Raising awareness. Shrinking fears.

Interview with Prof. Dr. Cornelia Leo,
Head of the Interdisciplinary Breast Center
at Kantonsspital Baden (KSB), Switzerland

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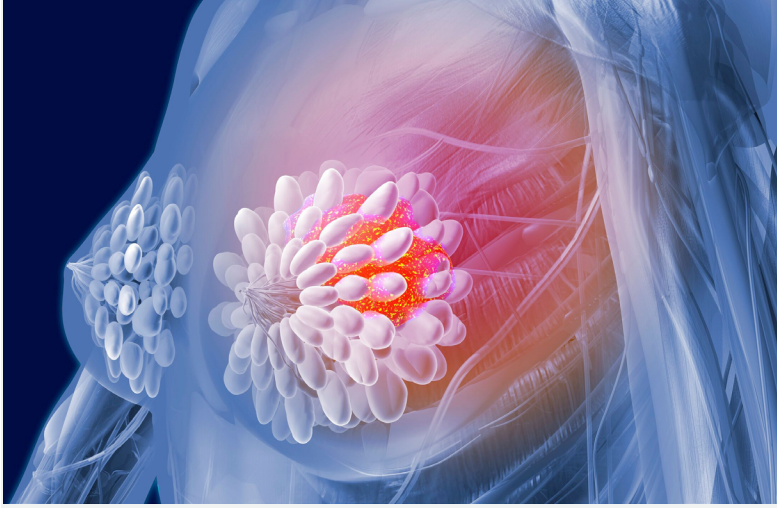
Breast cancer is on the rise. Some 13% of all new cancer cases – and nearly 30% of all new cases in women – are related to breast cancer.[1] According to statistics, one in 8 women can expect to develop breast carcinoma in her lifetime, while more than half of new breast cancer cases tend to occur in women aged 45 to 69.[2] But despite numbers, breast cancer is the most common disease in adult women also beyond this risk group. Regular check-ups for early detection are therefore vital for every woman, regardless of her age.[3]

Approximately to the European Commission, the COVID-19 pandemic has significantly slowed down cancer screening programs, thus leading to a decline in cancer diagnosis[1]. Yet there is hope. We are therefore dedicating this article to the prevention and care of this common, mostly female disease.[4] We have spoken to Prof. Dr. Cornelia Leo, Head of the Interdisciplinary Breast Center at KSB, Switzerland, about the latest developments in breast cancer care treatment – with both surprising and encouraging insights!



Towards a personalized cancer care

Prof. Leo, how would you assess the prospects for breast cancer therapy today?

"I believe that breast cancer as a disease is a prime example of how things have developed very positively in recent years. We have made so much progress in the whole field of breast cancer therapies that today the majority of women can be cured. This, combined with a much deeper understanding of the underlying biology of different breast cancer subtypes, has led to more tailored treatment approaches. Thus, we adapt our treatment more and more to the individual tumor of each patient. Personalized medicine is at the heart of breast cancer therapy."

To what extent is breast cancer treated differently today than in the past?

"When I started over 20 years ago, almost every patient was treated with chemotherapy, regardless of the type of breast cancer. Now, we have a large portfolio of various types of therapy, which are tailored to the respective tumor. This development started in the last 20 years and has steadily intensified in recent years. Our treatments have become very personalized because we understand the tumor biology better. Today we know that the character of the tumor matters, not just its size. Moreover, we have methods for analyzing tumor tissue to assess whether a patient will benefit from chemotherapy or not. This personalized approach allows us to make the cancer therapy more effective and tolerable overall. This is important progress."

Breast cancer facts:

Breast cancer occurs when breast cells replicate at an abnormal, uncontrolled rate.

This usually results in a lump or mass, although some do not. It can be characterized as either non-invasive ('in situ') or 'invasive'.

For in situ breast cancer cases, the cancer is confined to the area of origin, while invasive breast cancer means the cancer has spread into the surrounding breast tissue.

Numbers:

Breast cancer is the **number one cancer disease** in Switzerland

7,292 new breast cancer cases in Switzerland in 2020[5] (total population: 8,654,618)

1,506 deaths

9.84 % cumulative risk rate

12.1% of all new cancer cases are related to breast cancer

Risk factors[6]

- Age > 50
- Prior family and/or personal history
- Genetic mutations (BRCA1/BRCA2)
- Prolonged hormonal exposure
  - Start of menses age < 12 years old, menopause age > 55 years old
  - Hormonal therapy or oral contraceptive
- Reproductive history
  - First pregnancy after the age of 30
  - Non-breastfeeding

Prof. Leo talking to a patient during the breast consultation

Maximizing outcome by avoiding overtreatment

You are leading the interdisciplinary Breast Center at KSB. How would you describe the work in your center?

"We at KSB are an interdisciplinary center. That's not just a word, it's something we really live. Our experts communicate closely and often with each other – for the benefit of the patient. We have all the experts that are necessary for an optimal treatment of our patients under one roof. The radiologists are very important, especially at the beginning of the diagnosis or when it comes to determining the extent of the disease. But the exchange with the pathologists is equally important. And then of course there are the breast surgeons, gynecologists, oncologists, radiotherapists, plastic surgeons, psycho-oncologists, and breast cancer nurses. We meet in so-called tumor boards, where all representatives of these different disciplines sit together and discuss every single case. When considering family history, genetic counseling and testing is sometimes recommended. For us, these tumor boards are very important events to determine the optimal therapy according to the individual patient's situation. The goal is to provide personalized cancer care with a maximum outcome while avoiding overtreatment."

Fostering awareness of one's own body, not fear!

What's your advice for women?

"In general, breast cancer occurs more frequently after the age of 50. The risk of this disease increases with age. But we also see many women under the age of 50. My youngest patient was only 22! And we also have women who are confronted with the diagnosis during pregnancy. It is important to take every lump or change in the appearance of the breast seriously and have it checked, regardless of a woman's age. In addition, I also advise to attend the recommended medical check-ups for breast cancer, especially mammography.

I think it is also very important to develop body awareness and to immediately react to changes in the breast. However, one should not delay a doctor's visit because of fear. Most of the time, these are benign changes such as cysts, for example. And if it is a cancer, it is better to detect it earlier: the earlier a cancer is detected, the better it can be cured. It's also about quality of life. If someone worries and then lives with it all the time, it can lead to a severe psychological burden."

Interdisciplinary Breast Center at Kantonsspital Baden (KSB)

The Interdisciplinary Breast Center forms part of the gynecological clinic of the Kantonsspital Baden (KSB), a central hospital in the east of the canton of Aargau, where over 20,000 inpatients and over 200,000 outpatients are treated every year. The KSB Breast Center was the second center in Switzerland to be certified according to the criteria of the German Cancer Society and the German Society for Senology. An interdisciplinary team consisting of gynecologists, pathologists, radiologists, oncologists as well as radiation therapists who specialize in breast cancer discusses each case respectively to guarantee that patients with breast diseases are holistically treated. KSB has been awarded the “Best Employer” seal of quality three times in a row (2020, 2021 and 2022). In 2022, the business magazine “Bilanz” named it the most innovative hospital in Switzerland.

Transforming Breast Cancer together!

What is your current research focus?

"My current research focus is related to the individual breast cancer risk of women. I think that we are evolving towards personalized breast cancer screening based on the individual risk. Women with a family history should therefore be screened more often than women who may have a low risk of developing breast cancer. There are other genetic risk factors that play a role in one's lifetime risk. We will make significant progress not only in personalized therapy, but also in personalized screening. And that is another important goal."

Thank you very much for this insightful interview, Prof. Leo! ●

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About the authors

Professor Dr. Cornelia Leo
Head of the Interdisciplinary Breast Center at Kantonsspital Baden (KSB)

As a specialist in the diagnosis and therapy of breast cancer, Professor Dr. Cornelia Leo serves as the Head of the Interdisciplinary Breast Center at KSB in Switzerland. Her focus areas comprise minimally invasive breast biopsies, oncoplastic breast surgery, chemotherapy and targeted systemic therapies as well as genetic counseling for patients with familial breast and ovarian cancer. In addition to being a principal investigator in various clinical trials, Professor Leo conducts research on personalized breast cancer screening.

Dr. Dorothea Merk-Carinci
Communications Manager, Siemens Healthineers

Dorothea is specialized in science journalism and corporate storytelling. She gained in-depth expertise in the journalistic work of broadcasting from experiences at Vatican Radio, among others. Previously, she had dedicated her academic career to analyzing media discourses while attending many international conferences and conducting interviews with a range of diplomats, journalists and leading figures in Anglo-German relations during her PhD. Dorothea is currently driving employee and leadership communications at Enterprise Services (ES).

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The results described herein by customers of Siemens Healthineers were achieved in the customers' unique setting. Since there is no "typical" hospital, and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

The statements by Siemens Healthineers' customers described herein are based on results that were achieved in the customer's unique setting. Because there is no "typical" hospital or laboratory and many variables exist (e.g., hospital size, case mix, level of IT and/or automation adoption) there can be no guarantee that other customers will achieve the same results.

[1] https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_22_6085
[2] https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html
[3] To learn more about global recommendations see more here: https://www.cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf
[4] Approximately 1% of all breast cancer cases occur in men. [http://www.wcrf.org/int/cancer-facts-figures/data-specific-cancers/breast-cancer-statistics]
[5] https://gco.iarc.fr/today/data/factsheets/populations/756-switzerland-fact-sheets.pdf
[6] https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm

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