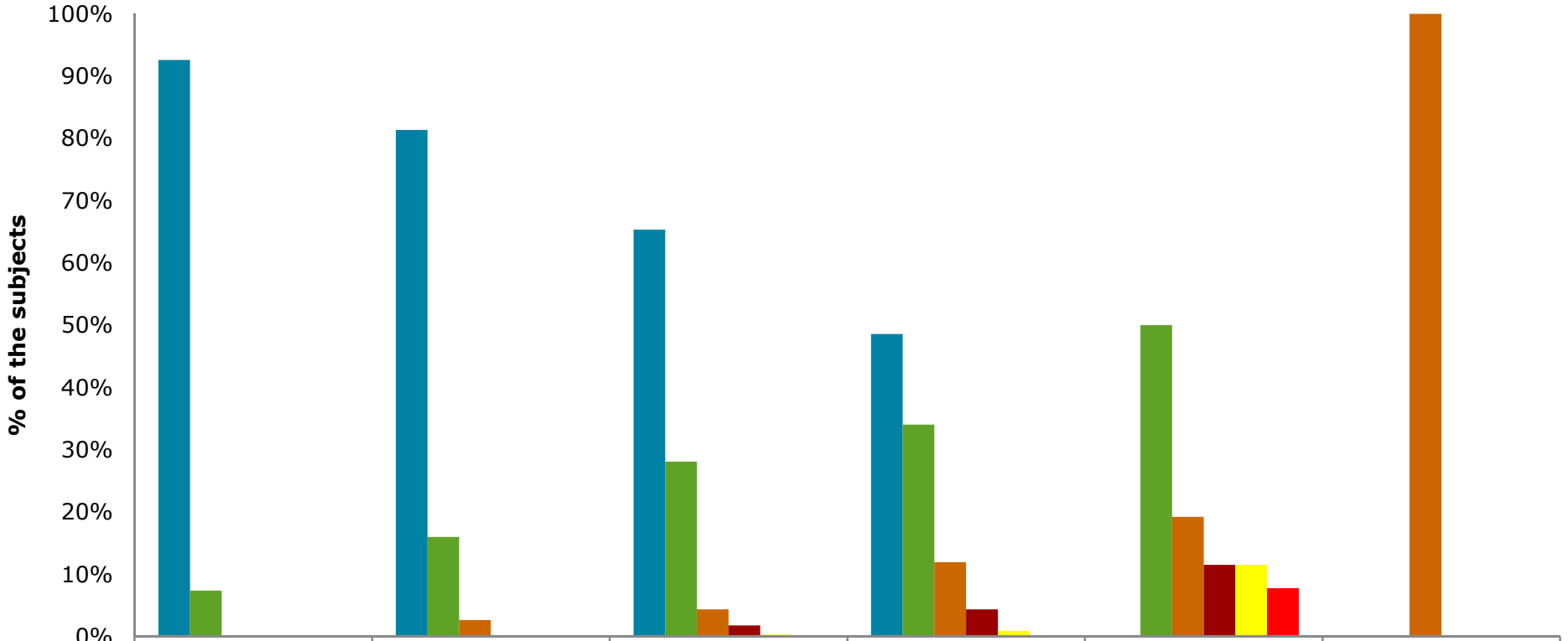
More positive nodes observed in bigger sized tumours

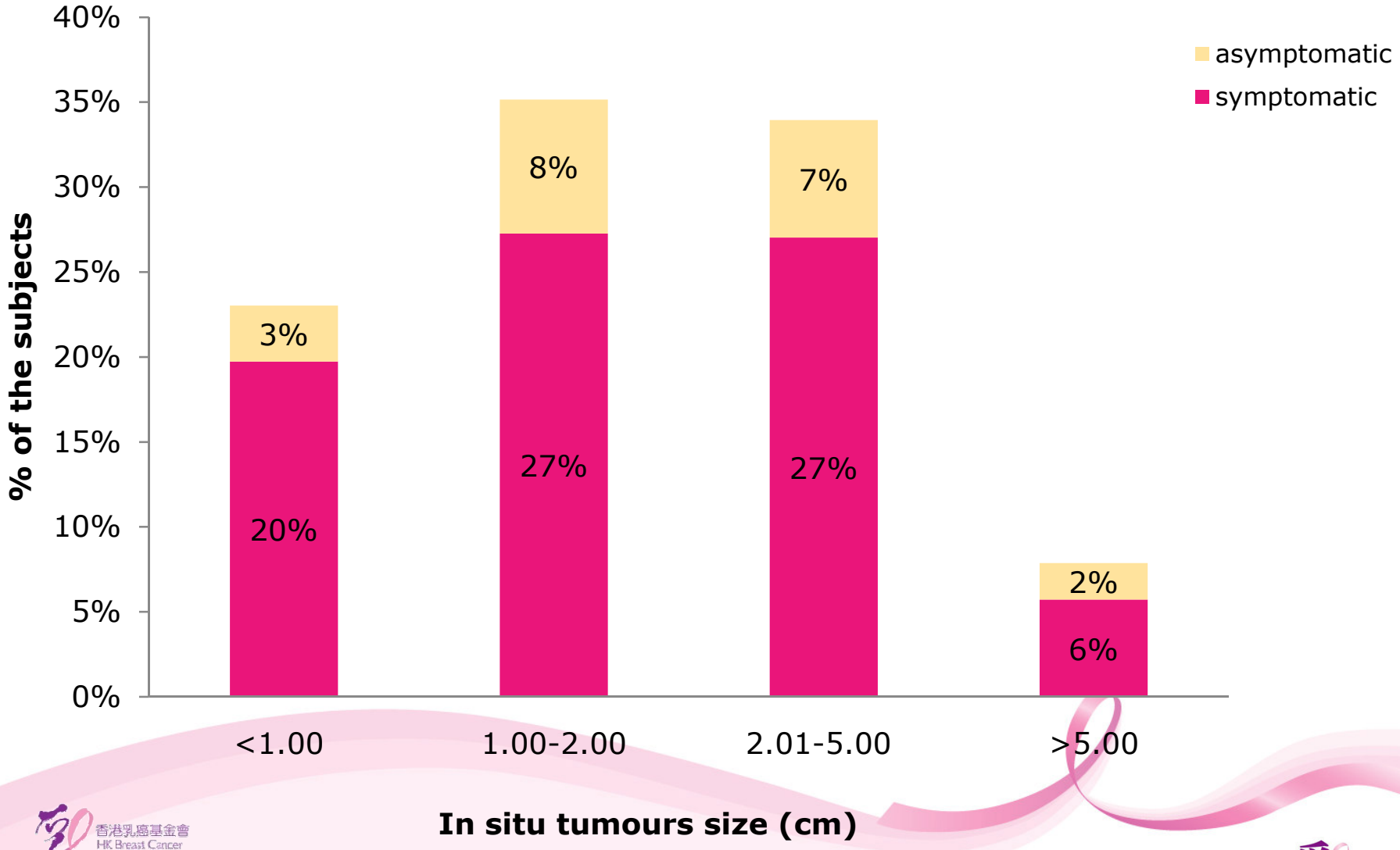


	T1a	T1b	T1c	T2	T3	T4
0	93%	81%	65%	49%	0%	0%
1-3	7%	16%	28%	34%	50%	0%
4-9	0%	3%	4%	12%	19%	100%
10-19	0%	0%	2%	4%	12%	0%
20-29	0%	0%	0%	1%	12%	0%
30+	0%	0%	0%	0%	8%	0%

T1a: >0.1cm to <0.5cm; T1b: >0.5cm to ≤ 1.0cm; T1c: >1.0cm to ≤2.0cm
T2: >2.0cm to ≤ 5.0cm; T3: >5.0cm; T4: Tumour of any size with direct extension to (a) chest wall or (b) skin.

Source: Breast Cancer Facts in Hong Kong 2008 Report

80% of in situ cancer are symptomatic



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Source: Breast Cancer Facts in Hong Kong 2008 Report

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Histological characteristics of invasive breast cancer

Histological type	Percentage (%)
Ductal	82.7%
Lobular	5.3%
Mucinous (colloid)	3.4%
Microinvasive	1.8%
Mixed ductal & lobular	1.5%
Tubular	1.3%
Borderline/ malignant phyllodes	0.9%
Medullary	0.9%
Papillary	0.6%
Micropapillary	0.6%
Paget disease of nipple	0.1%
Cribiform carcinoma	0.3%
Neuroendocrine carcinoma	0.2%
Adenoid cystic carcinoma	0.2%
Inflammatory	0.1%
Metaplastic carcinoma	0.1%

The most common histological type of invasive cancer

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Source: Breast Cancer Facts in Hong Kong 2008 Report

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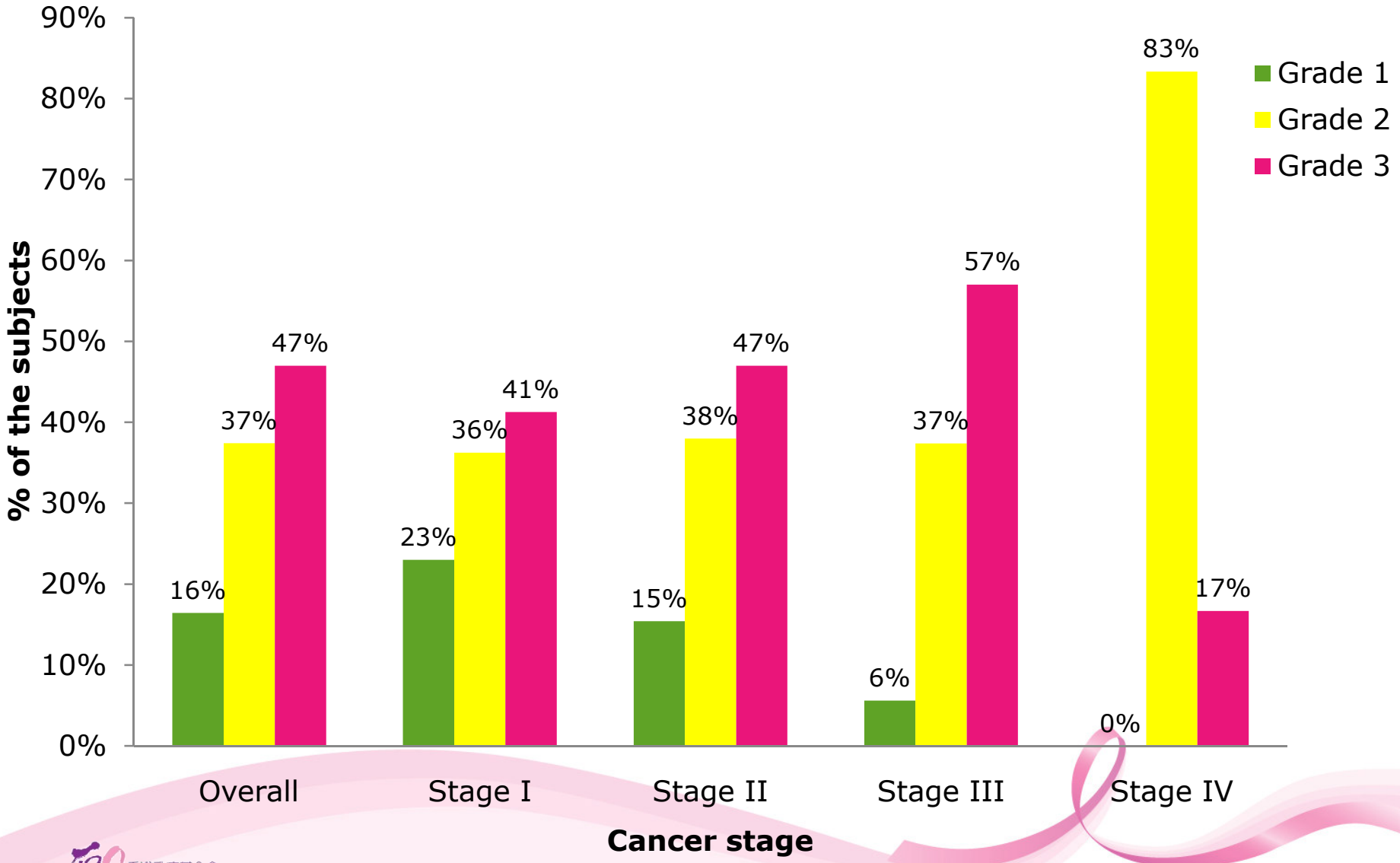
Grading of invasive breast cancer by cancer stage



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Source: Breast Cancer Facts in Hong Kong 2008 Report

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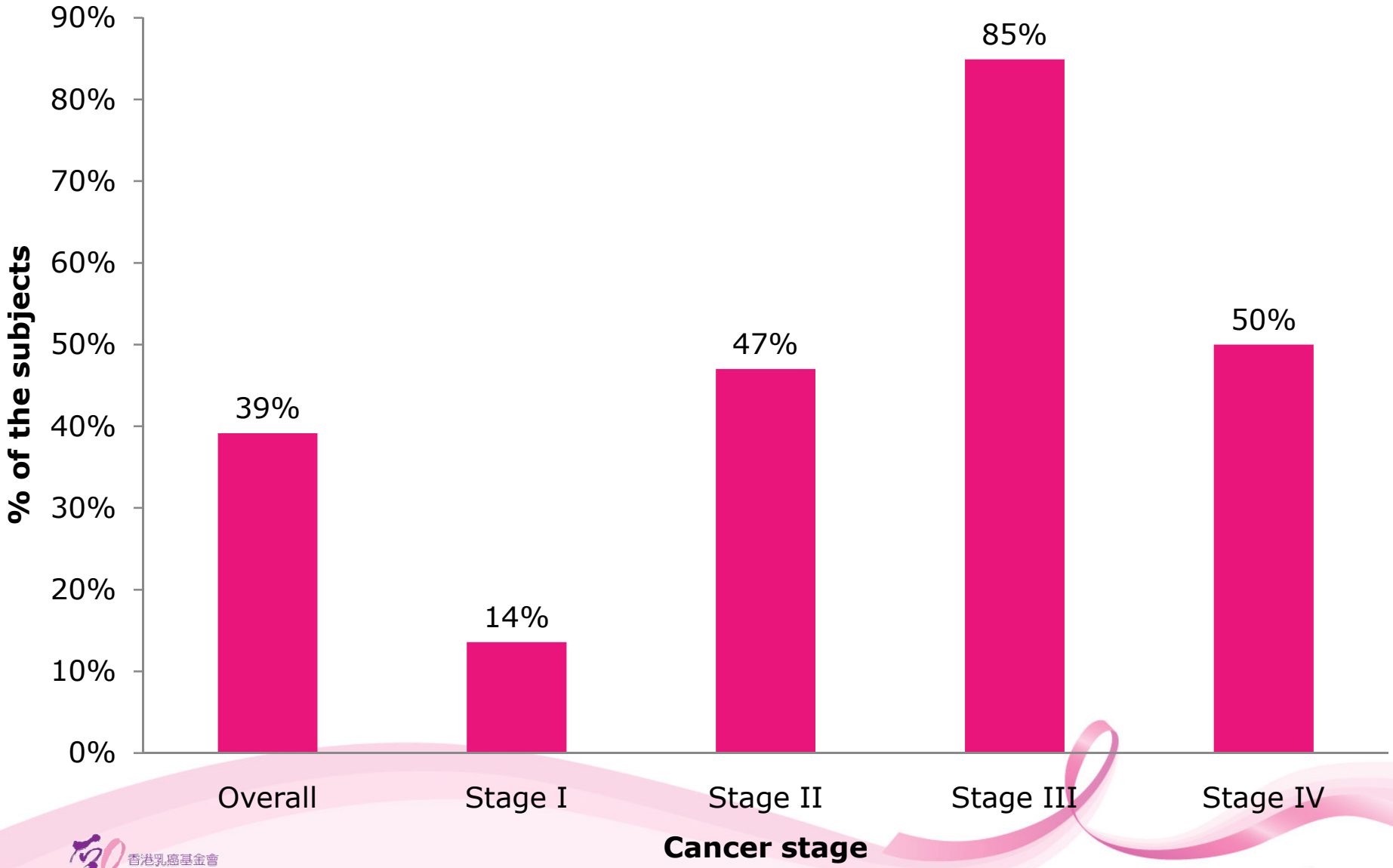
Lymphovascular invasion of invasive breast cancer



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Source: Breast Cancer Facts in Hong Kong 2008 Report

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Multifocality and multicentricity of invasive breast cancer

	Percentage (%)
Multifocality	
Yes	19%
No	81%
Number of foci	
2	51%
3-4	33%
≥5	16%
Multicentricity	
Yes	5%
No	95%
Number of quadrants	
2	81%
3	17%
4	2%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Molecular characteristics of invasive breast cancer

	Overall	Stage I	Stage II	Stage III	Stage IV
Estrogen Receptor (ER+)	77%	77%	78%	73%	71%
Progesterone Receptor (PR+)	62%	64%	63%	55%	57%
c-erbB2 (HER2+)	19%	21%	17%	22%	14%

	Overall	Stage I	Stage II	Stage III	Stage IV
Ki67 proliferative index					
<12%	50%	57%	49%	39%	67%
12-50%	38%	32%	39%	47%	33%
>50%	12%	11%	12%	14%	0%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Characteristics of molecular subtypes of ER, PR and HER2 in invasive breast cancer

	Overall	Stage I	Stage II	Stage III	Stage IV
ER+PR+HER2+	6%	8%	5%	8%	0%
ER+PR+HER2-	55%	55%	57%	45%	58%
ER+PR-HER2+	4%	4%	4%	5%	0%
ER+PR-HER2-	12%	10%	12%	15%	14%
ER-PR+HER2+	1%	1%	1%	1%	0%
ER-PR+HER2-	1%	1%	1%	2%	0%
ER-PR-HER2+	8%	9%	7%	8%	14%
ER-PR-HER2-	13%	12%	13%	16%	14%

The most common subtype

ER+: estrogen receptor positive; ER-: estrogen receptor negative;
PR+: progesterone receptor positive; PR-: progesterone receptor negative
HER2+: Human Epidermal growth factor Receptor 2 positive; HER2-: Human Epidermal growth factor Receptor 2 negative

Source: Breast Cancer Facts in Hong Kong 2008 Report

Histological type, necrosis and nuclear grade of in situ breast cancer

	Percentage
Histological type	
Ductal	96.8%
Papillary	2.6%
Paget disease of nipple	0.6%
Necrosis	
Yes	70%
No	30%
Nuclear Grade	
Low	18%
Intermediate	37%
High	45%

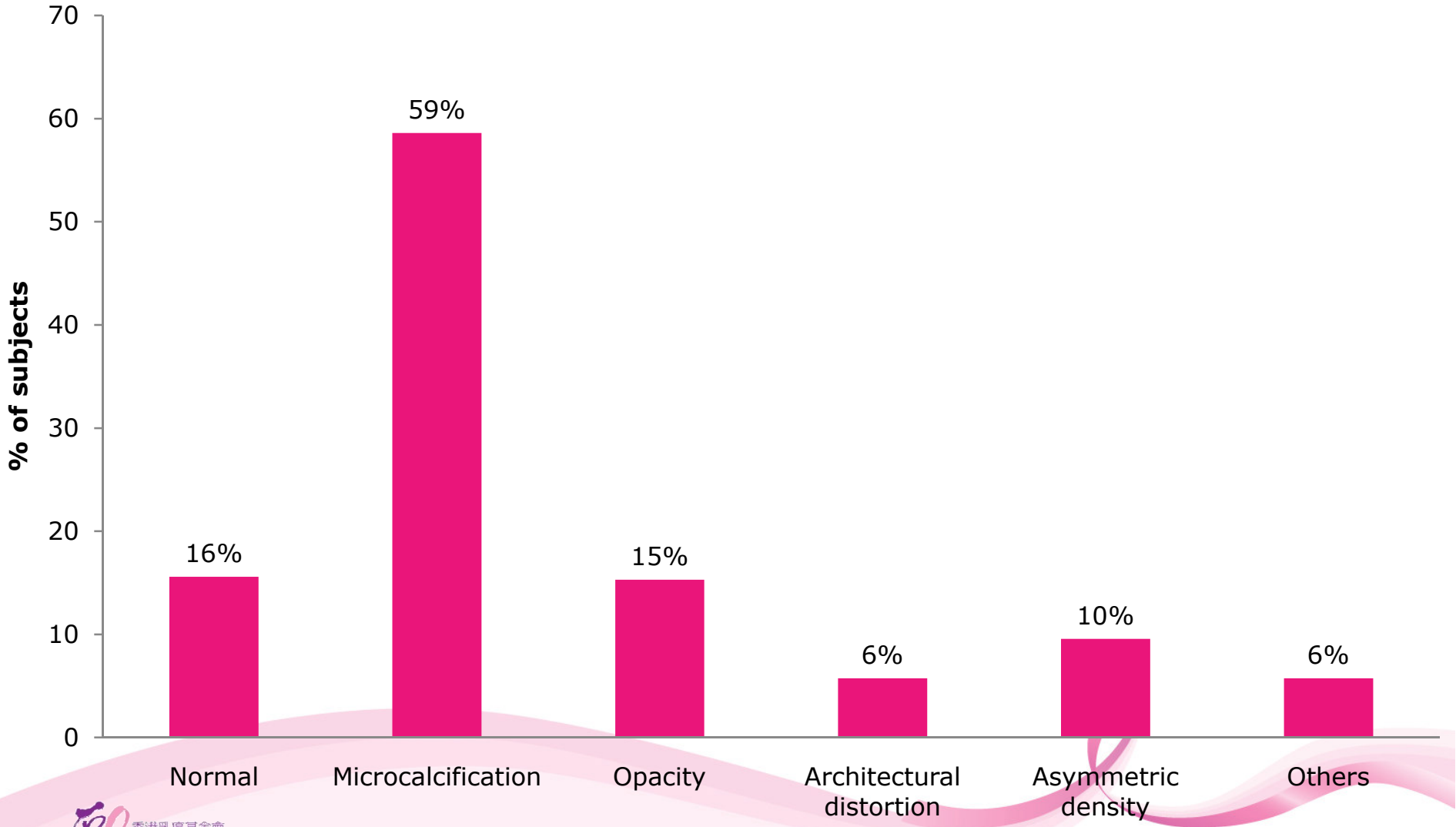
Source: Breast Cancer Facts in Hong Kong 2008 Report

Multifocality and multicentricity of in situ breast cancer

	Percentage
Multifocality	
Yes	10%
No	90%
Number of foci	
2	75%
3-4	17%
≥5	8%
Multicentricity	
Yes	3%
No	97%
Number of quadrants	
2	75%
3	25%
4	0%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Mammographic findings of in situ breast cancer



Note: * = percentages add to more than 100% because more than one response could be marked

Source: Breast Cancer Facts in Hong Kong 2008 Report

Molecular characteristics of in situ breast cancer

	Positive	Negative
Estrogen Receptor (ER)	77%	23%
Progesterone Receptor (PR)	67%	33%
c-erbB2 (HER2)	33%	67%

	<12%	12-50%	>50%
Ki67 proliferative index	63%	34%	3%

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Source: Breast Cancer Facts in Hong Kong 2008 Report

香港乳癌資料庫

Comparing histological & molecular characteristics of breast cancer in HK vs. in other countries

Invasive breast cancer	Breast Cancer Facts in Hong Kong 2008 Report	Other countries
Histological types		
Ductal	82.7%	91% (Canada) [1]
Lobular	5.3%	8% (Canada) [1]
Others	12%	<2% (Canada) [1]
Molecular characteristics		
ER+	77%	69% (Canada) [1]
PR+	62%	46% (Canada) [1]
HER2+	19%	13% (Canada) [1]
Ki67 index >12-16%	50%	--
ER- PR- HER2-	13%	16% (Canada)[2]
Lymphovascular invasion	39%	43% (Canada) [1]

ER+: estrogen receptor positive; ER-: estrogen receptor negative; PR+: progesterone receptor positive; PR-: progesterone receptor negative; HER2+: human epidermal growth factor receptor 2 positive; HER2-: human epidermal growth factor receptor 2 negative

[1] JNCI 2009; 101(10): 736-750 ; [2] JAMA 2006; 295(21): 2492-2502

Breast Cancer Facts in Hong Kong 2008 Report in Chapters

- Patient Demographics
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- Histological & Molecular Characteristics
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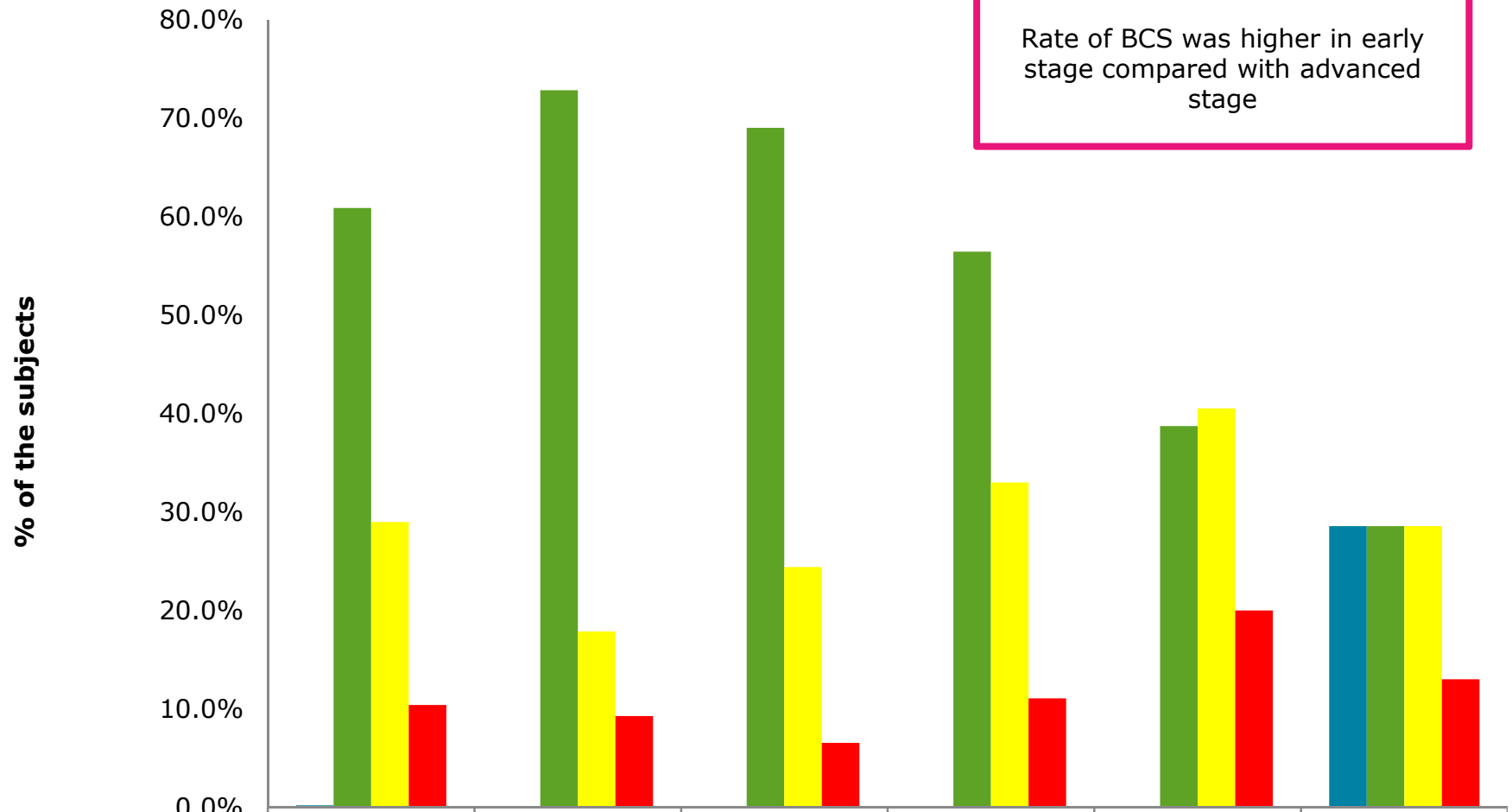
99.8% had breast surgery

Rate of BCS was higher in early stage compared with advanced stage

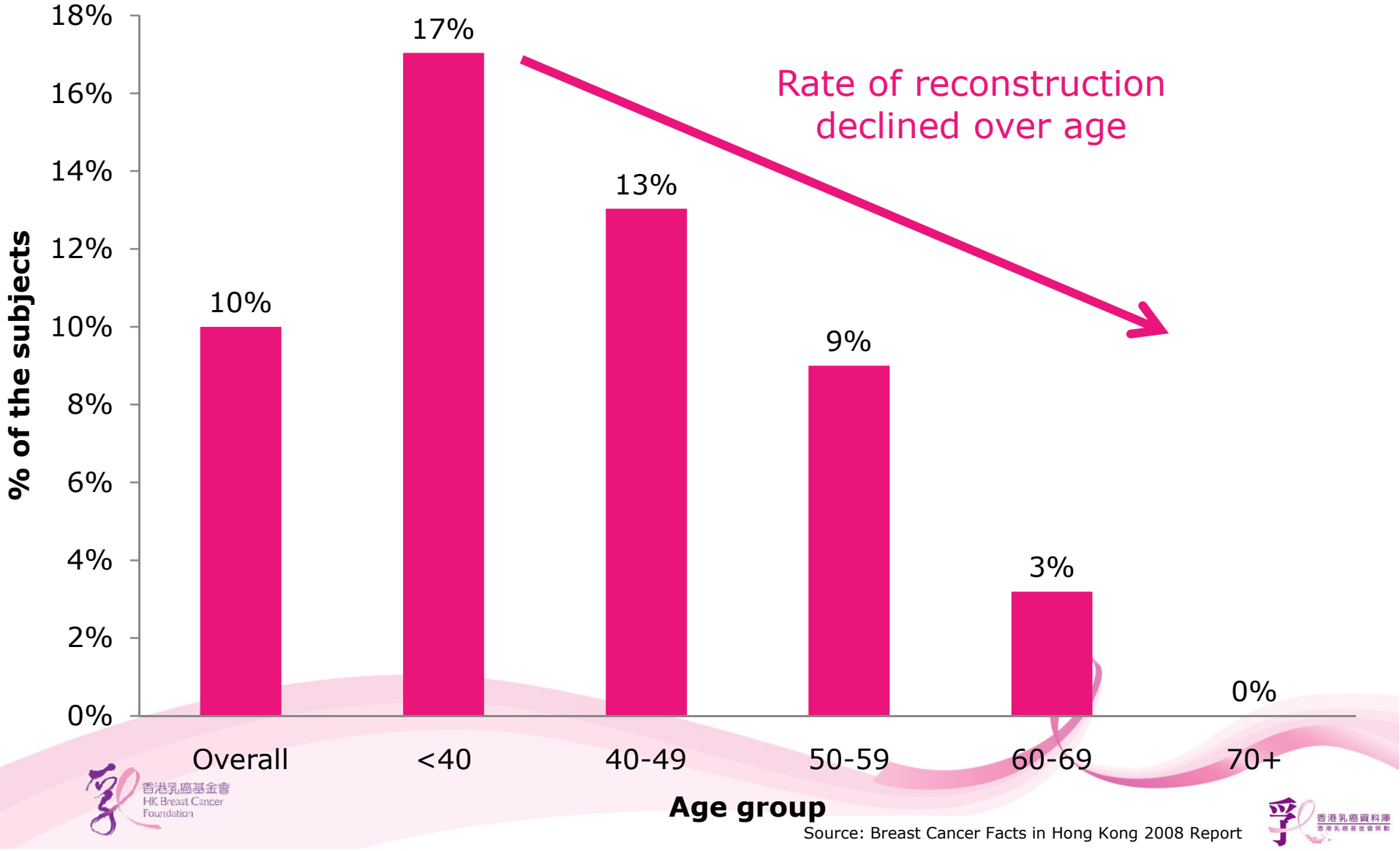


	Overall	Stage 0	Stage I	Stage II	Stage III	Stage IV
No surgery	0.2%	0%	0%	0%	0%	29%
BCS	61%	73%	69%	56%	39%	29%
Mastectomy	29%	18%	24%	33%	41%	29%
Mastectomy+reconstruction	10%	9%	7%	11%	20%	13%

BCS: breast conserving surgery

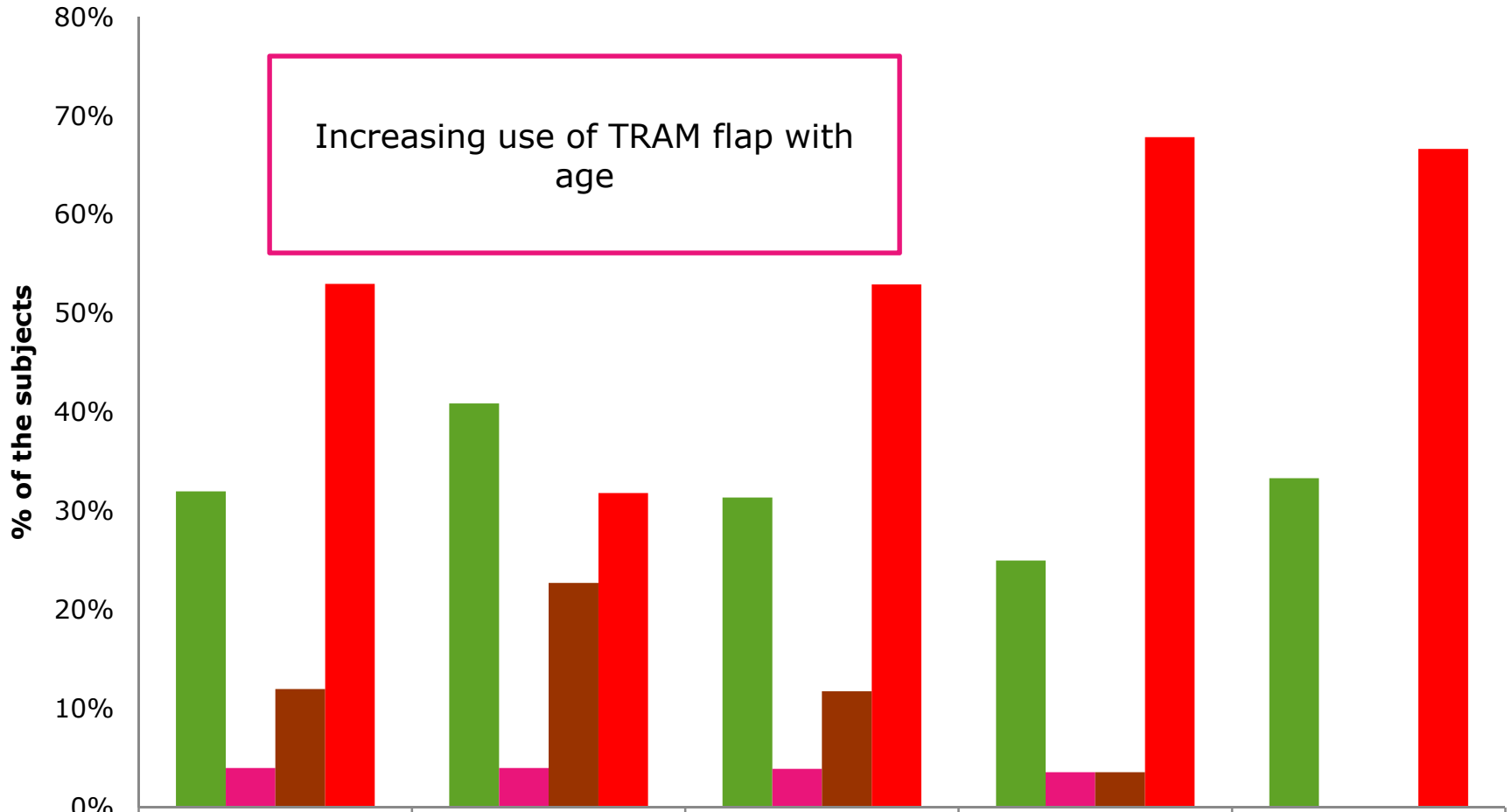
Source: Breast Cancer Facts in Hong Kong 2008 Report

Percentage of reconstruction in mastectomy patients by age



Source: Breast Cancer Facts in Hong Kong 2008 Report

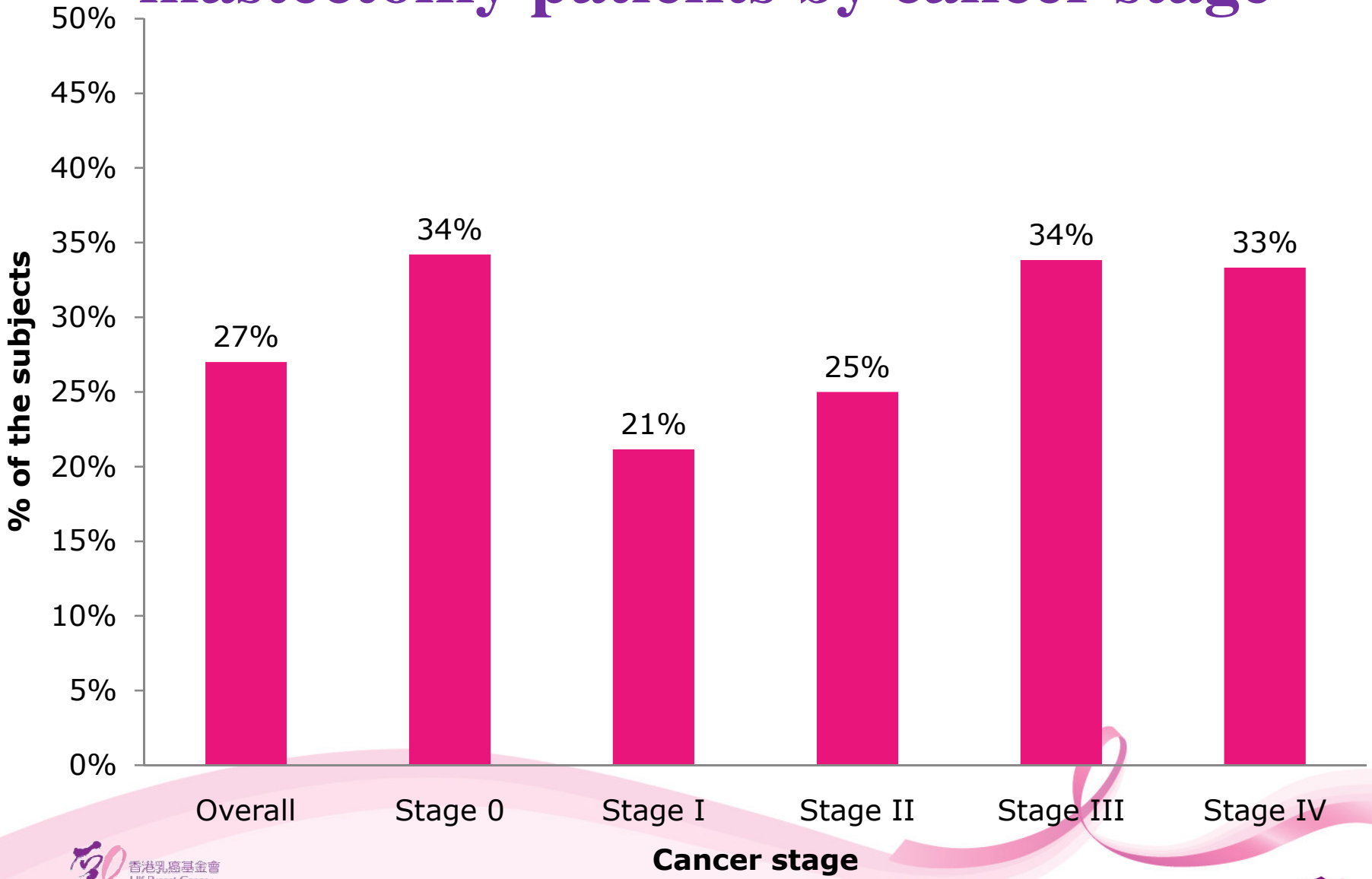
Choice of reconstruction by age



	Overall	<40	40-49	50-59	60-69
Implant	32%	41%	31%	25%	33%
LD flap	4%	4%	4%	4%	0%
LD flap+ implant	12%	23%	12%	4%	0%
TRAM flap	53%	32%	53%	68%	67%

LD flap: Latissimus dorsi flap
TRAM flap: Transverse Rectus Abdominis Myocutaneous flap

Percentage of reconstruction in mastectomy patients by cancer stage



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Source: Breast Cancer Facts in Hong Kong 2008 Report

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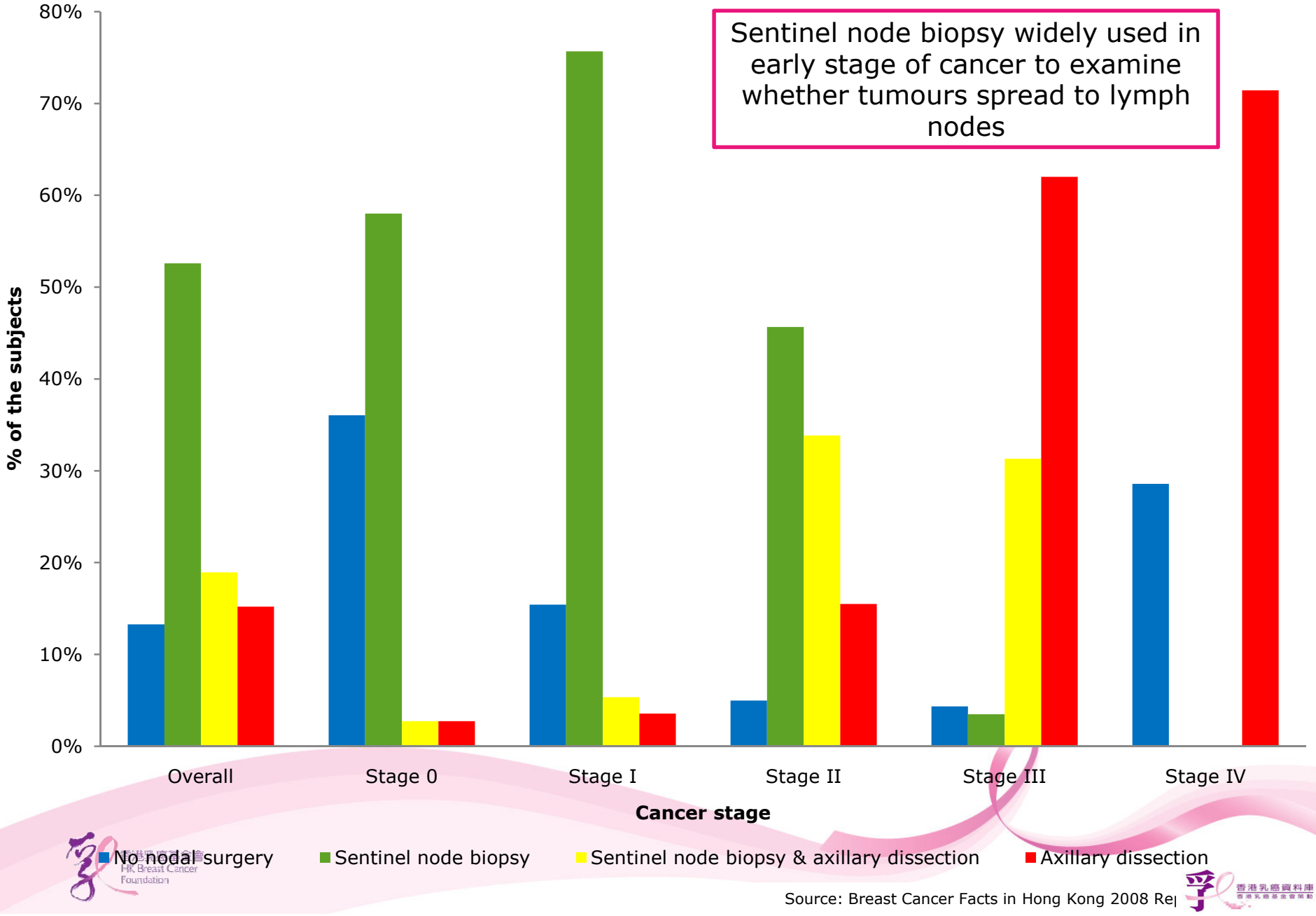
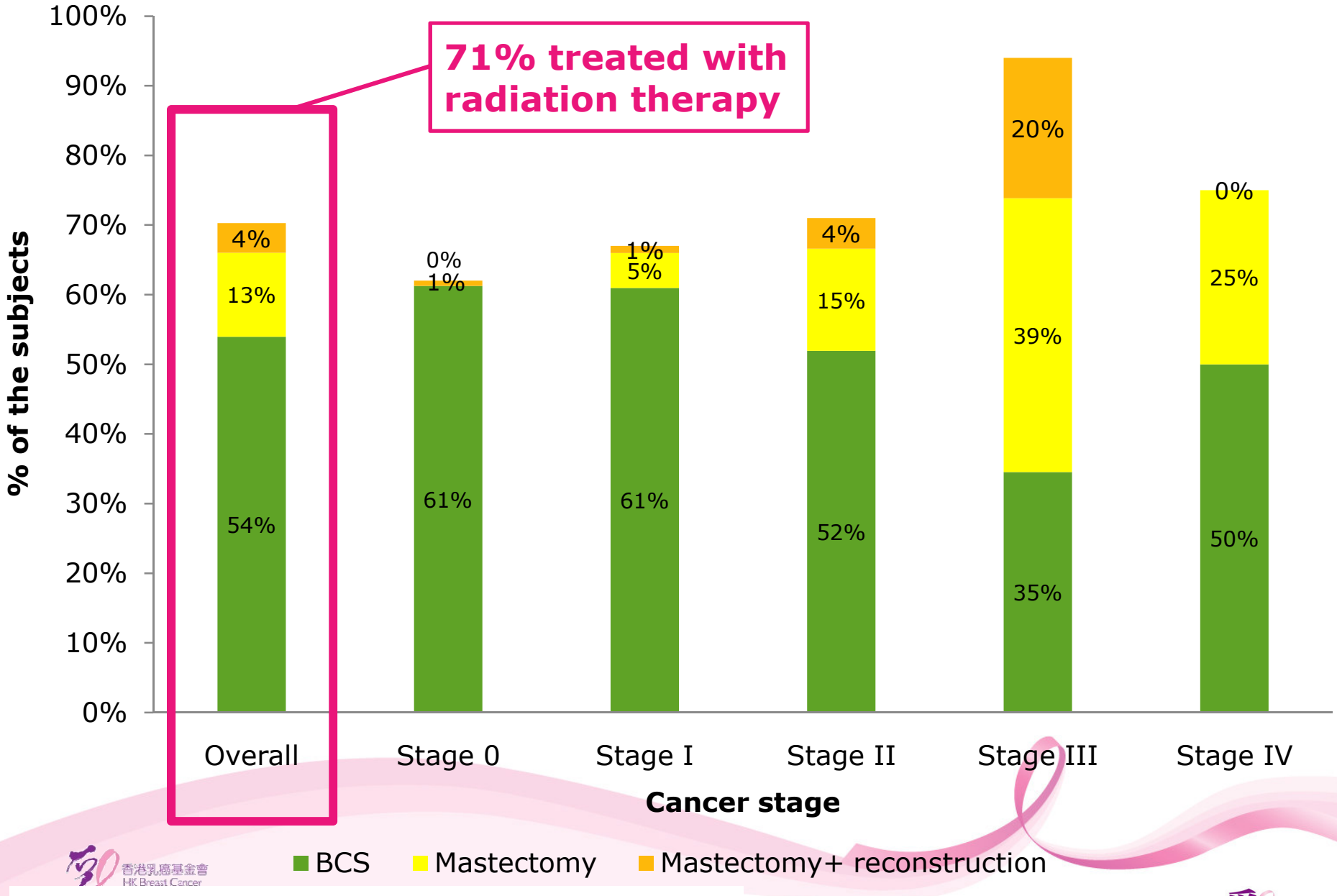
Axillary nodal surgery by cancer stage



Source: Breast Cancer Facts in Hong Kong 2008 Re

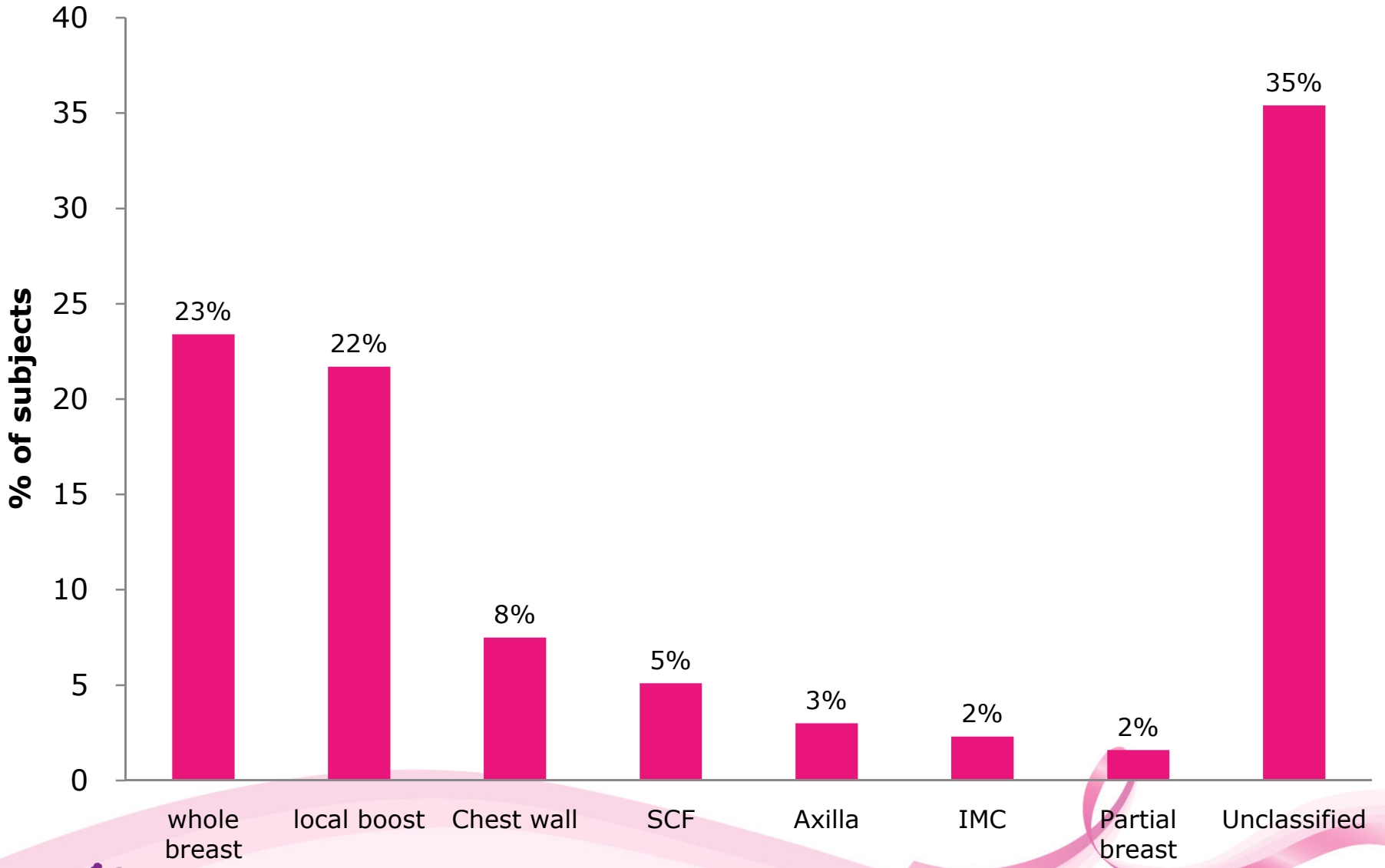
Radiation therapy rate



BCS: breast conserving surgery

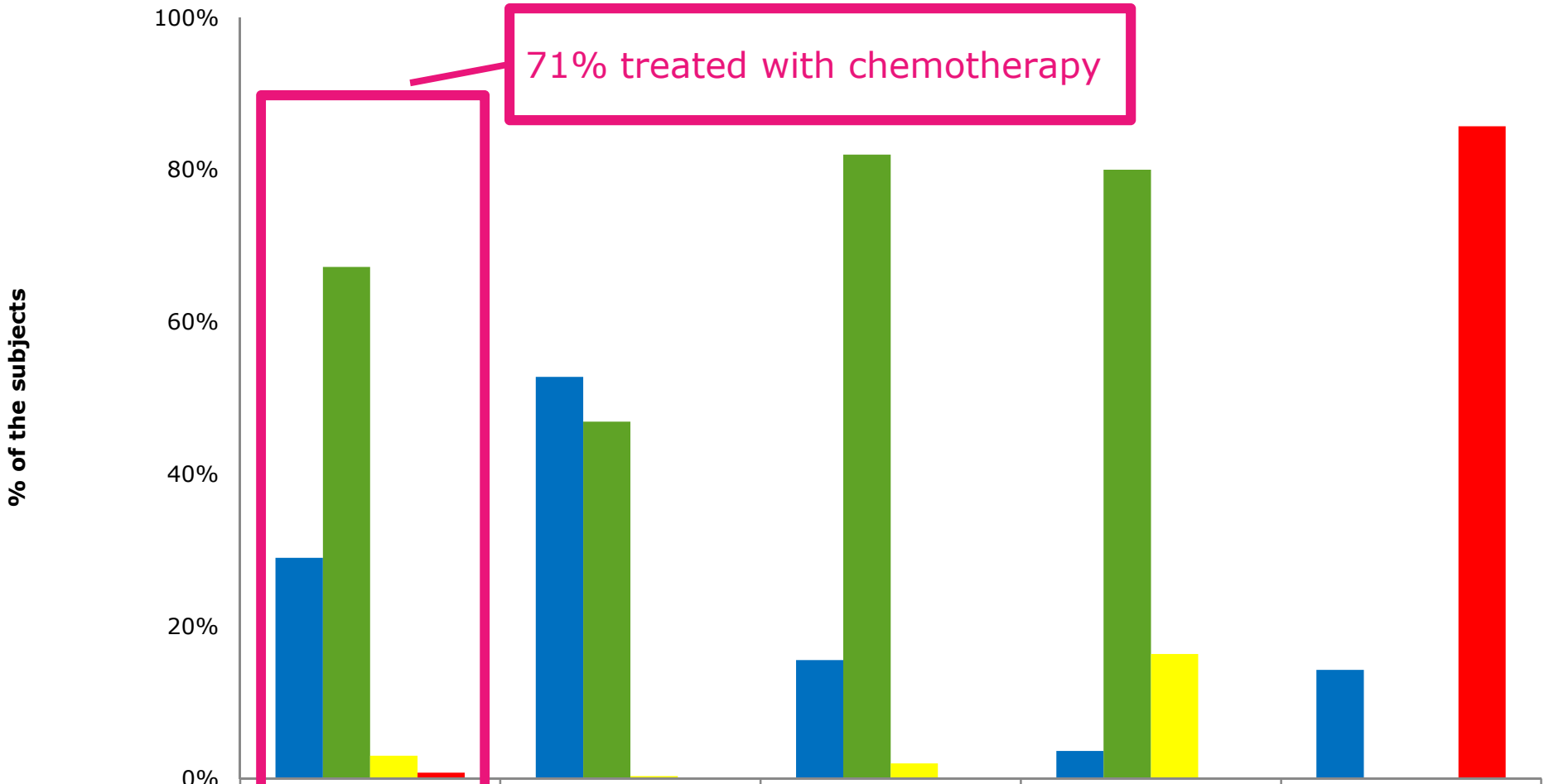
Source: Breast Cancer Facts in Hong Kong 2008 Report

Radiated regions



Source: Breast Cancer Facts in Hong Kong 2008 Report

Chemotherapy rate

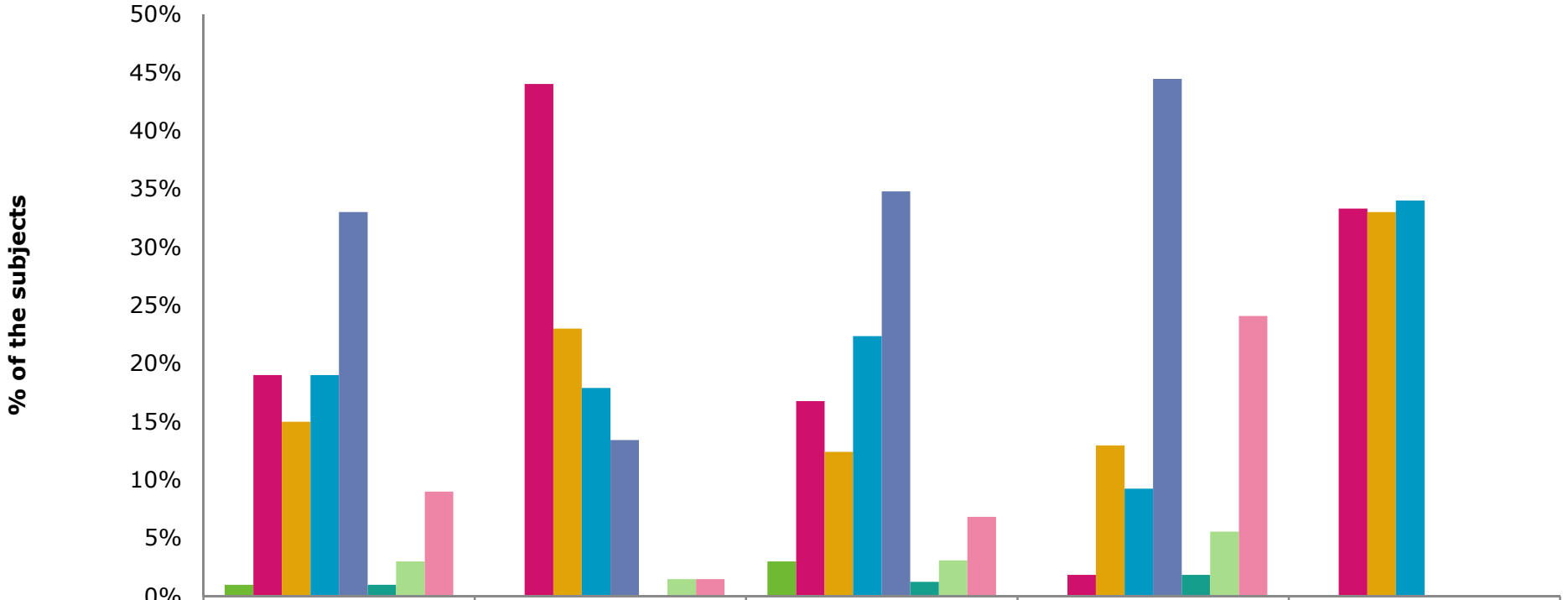


	Overall	Stage I	Stage II	Stage III	Stage IV
No chemotherapy	29%	53%	16%	4%	14%
Adjuvant CT	67%	47%	82%	80%	0%
Neoadjuvant CT	3%	0%	2%	16%	0%
Palliative	1%	0%	0%	0%	86%

CT: chemotherapy

Source: Breast Cancer Facts in Hong Kong 2008 Report

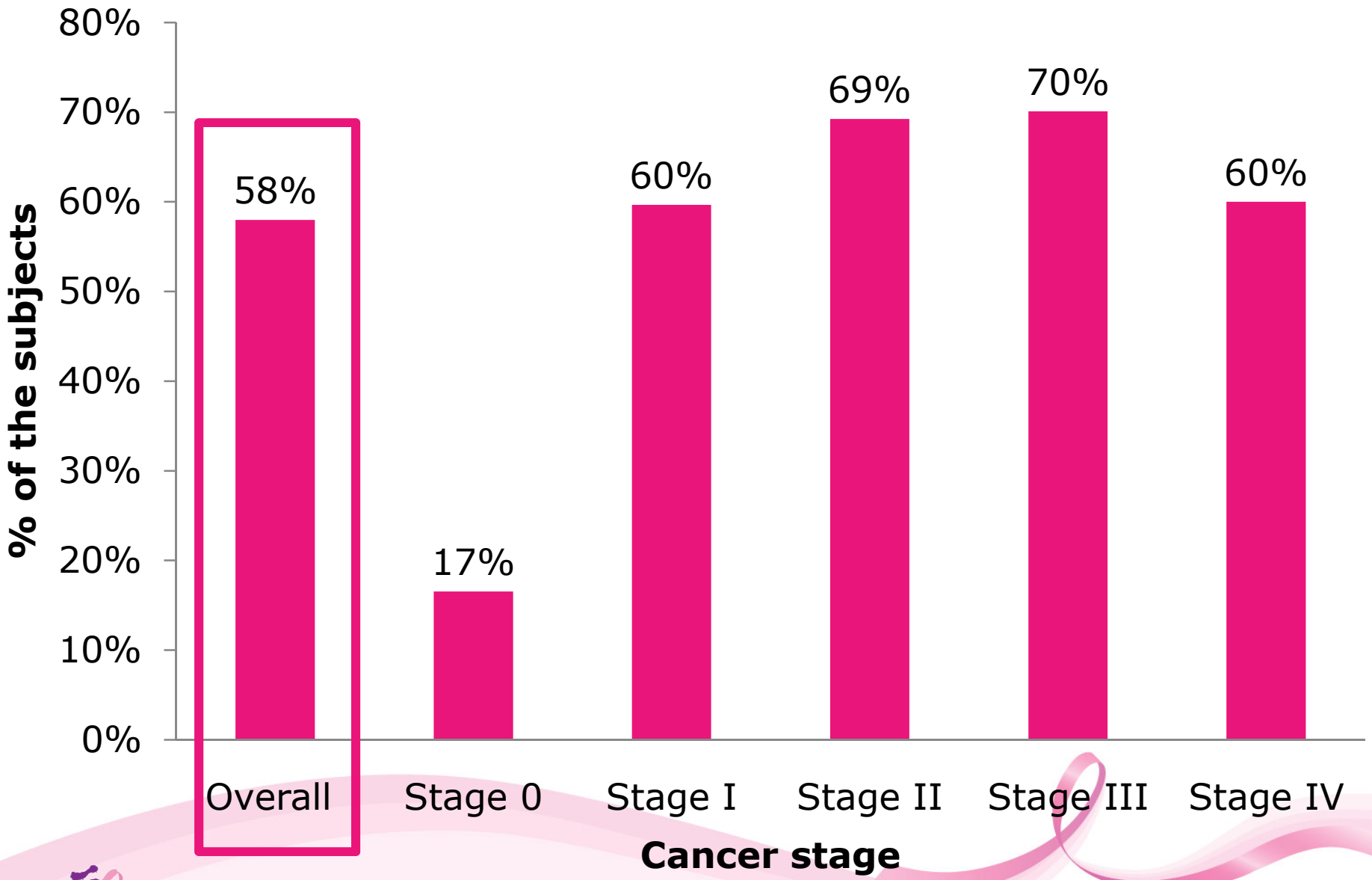
Percentage use of chemotherapy regimen in each cancer stage



	Overall	Stage I	Stage II	Stage III	Stage IV
CMF only	1%	0%	3%	0%	0%
AC only	19%	44%	17%	2%	33%
TC/ DC only	15%	23%	12%	13%	33%
FAC/ FEC only	19%	18%	22%	9%	34%
AC+T	33%	13%	35%	44%	0%
TAC	1%	0%	1%	2%	0%
FEC+T	3%	1%	3%	6%	0%
Others	9%	1%	7%	24%	0%

Source: Breast Cancer Facts in Hong Kong 2008 Report

Endocrine therapy rate



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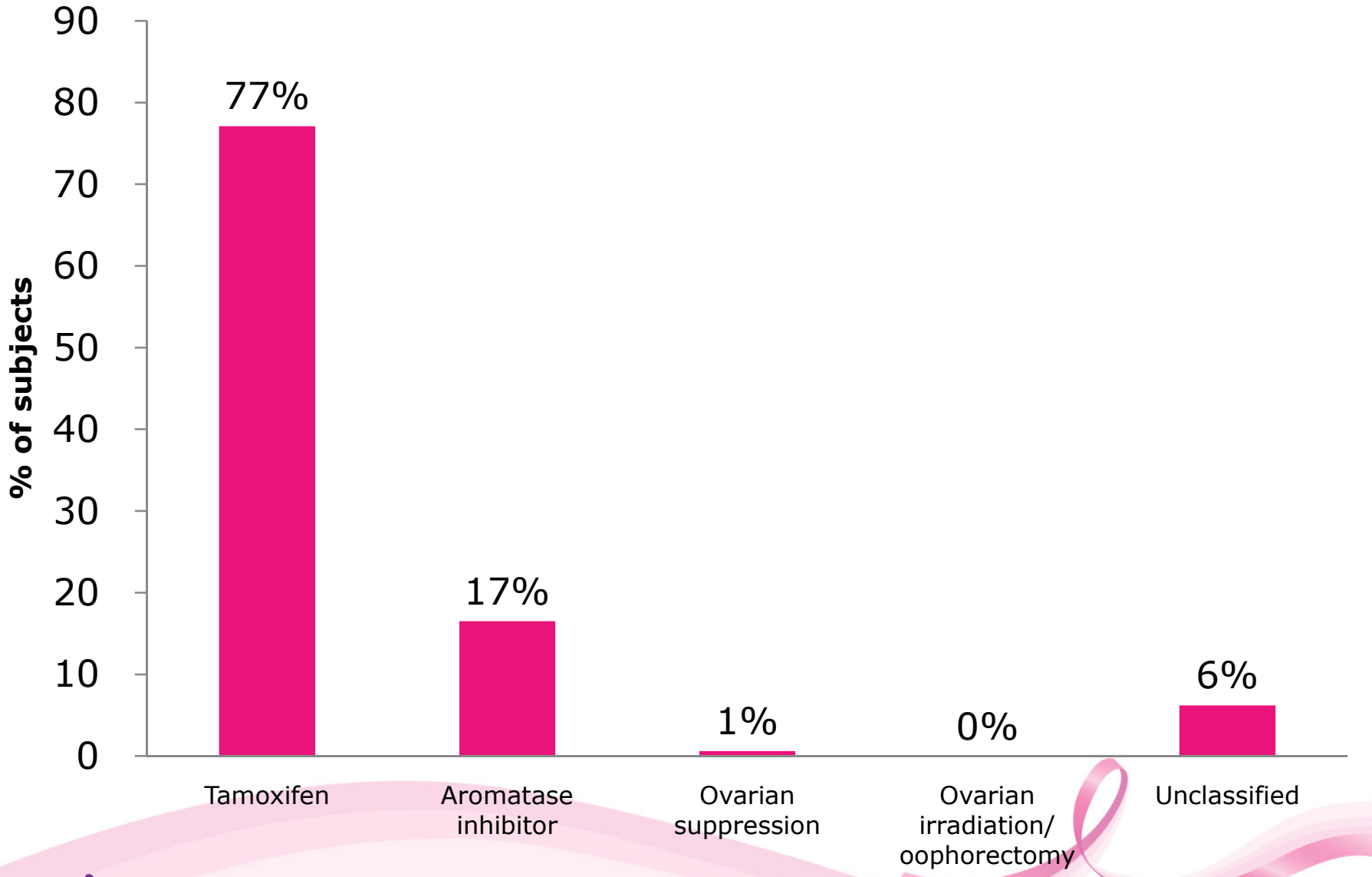
Source: Breast Cancer Facts in Hong Kong 2008 Report

香港乳癌資料庫

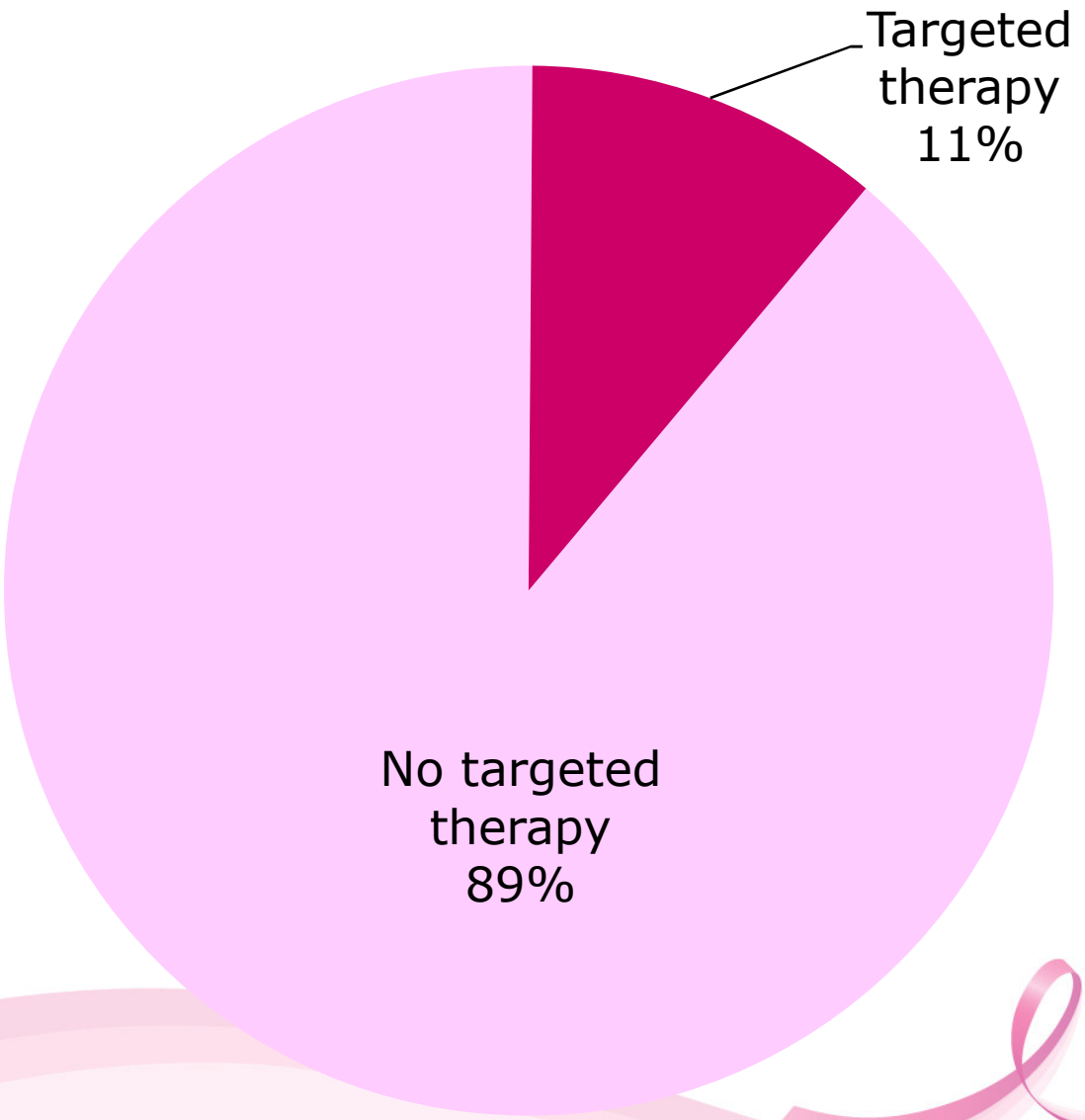
Forms of endocrine therapy



Note: * = percentages add to more than 100% because more than one response could be marked

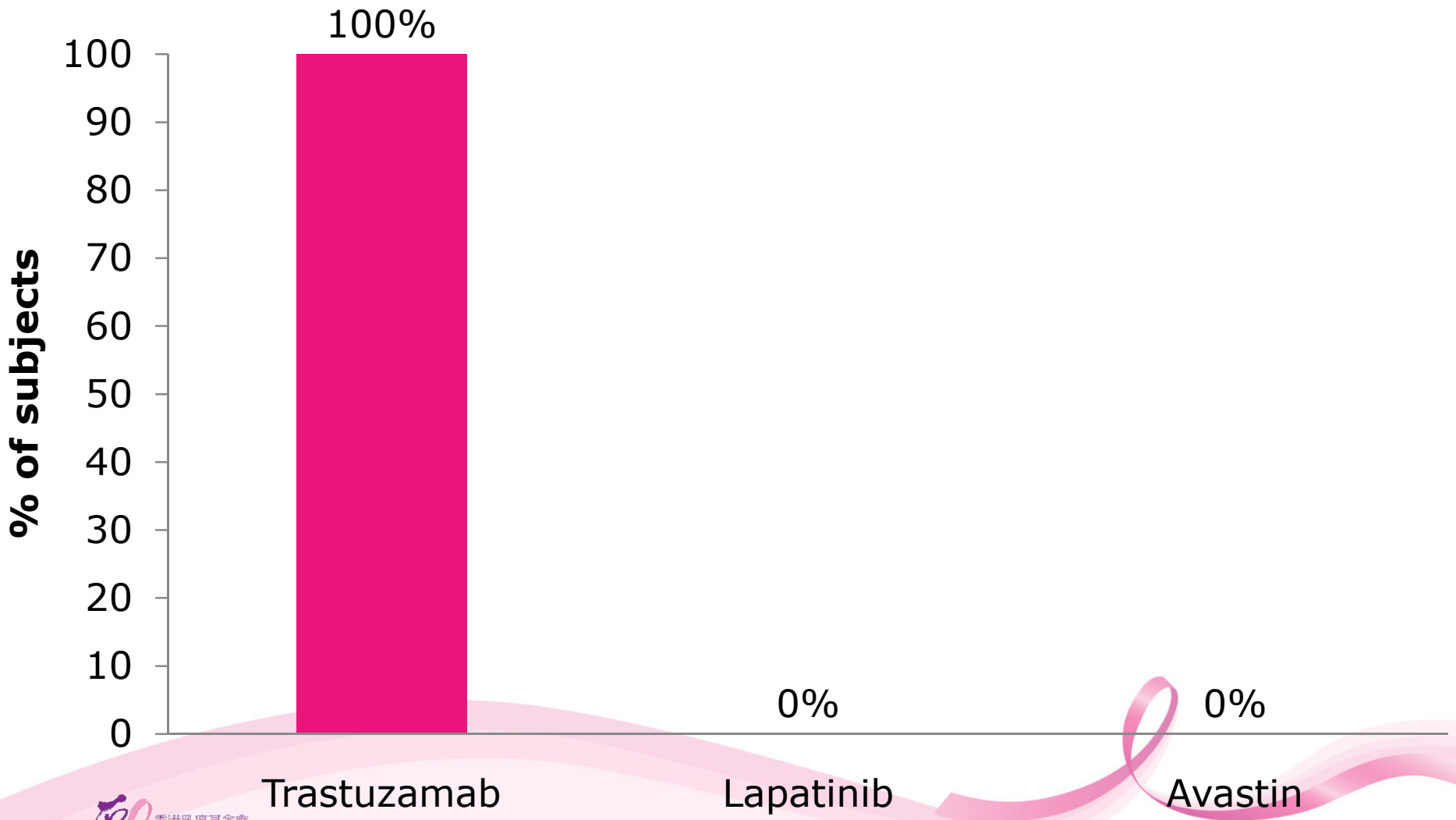
Source: Breast Cancer Facts in Hong Kong 2008 Report

Targeted therapy rate



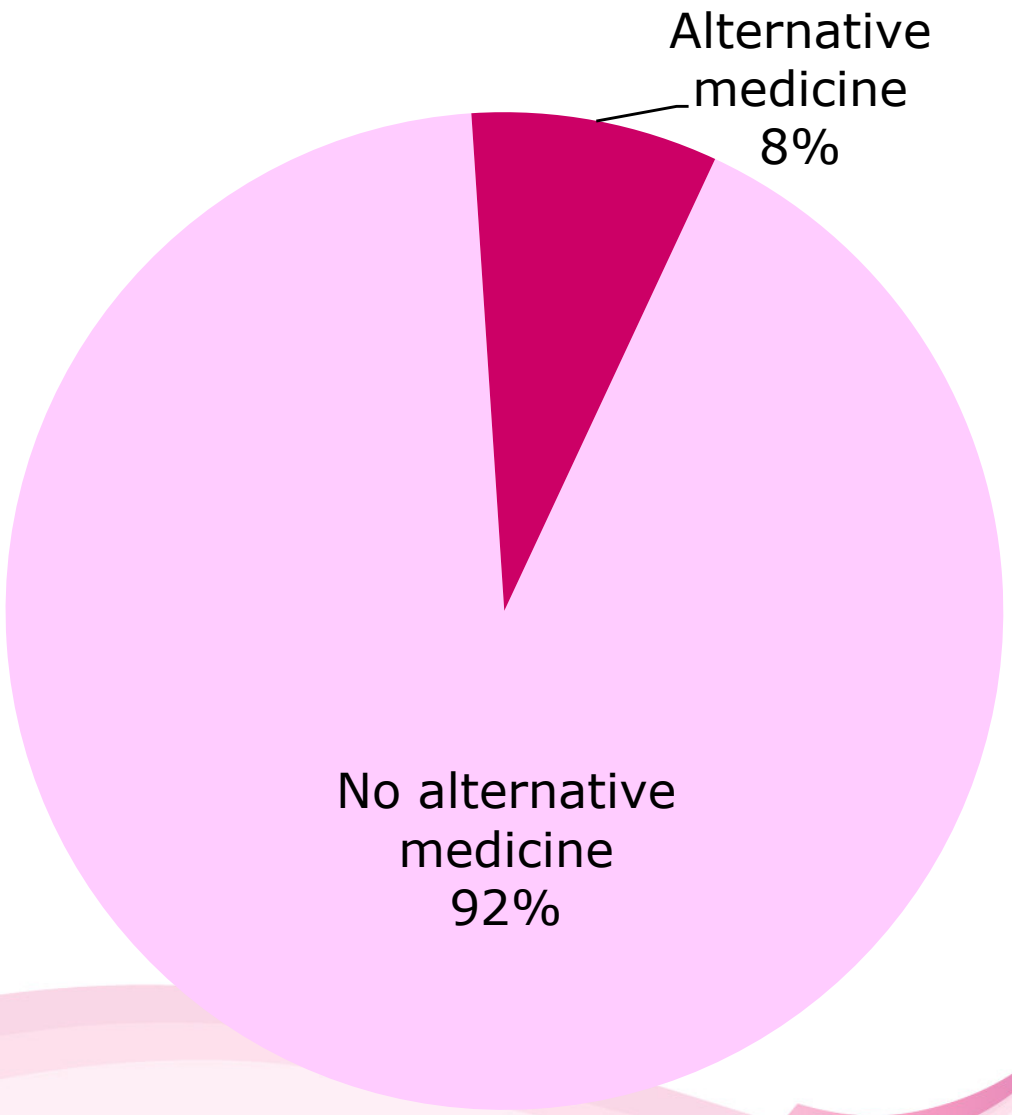
Source: Breast Cancer Facts in Hong Kong 2008 Report

Types of targeted therapy treated for invasive breast cancer



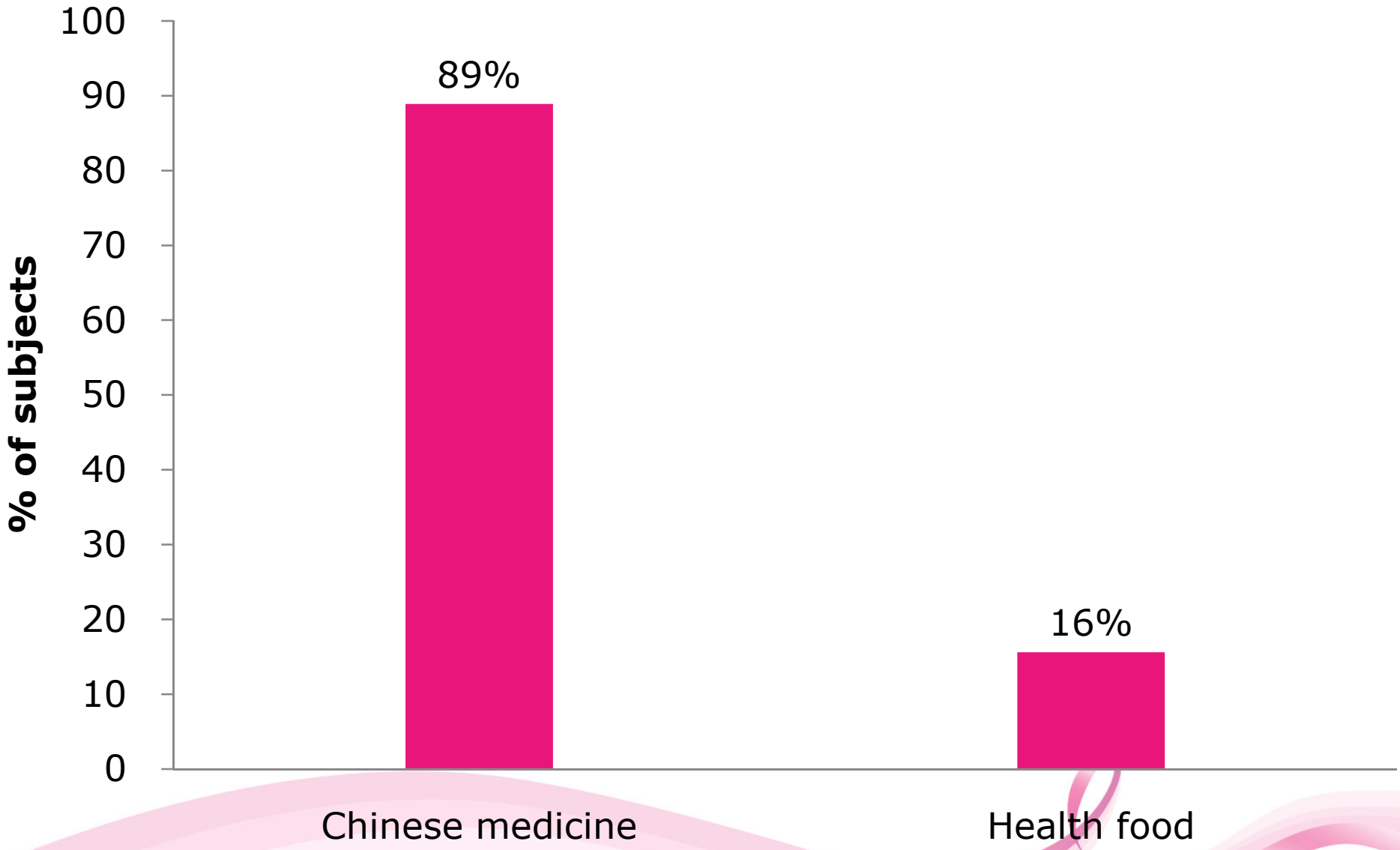
Source: Breast Cancer Facts in Hong Kong 2008 Report

Use of alternative medicine



Source: Breast Cancer Facts in Hong Kong 2008 Report

Type of alternative medicine



Note: * = percentages add to more than 100% because more than one response could be marked

Source: Breast Cancer Facts in Hong Kong 2008 Report

Compare clinical management practice for breast cancer in HK vs. in other countries

	Breast Cancer Facts in Hong Kong 2008 Report	Other countries
Surgery	99.8%	98% (Canada)[1]/ 98% (UK)[2]
Breast conserving surgery	61%	44% (Canada)[1]/ 72% (UK)[2]
Mastectomy	39%	55% (Canada)[1]/ 26% (UK)[2]
Reconstruction among patients with mastectomy	26%	16.8% (USA)[3]
Radiotherapy	71%	81% (UK)[4]
Endocrine therapy	58%	83% (Australia)[5]
Chemotherapy	71%	78% (Australia)[5]
Targeted therapy	11%	--
Alternative medicine	8%	28.1% (USA)[6]

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[1] JNCI 2009; 101(10): 736-750; [2] CancerStats-Breast Cancer- UK 2009 May; [3] JAMA 2006; 295(4):387-388;
[4] PNAS 2003; 100(18): 10393-40398; [5] ANZ J Surg 2006: 76: 745-750; [6] NEJM 1999: 340(22): 1733-1739

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Patient status

Total number of follow up cases	N= 625
Mean follow-up period	12.6 months
Median follow-up period	12.0 months
Range (months)	0.1-89.0
No. of recurrence	8 (1.3%)
No. of local recurrence	5 (0.8%)
No. of distant metastasis	3 (0.5%)
No. of death from breast cancer	0 (0%)
No. of death from unrelated cause	0 (0%)

Source: Breast Cancer Facts in Hong Kong 2008 Report

1.3% cancer relapse and no mortality during follow up

	Breast Cancer Facts in Hong Kong 2008 Report	Other countries
Mean follow up	12.6 months	--
Recurrence	1.3%	--
Local recurrence	0.8%	5-year local recurrence rate: 7% (France)[1]/ 5-year local recurrence rate: 7.3% (Netherlands)[2]
Distant metastasis	0.5%	5-year distant metastasis rate: 8.5% (France)[1]/ 5-year distant metastasis rate: 13% (Netherlands)[2]
Death from breast cancer	0%	--
Death from unrelated cause	0%	--

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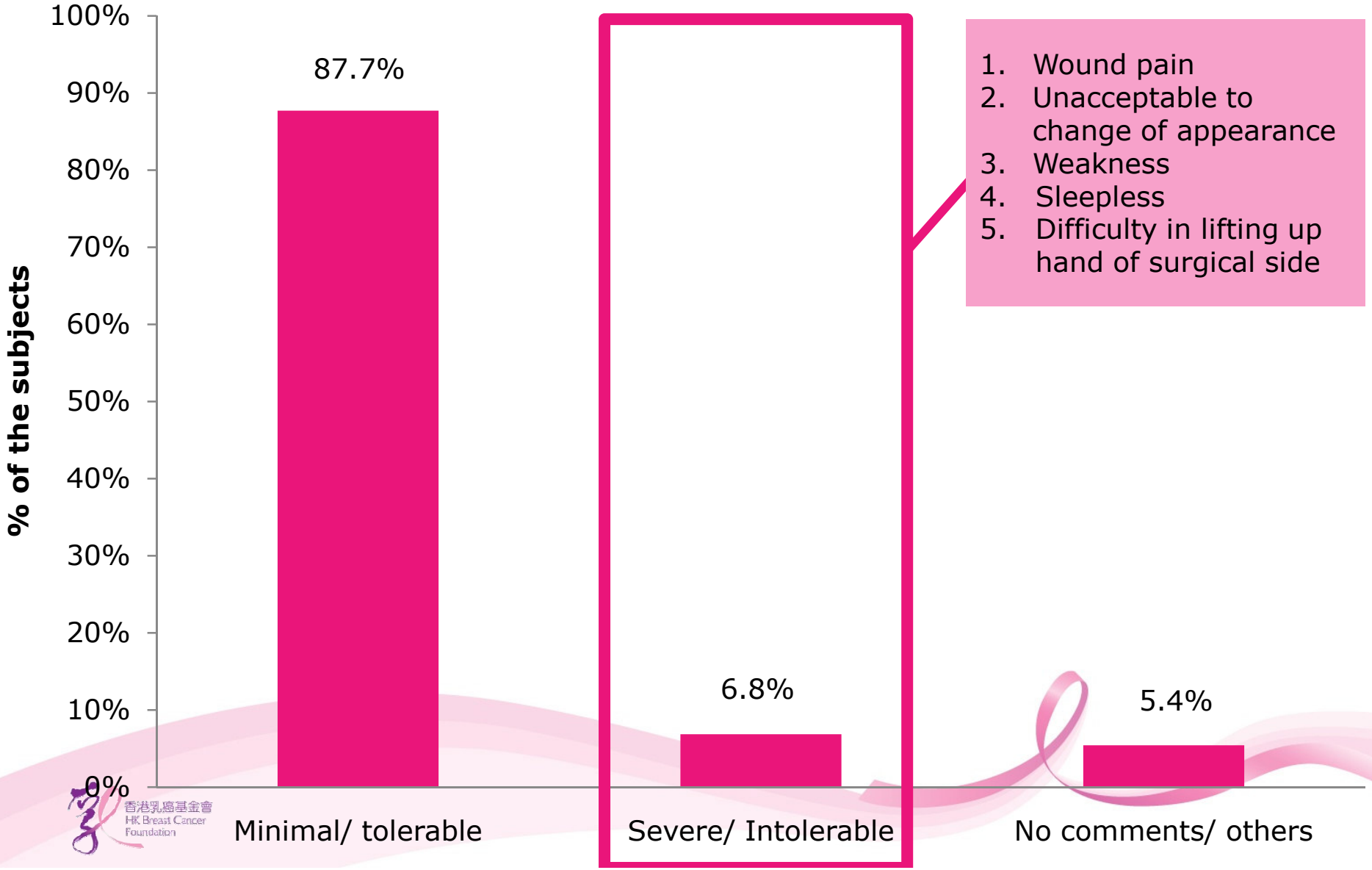
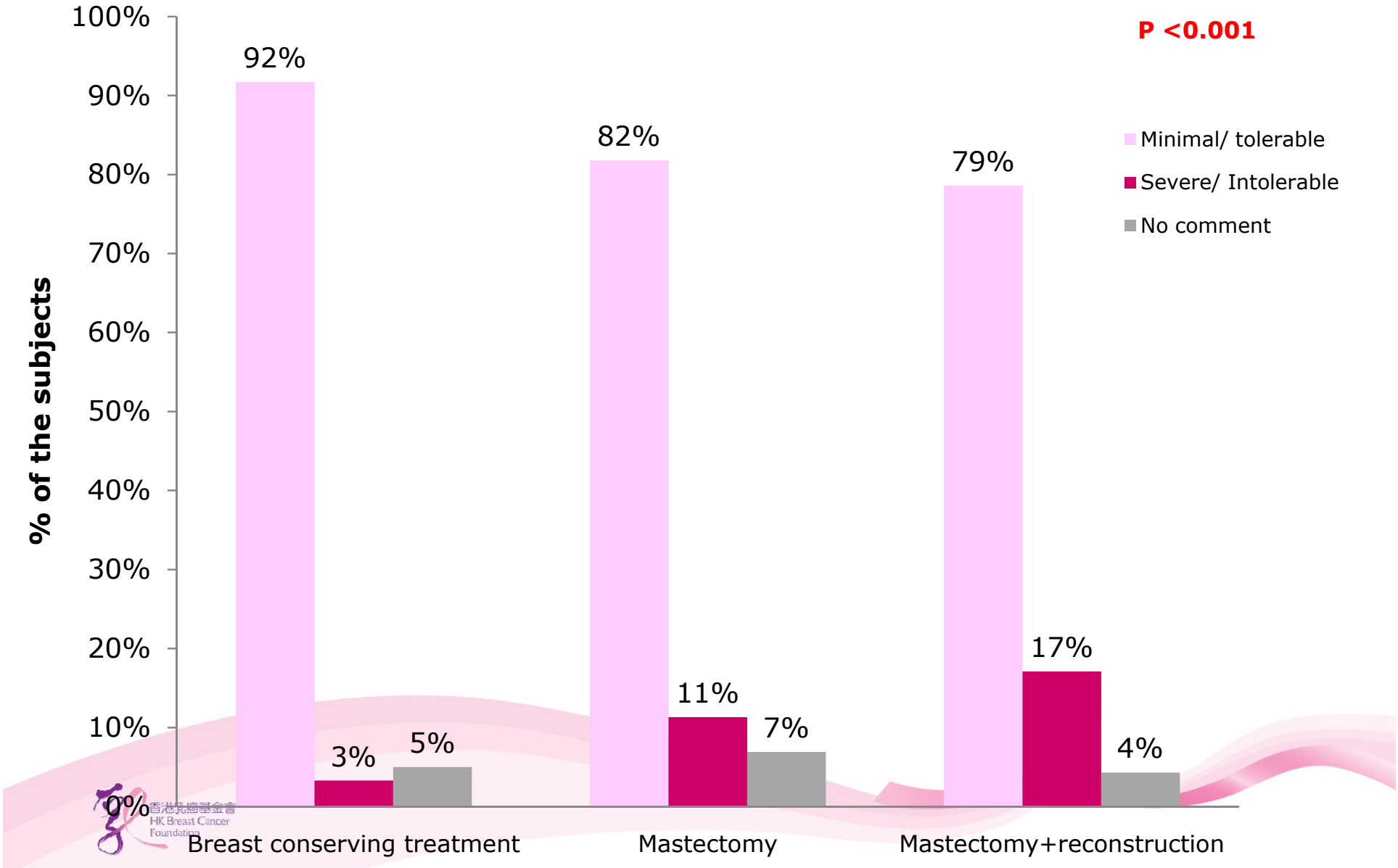
[1]Int J Radiat Oncol Bio Phy 1999; 43(1): 25-37
[2]N Eng J Med 2001; 345(19): 1378-1387

Psychosocial impact to breast cancer survivors

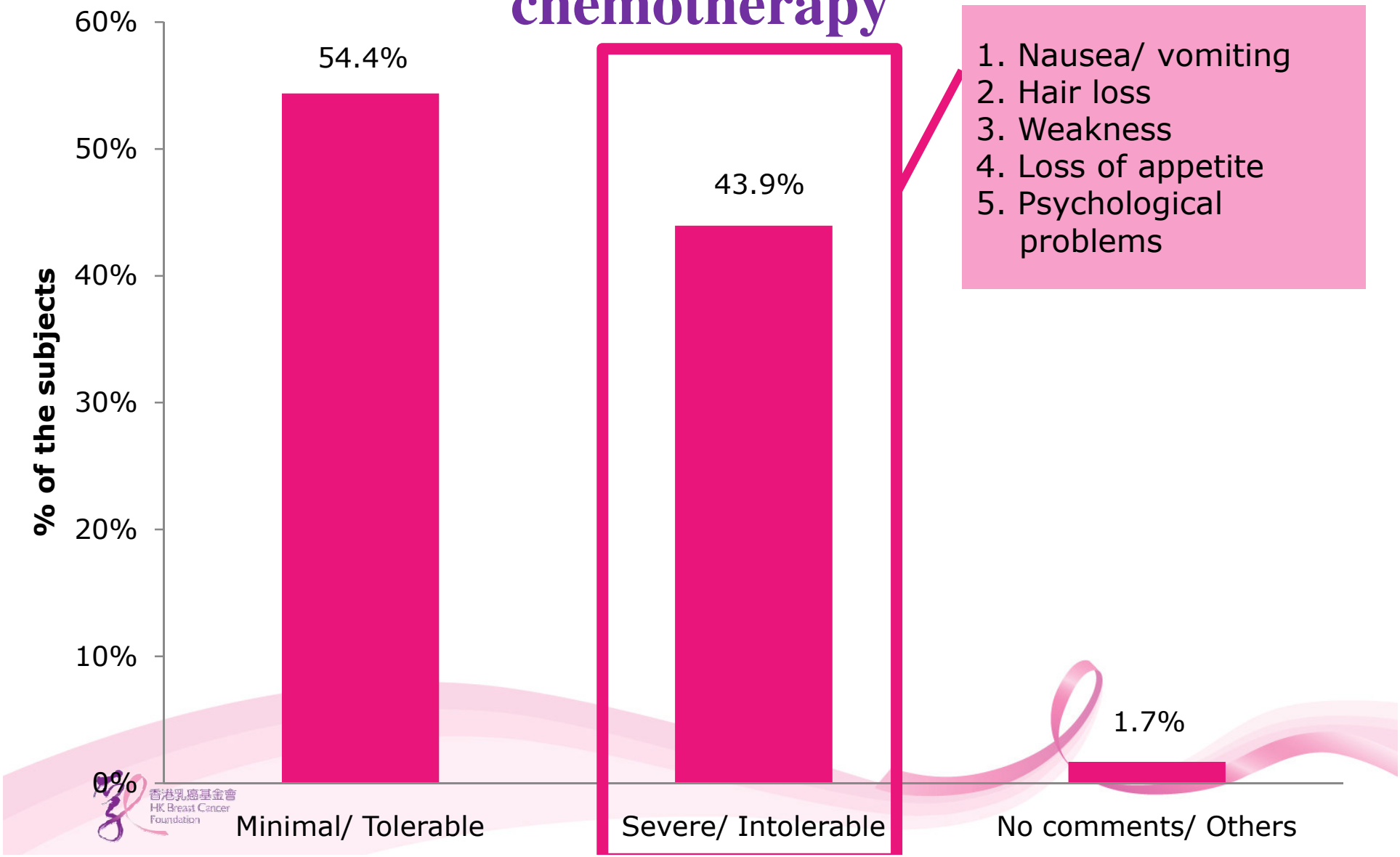
Less than 10% patients feel severe discomfort/ intolerable after surgery



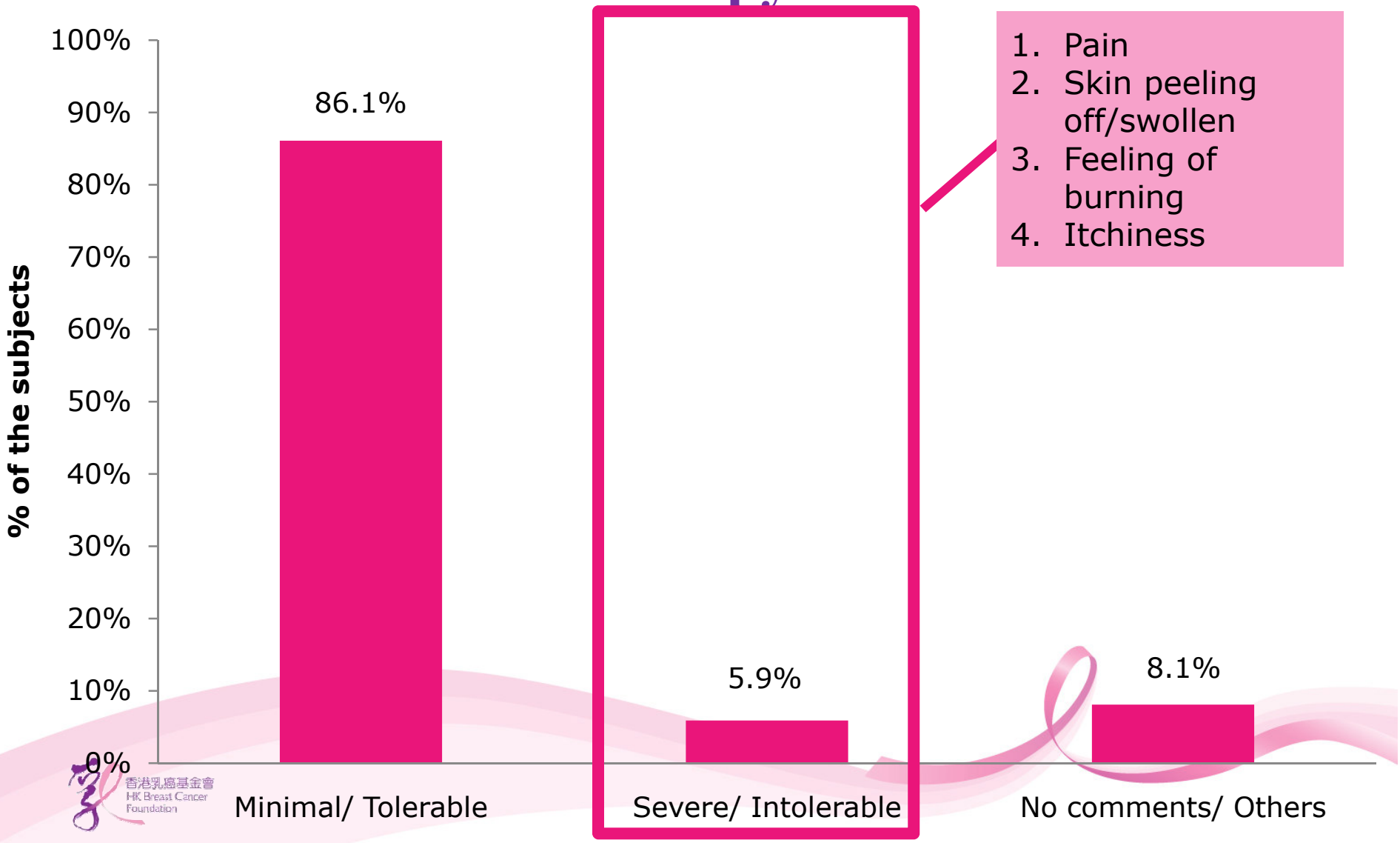
Level of physical sufferings after surgery



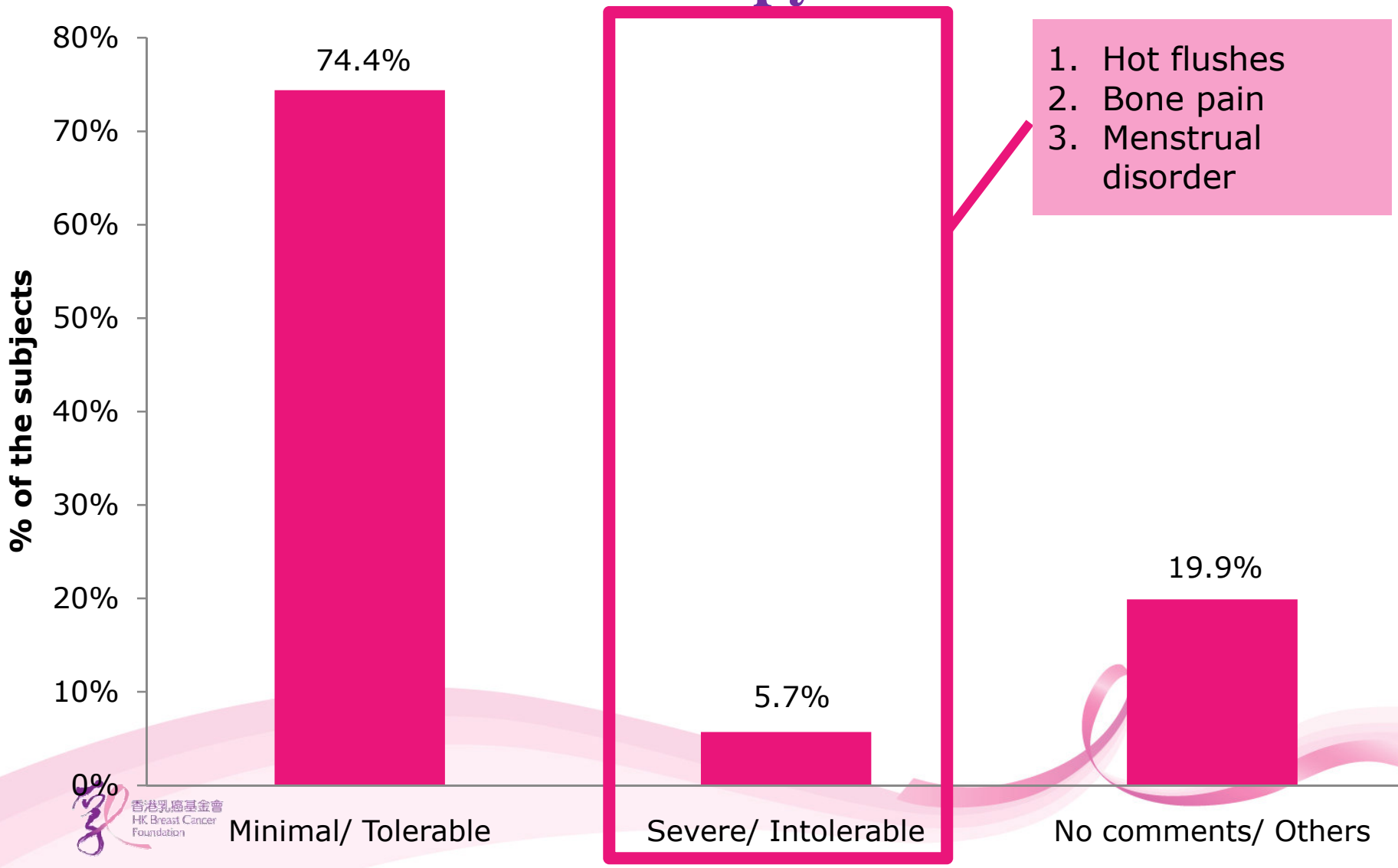
About 40% patients feel severe discomfort/ intolerable during chemotherapy



Less than 10% patients feel severe discomfort/ intolerable during radiation therapy



Less than 10% patients feel severe discomfort/ intolerable during endocrine therapy



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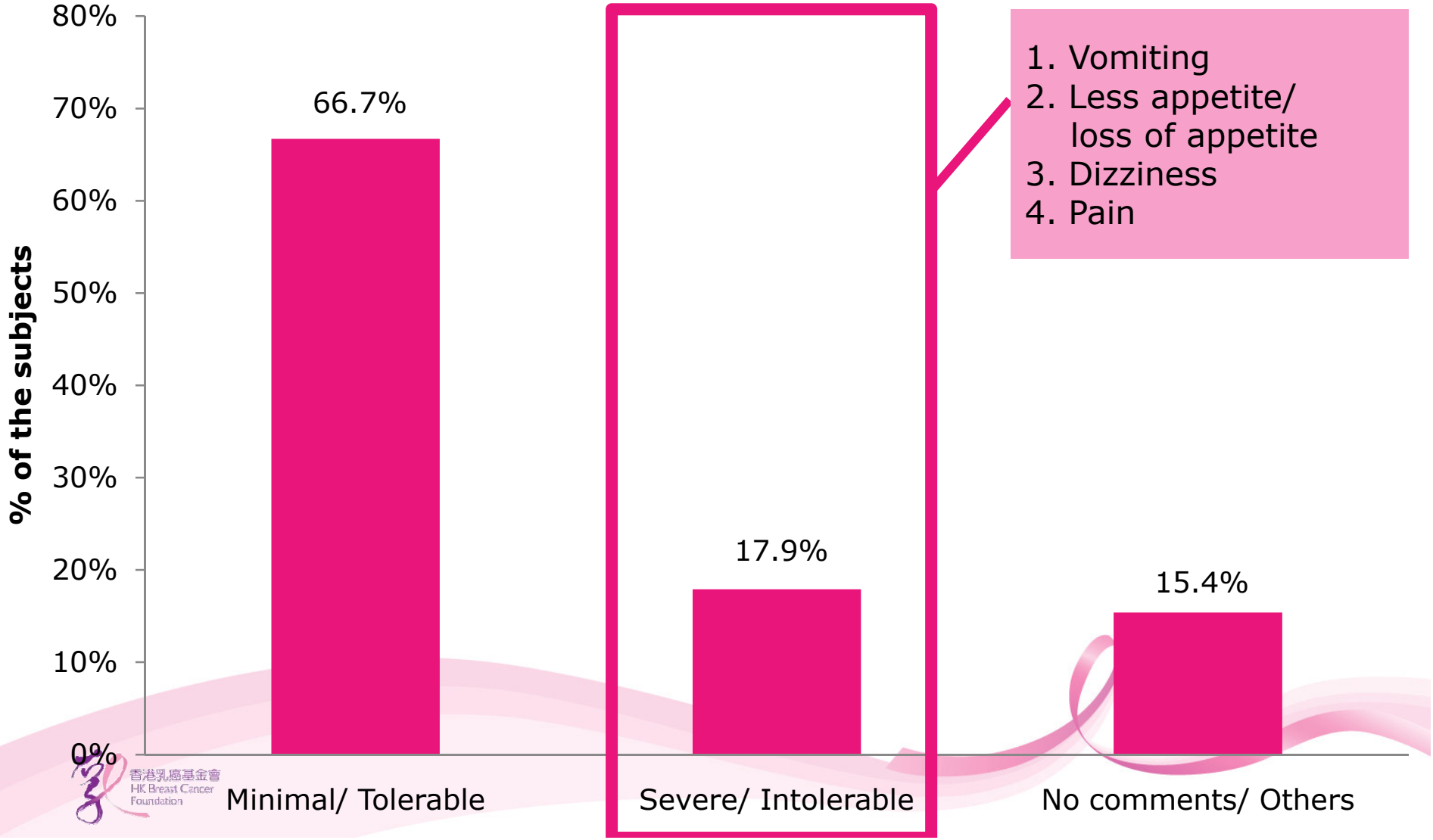
Nearly 20% patients feel severe discomfort/ intolerable during targeted therapy



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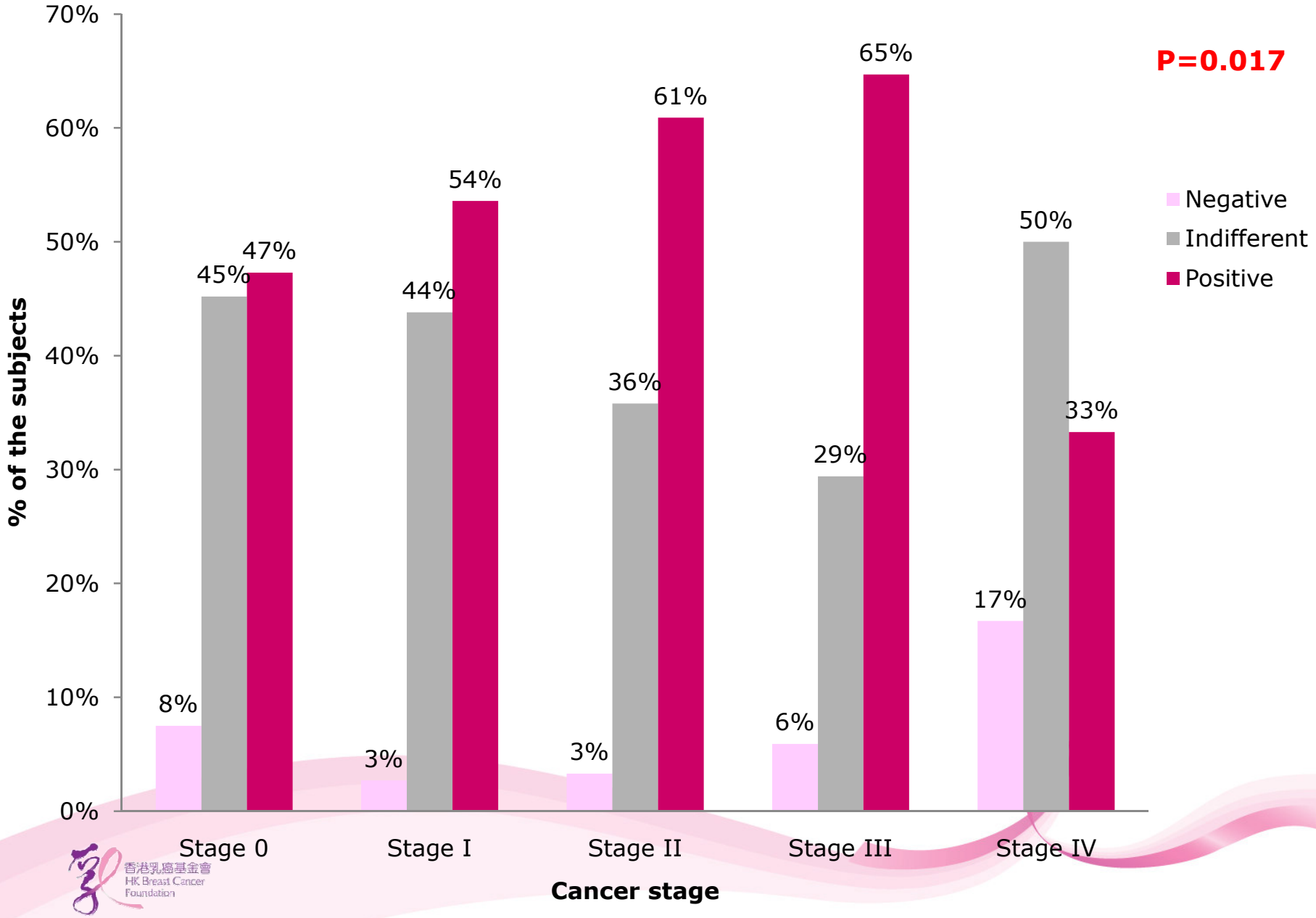
Change in outlook of life



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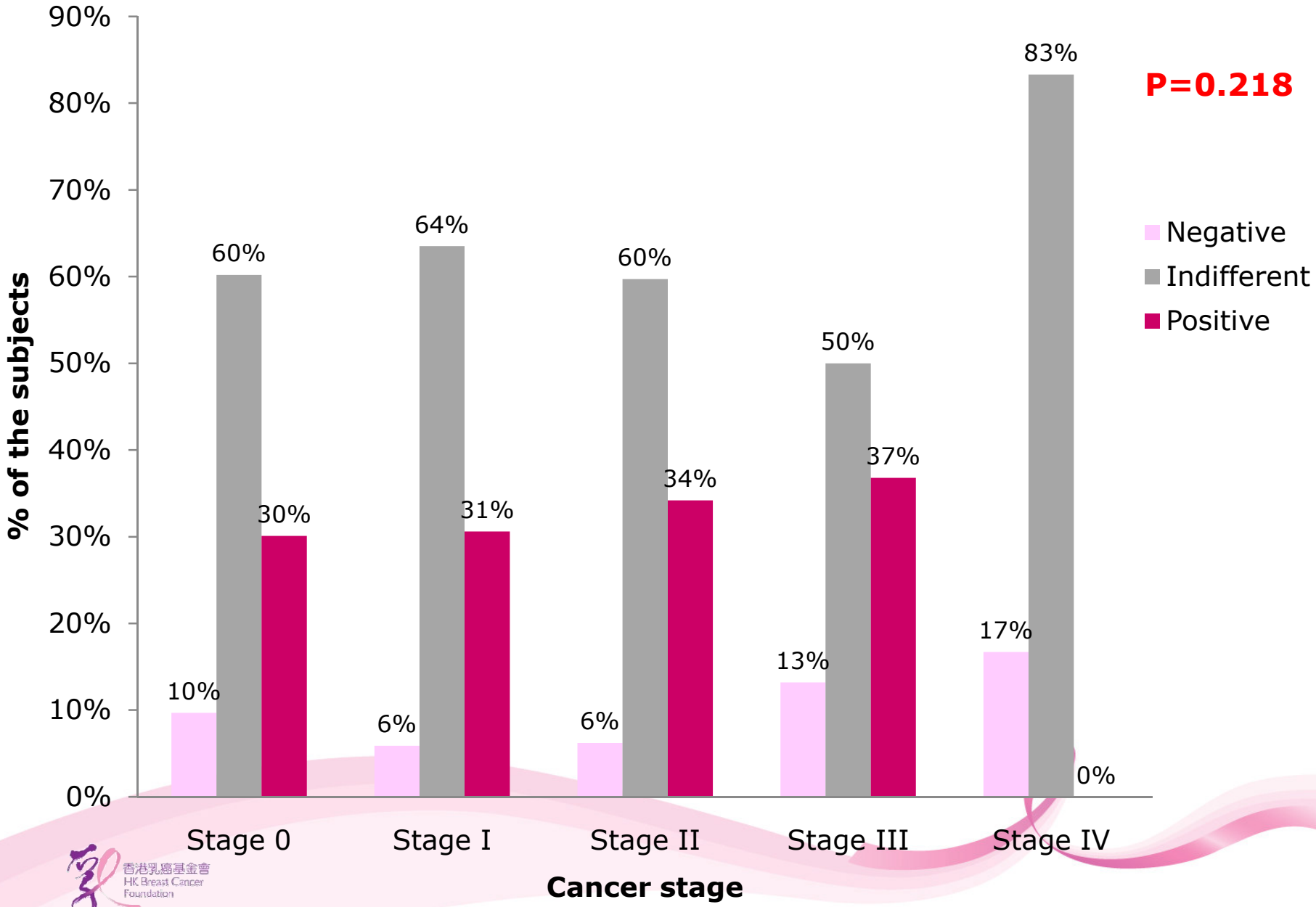
Change in self image



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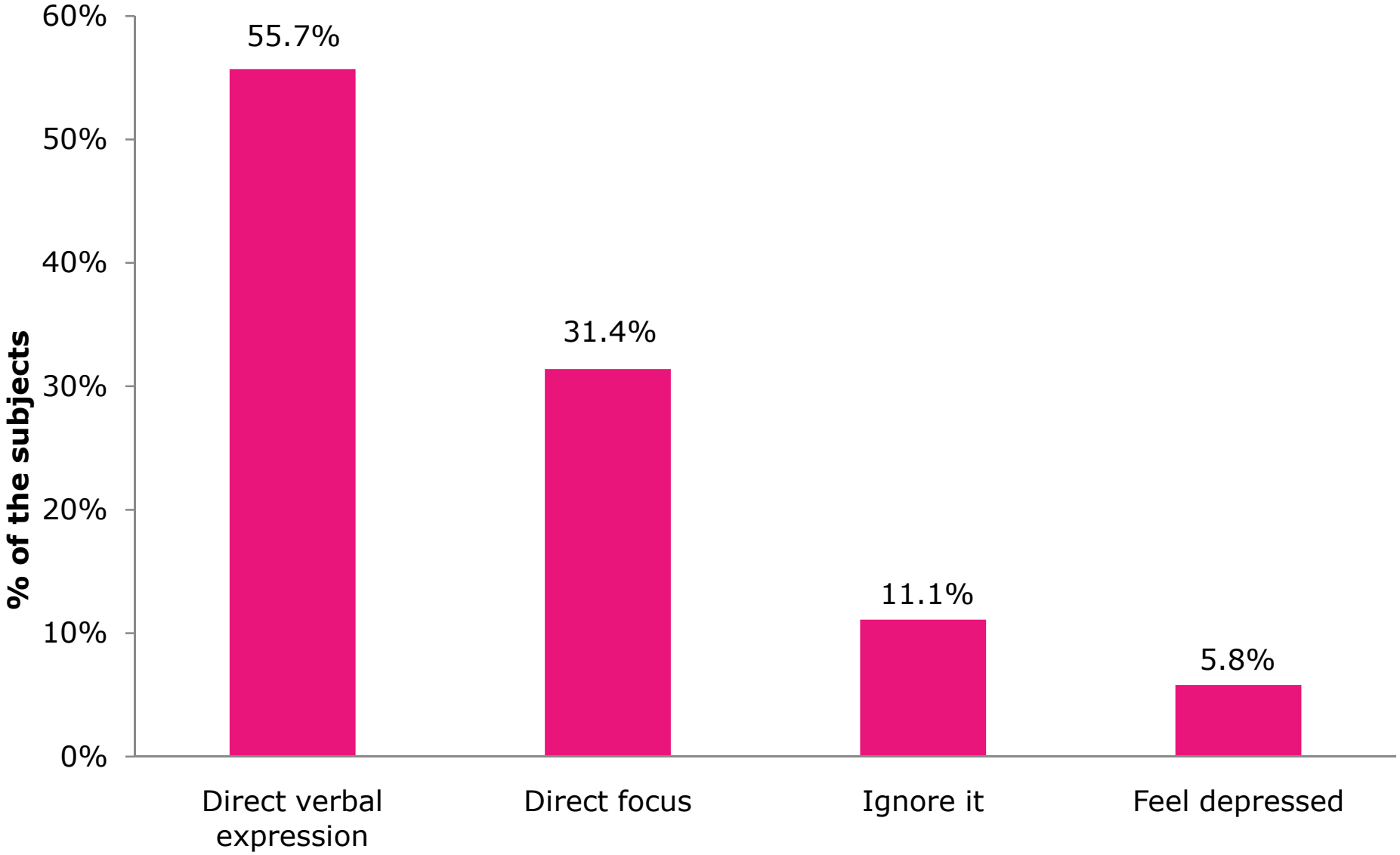
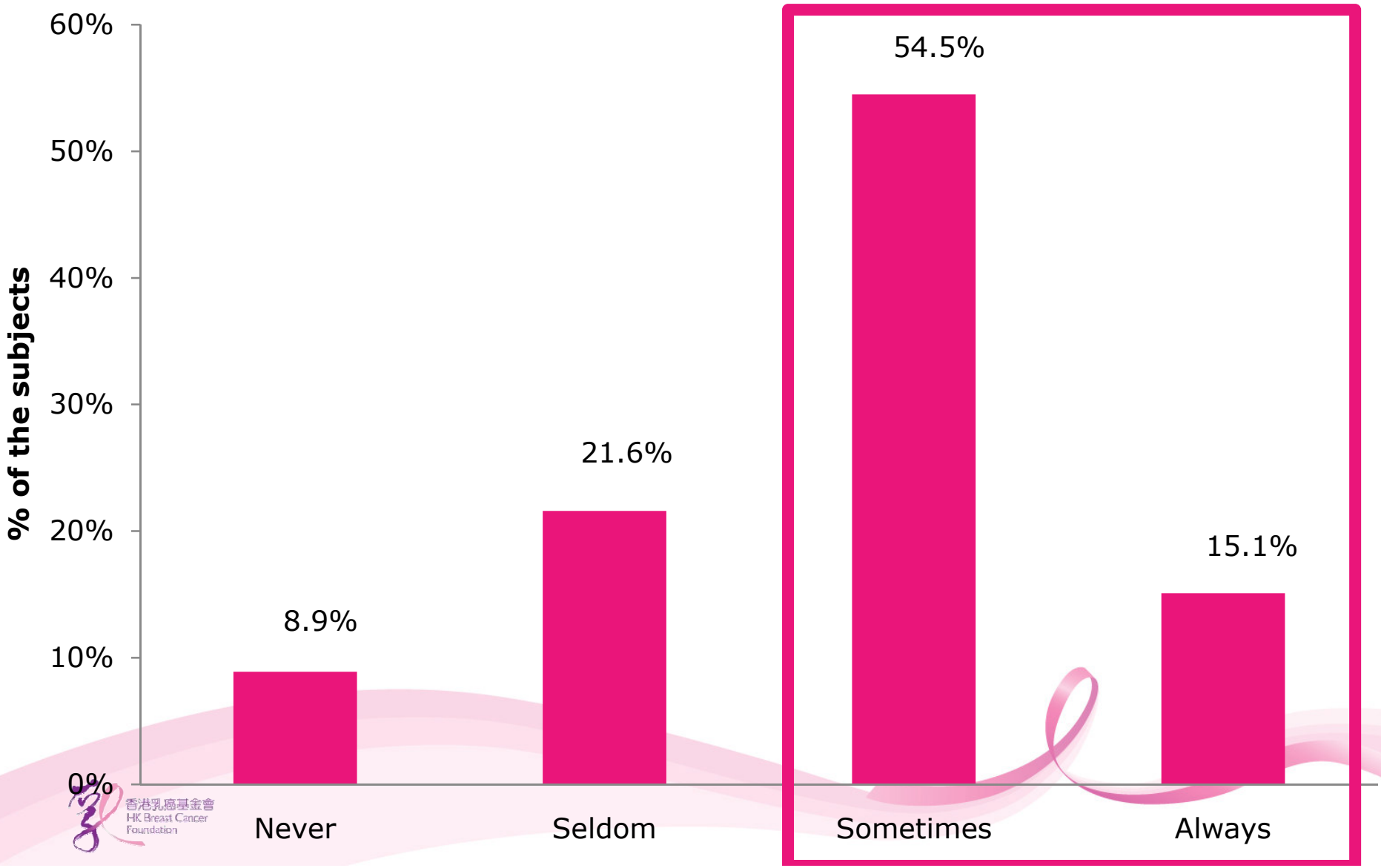
How do patients cope with negative emotions?



About 70% sometimes/ always worry about recurrence



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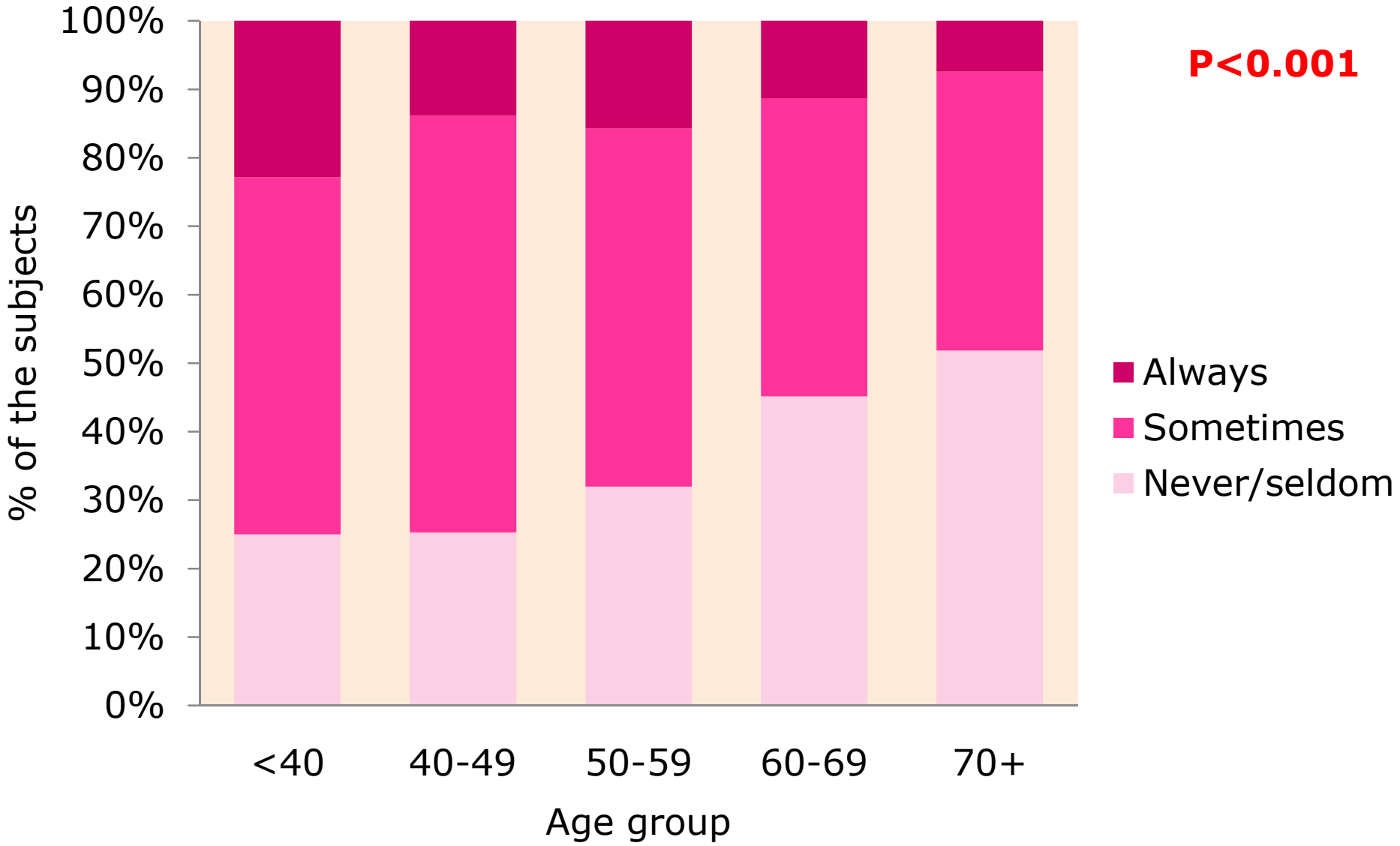
Worry about cancer recurrence: the younger the more worried



HKBCF recommends

- Engage in at least 30 mins of moderate to vigorous exercise for 5 or more days per week
- Encourage breast feeding
- Maintain ideal body weight & healthy diet
- Practice regular breast screening

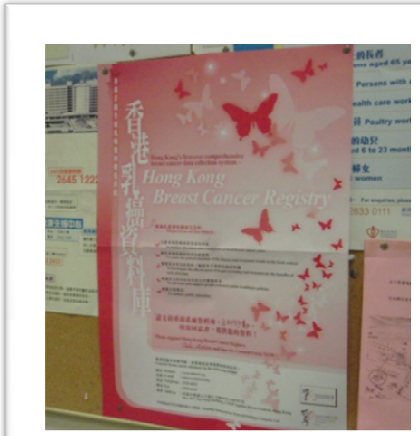
Age	Self-examination	Clinical examination	Mammogram
20-39	Every month	Every 3 years	-
40 and above	Every month	Every 2 years	Every 2 years

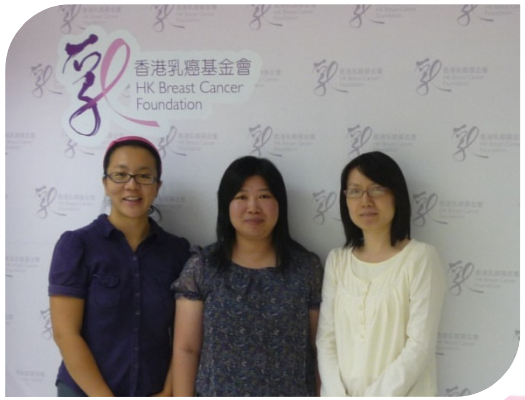
Acknowledgements

- **Steering Committee**
  - Dr. Polly Cheung, Chairman
  - Mrs. Veronica Bourke
  - Dr. Emily Ying Yang Chan
  - Dr. Keeng Wai Chan
  - Dr. Sharon Wing Wai Chan
  - Dr. Peter Choi
  - Mrs. Joanna Choi
  - Ms. Yvonne Chua
  - Ms. Doris Kwan
  - Dr. Wing Hong Kwan
  - Dr. Stephen CK Law
  - Dr. Lawrence Li
  - Mrs. Sandra Mak
  - Dr. Ting Ting Wong
  - Dr. Chun Chung Yau
- **IT Subcommittee**
  - Dr. Peter Choi
  - Mr. Peter Kwan
  - Dr. Chun Chung Yau
  - Dr. Gary Yeoh
- All medical professionals, doctors, nurses and patients who participated and facilitated in data collection

Hong Kong Breast Cancer Registry promotion and data collection snapshots

Over 3000 participants joined the Hong Kong Breast Cancer Registry





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Foundation

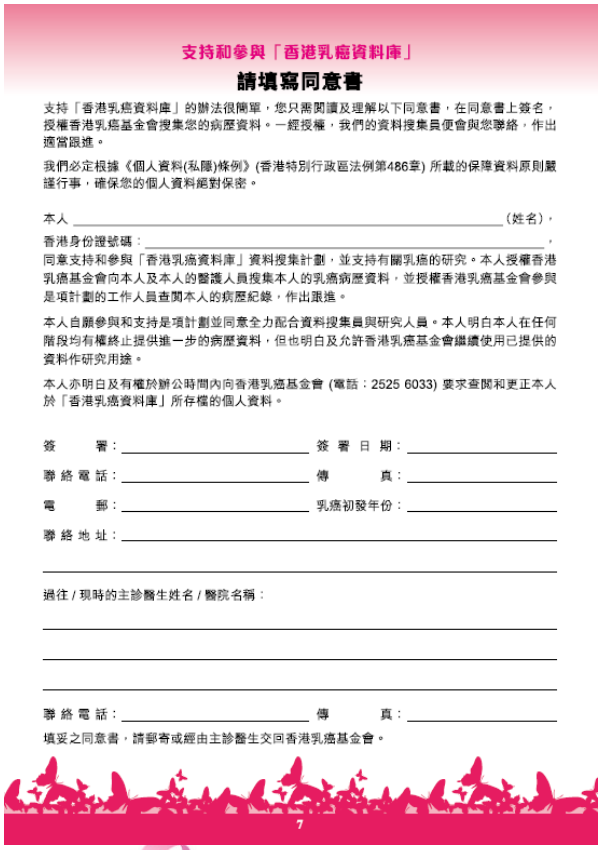
Patient participation – To support and Participate in the Hong Kong Breast Cancer Registry

Step 1: Please download read the form thoroughly. If there you have questions please do not hesitate to call us at the Foundation. It is important to us that you understand why we need your information and how it will be used.

Step 2: Sign and return the Consent Form to HKBCF by mail or via your doctors-in-charge. **Please do not return the completed form via facsimile.** Your consent will give us permission to access and collect your medical and treatment records from your doctors, and to use them in future statistical analysis.

Step 3: Fill in the Personal Profile questionnaire that we will send you on receipt of your consent. We urge you to complete this questionnaire as best as you can as data collected here is of vital importance to provide for the most accurate data for future research and analyses to be conducted.

Step 4: Once a year, we will contact you and/or your physicians updating your status and collect latest medical information on your health status. Data collection will be either by phone or by mail, whichever is convenient to you at that time.



支持和參與「香港乳癌資料庫」

請填寫同意書

支持「香港乳癌資料庫」的辦法很簡單，您只需閱讀及理解以下同意書，在同意書上簽名，授權香港乳癌基金會搜集您的病歷資料。一經授權，我們的資料搜集員便會與您聯絡，作出適當跟進。

我們必定根據《個人資料(私隱)條例》(香港特別行政區法例第486章) 所載的保障資料原則嚴謹行事，確保您的個人資料絕對保密。

本人 _____(姓名)，

香港身份證號碼：_____，

同意支持和參與「香港乳癌資料庫」資料搜集計劃，並支持有關乳癌的研究。本人授權香港乳癌基金會向本人及本人的醫護人員搜集本人的乳癌病歷資料，並授權香港乳癌基金會參與是項計劃的工作人員查閱本人的病歷紀錄，作出跟進。

本人自願參與和支持是項計劃並同意全力配合資料搜集員與研究人員。本人明白本人在任何階段均有權終止提供進一步的病歷資料，但也明白及允許香港乳癌基金會繼續使用已提供的資料作研究用途。

本人亦明白及有權於辦公時間內向香港乳癌基金會 (電話：2525 6033) 要求查閱和更正本人於「香港乳癌資料庫」所存檔的個人資料。

簽　　署：_____ 簽 署 日 期：_____

聯 絡 電 話：_____ 傳　　真：_____

電　　郵：_____ 乳癌初發年份：_____

聯 絡 地 址：_____

_____

過往 / 現時的主診醫生姓名 / 醫院名稱：

_____

_____

_____

聯 絡 電 話：_____ 傳　　真：_____

填妥之同意書，請郵寄或經由主診醫生交回香港乳癌基金會。

7

香港乳癌基金會
HK Breast Cancer Foundation

For more details
please visit:

www.hkbcf.org/breastcancerregistry

香港乳癌資料庫
香港乳癌基金會策動

香港乳癌基金會
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