

Diagnosis and Treatment for Breast Cancer

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Editorial Note

Breast cancer is the most common invasive cancer in females. It is also a leading cause of cancer deaths among females. Any abnormal growth in breast which has a potential to spread elsewhere too is breast cancer. Almost every woman feels some kind of changes in her breast during her life, some type of lumps and bumps but fortunately most of them are harmless, however every lump in breast warrants a careful clinical examination and further investigations if required.

Most of the breast cancers present as a painless lump which is slowly increasing in size over a period of weeks and months. Since it is painless to start with therefore it is neglected for a long time and patients present late. Other features include retraction of nipple, nipple discharge, eczematous lesion on nipple and areola. Dimpling of skin or orange peel like appearance. In advance stage the lady may present with a large mass with ulceration, bleeding pain. They also present with a mass in armpit due to enlarged lymph nodes.

If you notice any breast changes or a mammogram shows something suspicious, then physical examination is needed, checking both breast and the lymph nodes above your collar bone and above your arms.

A mammogram is a low dose x-ray that can find changes that are too small to be felt during a physical examination. If a mammogram picks up breast changes you may have an ultrasound. This is a painless scan using sound waves to make a picture of your breast. If breast cancer is suspected, a doctor removes some of the breast tissue for examination by a pathologist under a microscope. Systemic treatments are intended to kill cancer cells that may have left the original tumor location and be elsewhere in the body. These treatments affect all cells in the body, not just cancer cells. So make sure you discuss possible side effects with your healthcare provider.

Chemotherapy

Chemotherapy uses powerful drugs to kill all rapidly dividing cells in the body. There are many different chemotherapy drugs that can be used alone or in combination. Chemo may be prescribed adjuvantly or neoadjuvantly. It is typically given intravenously, although some types may be in pill form. Chemo is given on a regular interval, typically once every three weeks or every two weeks. Dose

dense is a more aggressive treatment schedule. But it may be recommended for young adults.

Hormonal Therapy

Hormonal therapy helps the body fight hormone receptor positive breast cancer by reducing or blocking the hormones that help these cancers grow. Tamoxifen is typically recommended for five to ten years for premenopausal women. Aromatase inhibitors may be prescribed to postmenopausal women. Ovarian suppression is an injection that temporarily stops your ovaries from functioning and simulates menopause.

Targeted Therapy

Targeted therapies attack genes or proteins in cancer cells to stop them from growing. These treatments only work in specific breast cancer types. So a targeted treatment that works very well for one woman may not work at all for another.

Surgery

Surgery removes a tumor or in the case of reconstruction, repairs the breast. For an early stage breast cancer diagnosis, the two main surgical choices are mastectomy or lumpectomy. A decision on the type of surgery to select is very personal.

Mastectomy removes the entire breast. This typically includes the nipple and areola. Nipple sparing mastectomies in which the nipple and areola are not removed may be an option in certain patients. A prophylactic mastectomy is the removal of a healthy breast. If desired, a breast can be rebuilt with breast reconstruction surgery.

Lumpectomy also called breast conservation therapy which will remove the tumor and surrounding area of tissue only. The rest of the breast is left intact. If you choose a lumpectomy, you will also need radiation therapy.

Radiation

Radiation therapy uses high energy x-rays directed at the breast, surrounding tissue and lymph nodes to kill any cancer cells that may have remained behind after surgery. You will also be treated with

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radiation if you have lymph node removal or a lumpectomy. Radiation therapy is typically administered daily for a period of days. It only lasts a few minutes. It is not safe during pregnancy.

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