ISSN: 2165-7920

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Alternative Methods in the Treatment of Breast Cancer

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Short Communication

Breast Cancer is one of the primary driver of death around the world, and in the previous decade, many exploration examines have concentrated on finding new treatments to lessen the symptoms brought about by customary treatments. Advancement, microenvironment alteration and required for metastatic movement, have been generally examined as effective medication conveyance vehicles. Regular cell reinforcements and numerous phytochemicals have been as of late presented as hostile to malignancy adjuvant treatments because of their enemy of proliferative and favourable to apoptotic properties [1]. Directed treatment is another part of malignant growth treatment targeting focusing on a particular site, for example, tumor vasculature or intracellular organelles, leaving the environmental factors unaffected. This tremendously builds the explicitness of the treatment, lessening its downsides.

Another promising open door depends on quality treatment and articulation of qualities setting off apoptosis, and wild sort tumor silencers, or the focused on hushing intervened by siRNAs, right now under assessment in numerous clinical preliminaries around the world [1]. Warm removal of tumors and attractive hyperthermia are opening new open doors for exactness medication, making the treatment limited in exceptionally thin and exact territories. These strategies could be an expected substitute for more obtrusive practices, for example, medical procedure.

Breast cancer, if detected at an early stage, in most cases, has a great chance of cure, through mastectomy, radiotherapy and chemotherapy. Many young women, that is, of reproductive age affected by the disease, express the intention of becoming pregnant, as they have not yet had children or have only one, waiting in the next for the desired sex, which refers to the urge to breastfeed closely linked to the extinct survival, emotional link and the importance both immunological and nutritional [2]. It is possible to breastfeed after a mastectomy, because if the cancer reaches only one breast the other will still produce both colostrum and milk, being possible to breastfeed normally after surgery and treatment.

It is widely accepted that exosomes are membranous vesicles with lipid bilayer membranes ranging in diameter from 40 nm to 100 nm, and being secreted by multiple cell types and cancer cells, containing functional biomolecules (including lipids, proteins and nucleic acids). They participate in many physiological processes, such as immune response, antigen presentation; protein and RNA transport [3]. Having been demonstrated to be signaling vehicles for intercellular communication between the tumor and contiguous organs, exosomes were highlighted as cell-to-cell communication tools and mechanisms of molecular transfer in recent years. In this review, the research status and development in the field of exosomes will be briefly introduced, and special attention will be paid to exosomes in pancreatic cancer, chemo-resistance, and its potential application in pancreatic cancer [4].

Besides, new advanced fields like robotic hysterectomy, alternate hysterectomy, radiomics and pathomics are adding to the advancement of inventive methodologies for gathering enormous measures of information and expand new restorative systems and foresee precise reactions, clinical result and reoccurrence of disease [5]. Taken all together, these methodologies will have the option to give the best customized treatments to breast cancer patients, featuring the significance of consolidating numerous controls to get the best result.

References

- Thomas, Eva, Frankie A. Holmes, Terry L. Smith and Aman U. Buzdar, et al. "The use of alternate, non-cross-resistant adjuvant chemotherapy on the basis of pathologic response to a neoadjuvant doxorubicin-based regimen in women with operable breast cancer: Long-term results from a prospective randomized trial." J Clinic Oncol 22 (2004): 2294-2302.
- Seidman, Alister, Alfred Brufsky, Rehman Ansari, Lieman L. Hart, et al. "Phase III trial of gemcitabine plus docetaxel versus capecitabine plus docetaxel with planned crossover to the alternate single agent in metastatic breast cancer." *Ann Oncol* 22 (2011): 1094-1101.
- Buzdar, Aman, Gabriel N. Hortobagyi, Terry L. Smith and Shu Kau, et al. "Adjuvant therapy of breast cancer with or without additional treatment with alternate drugs." *Cancer* 62 (1988): 2098-2104.
- Mansfield, Carl, Komunduri Ayyangar and Nagalingam Suntharalingam. "Clinical and dosimetric considerations in the radiation treatment of breast cancer." *Radiol* 120 (1976): 725-726.
- Shah, Neel, Kelly N. Wright, Gudrun M. Jonsdottir and Selena Jorgensen, et al. "The feasibility of societal cost equivalence between robotic hysterectomy and alternate hysterectomy methods for endometrial cancer." *Obstet Gynec Int* 21 (2011): 201-206.

How to cite this article: Shravan K. Putta. "Alternative Methods in the Treatment of Breast Cancer." J Cancer Sci Ther 12 (2020). DOI: 10.37421/jcst.2020.12.643

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Received 04 August 2020; Accepted 20 August 2020; Published 27 August 2020

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