Masalah Kanker Payudara dan Deteksi Dini

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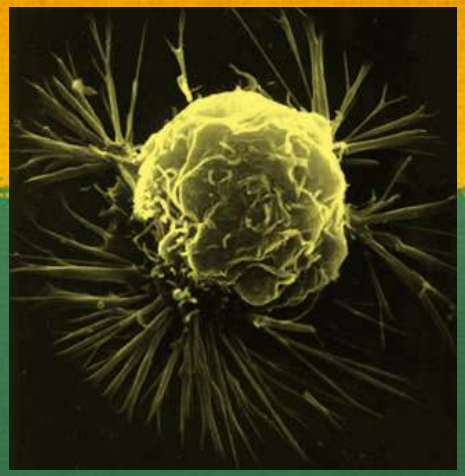
Divisi Bedah Onkologi
RS KANKER DHARMAIS
JAKARTA INDONESIA

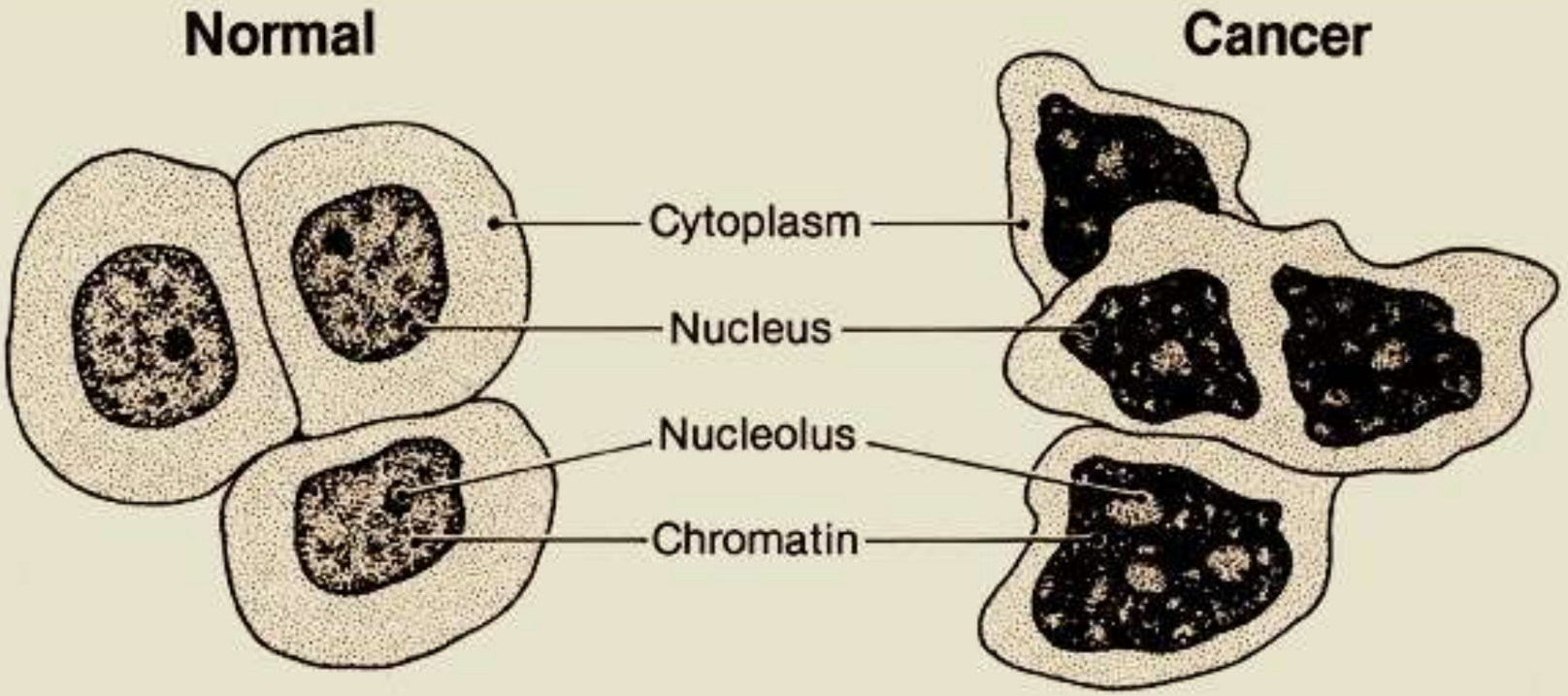
KANKER



- Pertumbuhan sel abnormal
- Yang tidak terkendali
- Secara terus-menerus
- Infiltrasi lokal (merusak jaringan sekitar)
- Menjalar ke tempat yang jauh
- Dapat berasal dari setiap jenis sel di dalam tubuh

Normal and Cancer Cells

Structure



- Large cytoplasm
- Single nucleus
- Single nucleolus
- Fine chromatin

- Small cytoplasm
- Multiple nuclei
- Multiple and large nucleoli
- Coarse chromatin

KANKER PAYUDARA

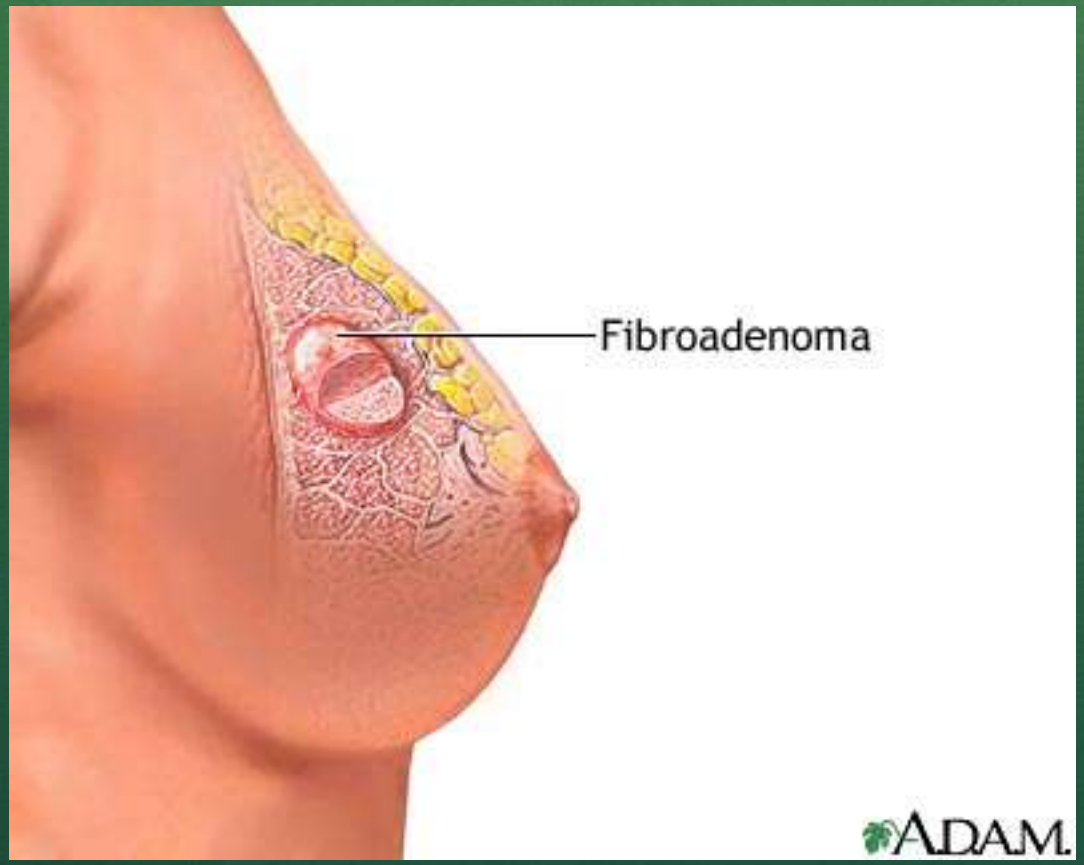
- Globocan 2008 → penyakit keganasan tertinggi di dunia
- Insidens tertinggi di Indonesia
- Profil Kesehatan Depkes RI 2008 → urutan 1 penyakit kanker rawat inap di seluruh RS di Indonesia

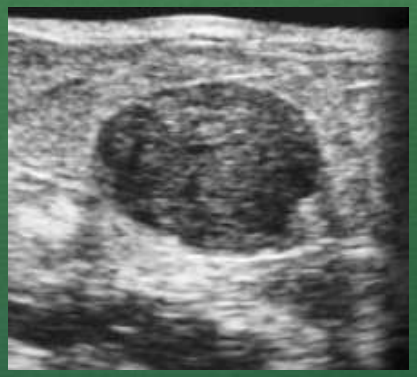
DIAGNOSIS ???

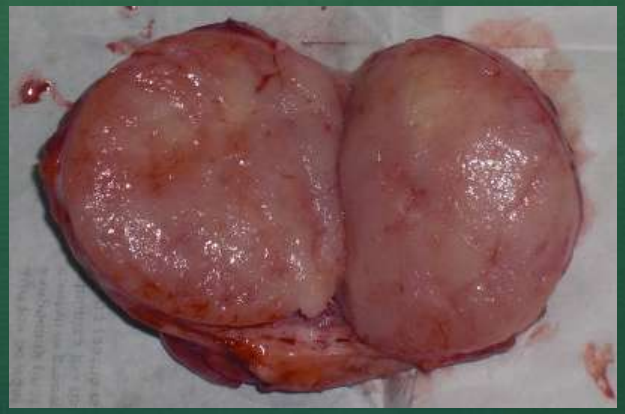
Kelainan-kelainan yang sering dijumpai dalam klinik :

- Fibroadenoma
- Mammary dysplasia (fibrocystic disease of the breast)
- Galactocele
- Tumor Phyllodes
- Kanker payudara

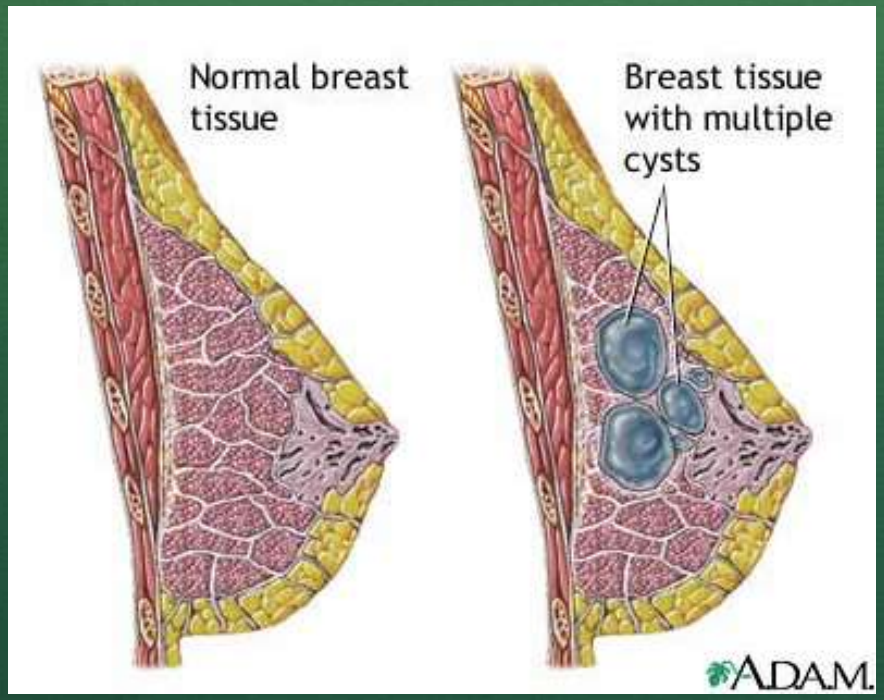
FAM

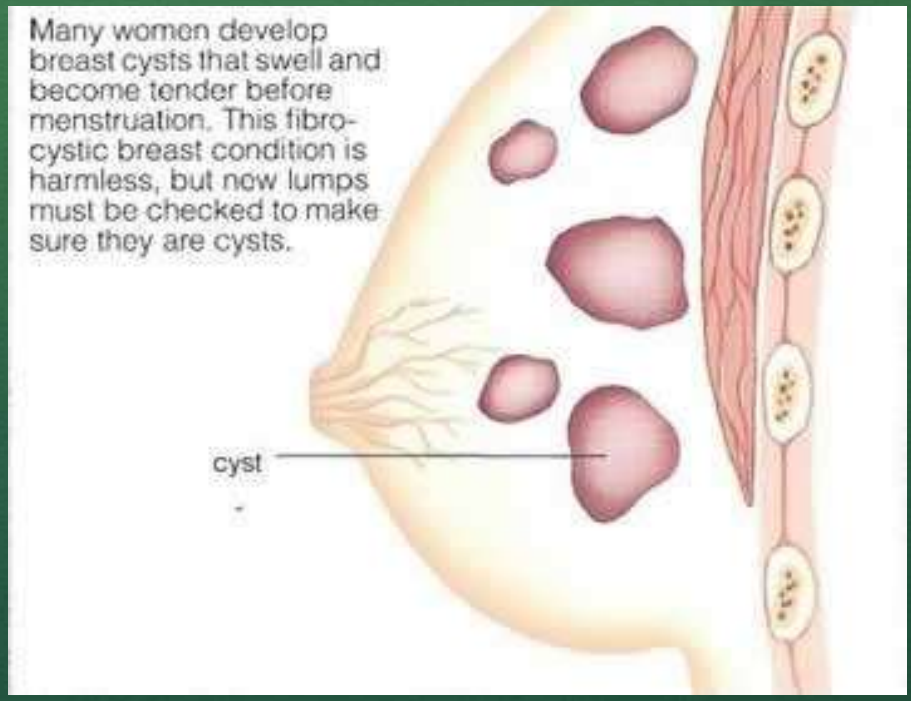




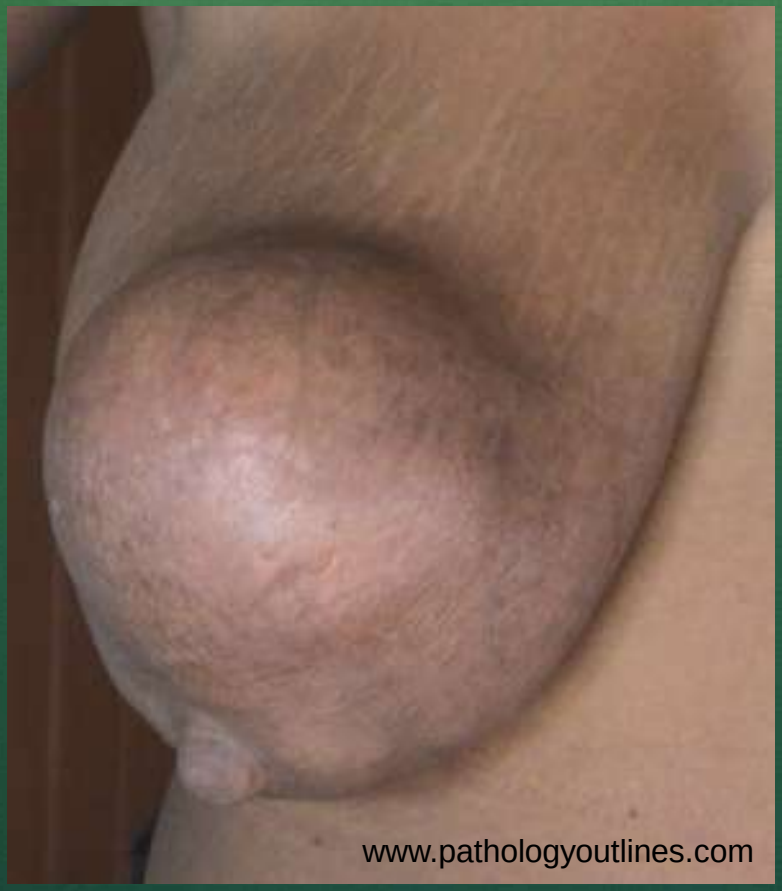


FCD

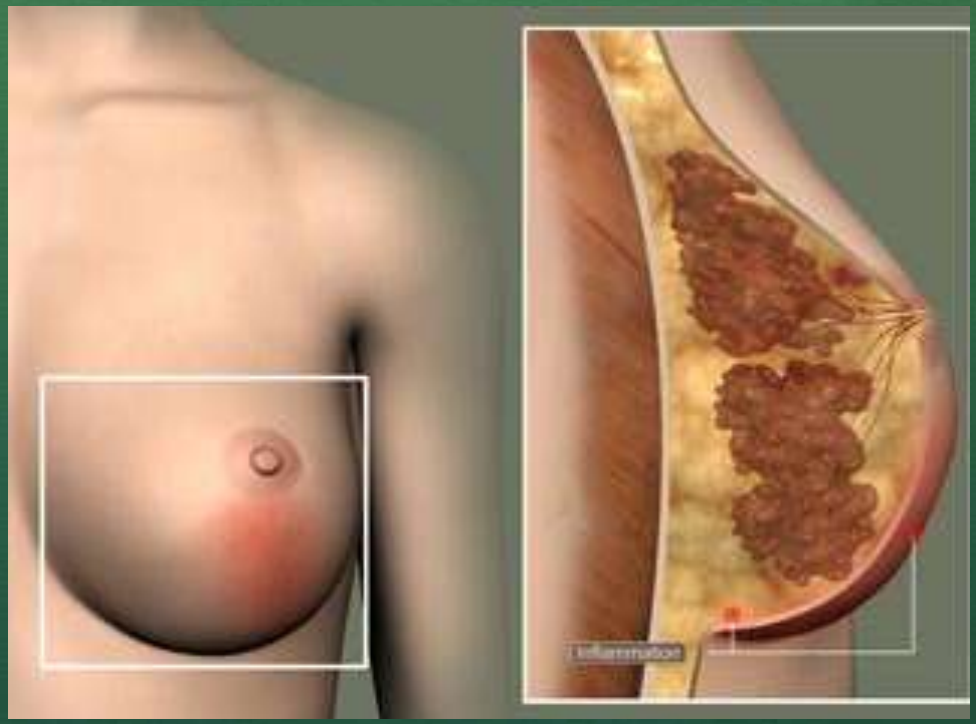

Normal breast tissue
Breast tissue with multiple cysts
A.D.A.M.


Many women develop breast cysts that swell and become tender before menstruation. This fibro-cystic breast condition is harmless, but new lumps must be checked to make sure they are cysts.
cyst

Galactocele & Mastitis

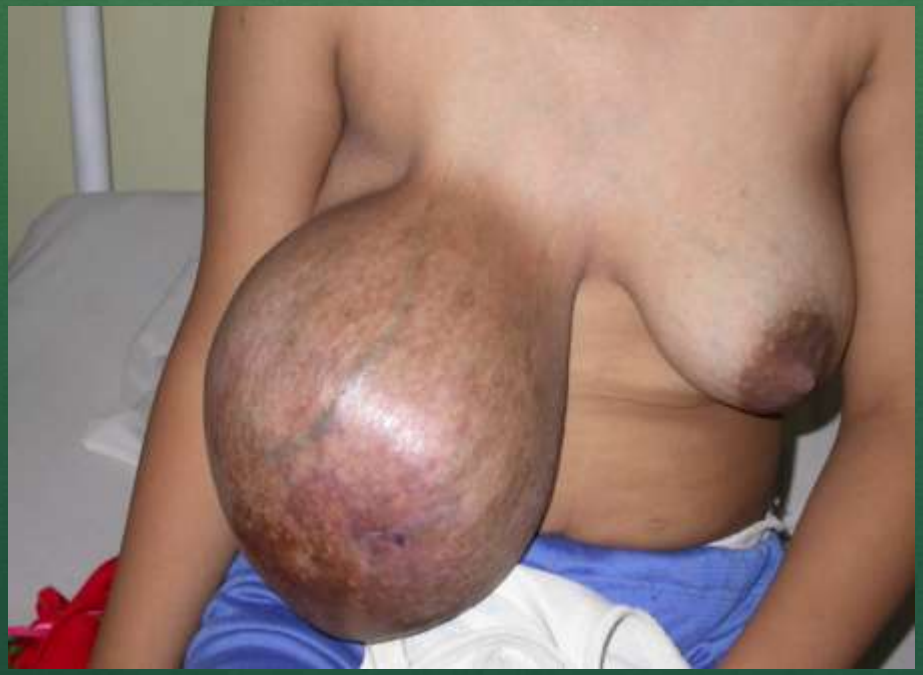


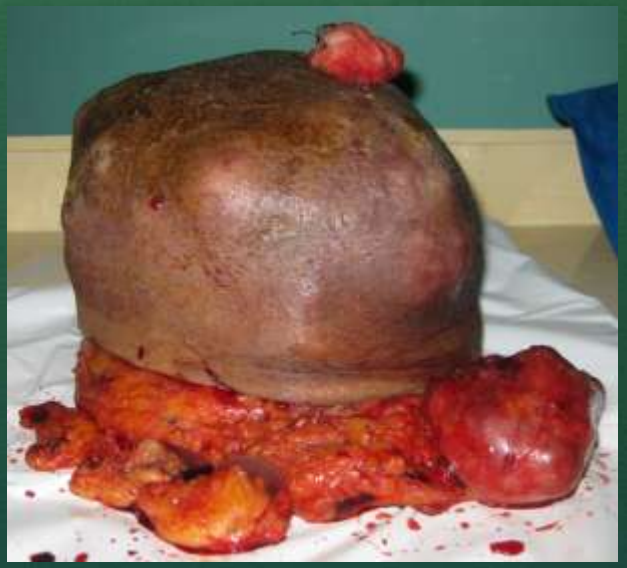
www.pathologyoutlines.com



www.hologic.com

Phyllodes Tumor





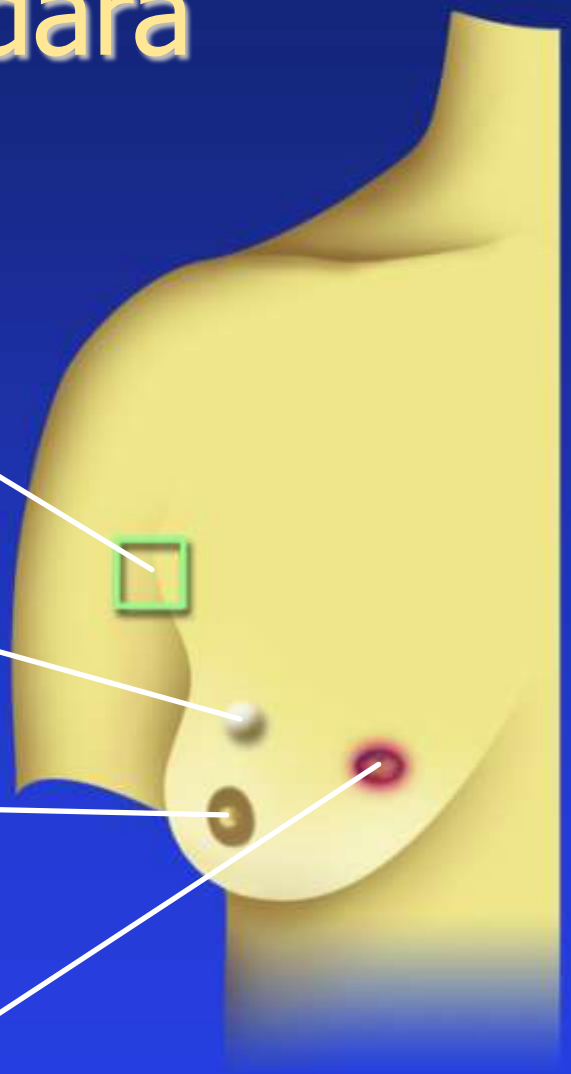
DIAGNOSIS KANKER PAYUDARA ???

Faktor Risiko

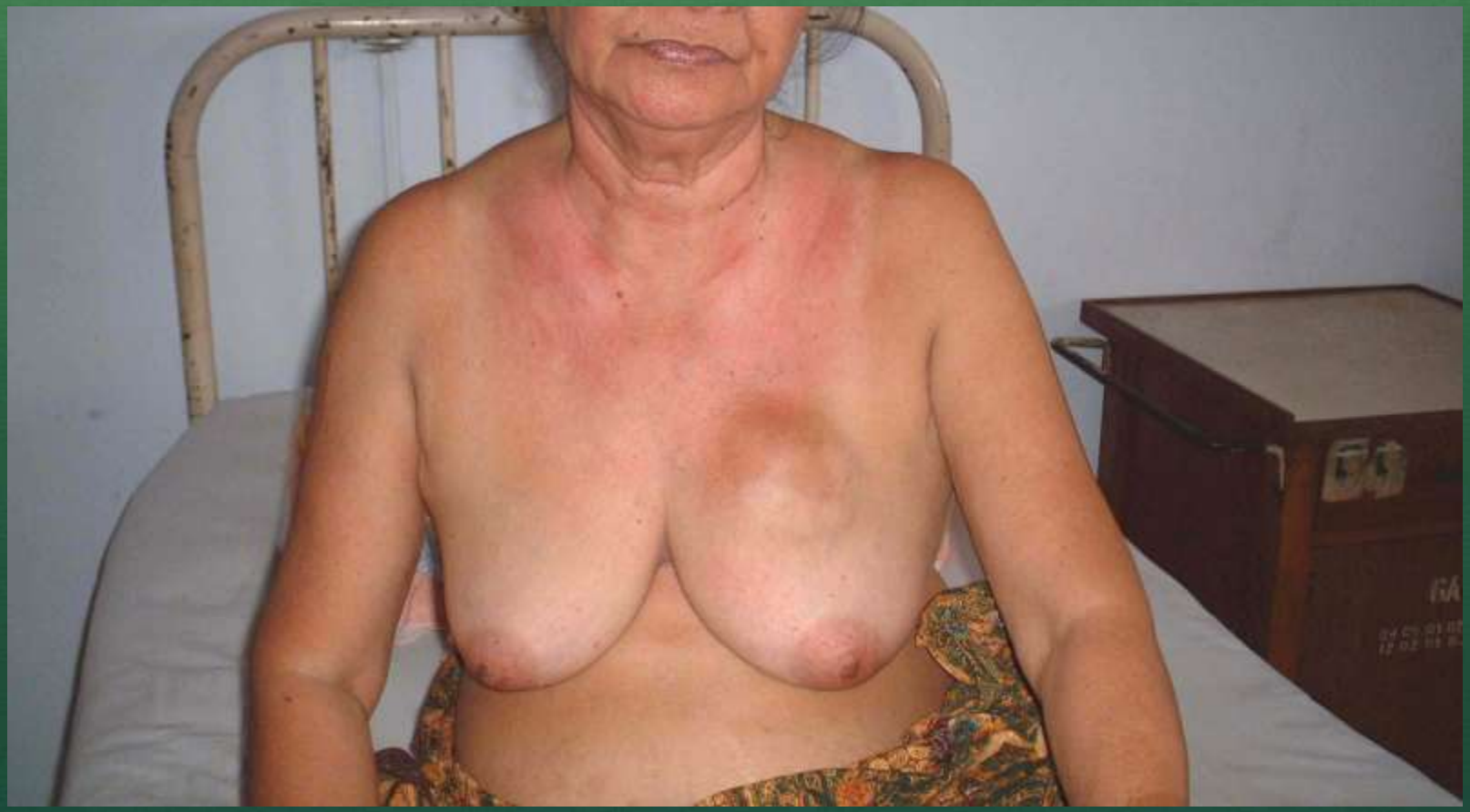
- Umur > 30 th
- Anak pertama lahir setelah usia 35 th
- Tidak kawin
- Menarche < 12 th
- Menopause datang terlambat (>55 th)
- Pernah operasi tumor jinak payudara
- Adanya kanker pada payudara kontralateral
- Mendapat terapi hormonal yang lama (oral kontrasepsi)
- Operasi ginekologi
- Radiasi dinding dada, 2-3 kali lebih tinggi
- Riwayat keluarga, 2-3 kali lebih tinggi

Gejala & Tanda Kanker Payudara

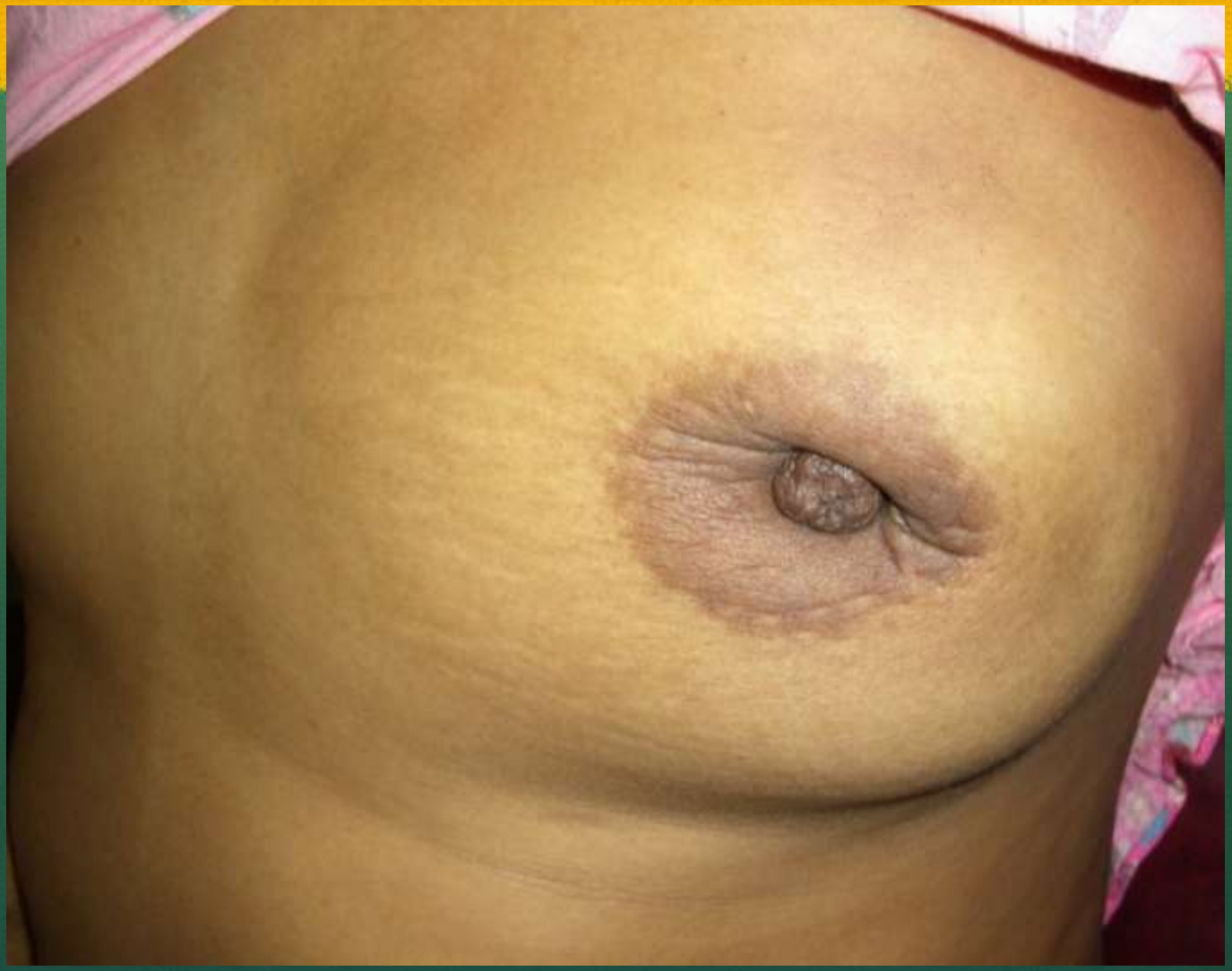
- Adanya benjolan di ketiak
- Benjolan di payudara
- Penebalan
- Nyeri
- Cairan putting susu
- Retraksi putting/kulit
- Oedema kulit



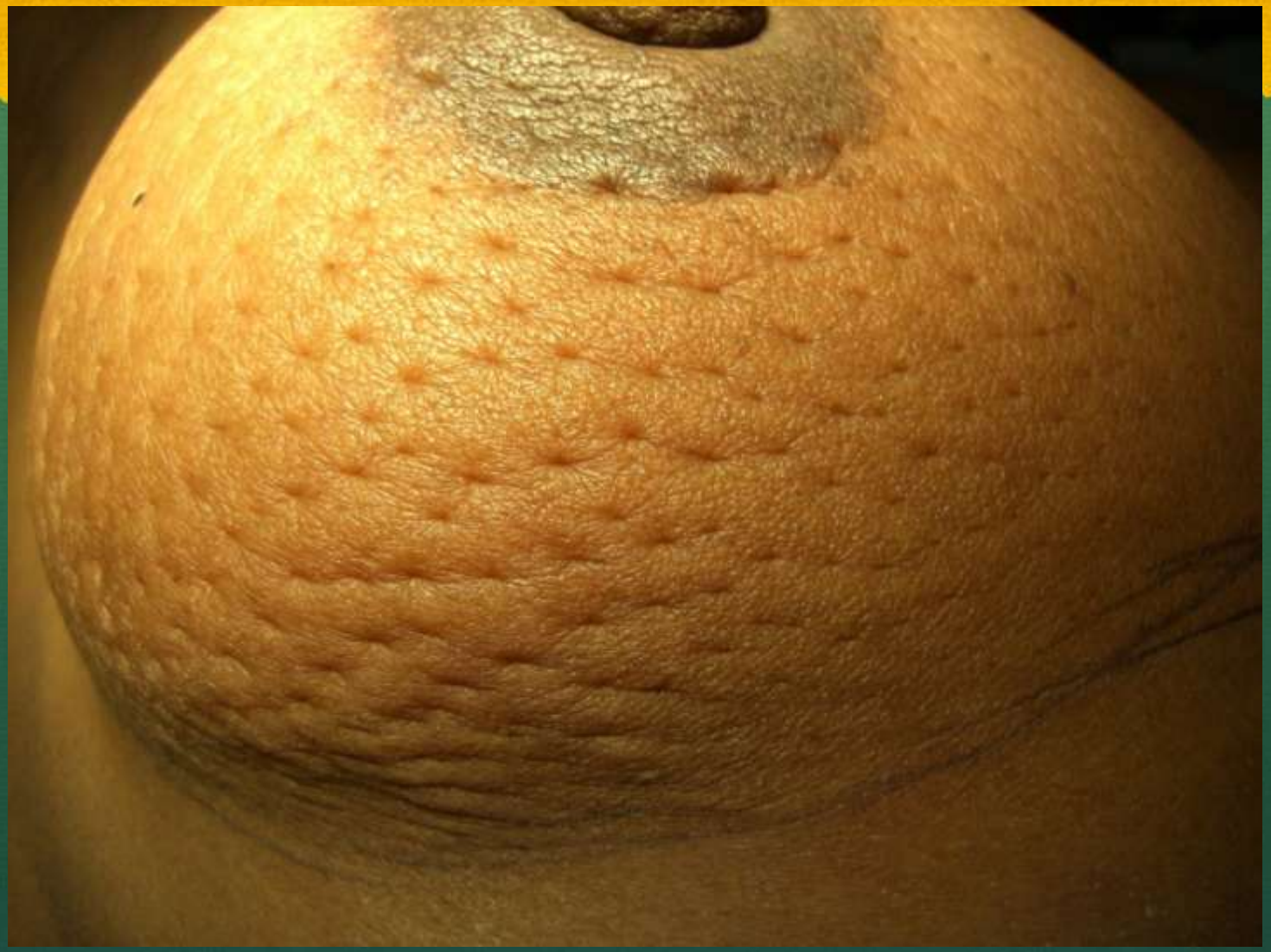
Benjolan payudara



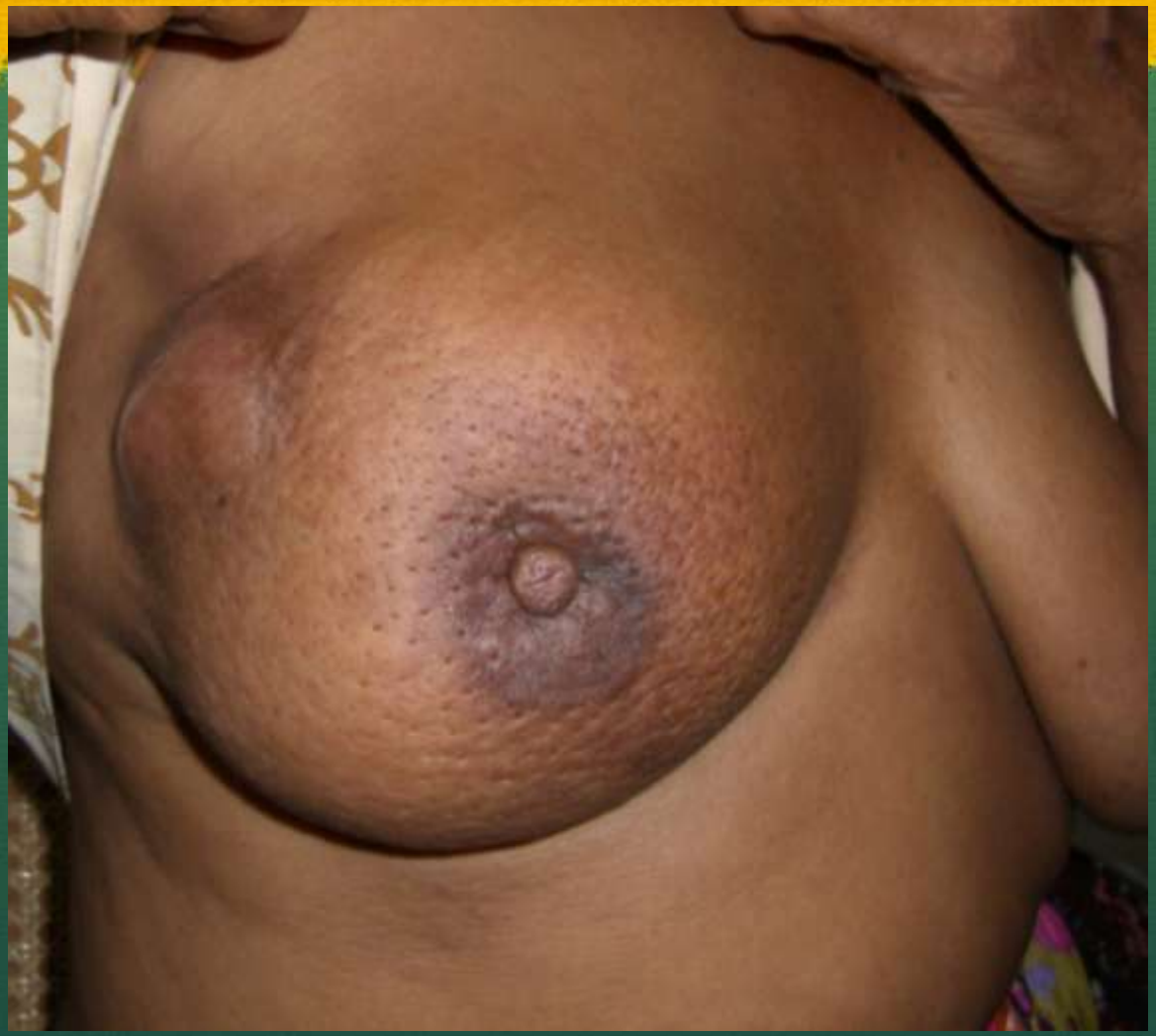
Retraksi Puting



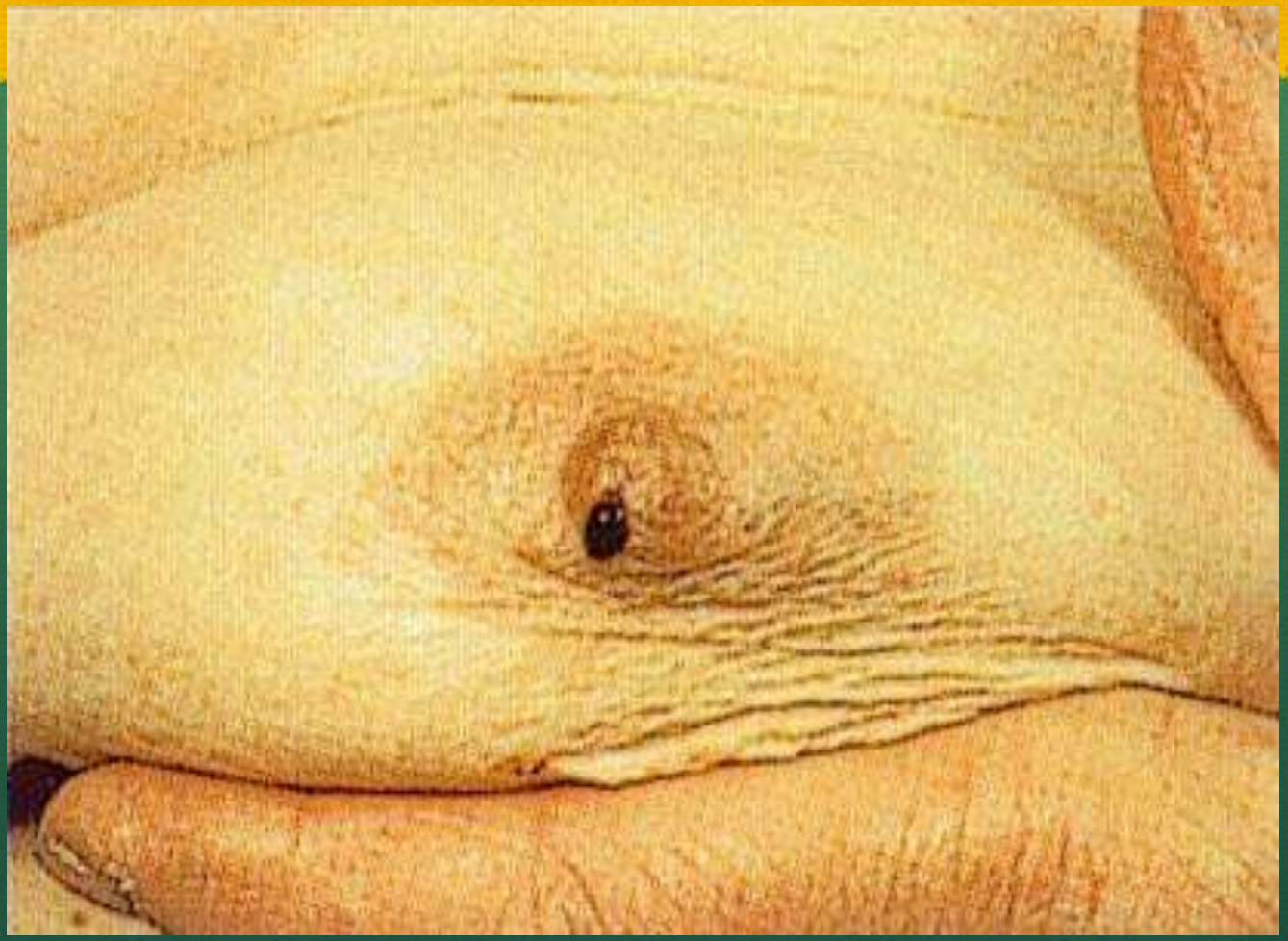
Peau d’orange (Gambaran Kulit Jeruk)



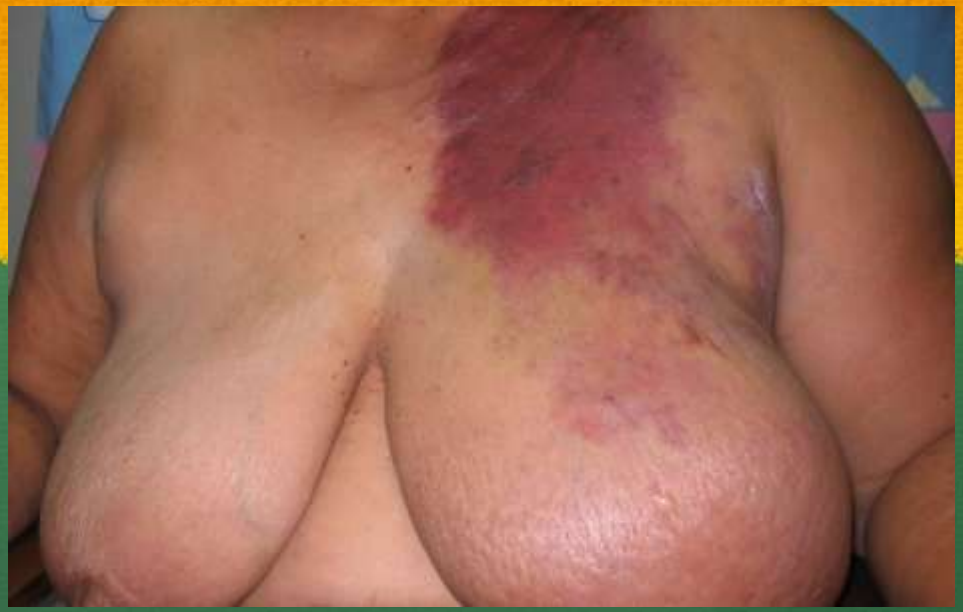
Benjolan dan gambaran kulit jeruk

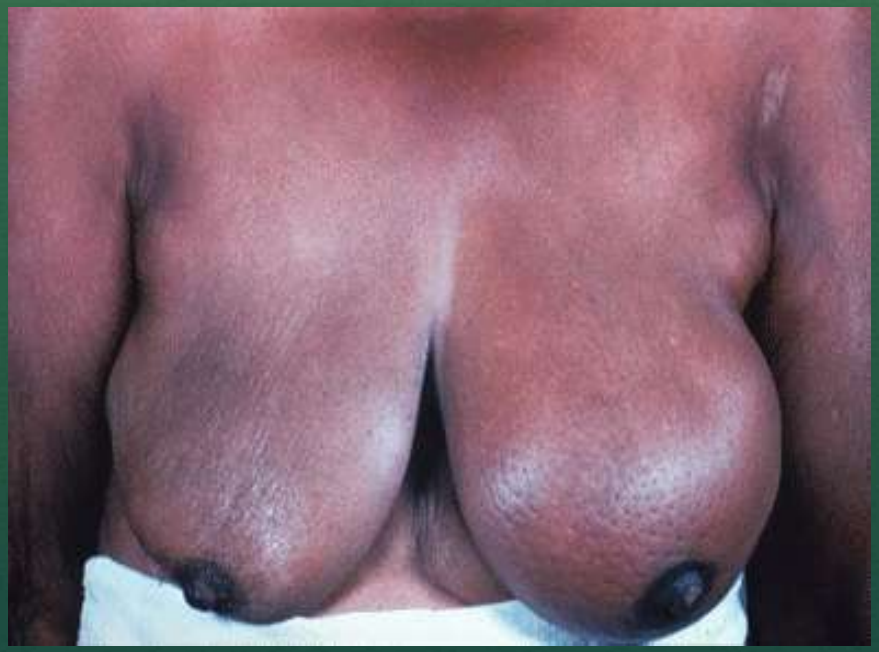


Nipple discharge

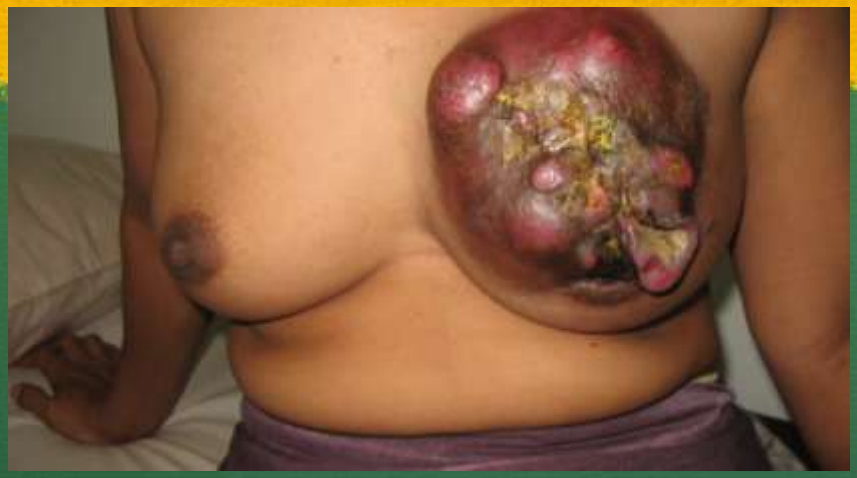


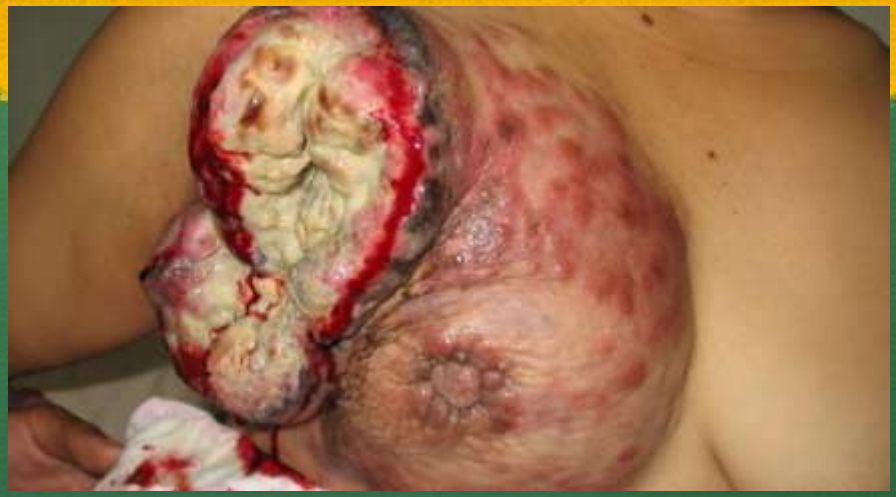
Inflamasi (gambaran edema dan kemerahan)

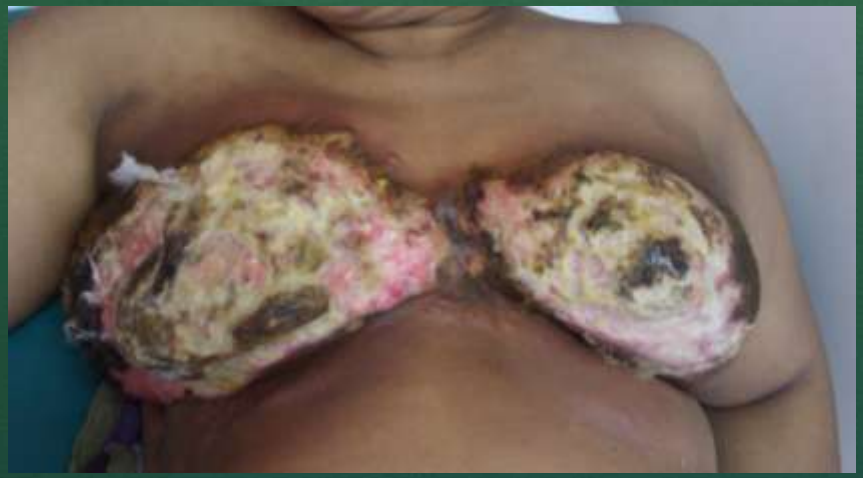


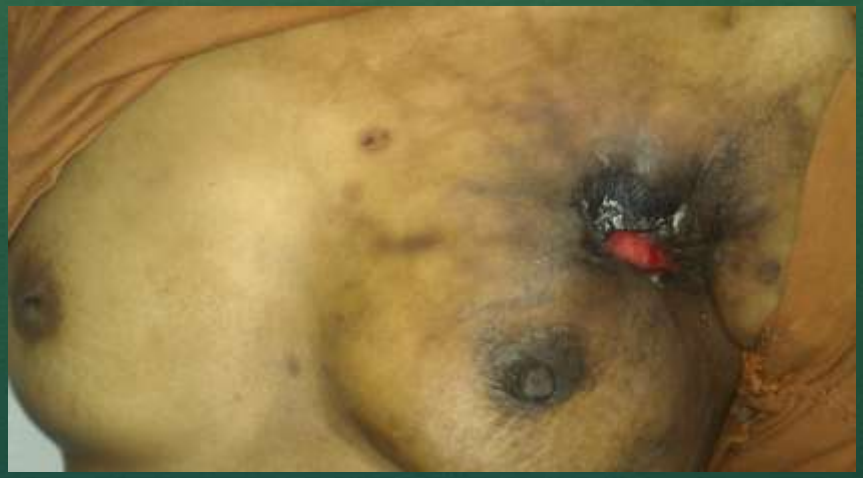


Ulkus (Luka Borok)









Kecurigaan keganasan pada tumor payudara secara klinis :

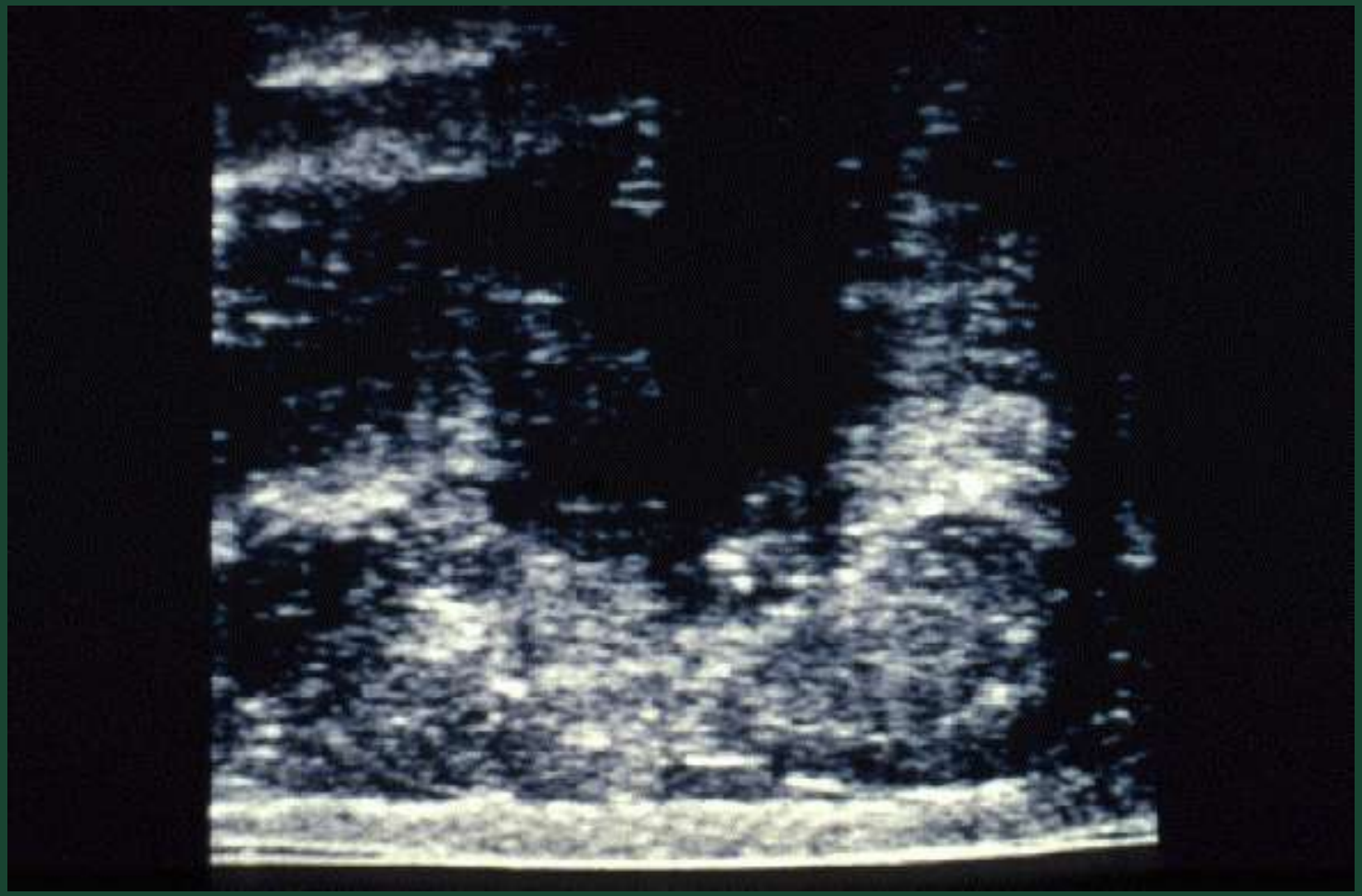
- Tumor payudara secara klinis tidak jelas suatu tumor jinak
- Tumor payudara terdapat pada golongan "risiko tinggi"
- Kista payudara yang cairannya berdarah
- Keluar darah atau cairan serous dari puting susu atau puting susu, areola terdapat koreng dan gambaran seperti eksim
- Pada mamogram terdapat tanda-tanda keganasan: mikrokalsifikasi, gambaran bintang, dsb.

Pemeriksaan penunjang

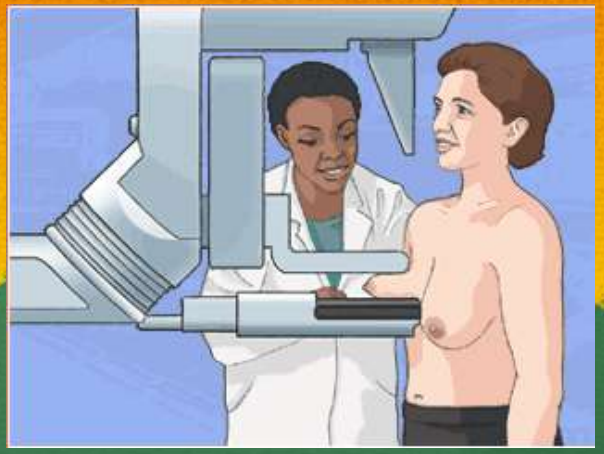
- Pemeriksaan fisik → sangat penting
- Mammografi → 80%
- Ultrasonografi(USG)
- Sitologi (FNAB) → > 90%

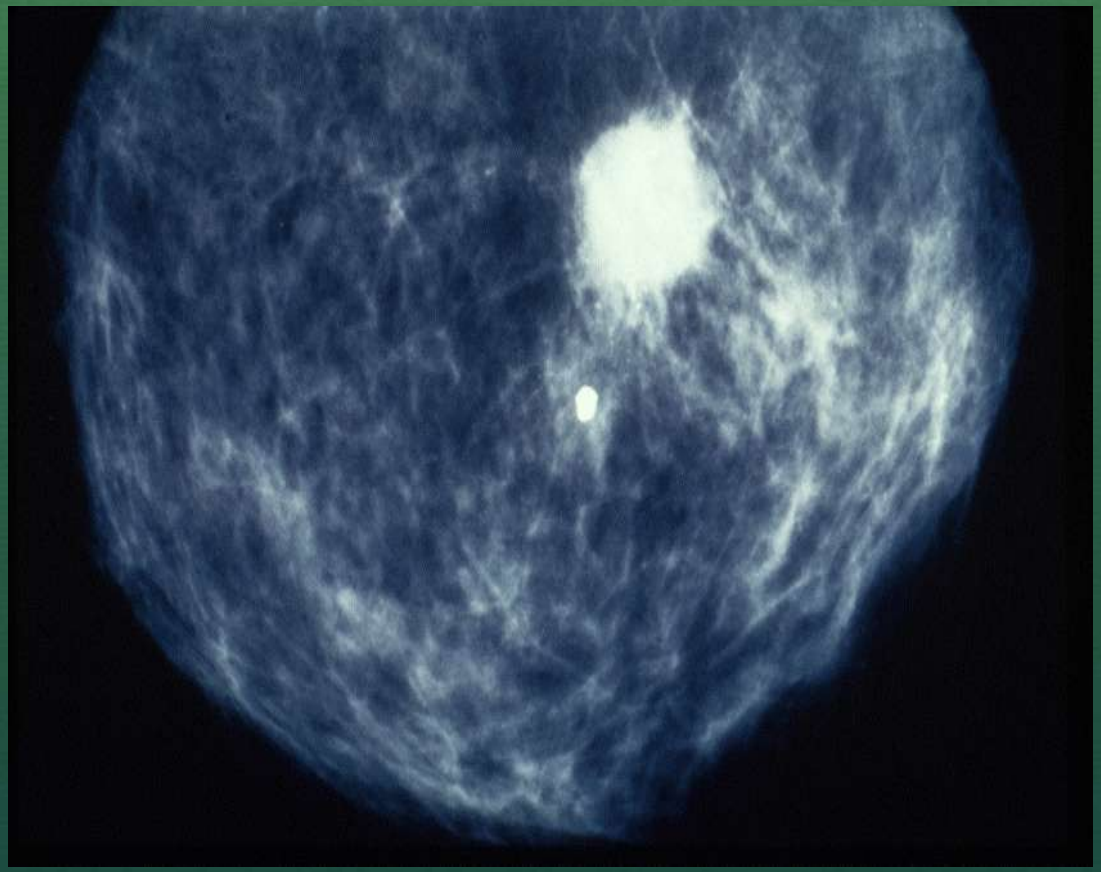
→ standar blok parafin PA

USG Kanker Payudara



Mammografi Kanker Payudara





Waktu Mamografi

Sebaiknya dikerjakan pada :

- Wanita usia diatas 40 tahun sebagai baseline
- Wanita dengan faktor risiko tinggi
- 7-10 hari setelah masa haid
- Diulang 2-3 tahun,setelah 50 tahun tiap tahun

Table 1 (continued)

ANATOMIC STAGE/PROGNOSTIC GROUPS

Stage 0	Tis	N0	M0	**Stage IIIA**	T0	N2	M0
Stage IA	T1*	N0	M0		T1*	N2	M0
Stage IB	T0	N1mi	M0		T2	N2	M0
	T1*	N1mi	M0		T3	N1	M0
Stage IIA	T0	N1**	M0		T3	N2	M0
	T1*	N1**	M0	**Stage IIIB**	T4	N0	M0
	T2	N0	M0		T4	N1	M0
Stage IIB	T2	N1	M0		T4	N2	M0
	T3	N0	M0	**Stage IIIC**	Any T	N3	M0
				Stage IV	Any T	Any N	M1

* T1 includes T1mi
** T0 and T1 tumors with nodal micrometastases only are excluded from Stage IIA and are classified Stage IB.

- M0 includes M0(i+).
- The designation pM0 is not valid; any M0 should be clinical.
- If a patient presents with M1 prior to neoadjuvant systemic therapy, the stage is considered Stage IV and remains Stage IV regardless of response to neoadjuvant therapy.
- Stage designation may be changed if postsurgical imaging studies reveal the presence of distant metastases, provided that the studies are carried out within 4 months of diagnosis in the absence of disease progression and provided that the patient has not received neoadjuvant therapy.
- Postneoadjuvant therapy is designated with "yc" or "yp" prefix. Of note, no stage group is assigned if there is a complete pathologic response (CR) to neoadjuvant therapy, for example, ypT0ypN0cM0.

HISTOLOGIC GRADE (G)

All invasive breast carcinomas should be graded. The Nottingham combined histologic grade (Elston-Ellis modifi cation of Scarff–Bloom–Richardson grading system) is recommended. [1,2] The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value of 1 (favorable) to 3 (unfavorable) for each feature, and adding together the scores for all three categories. A combined score of 3–5 points is designated as grade 1; a combined score of 6–7 points is grade 2; a combined score of 8–9 points is grade 3.

HISTOLOGIC GRADE (NOTTINGHAM COMBINED HISTOLOGIC GRADE IS RECOMMENDED)

GX	Grade cannot be assessed
G1	Low combined histologic grade (favorable)
G2	Intermediate combined histologic grade (moderately favorable)
G3	High combined histologic grade (unfavorable)

HISTOPATHOLOGIC TYPE

The histopathologic types are the following:

In situ Carcinomas

NOS (not otherwise specified)
Intraductal
Paget's disease and intraductal

Invasive Carcinomas

NOS
Ductal
Inflammatory
Medullary, NOS
Medullary with lymphoid stroma
Mucinous
Papillary (predominantly micropapillary pattern)
Tubular
Lobular
Paget's disease and infiltrating
Undifferentiated
Squamous cell
Adenoid cystic
Secretory
Cribriform

[1]Harris L, Fritsche H, Mennel R, et al. American Society of Clinical Oncology 2007 update of recommendations for the use of tumor markers in breast cancer. J Clin Oncol. 2007;25:5287–312.

[2]Singletary SE, Allred C, Ashley P, et al. Revision of the American Joint Committee on Cancer staging system for breast cancer. J Clin Oncol. 2002;20:3628–36

Breast Cancer Mortality Rate by American Cancer Society

Stage	5-year Relative Survival Rate
0	100%
I	100%
IIA	92%
IIB	81%
IIIA	67%
IIIB	54%
IV	20%

Program Deteksi Dini

Program deteksi dini sangat penting, berupa :

1. Penyuluhan kepada masyarakat tentang permasalahan kanker :
   a) Kanker payudara dapat disembuhkan asal berobat dalam stadium dini
   b) Memperkenalkan "faktor risiko"
   c) Tidak semua kelainan payudara adalah kanker

2. Memasyarakatkan program SADARI bagi wanita mulai usia subur.

   → 85% kelainan di payudara justru pertama kali dikenali oleh penderita.

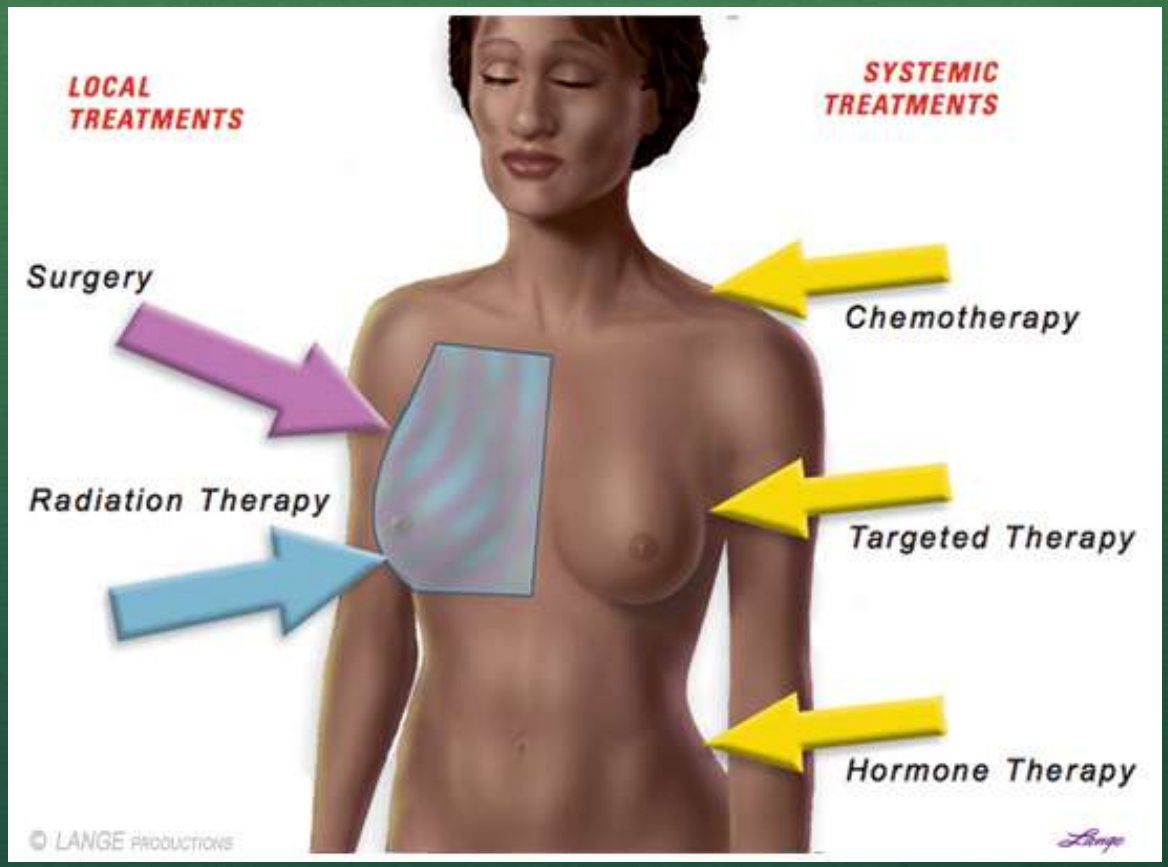
   → Setiap selesai menstruasi pada setiap bulan

3. Pemeriksaan screening mammografi dan USG payudara dapat menurunkan mortalitas

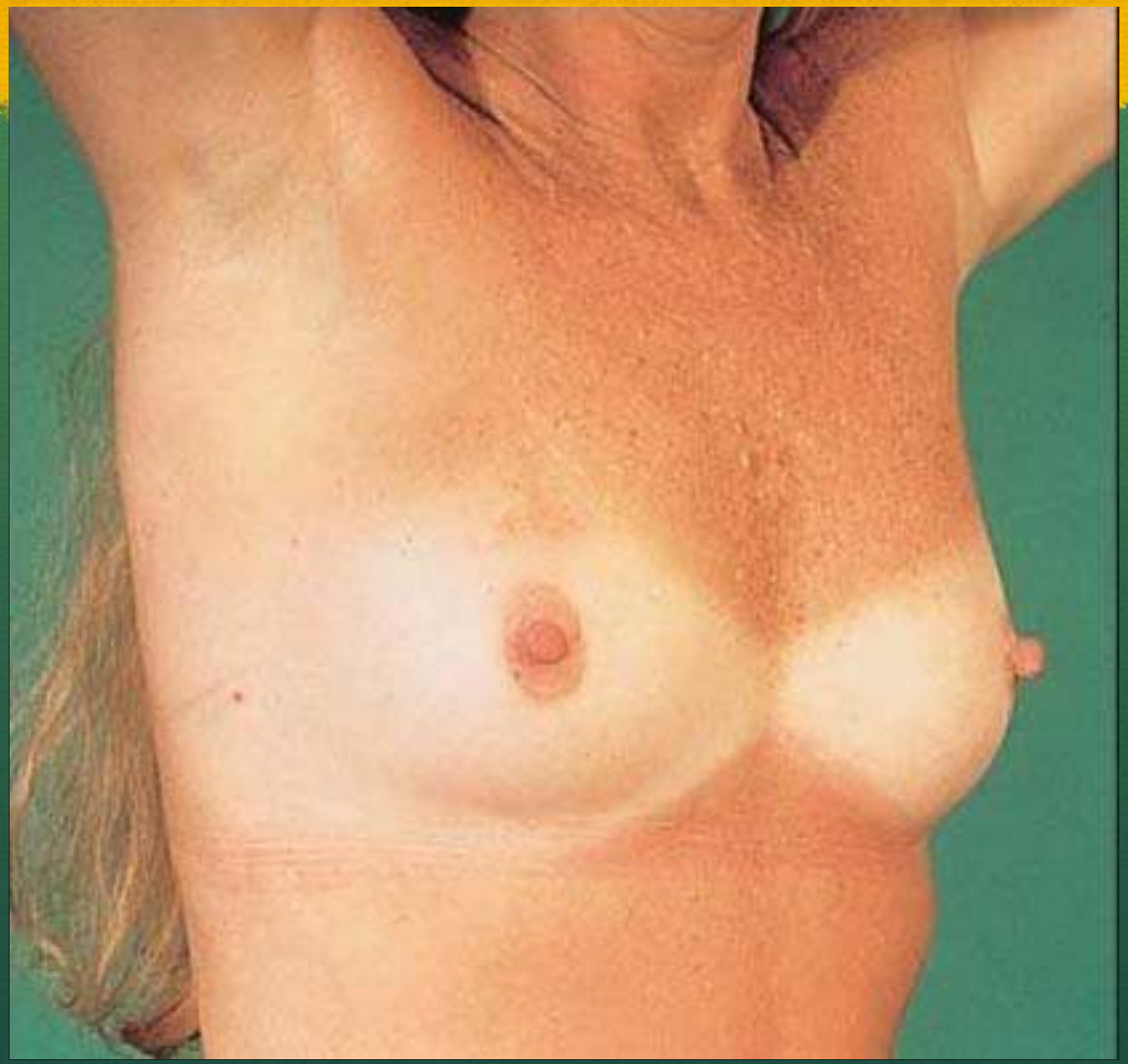
Sadari……
Jangan Terlambat

TERAPI

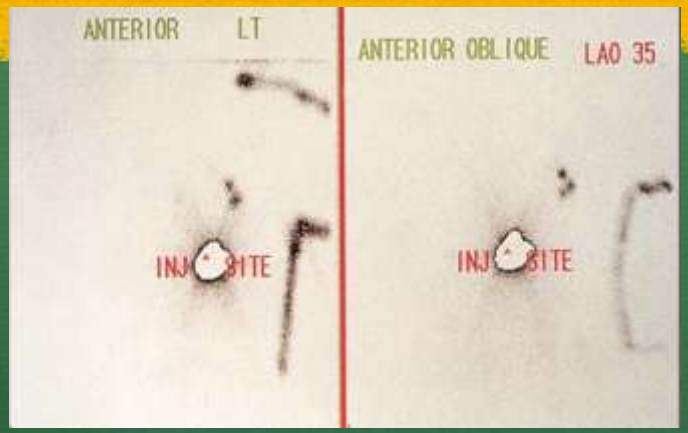
- Bedah
- Radiasi
- Kemoterapi
- Hormonal
- Terapi Target

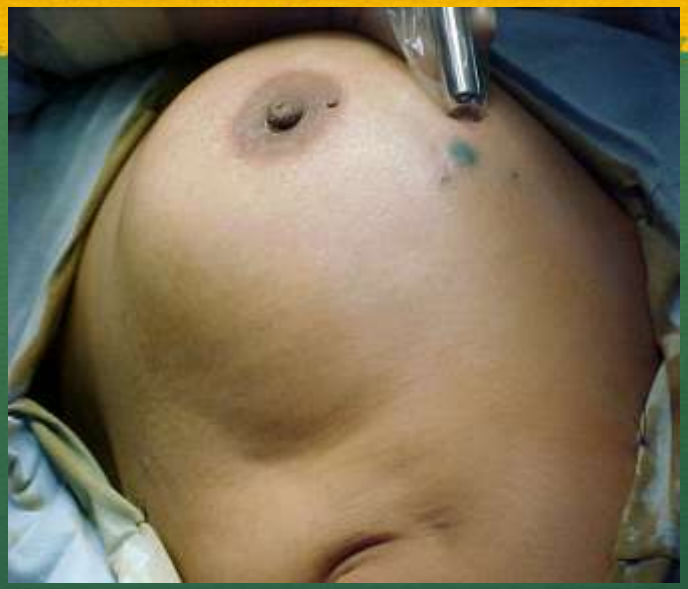


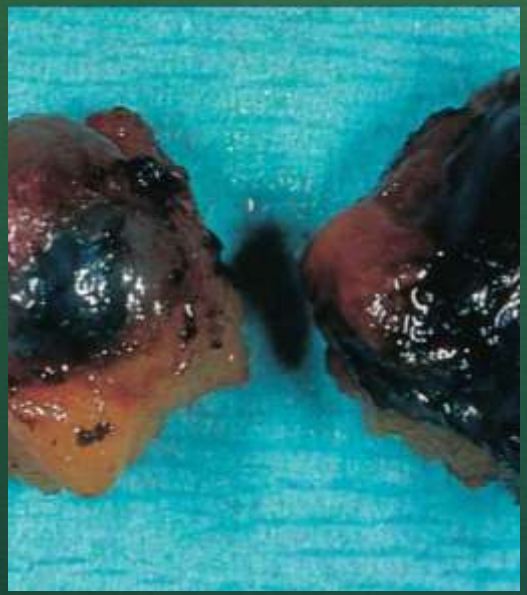
Breast Conserving Surgery (BCS)



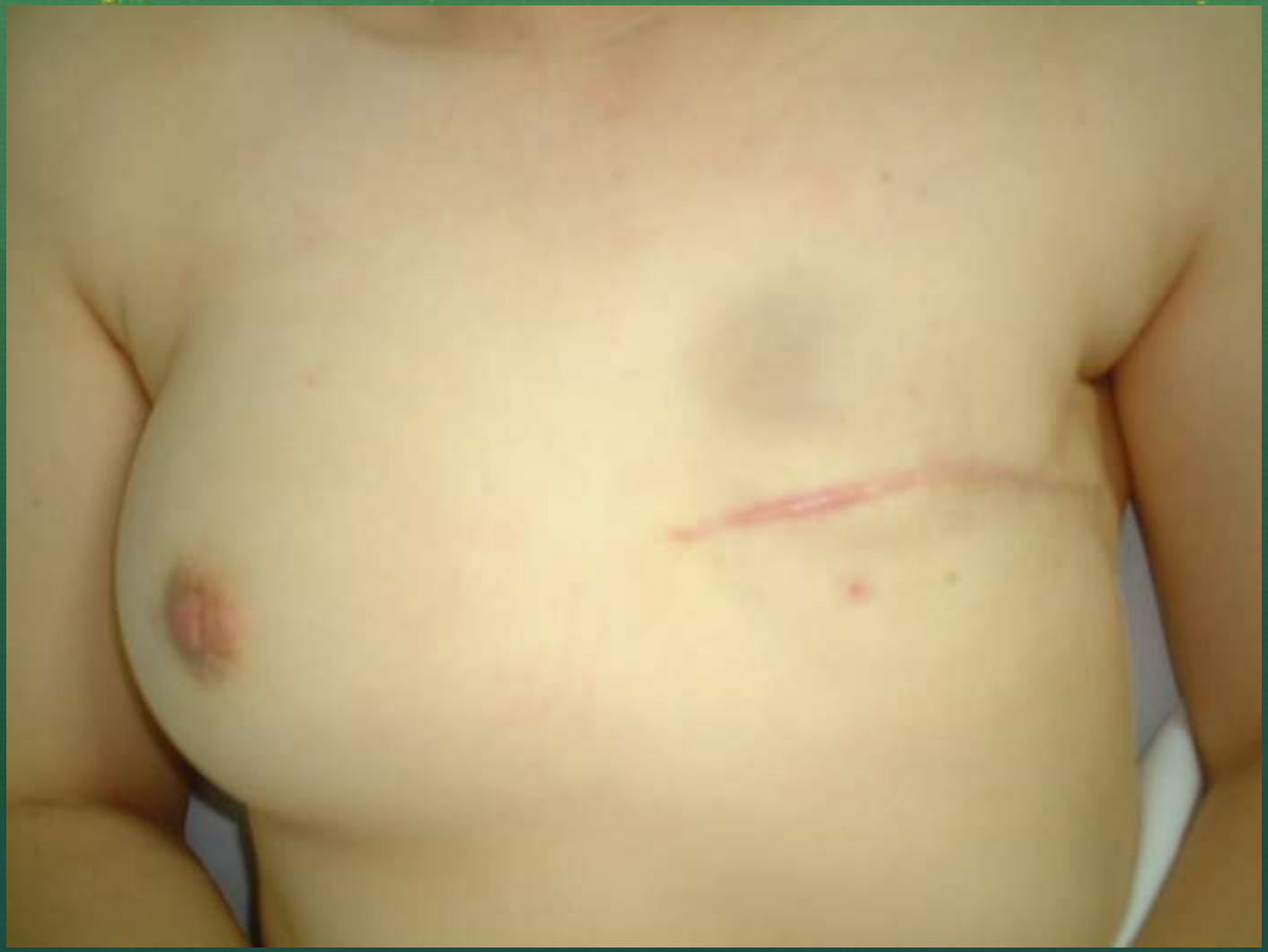
Sentinel Lymph Node Dissection



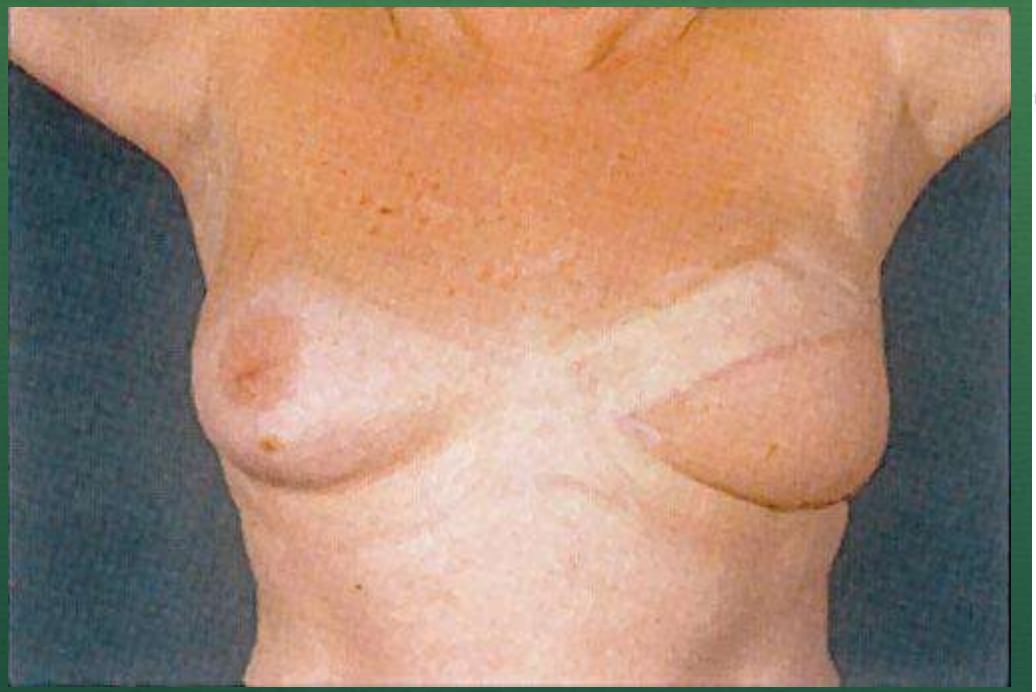


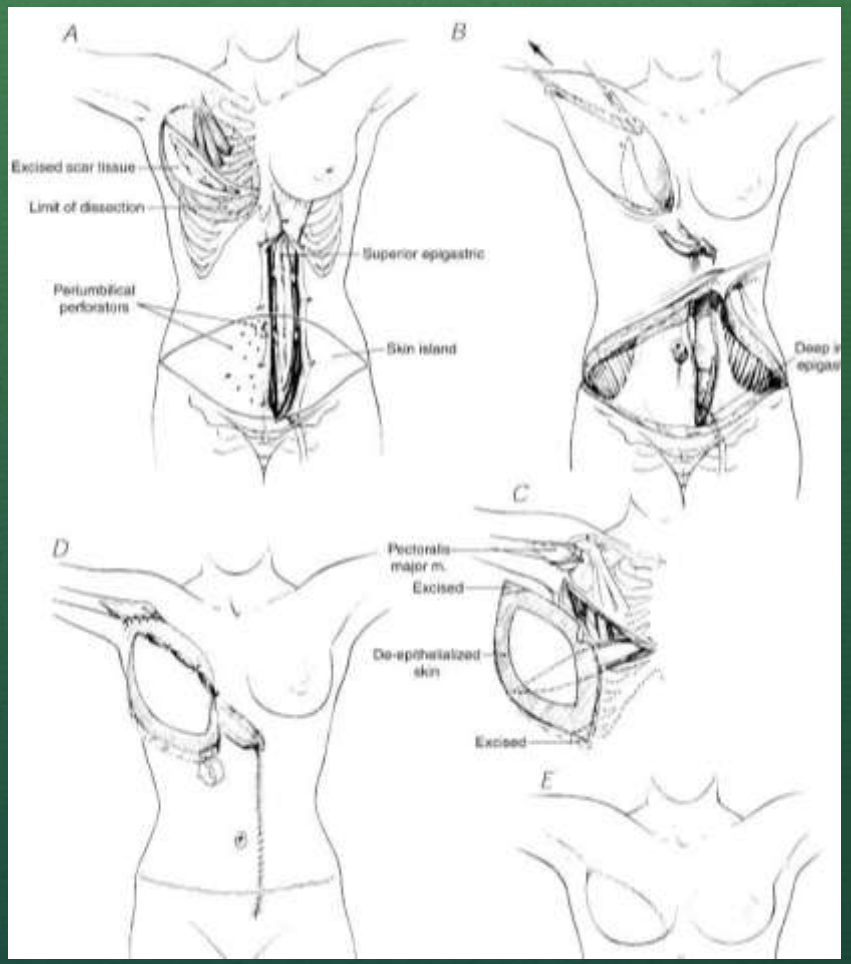


Mastektomi Radikal Modifikasi



Rekonstruksi pasca mastektomi





Terima Kasih