

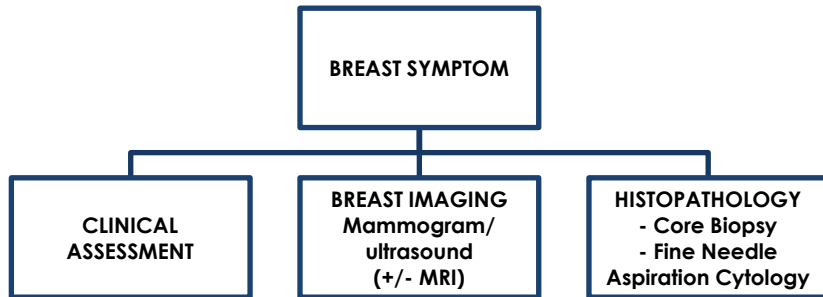
Multi-Disciplinary Team Management of Breast Cancer (including Case Studies for GPs)

MR TERENCE J. BOYLE
Consultant Breast Surgeon

BEACON HOSPITAL
&
ST JAMES'S HOSPITAL

Beacon Breast Centre – Rapid Diagnostic Breast Clinic

- Rapid Access
- TRIPLE ASSESSMENT



MULTI-DISCIPLINARY TEAM

- Breast Surgery
- Breast Radiology (+Radiography)
- Breast Pathology (Histopathology / Cytology)

- Specialist Breast Care Nurses
- Breast Care Administration / Clerical Support (Data Management)

- Medical Oncology
- Radiation Oncology
- Cancer Genetics

- Anaesthesia
- Plastic & Reconstructive Surgery (Oncoplastic Breast Surgery)

- Physiotherapy / Lymphoedema Support, Prosthesis Fitting
- Psychological Medicine, Social Work, Palliative Medicine

- Research Scientists

Case Presentation

CM: 48 years, Female – Nurse

Married, 3 Children, breastfed x 3

Attended for 'check-up'

- Occasional LEFT breast and axillary discomfort (no RIGHT breast complaints)
- Positive Family History for Breast Cancer and other malignancies

Peri-menopausal

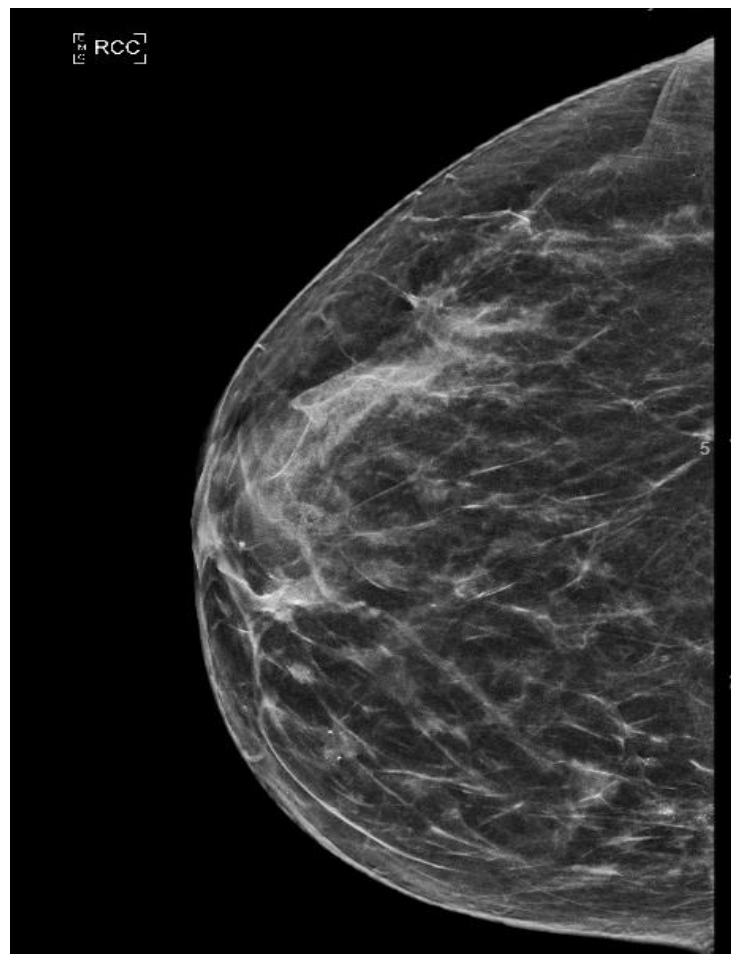
RX: Duphastone (Progestogen), Mirena coil in situ

Bilateral breast and axillary examination – NAD

Reassured, explanation of peri-menopausal breast symptomatology, mastalgia advice

Discussion WRT Family History, surveillance advice

Surveillance mammogram



Right breast – 3 o'clock: 9cm from nipple

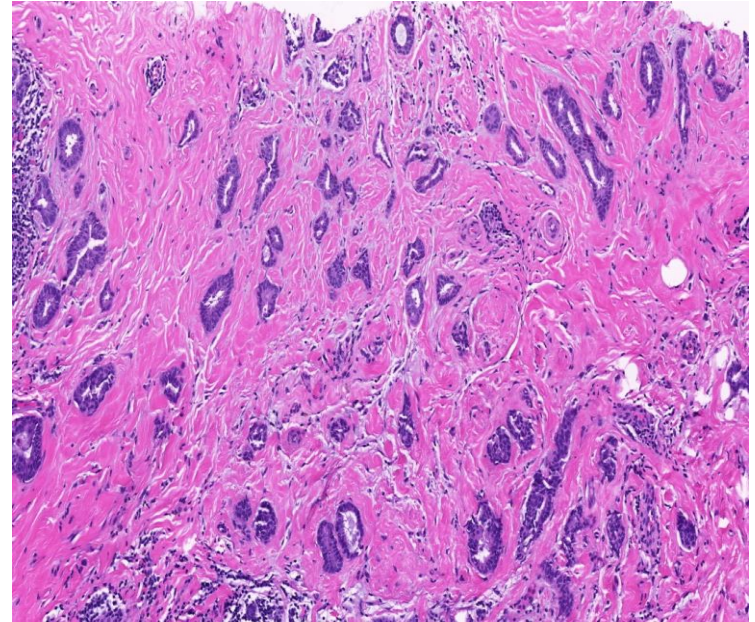
- Invasive Ductal Carcinoma – Grade I-II
- Oestrogen Receptor positive (strong)
- Progesterone Receptor positive (weak/moderate)
- HER-2 protein negative

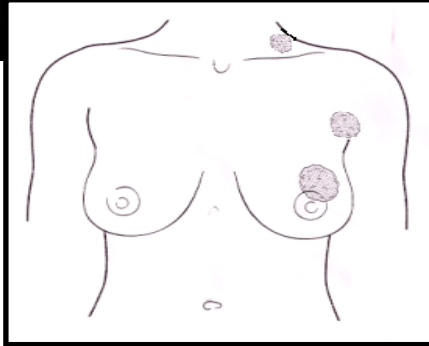
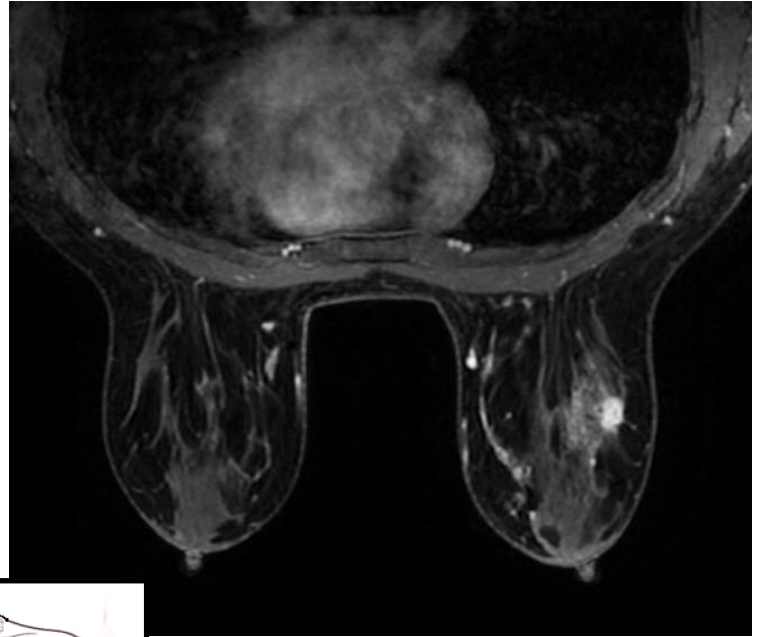
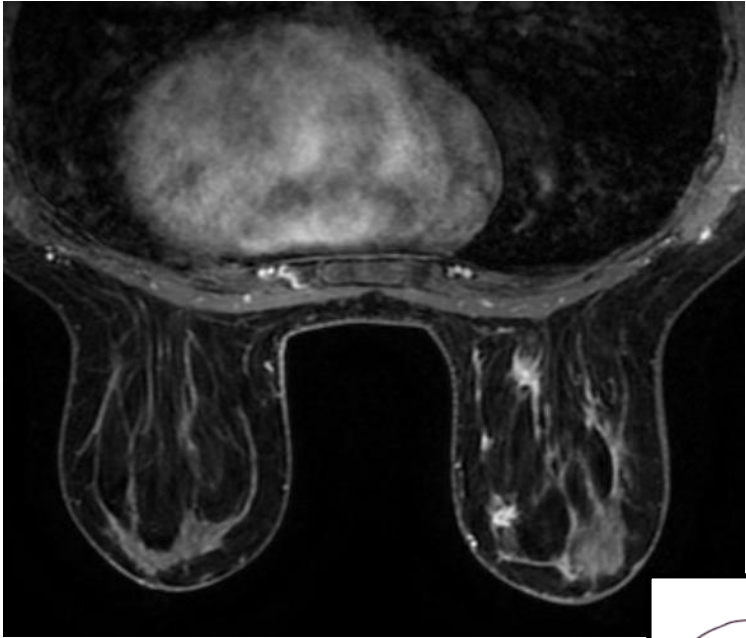
Right breast – 3 o'clock: 3cm from nipple

- Ductal Carcinoma In Situ – intermediate grade
- (ER strongly positive)

Multi-Focal Disease (at least)

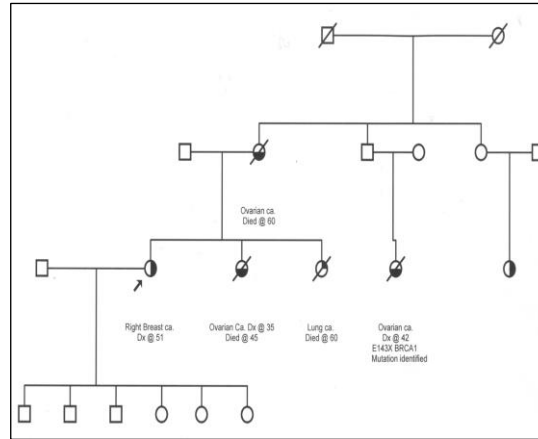
?Multi-Centric





Family History

- Mother: breast cancer - 49
- Maternal aunts x 2: colorectal cancer – 50's & 70's
- Maternal aunt: kidney cancer
- Maternal uncle: prostate cancer
- Maternal uncle: lung cancer
- Father: prostate cancer – 70
- Father: colorectal cancer - 79



CANCER GENETICS ASSESSMENT

- Multi-Gene Panel Testing

CONFIDENTIAL

MyRisk Plus Hereditary Cancer Test
MyRisk Genetic Result

RECEIVING HEALTHCARE PROVIDER	SPECIMEN	PATIENT
Emily O'Donovan 2008 Duxie St 1101 Huron Road Lakewood, CO 80123, United States	Specimen Type: Blood Date Drawn: Oct 10, 2023 Accession Date: Nov 13, 2023 Report Date: Oct 30, 2023	Legal Name: Kildareway, Catherine Date of Birth: Oct 01, 1971 Patient ID: J437296 Sex at Birth: F Accession #: MY-1804252 Collection #: 1081252

ORDERING PHYSICIAN: David Catherine, MD

GENETIC RESULT: NEGATIVE - NO CLINICALLY SIGNIFICANT MUTATION IDENTIFIED
Note: "CLINICALLY SIGNIFICANT" is defined in this report. It is genetic of importance, it is associated with the potential for medical intervention.

CLINICAL HISTORY ANALYSIS, BASED ON THE CLINICAL HISTORY PROVIDED, MODIFIED MEDICAL MANAGEMENT GUIDELINES IDENTIFIED:
Other clinical factors may influence individual management. This analysis is not intended to replace a physician's clinical judgment, assess clinical presentation or that factors are considered in diagnosis. If the patient also has a family history of cancer, discuss the associated clinical management based on the clinical history analysis. Also see the conditions in light of the possibility that this must not explain all or some of the cancer history in the family.

ADDITIONAL FINDINGS: NO VARIANTS OF UNCERTAIN SIGNIFICANCE (VUS) IDENTIFIED
Details about Non-Clinically Significant Variants: All individuals carry DNA alterations. In sequencing, all mutations do not increase the risk for the development of cancer or other diseases. When identified, variants of uncertain significance (VUS) are reported. Only VUS involving genes of known function and benign variants (pathogenicity) are not reported and are likely benign. Also, identify those VUS that are not associated with cancer risk. However, clinical data are suggestive that some of these variants may be used to modify genetic testing management based on what is indicated by the personal and family history and any other clinically significant findings.

Variant Classification: Myriad's proprietary Variant Classification Program uses an ongoing evaluation of variant classification to determine cancer risk and care options. For more information, contact your Myriad genetic counselor or visit our website. Classification, when not indicated to be a variant to be tested and determined to be a variant of uncertain significance and management changes, that information will automatically be made available to the health care provider through our secure data support.

INTENDED USE:
MyRisk Genetic Panel (EMX) is a next-generation sequencing based in vitro diagnostic device that provides sequencing and large-scale coverage analysis of the BRCA1 and BRCA2 genes and classification of variants on a panel of genes related to hereditary cancer using genomic DNA extracted from peripheral blood, saliva, and fibroblast specimens. MyRisk Plus is used as a preoperative diagnostic to identify patients who are likely to be eligible for treatment with specific therapies in accordance with the approved clinical practice guidelines for all gene products. For more details, visit our website at www.myriad.com or contact our genetic counselors. Results of these analyses may be used by qualified health care professionals in accordance with professional society guidelines.

Myriad genetics
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Treatment Plan

Right Mastectomy + Right Axillary Sentinel Lymph Node Biopsy (Therapeutic)
Left Mastectomy (Prophylactic) NOT indicated

Consideration for Immediate Right Breast Reconstruction

Assessment by Plastic & Reconstructive Surgery

- (Ms Claragh Healy – St James's Hospital)

Suitable for Immediate DIEP Flap reconstruction (Unilateral)

'Up-Front' Right Axillary Sentinel Lymph Node Biopsy

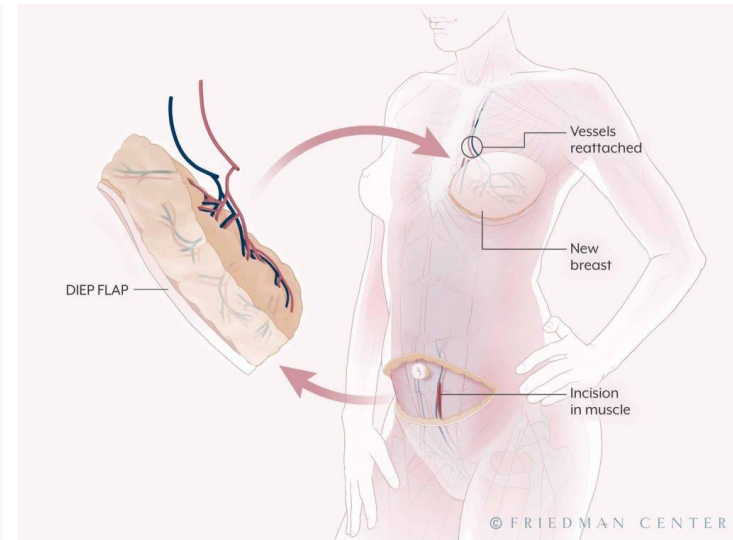
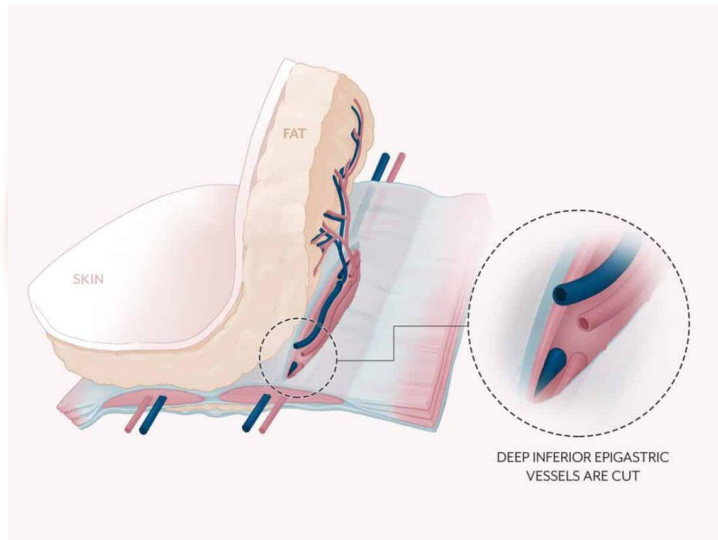
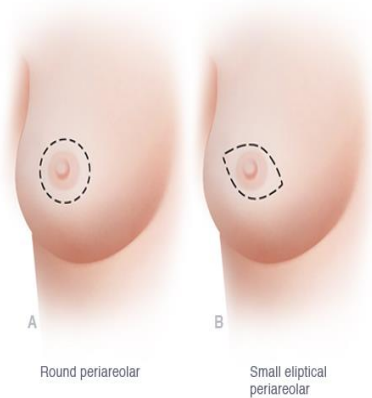
- 3 lymph nodes removed – all benign
- No metastatic malignancy identified



Surgical Therapy

Skin-Sparing Right Mastectomy – Breast Surgical Team

Immediate DIEP Flap Reconstruction – Plastics & Reconstruction Surgical Team



Definitive Histopathology

Multi-Centric malignancy (2 / 3 quadrants)

Low volume disease, No Nodes (Deep Margin free)

- Invasive Lobular Carcinoma – Grade II 12mm
- ER Mod/Strong, PR Weak/Mod, HER-2 Neg
- Invasive Carcinoma – Grade II 3.2mm
- Ductal Carcinoma In Situ – intermediate/High grade 16mm

Medical Oncology

Some more favourable, some 'less' favourable characteristics

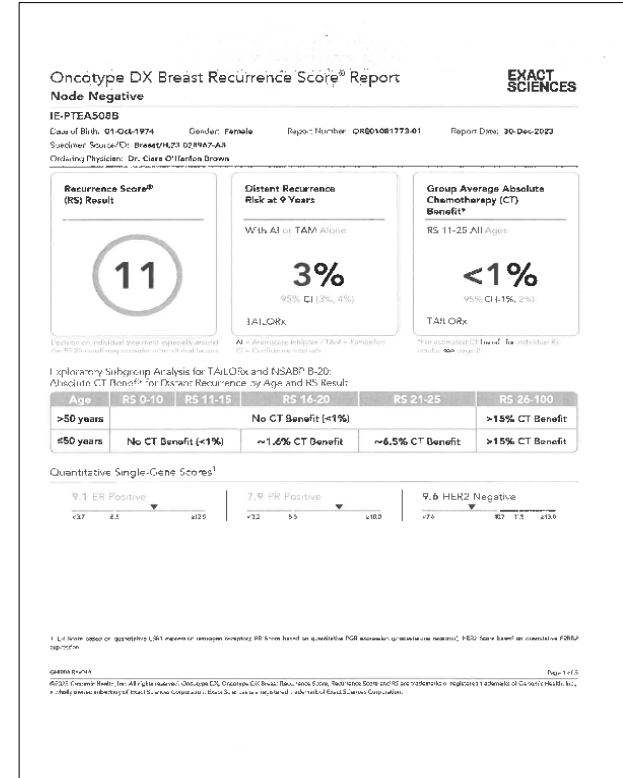
NB: Oncotype Score

Not for Adjuvant Systemic Chemotherapy

Rx: Adjuvant Endocrine Therapy

Radiation Oncology

No Radiotherapy required



Multi-Disciplinary Team

- Breast Surgery (including Oncoplastic Breast Surgery)
- Breast Radiology (+Radiography)
- Breast Pathology (Histopathology / Cytology – Laboratory Medicine)

- Specialist Breast Care Nurses (including Specialist Ward Nursing Care)
- Breast Care Administration / Clerical Support (Data Management)

- Medical Oncology (including Specialist Nursing Support)
- Radiation Oncology (including Specialist Nursing Support)
- Cancer Genetics
- Fertility Management

- Anaesthesia (including Intensive Care)
- Plastic & Reconstructive Surgery
- Physiotherapy / Lymphoedema Support, Prosthesis Fitting
- Psychological Medicine, Social Work, Palliative Medicine
- Support Services (Irish Cancer Society, ARC, Marie Keating etc)

- 'Other' Services (Cardiology, Respiratory Medicine, Coagulation etc)

- Research Scientists (Biobank – Tissue Sample cryopreservation)

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Thank you