How Can Surgeons Help Medical Oncologists?

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The Role of the Medical Oncologist

• To assess the systemic risk of the cancer
• To provide recommendations for systemic treatment to the individual patient
• To work with the surgical oncologist and radiation oncologist in a multidisciplinary fashion
• To assess survivorship etc issues for the patient
• To treat relapse
Decision Making in Adjuvant Therapy

- Tumour characteristics: T, N, Grade, ER, PgR, HER2, LVI
- Patient Characteristics: Age, Comorbidities, Prior Therapy, Performance Status
- Patient Preference: Work/Family/Self
- Clinical Trials, Guidelines, Recent Reports
- Toxicity Profile
- Molecular Profile
Decision Making by Tumour

- Size
- Grade
- Margins
- Nodal involvement
- Molecular markers
- LVI
What We need from Surgeons

Preoperative consult
  Where was the tumour
  Size of Tumour, Axilla
  Recommendations
Operative report
  Was it a full ALND or not
  Was extra tissue taken
  Deep assessment, fascia
Plans
  Are there plans for more surgery
What We need From Pathology Reports

- Clear information on size, grade, nodes, margins, LVI, molecular markers
- Core biopsies help get markers sooner and may help planning
- SLN – clear reports
- Number of nodes - does the patient need an ALND
Nobody Works Alone

• Communication and multidisciplinary care

• Plans may change

• Respect for guidelines and grey areas

• No place for dogma
Patient Centred

• Anxiety of patient often decreases what they hear
• Working together with written information to avoid confusion
• Review of case
• Avoid long delays
New Directions

• Tissue!!!
• Studies with collection of tissue and blood for analysis
• Tissue banking

• Studies – Phase 0 – window studies
• Studies - Density Study
Density and Risk of Breast Cancer

- CBCRA funded – Aparicio, Gelmon, Wilson, Watson, Boyd
- What are the molecular markers to define density?
- What is the role of columnar cells in density?
- Core biopsies tumour, near tumour, opposite quadrant
- Analysis of tissue
Sequencing a Tumour and the Metastases

Mutational evolution in a lobular breast tumour, profiled at single nucleotide resolution

EVOLUTION OF MUTATIONS OVER 9 YEARS

PRIMARY TUMOUR
5 “dominant mutations”
6 present at 1-13%
19 not detectable

METASTASIS
32 somatic protein coding mutations

...9 years later
We are all different even with guidelines

• Differing opinions
• Try to stay with guidelines but these are tempered to the individual
• Respect for different opinions
• Use of conference where a group discussion and opinion can work best
What We Need to Develop New Strategies in Breast cancer

Tools to assess response
MEASURES OF TUMOUR AND TARGET

Identified/Enriched Patient Populations

New Treatment strategies

Multidisciplinary CARE

Pharmacogenomics screen
INDIVIDUAL RESPONSE TO THERAPY