

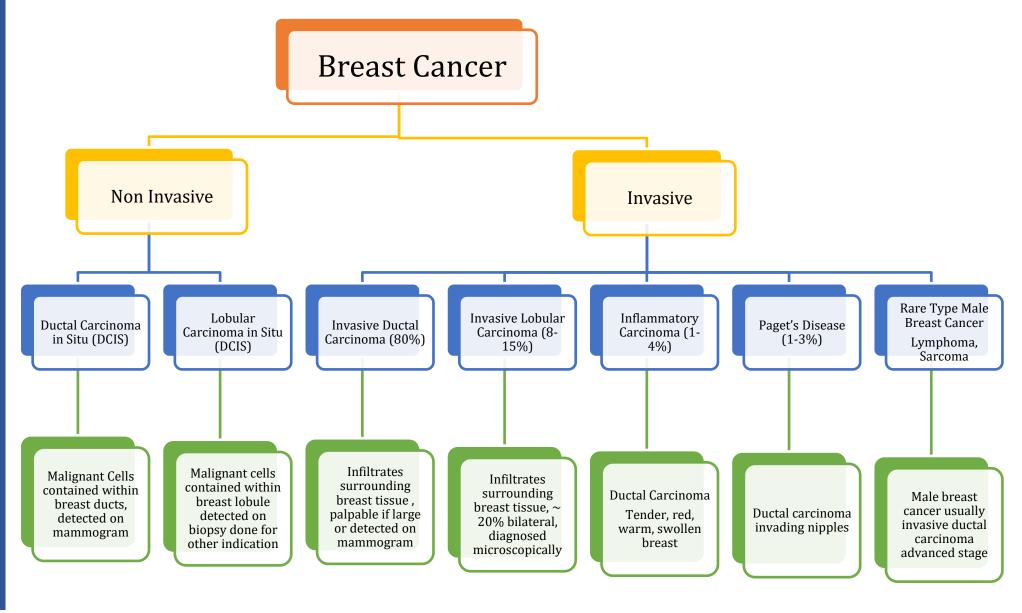
### **Breast Cancer Awareness**

Part II





## Types of Breast Cancer

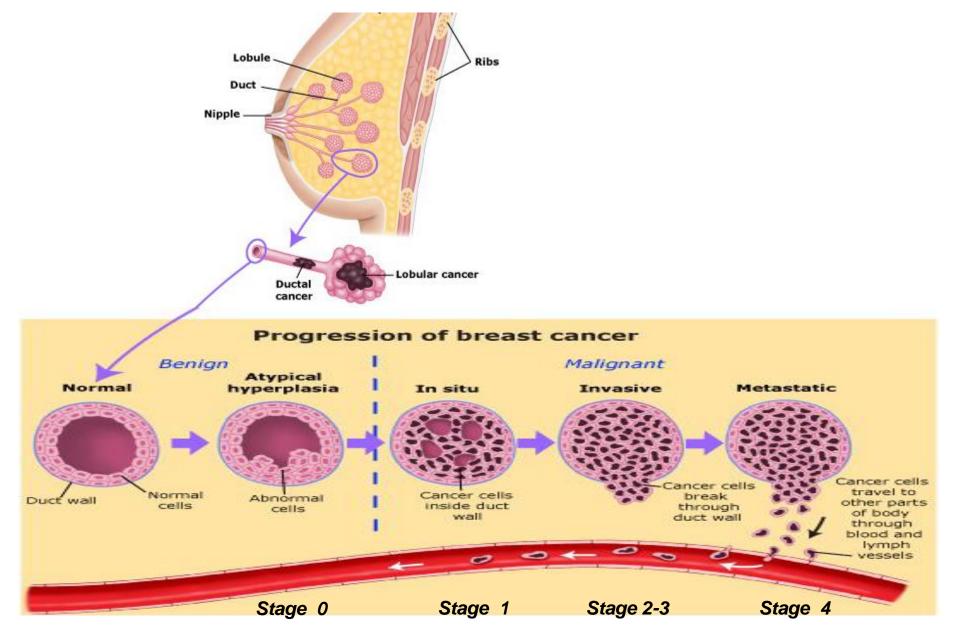








# Breast Cancer Progression (Stages)







## Types of Treatment

### 5 STANDARD BREAST CANCER TREATMENT OPTIONS









### LOCAL

### LUMPECTOMY

(Tumor removal)

#### **MASTECTOMY**

(Removal of breast with or without reconstruction)

### LYMPH NODE SURGERY

(Removal, testing of 10 - 20 nodes to prevent cancer spread)

### Hormone therapy also called ENDOCRINE

THERAPY

### Includes drugs that:-

- 1.) Block Estrogen receptors
- 2.) Lower Estrogen levels

Ovarian Suppression (Remove ovaries or use Lutenizing Hormone analogs)

### Adjuvant Chemotherapy

(Drugs used after Surgery)

SYSTEMIC

### NeoAdjuvant Chemotherapy

(Drugs before Surgery to shrink tumor)

**Drugs for Advanced Breast Cancer** 

### Targeted therapy for

- 1.) HER 2 +VE
- 2.) Hormone receptor +VE
- 3.) BRCA gene mutations
- 4.) Triple -ve

### Therapy is targeted at affected area by:-

Monoclonal Antibody Ab drug conjugates (MAb linked to Chemo drug)





## **Treatment Guidelines**

Non Invasive/ Early Stage Operable Breast Cancer **Primary Treatment - Surgical Removal of Tumor** 

Mastectomy
Breast Conserving Surgery

To Reduce Risk of Recurrence
Primary Treatment + Systemic therapy Primary Treatment + Radiotherapy

Age, Menopause Condition, Size of Tumor

**ESMO** – Tamoxifen selectively blocks estrogen receptors

ICMR (Based on Tumor Size, Location) - Neoadjuvant Therapy, Adjuvant Systemic Therapy

**ASCO** (Based on Recurrence Score\*) - Endocrine Therapy, Chemoendocrine Therapy

**WHO** (Based on Presence of Cancer Cells in Lymph Nodes, Hormone Responsiveness) – Adjuvant Systemic Therapy

# - Oncotype DX test results assign recurrence score (0 – 100). It helps doctors to interpret results for early stage cancer

Source: ESMO, ASCO, ICMR

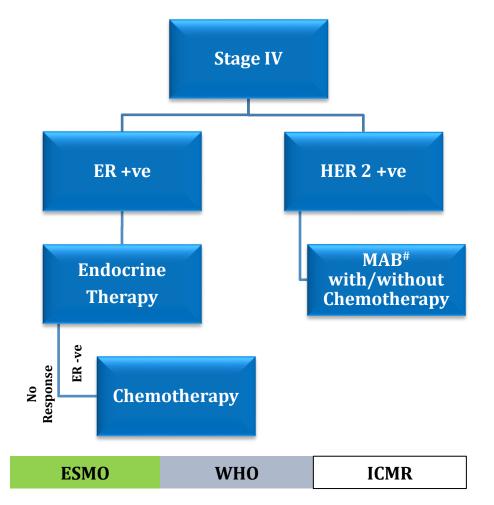


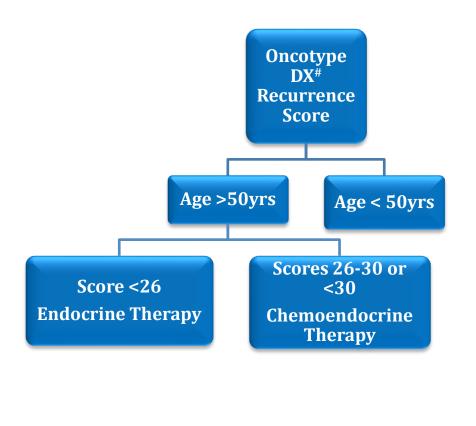


### Combination of Chemotherapy, Endocrine therapy, Anti HER 2 therapy, Radiotherapy used for Metastatic Breast Cancer

## Treatment Guidelines Metastatic (Advanced)

**Breast Cancer** 





#MAB – Monoclonal Antibodies Trastuzumab, Pertuzumab

ER +ve - Tumors with Estrogen Receptor

Source: ESMO, ASCO, ICMR

HER 2 - Growth Promoting Protein on Surface of Cancer Cell

# - Oncotype DX test results assign recurrence score (0 – 100).

It helps doctors to interpret results for early stage cancer





**ASCO** 

Germline mutation in BRCA1 and BRCA2 genes account for 50% of hereditary breast cancer cases. Mutation in TP53 gene accounts for small number of cases.

## Treatment Guidelines Hereditary

### **ESMO**

Women with strong family history offered counselling on preventive mastectomy.
Recommended surgical removal of ovaries, fallopian tubes(oophorectomy)
Undergo clinical examination every 12 months

### **ICMR**

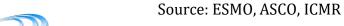
Recommends patients
for removal of ovaries
 (oophorectomy),
 mastectomy with
 reconstruction.
Chemoprevention by
 use of Tamoxifen.
 Clinical breast
 examination every 6
 months

### **ASCO**

Mutation in TP53 & moderate risk genes

- Breast conserving therapy
- Mastectomy
- Radiation therapy (if high risk)

If mutation in BRCA Above approaches used along with PARP inhibitors, platinum agents







### **Key Points for follow Up Of Breast Cancer Patients**

- Medical History Ensure to take detailed history of metastatic symptoms/ physical/menopausal symptoms arising due to treatment
- Patients to pay attention on long term side effects like Osteoporosis
- Yearly mammography evaluation



### Follow up, Monitoring

Physical examination/Follow up Frequency

#### **ESMO**

3 to 4 mths - 2yrs 6 to 8 mths - 5 yrs

#### **ICMR**

Every 6 mths - 5yrs Annually thereafter

### **WHO**

3 to 6 mths – 3yrs 6 to 12 mths – next 2yrs

#### **ASCO**

Follow up frequency is same as WHO



Source: ESMO, ASCO, WHO, ICMR



### **Common Side Effects**

Fatigue Headache Bone loss & Osteoporosis Pain & numbness Dental issues Musculoskeletal Symptoms Lymphedema Heart problems

## Coping with Breast Cancer

### **Support and Care**



Once you know it is cancer, talk with doctors, nurses, staff. They are there to help you









Get medical Assistance in India:- <u>care@hbgmedicalassistance.com</u>
HCG Specialist in Cancer Care Toll Free Number: 1800 108 99999

Oncology India: Helpline – 7022288621, mail at: <a href="mailto:infojpn@oncologyinternational.in">infojpn@oncologyinternational.in</a> Indian Cancer Society: +91-22-2413 9445 / 51 <a href="info@indiancancersociety.org">info@indiancancersociety.org</a>

### **International Support Groups**

- ABC Global Alliance: www.abcglobalalliance.org
- Advanced BC: <a href="http://advancedbc.org">http://advancedbc.org</a>
- After Breast Cancer Diagnosis: www.abcdbreastcancersupport.org
- Breast Cancer Alliance: www.breastcanceralliance.org
- Breast Cancer Care: <u>www.breastcancercare.org.uk</u>
- Breast Cancer Network Australia: www.bcna.org.au
- EUROPA DONNA: www.europadonna.org
- Male Breast Cancer Coalition: <a href="http://malebreastcancercoalition.org">http://malebreastcancercoalition.org</a>
- Metastatic Breast Cancer Network: www.mbcn.org
- Metavivor: www.metavivor.org

Source: ESMO, ICMR

- National Breast Cancer Coalition: <u>www.breastcancerdeadline2020.org/homepage.html</u>
- Susan G. Komen Breast Cancer Foundation: ww5.komen.org
- Unión Latinoamericana Contra al Cáncer de la Mujer: <a href="www.ulaccam.org/index.php">www.ulaccam.org/index.php</a>



**Coping with** 

**Support and Care** 

**Breast Cancer** 





### **Thank You**



