



press clip

# BEATING BREAST CANCER

## 'Previvor' courage to fore

### Family history prompted surgery to beat cancer before it could appear

In May, Jo Anderson joined the growing ranks of women known as "previvors" — courageously choosing to have her breasts surgically removed in order to stay ahead of the disease that has cut down family members on her father's side.

The 32-year-old, from Aveley, opted for a prophylactic double mastectomy and bilateral reconstruction and was one of the patients included in plastic surgeon Tony Connell's PACE-2 trial of the AeroForm breast expander.

Two of Mrs Anderson's paternal aunts died from breast cancer, another is a breast cancer survivor. Another aunt has survived a brush with ovarian cancer.

Her paternal grandmother died from ovarian cancer. Two of her cousins, sisters aged in their mid-30s, were diagnosed with breast cancer late last year and are undergoing treatment.

One of those cousins has just been confirmed as carrying the BRCA gene mutation linked to hereditary breast and ovarian cancer.

Mrs Anderson's uncle, another aunt and her father also have all had other forms of cancer.

Genetic counselling estimated Mrs Anderson's breast cancer risk at between one in four and one in two (25-50 per cent) and her ovarian cancer risk as between one in 30 and one in three (3-30 per cent).

Any woman from the general population has a one in eight (12.5 per cent) risk of developing breast cancer and a one in 100 (one per cent) risk of ovarian cancer.

Mrs Anderson was told after her breast surgery that doctors had removed what looked like pre-cancerous cells.

Although she had no regrets with her decision to have her breasts removed, it was still an emotional process.

"It is extremely emotional and some days it hits you like a ton of bricks when you least expect it, you look in

the mirror and think 'Oh my gosh, what have I done,'" she said.

"It is a lot of pressure on the family — they wear it a lot as well."

She experienced serious complications following her mastectomy, requiring an extended stay in hospital.

However, the reconstruction using the patient-controlled expanders had gone smoothly.

"It makes the process so much faster, it's pretty incredible technology and no injections, no needles," she said.

In September, the expanders were removed and replaced with solid silicone prostheses. Now, only a nipple reconstruction, which can be done as a day surgery, is left to complete the process.

Plans for an oophorectomy — ovary removal surgery to reduce her cancer risk even further — are on hold for now.

Mrs Anderson said the prospect was daunting so soon after her breast surgery because it would likely present even greater psychological and emotional challenges. In the meantime, she said she would continue with surveillance.

Brave is not a word Mrs Anderson thinks applies to her.

"People who go through breast cancer are brave — I just had an operation," she said.

"Bravery is facing radiation every week and chemotherapy and losing your hair, (previvors have surgery) to avoid having to do that."

Since her surgery, Mrs Anderson has become an ambassador for Pink Hope, an online community for women at high risk of breast and ovarian cancer, and is hoping to win funding for a program to educate GPs about how to help women at high risk and for materials to help guide women to the services available.

For more information, go to [pinkhope.org.au](http://pinkhope.org.au).



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On trial: Tony Connell and Jo Anderson with the device being tested for use in breast reconstructions.

Picture: Michael Wilson

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## New technology helps cut time

New medical technology on trial in Perth is dramatically shortening the time it takes women to complete breast reconstruction.

Plastic surgeon Tony Connell, who has conducted a series of trials of the device known as an AeroForm expander, hailed them as a genuine breakthrough.

About 60 per cent of breast reconstructions, usually bilateral reconstructions, involve tissue expansion. About 2000 tissue expanders are used in Australia every year.

Mr Connell said the new device offered patients, who may have had their breasts removed because of breast cancer or because they were at high risk of the disease, not only quicker results but also a lower chance of infection and increased comfort because they could inflate at home, at their own pace.

The new type of expander uses a remotely controlled canister of carbon dioxide to inflate the muscular pocket, readying it for a solid silicone prosthesis.

Traditionally, breast reconstruction involves placement of a saline tissue expander under the skin and pectoral muscle. This is then gradually expanded during weekly visits to the doctor, who injects saline via a magnetic port.

The expansion process can take about 56 days, after which the expander is removed and replaced with a permanent silicone prosthesis.

But in results presented to the recent annual meeting of the American Society of Plastic Surgeons in New Orleans, Mr Connell demonstrated the AeroForm expander could cut the process of expansion down to 17 days.

Mr Connell has completed two trials of the device involving 40 patients with 71 air expanders, known as

PACE-1 and PACE-2 and is currently undertaking a third known as ASPIRE.

None of the patients involved in the trials so far has experienced major complications and all have completed their reconstructions.

Inside the tissue expander is a CO<sub>2</sub> cylinder, similar to those used to inflate bike tyres, and a radio transmitter. Patients then use a hand controller to transmit signals to the device instructing it to open a micro-valve which can release a maximum of 10ml of CO<sub>2</sub> three times a day.

"The device has extremely impressive results," said Mr Connell, who is the principal investigator of the devices in Australia and who has no financial relationship with AirXpanders, the company that developed the AeroForm expanders.

"The patient ends up with exactly the same result (as a saline expander) but your turnaround time is quicker, you get to do it at home. The fact that there is no need for injections means that the infection rate is much less than normal. Because we are not putting a needle into the device, then the infection rate is about one in 500, which is the same as the permanent prosthesis.

"Patients can expand themselves up to 210ml a week but because they do it in 10ml increments every six to eight hours, it's much more comfortable."

The device is likely to be approved for general use in Australia next year, with costs covered by insurance.

Mr Connell said the technology had other potential applications, including in burns reconstruction, particularly in children with lower-limb reconstruction.

"This is the first evolutionary step of this technology which will be able to be used in all forms of tissue expansion," he said.