Foreword

Management of Benign Breast Disease

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Consulting Editor

I would submit that the term "benign disease" is oxymoronic. No disease, condition, or other pathologic process is necessarily perceived as benign—at least to the person who suffers from it. To be certain, there are diseases that have lesser or greater impacts on our longevity or quality of life than others. And perhaps once upon a time, the "malignancies" were all thought to be among worse actors compared with nonmalignant conditions. That remains true to some extent. In reality, what determines our perception of malign versus benign clinical behavior is far more related to our collective capacity ability to negate, reverse, or otherwise alter the clinical course for a patient based on our abilities and options than the underlying biology of the process. It would be challenging to imagine anyone who wants a diagnosis of a malignancy, and there are some malignant conditions I would gladly trade for some benign diagnoses.

Throughout our development of understanding of human health, malignancy and the very word "cancer" have evoked a basal fear. For much of recorded medical history that limbic fear reaction to malignancy was well deserved and in many cases still is. This primal emotion has been helpful to us in some ways. Our understandable fear of malignant conditions has motivated us to learn and develop responses in ways that our sentiments toward few other disease processes have. At present, a proposed national reaction to cancer or malignancy is being tried out as a rallying cry for united effort, suggesting that cancer treatment and eradication should be the "moonshot" of our time. Any number of advocacy groups have very successfully raised funds for the treatment of many types of cancer, in part by appealing to our collective fear of malignancy. It is difficult to find similarly successful analogues for most of the benign disorders. Perhaps some of the severe neurologic maladies or cardiac conditions or maybe some of the conditions that afflict children have had success in as much public

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awareness and community support, but their collective efforts pale in comparison to their malignant cousins.

Our intrinsic biases toward conditions that are considered benign may also affect our perception of what medical support we require. While patients may desire to seek “specialty care” for some malignant conditions of some organs, they may be less inclined to make an extra effort for a benign process of the very same organ. Also, some organ specialty clinics may be more receptive to accommodating a patient referred for management of a malignant diagnosis than a benign one. I won’t pretend to posit a “right” answer to the questions of proprieties of making referrals and accepting them—there are always many forces at play that are region, facility, and patient specific that need to be evaluated.

For those patients who suffer from a benign process of the breast, it rarely feels benign to the patient. Perhaps there is pain or discomfort. Perhaps there is concern it will have a secondary effect on a baby. Perhaps there is a concern that the process isn’t benign after all. All these concerns may cause anxiety aplenty for many people. Most people do not have ready access to specialty care of every type in a timely manner. And most people want (more than anything else) timely reassurance that they are not in dire straits.

Many patients with benign breast conditions can be reassured and well treated by many different generalists and specialists if the person providing the care is reasonably well versed in the basics. At the minimum, adequate reassurance to allow the patient to follow a logical course of diagnosis and treatment can usually be achieved. Dr Kaptanian and her colleagues have put together a very informative and valuable collection of articles that will help all of us sift through the sometimes-foggy mass of information and focus on excellent basic guiding principles. I have had the distinct privilege of working directly with some of the authors who have contributed to this issue, and I can attest to their excellent clinical skill and compassion.

Just because a process is benign doesn’t inherently make it easier or harder to deal with than a malignant disorder. Those who possess an excellent knowledge base combined with good clinical skill and dedication are best suited to provide the best outcomes for patients with benign or malignant disorders. That is what our patients and families desire from us, and it is what we should strive to deliver. I hope this collection of articles makes it easier for all of us to achieve that goal.

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