European Journal of Obstetrics & Gynecology and Reproductive Biology, 43 (1992) 215–218

EUROBS 01279

The role of the gynecologist in the diagnosis and management of breast disease

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Accepted for publication 9 September 1991

Summary

As women depend on their gynecologist for advice regarding their reproductive organs, including the breasts, it is mandatory for the gynecologist to obtain extensive experience in diagnostic and management procedures of breast disease. Postgraduate teaching in breast disease should be integrated in the basic training schemes for all resident gynecologists/obstetricians. These teaching programs should include all aspects of diagnosis, management and follow-up of breast disease.

Breast disease; Breast carcinoma; Postgraduate teaching

Introduction

There is a growing tendency in the Western European countries that women with specific breast complaints consult a gynecologist rather than another specialist such as surgeon or radiologist [6], and in some countries even bypass their general practitioner.

This seems obvious as a gynecologist, by the very nature of his practice, has a great deal of experience with benign breast problems, either during or outside pregnancy: counseling pregnant women for breast feeding, dealing with problems arising in the puerperium such as lactation, inhibition of lactation, breast congestion, mastitis and abscess of the breast.

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Furthermore, he is trained to assess the hormonal and medical evaluation and treatment of benign breast disorders such as galactorrhea (with or without amenorrhea) and cyclic mastodynia. Postmenopausal women that have a history of breast cancer often seek advice with regard to hormonal replacement therapy.

Women often present to their gynecologist with a dominant mass, marked increase in size or firmness of the breast, nipple discharge, nipple eczema and nipple retraction.

Every routine gynecologic examination should include a careful breast examination besides cervical smears and pelvic examination [1]. This is not only an important part of the primary health care, but also of the gynecologist who is often referred to as a primary physician or trustee to women [4].

It is estimated that gynecologists provide primary health care for over half of the female population in the United States. This offers an

important opportunity to participate in the early detection of breast malignancies.

As women depend on their gynecologist for advice regarding their reproductive organs, including the breasts, it is mandatory for the gynecologists to obtain extensive experience in diagnostic and management procedures of breast disease [3].

In Western Europe one out of 14 women develops carcinoma of the breast during her lifetime. Breast cancer accounts for nearly 30% of all malignancies in women [10]. Carcinoma of the breast is the leading cause of death in women between the age of 40 and 50. Breast cancer represents 68% of cases of gynecologic malignant neoplasms treated in the first Universitäts Frauenklinik in Vienna [6]. The survival rate is significantly better when the disease is diagnosed and treated at an early stage.

Therefore, the search for early breast cancer by the patient's primary physician or her gynecologist, should be aggressive. By participating in the management of the disease, the gynecologist will become a better diagnostician and will better serve his or her patients.

In vitro, clinical and epidemiologic studies have clearly demonstrated that endogenous estrogens play an important part in mammary carcinogenesis. The breast as an organ of reproduction is affected by the hormonal environment and is reactive through specialized receptors for peptide and steroid hormones that are the basis of the reproductive process.

Menarche at a young age, late menopause, nulliparity, first full term pregnancy after the age of 30, postmenopausal obesity, all are well known risk factors for breast cancer [8]. Early menopause and surgical castration are associated with a reduced risk of breast cancer.

Exogenous steroids (estrogens and progestagens) and their possible role in the pathogenesis of breast carcinoma are under careful scrutiny and remain the subject of many prospective laboratory and clinical investigations. Prescribing steroids such as oral contraceptive agents or hormonal replacement therapy are part of this practice, and so the gynecologist plays a substantial role in these investigations. Although hormones and their possible role in risk for breast cancer have been closely studied there still remain many uncertainties, and therefore the gynecologist must perform physical breast examination and mammographic screening during follow-up of women taking hormonal therapy.

Furthermore, the gynecologist has the responsibility to patients to provide the latest and most accurate information concerning breast problems. Since the gynecologist holds a unique position as the primary physician whom women will consult with regard to breast problems and since he is a surgical specialist, the gynecologist can offer both diagnosis and definitive surgical treatment.

To accomplish this, postgraduate teaching in breast disease should be integrated in the basic training schemes for all resident gynecologists/obstetricians. The 'American Board of Obstetrics and Gynecology' [9] has provided guidelines to achieve this. These teaching programs should include all aspects of physiology and pathophysiology of the breast, histopathology of breast diseases, epidemiology, screening, diagnosis, management and follow-up of breast diseases. This includes instructions for breast self-examination thorough breast palpation, and interpreting mammographic and ultrasound investigation of the breast.

Over the past years, the diagnosis and treatment of breast cancer has become a complex issue requiring a team approach. Though surgery is the primary treatment for cancerous lesions of the breast, we must strive towards a multidisciplinary approach. Only teamwork that coordinates the activities of radiologists, gynecologists, surgeons, pathologists, endocrinologists, plastic surgeons, medical oncologists and radiotherapists [6] and utilizes the progress made in these different disciplines give the patient the benefit of the optimum treatment.

The gynecologist must acquire expertise of the surgical modalities. Today the surgeon's role is more complex. Cosmetic and psychological considerations have gained a great deal of importance in the surgical therapy of breast cancer. Radical mastectomy has made room for a more conservative surgical approach. Breast-saving surgery requires more technical skills than the

TABLE I

Surgical management of breast cancer in the European Community

Country	Gynecologist	Surgeon	Both
Belgium			+
Denmark			+
France			+
Germany			+
Great Britain		+	
Greece	+		
Ireland		+	
Italy			+
Luxembourg			+
Portugal			+
Spain			+
The Netherlands		+	

classical mastectomy, not only for the resection of the primary tumor but also for the removal of the axillary nodes. The selection of local treatment is one of the most controversial issues in the field.

However, according to custom and tradition, breast surgery, including mammary carcinoma, stay within the domain of the general surgeon in some European countries [11] (Table I).

Only when breast surgery is fully incorporated in the basic teaching program of the resident gynecologist, can he acquire the skills to perform breast biopsies (incisional or excisional), needle hookwire guided biopsy for nonpalpable lesions, axillary node dissection, quadrantectomy, conservative breast surgery and mastectomy [5].

Besides surgical modalities, the gynecologist should be broadly informed on matters as radiotherapy, chemotherapy and hormonal therapy even if these are practiced by other specialities. In this manner he becomes an equal discussion partner in this multidisciplinary approach.

In the past decades a number of subspecialities have emerged in the field of obstetrics and gynecology: reproductive endocrinology and infertility, perinatal medicine, gynecologic urology and oncology, sexuology and psychosomatic disorders. All these subspecialities are gathered under the heading 'Reproductive Medicine', indicating the broad spectrum of disorders within its preview. There is no doubt that breast diseases and mammary operations should be part of the responsibility of the gynecologist [2], since the breast is part of the reproductive system.

However, the ever continuing innovation in diagnostic and therapeutic modalities in breast cancer has led in the gynecological practices in some countries to a gradual divergence of professional interest, forming two groups of gynecologists: the all-round gynecologist and the breast-specialist; the latter being a clinical specialist in obstetrics and gynecology who, by way of training, expertise and capabilities is involved primarily in the study and treatment of women with breast problems, c.q. breast malignancies. He has an in-depth understanding of all sophisticated diagnostic procedures, including 'fine needle aspiration cytology' and/or 'tru-cut' biopsies. Devoting a great deal of this working time to breast surgery, he has mastered the skills to perform complex operations such as needle hookwire guided biopsies (for non-palpable radiologically suspected breast anomalies) and other types of conservative breast surgery. Still a continuous and close cooperation between the gynecologist and a radiotherapist, chemotherapist and cytopathologist remains a necessity.

On the other hand, the all-round gynecologist has an important task to fulfill in screening, early detection and management of breast carcinoma. He has to identify the women at risk, to perform breast examinations, to motivate women to perform breast self-examination and to join mammographic screening programs. Only when adequately trained should he perform breast biopsies, mastectomy and lymphadenectomy. Breast surgery can be carried out by an all-round gynecologist with sufficient experience. Without such experience a well-trained gynecologist must form a team with his or her colleague specialized in breast pathology. In this way and in close cooperation, patients that need surgery can be referred to the breast subspecialist. This guarantees an optimal multidisciplinary approach and this cooperation will help the patient all the more.

Since early breast-cancer treatment improves the prognosis of breast-cancer patients, the gynecologist should become actively involved in breast-cancer screening.

Considerable data have now been accumulated confirming reduced mortality rates from breast cancer as a result of mammographic screening. Among physicians referring patients to the radiology department for mammographic examination, the gynecologist is the physician that refers the greatest number of patients, more than the family practitioner, general surgeon and internist [7].

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