Cancer du sein: une guerre préventive

Mobilisation générale

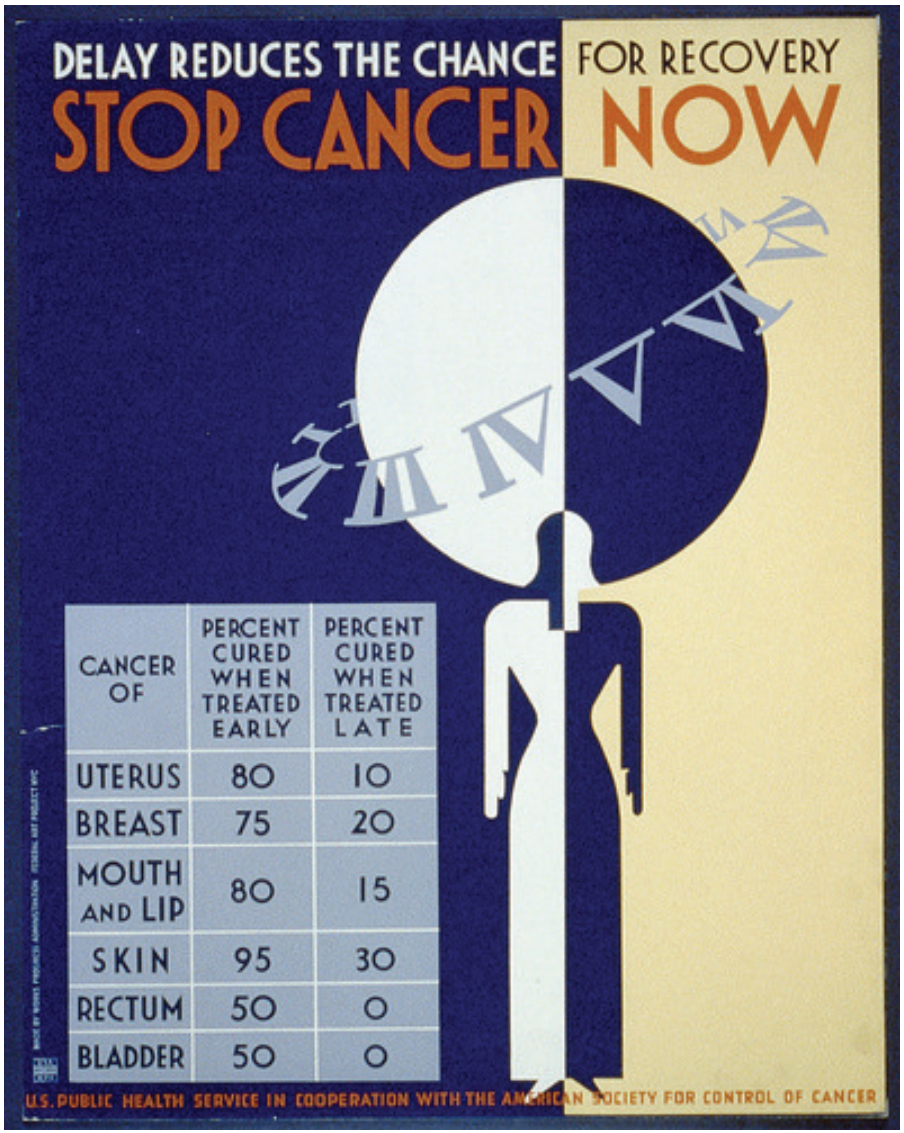
Admirer les combattants, honorer les morts

Célébrer les vainqueurs

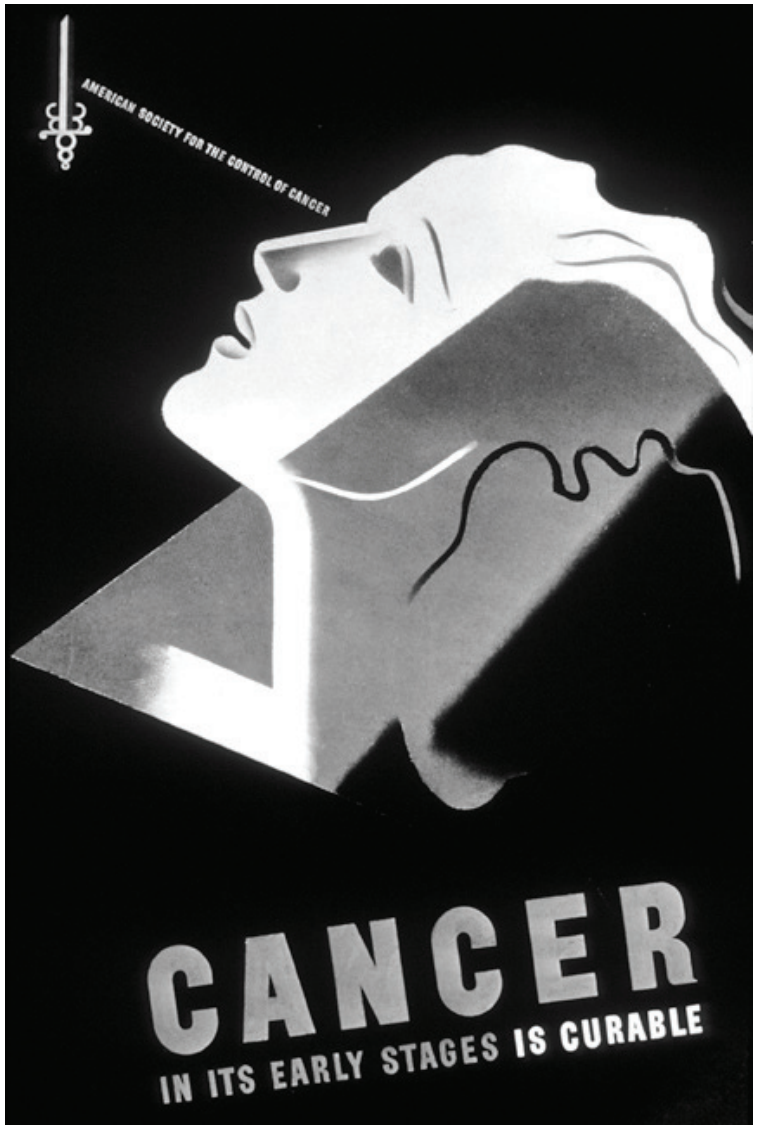
Cancers féminins= un cible privilégié des campagnes de prévention

Lutter contre le monstre

Prendre le cancer de vitesse



Detection précoce 1

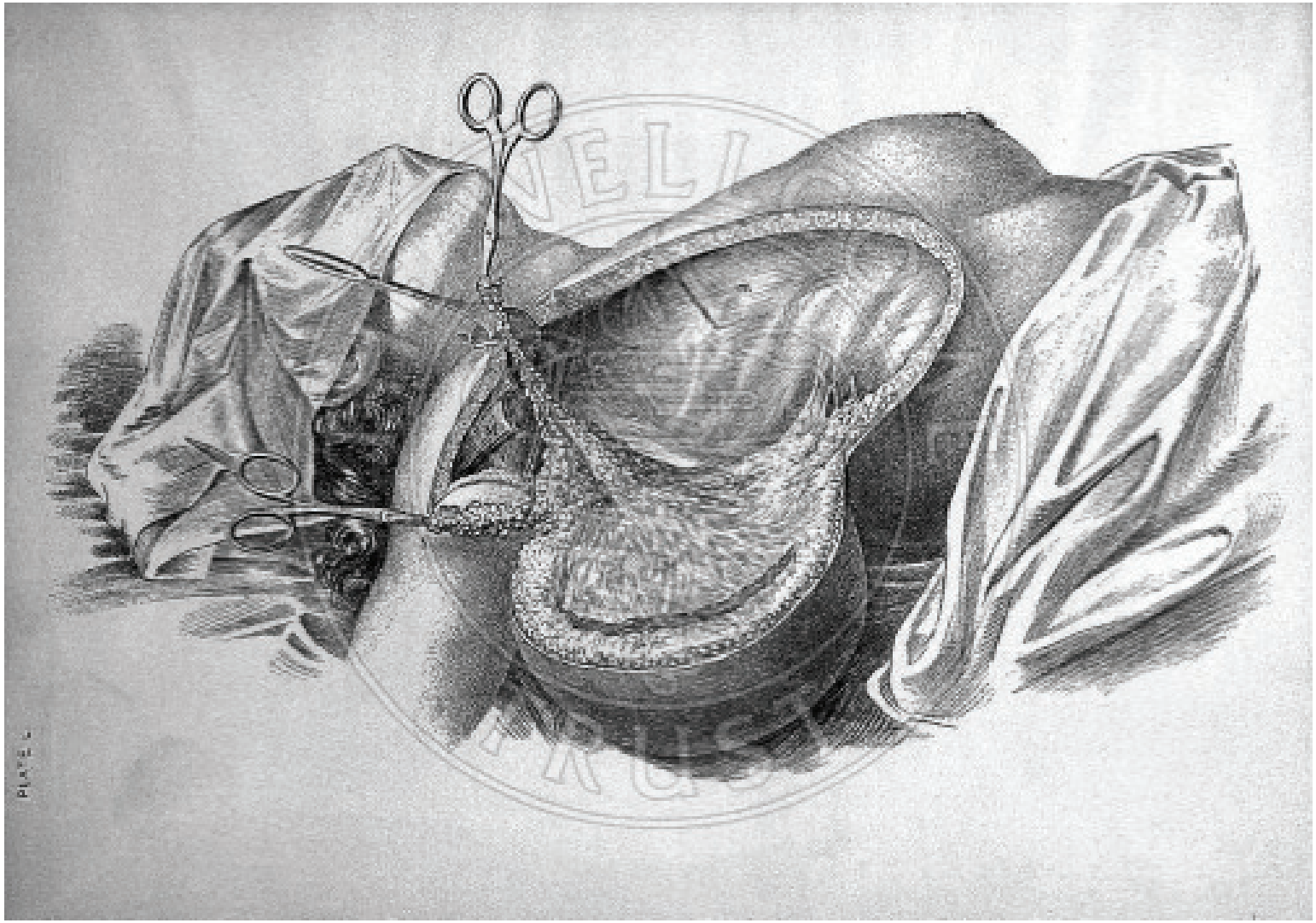


Détection précoce 2

Detection precocity 3

Detection precoce 4

Mastectomie: opération de Halsted



Danger des lésions de sein: 1904

- "the danger of transition of chronic cystic mastitis to adenocarcinoma is sufficient to make the removal of the whole gland advisable in all except a very early, slight degree of the affection"

- J. Clark Stewart, "*JAMA* 1904; 53, (6) 365-367,

Une lutte par tous les moyens: Blodgood, 1903

- "in regard to tumors, lynch law is by far the better procedure than ‘due process‘ ".

  – Joseph Colt Bloodgood, Detroit Medical Journal, 1903, 3, 337-352.

James Ewing sur mastite, 1922

- "Chronic mastitis is a very important predisposing condition for mammary cancer. It appears also from histological evidence that many cancers arising from chronic mastitis do not represent a wholly new process but, on the contrary, the natural result of steadily increasing epithelial overgrowth (..) 50% of the breasts excised for cystic mastitis **show pronounced precancerous changes or miniature carcinomas**".
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– Ewing, Neoplastic Diseases, Philadelphia: W.B. Saunders, 1922, p. 493.

Ewing sur mastectomie comme diagnostique, 1922

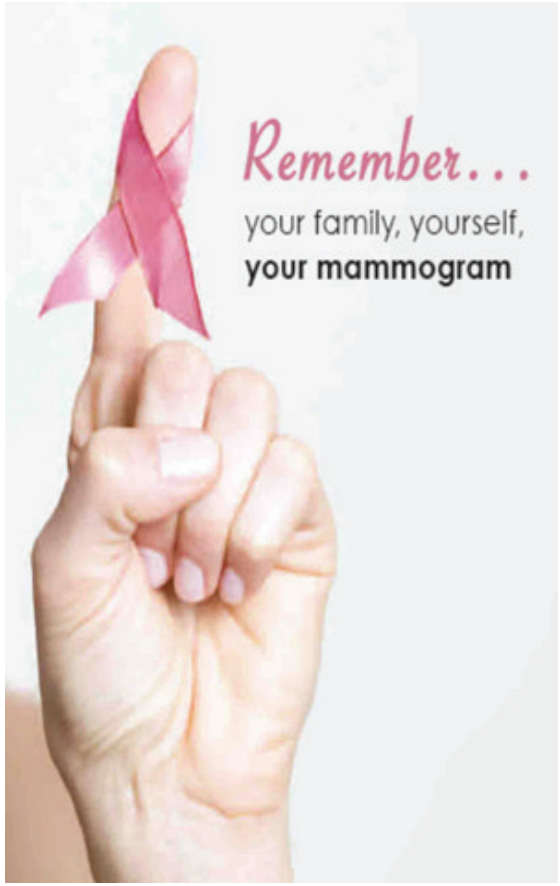
- "in this field too much reliance should not be placed on the examination of resected areas and nodules (…) it is usually safer to excise the whole breast, to made the **diagnosis complete,** and to remove the source of anxiety **or** actual danger".

  – Ewing, Neoplastic Diseases, 1922, p. 541.

Mastectomies pour lesions benignes, Huntigton Hospital, 1920-1940

	number	% of diagnoses
1920-30 (the whole period)	4	–
1931/2	10	22%
1932/3	14	27%
1933/4	18	27%
1934/5	7	17%
1935/6	13	19%
1935/7	22	27%
1937/8	13	15%
1938/9	10	12%

Publicite de mammogrames



Le cancer du sein = la faute de la femme

Peurs des femmes

- Le cancer du sein c’est la maladie qui me fait le plus peur. Je sais que le dépistage précoce peut détecter le cancer tôt, et s’il est dépiste à temps, les chirurgiens enlèvent la tumeur, et prescrivent quelques sessions de radiothérapie et de chimiothérapie. Mais si on attend trop longtemps, c’est immédiatement l’amputation du sein, une opération horriblement mutilante!

La mammographie sauve des vies

Défense de la mammographie

Mammograms Are as Vital as Ever
Susan Komen November 25, 2008

- We are concerned about a new study that may tempt women not to undergo their regular screening mammograms.

- *Our recommendations*
- Start at 40
- 3/4 of women diagnosed with breast cancer have no family history of the disease and are not considered high risk.
- Even for women 50+, skipping a mammogram every other year would miss up to 30% of cancers.

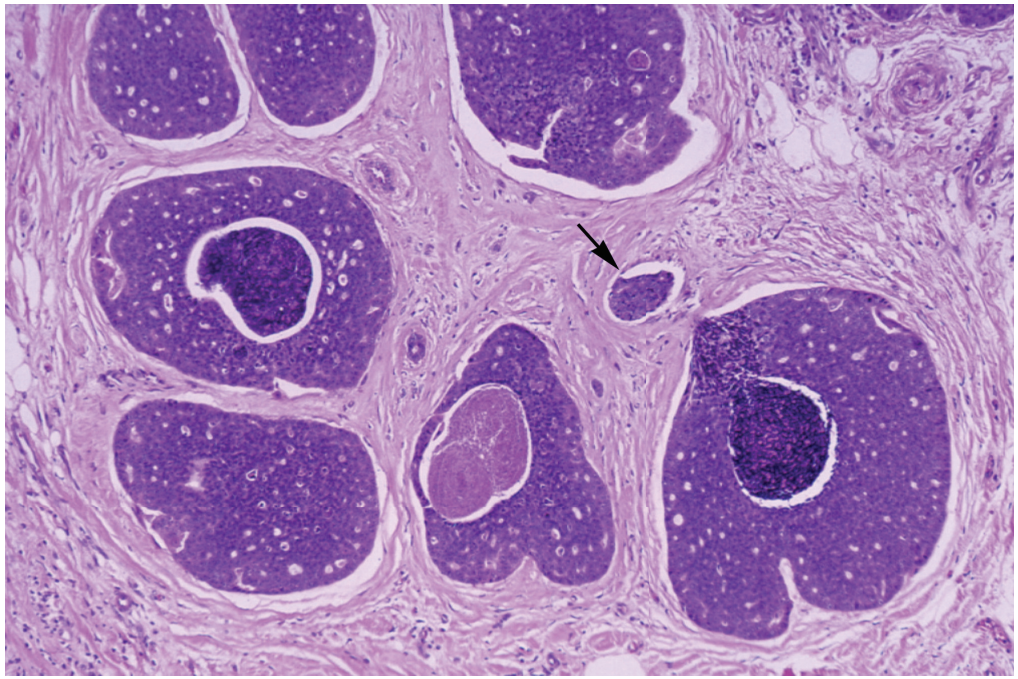
Autres associations proposent des vues plus nuancés

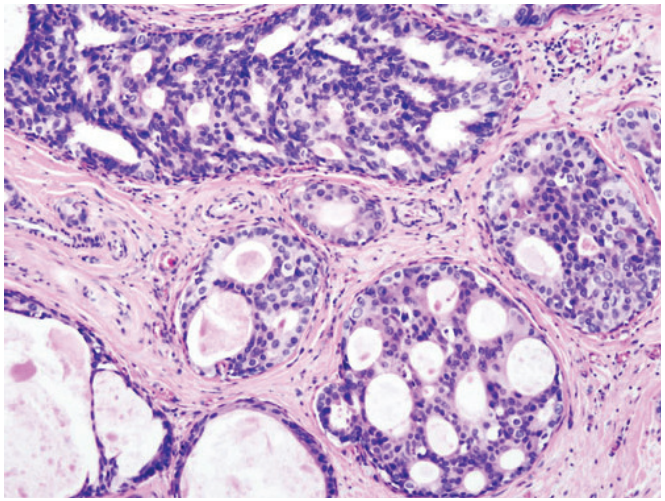
- We cannot determine at the time of diagnosis the type of tumor a woman has. The result is that we mistreat or over-treat many women diagnosed with breast cancer in our effort to help the others" —**Breast Cancer Action**.
- "Regular mammography screening may actually increase a woman's chances of losing a breast… Mammograms find some early cancers that might never have been diagnosed and some of these early cancers are treated by mastectomy"

  Center for Medical Consumers
- There are some types of early breast cancers that will never spread to other parts of the body, and mammograms probably find many of these breast cancers… The result is that many women get treated for breast cancer when they may not need to be treated at all… This is called 'overtreatment'. Overtreatment can be harmful to women"–

  National Breast Cancer Coalition

DCIS:: une lésion qui ‘prolifère’ a cause des mammographies



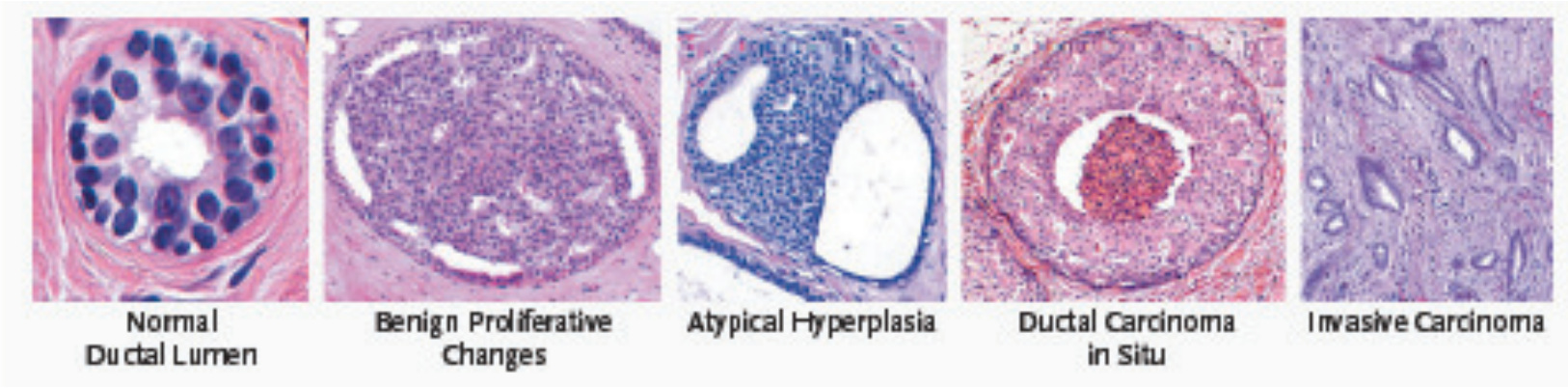


Gricouroff, sur le précancer, 1954.

- Il est évident que tous les cancers ont un stade initial pré-invasive; for exemple tous les épithéliomes passent par un stade de cancer intra-épithélial. Toutefois, il y a un danger important d'un erreur, parce que l'aspect microscopique d'une lésion ne permet pas de différencier entre une prolifération temporaire et bénigne, et permanente, c'est a dire maligne.

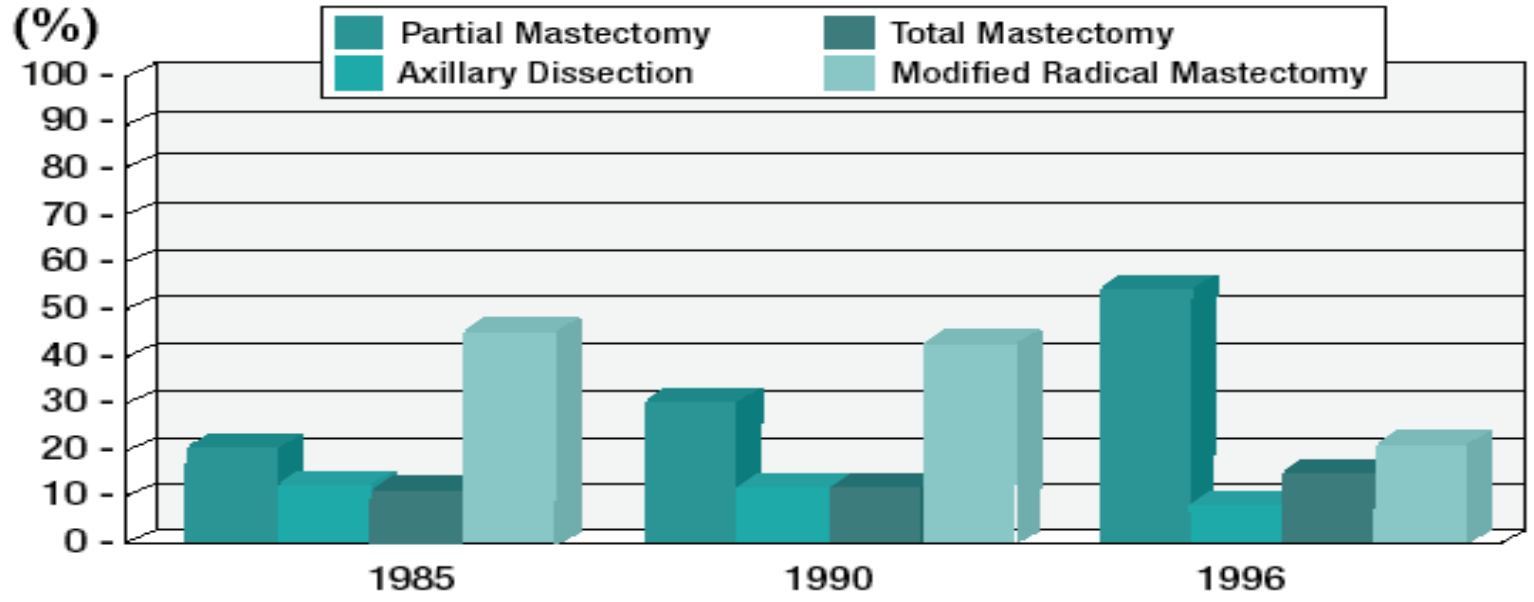
— Georges Gricouroff, "Differentiation pratique et dogmatique entre lesions benige et lesion maligne", 1954.

DCIS, une progression lineaire



Traitment de DCIS, USA

Figure 10
Time Trend in Type of Surgery, Female Breast Cancer, DCIS



David P. Winchester, Herman Menck: National Cancer Data Base, American College of Surgeons[21]

DCIS et mastectomie préventive, 2009

- Among all surgically treated patients (including breast-conserving surgery), the contralateral prophylactic mastectomy (CPM) rate increased by 148% from 1998 (2.1%) to 2005 (5.2%). Among patients who underwent mastectomy to treat DCIS, the CPM rate increased by 188% from 1998 (6.4%) to 2005 (18.4%). Young patient age, white race, recent year of diagnosis, and the presence of lobular carcinoma in situ were significantly associated with higher CPM rates among all surgically treated patients and all patients undergoing mastectomy.

- Tuttle TM, Jarosek S, Habermann EB, J Clin Oncol. 2009 Mar 20;27(9):1347-9

Bloodgood: le traitement des tumeurs ‘limite’, 1915

- “the surprising finding was that women with borderline tumors of the breast lived no matter what the operation or the diagnosis was (..) in 1915, I gathered this group together and removed it from the group of cancer in the breast in which the glands were not microscopically involved. “

Joseph Colt Bloodgood, *Journal of Clinical Laboratory Medicine,* 1931, 16, 632-703.

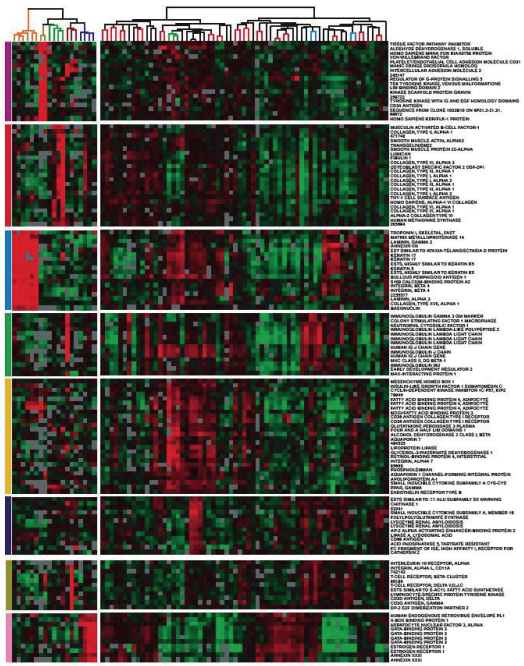
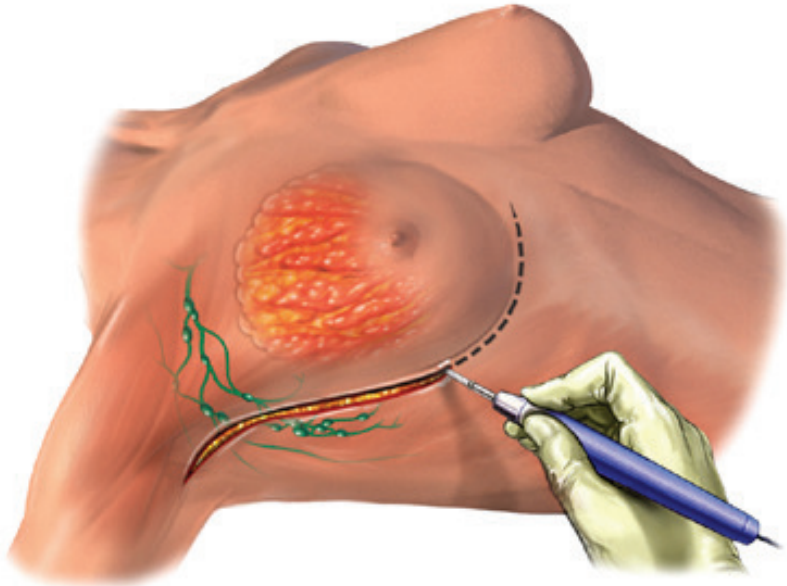
Doutes sur traitement des cancers in situ, 2015

- As many as 60,000 American women each year are told they have a very early stage of breast cancer Stage 0, as it is commonly known — a possible precursor to what could be a deadly tumor. And almost every one of the women has either a lumpectomy or mastectomy , and often a double mastectomy, removing a healthy breast as well. Yet it now appears that treatment may make no difference in their outcomes. Patients with this condition had close to the same likelihood of dying of breast cancer as women in the general population, and the few who died did so despite treatment, not for lack of it, researchers reported Thursday in JAMA Oncology

- Gina Kolata, New York Times 20.8.15

DCIS n'est pas un précurseur du cancer du sein: Narod et al., 2015.

- . It is often stated that DCIS is a preinvasive neoplastic lesio that is not lethal in in itself. The results of the present study suggest that this interpretation should be revisited. Some cases of DCIS have an inherent potential for distant metastatic spread. It is therefore appropriate to consider these as de facto breast cancers and not as preinvasive markers predictive of a subsequent invasive cancer.
- Fewer than 1% of the patients in this 20-year study died of breast cancer;
- Narod et al, JAMA Oncology, August 2015

”there is maddening disconnect between the cutting edge science of oncogenetics and the barbaric state-of –art response to the discovery of a mutation: hack everything before it goes bad".

Masha Gessen , 2005