



Research Article

A REVIEW ARTICLE ON “BREAST CANCER”

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ABSTRACT

Breast cancer is the most common cancer among women, and the most likely cause of female cancer deaths. In India, the incidence of breast cancer is 30% per 100,000 women. The average age presentation is 43-46 years. Unfortunately 50% of cases are detected very late increasing the mortality. It starts in the cells of the breast when it begins to grow out of control. These cells usually form tumor that can often be seen on a X-ray or felt as a lump. The tumor is malignant (cancer) if the cells can grow into (invade) surrounding tissues or spread (metastasis) to distant areas of the body. It affects one in eight women during their lives, but men can get breast cancer, too.

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INTRODUCTION

Breast cancer is the most common invasive cancer in women, and the second main cause of cancer death in women, after lung cancer. Most cases occur in women over the age of 50 but breast cancer can occur in younger women. It can also develop in men, although this is much less common than breast cancer in women.

Definition

Breast carcinoma or cancer is defined as development of malignant cells in the breast which may originate in the lining of the milk glands or ducts of breast.

Incidence

- Approximately 5-10% of breast cancer are related to BRCA-1 and BRCA-2 GENE MUTATIONS
- Women with BRCA-1 and BRCA-2 gene mutations have a 40-80% lifetime risk of developing breast cancer
- BRCA-1 and BRCA-2 gene mutations are associated with early onset breast cancer
- Family history of both breast and ovarian cancer increases the risk of having a BRCA mutation

Etiology & Risk Factors

- Female gender – 99% of cases occur in women
- Increasing age
- Personal history of breast cancer-once having breast cancer often treated that to get another side

- Family history of breast cancer-Grandma or mother have breast cancer means daughter have high chance to get this condition
- Obesity
- Hormonal factors
 - Early menarche -Age of 12
 - Late menopause -After 55 age
 - Nulliparity -No full term of pregnancy
 - Late age of first full term pregnancy -After 30 years age
 - Hormonal therapy -Current an recent use of combine post menopause hormone therapy (estrogen and progesterone)
- Exposure to ionizing radiation during adolescence and early adulthood

Signs and Symptoms

- Occurs anywhere in the breast but mostly usually in the upper quadrant
- Painless, hard mass that has irregular edges
- Skin irritation or dimpling
- Breast or nipple pain
- Nipple retraction
- Redness, scaliness or thickening of the nipple or breast skin
- Nipple discharge other than breast milk

Diagnostic Evaluation

- History collection

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- Physical examination
- Mammography
- Ultrasound
- Biopsy
- MRI
- Complete blood count
- Calcium and phosphorus level
- Liver function test
- Chest X-ray
- Bone scan (if indicated)
- CT scan of chest

Management

Surgical Management

Lumpectomy-Complete surgical resection of a primary tumor with the goal of achieving negative margins (ideally 1cm)

Mastectomy-Involves complete removal of all breast tissue to the clavicle superiorly, the sternum medially, the inframammary crease inferiorly and the anterior axillary line laterally with resection of pectoralis major fascia. It is again divided into the following types-

1. Modified Radical Mastectomy
2. Radical Mastectomy
3. Extended Radical Mastectomy
4. Skin-Sparing Mastectomy
5. Nipple-Sparing Total Mastectomy

Surgical Therapy

1. Primary Radiation Therapy
It is usually performed after local excision of the breast mass.
2. High Dose Brachytherapy
It is a procedure that is an alternative to traditional radiation treatment for early stage breast cancer.
3. Palliative Radiation Therapy
It is also used to stabilize symptomatic metastatic lesions in such sites as bone, soft tissue organs, brain and chest
4. Chemotherapy

Chemotherapy refers to the use of cytotoxic drugs to destroy cancer cells. The more common combination therapy protocols are:-

- Cyclophosphamide methotrenate and 5 fluorouracil (5-FU)
- Doxorubilin and cyclophosphamide with or without doxetoxel or pactitaxel
- Cyclophosphamide, epirubilin or doxorubilin and 5 FU

Hormonal Therapy

Hormal therapy removes or blocks the source of estrogen thus promoting tumor regression. Various drugs used in the hormonal therapy are

- Blocks estrogen receptors (Tamoxifin, Toremifene)
- Destroys estrogen receptors (Fulvestrant)
- Prevents production of estrogen by inhibiting aromatase (Anastrozole, Letrozole, Exemestane, Aminoglutethimide)

CONCLUSION

Breast cancer is a common malignancy with excellent prospects for long-term survival. Multimodality treatment include surgery, radiation, chemotherapy, endocrine therapy and/or biologic therapy. Optimal treatment and prevention strategies are based on stage, individual patient risk, and biologic characteristics of the cancer itself.

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