

Diagnosis of Breast Cancer

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In cancer care, doctors specializing in different areas of cancer treatment—such as surgery, radiation oncology, and medical oncology—work together with radiologists and pathologists to create a patient's overall treatment plan that combines different types of treatments. This is called a multidisciplinary team. Cancer care teams include a variety of other health care professionals, such as physician assistants, nurse practitioners, oncology nurses, social workers, pharmacists, counsellors, nutritionists, and others. For people older than 65, a geriatric oncologist or geriatrician may also be involved in their care. Ask the doctor in charge of your treatment which health care professionals will be part of your treatment team and what each of them do. This can change over time as your health care needs change. You should also ask who will be coordinating your care.

A treatment plan is a summary of your cancer and the planned cancer treatment. It is meant to give basic information about your medical history to any doctors who will care for you during your lifetime. Before treatment begins, ask your doctor for a copy of your treatment plan. You can also provide your doctor with a copy of the ASCO Treatment Plan form to fill out.

The biology and behavior of breast cancer affects the treatment plan. Some tumors are smaller but grow quickly, while others are larger and grow slowly. Treatment options and recommendations are very personalized and depend on several factors, including:

The tumor's subtype, including hormone receptor status (ER, PR), HER2 status, and nodal status (see Introduction)

The stage of the tumor

Genomic markers, such as Oncotype DX or Mamma Print, if appropriate (See Diagnosis)

The patient's age, general health, menopausal status, and preferences

The presence of known mutations in inherited breast cancer genes, such as BRCA1 or BRCA2

Even though the breast cancer care team will specifically tailor the treatment for each patient, there are some general steps for treating early-stage and locally advanced breast cancer.

For both DCIS and early-stage invasive breast cancer, doctors generally recommend surgery to remove the tumor. To make sure that the entire tumor is removed, the surgeon will also remove a small area of healthy

tissue around the tumor, called a margin. Although the goal of surgery is to remove all of the visible cancer in the breast, microscopic cells can be left behind. In some situations, this means that another surgery could be needed to remove remaining cancer cells. There are different ways to check for microscopic cells that will ensure a clean margin. It is also possible for microscopic cells to be present outside of the breast, which is why systemic treatment with medication is often recommended after surgery, as described below.

For larger cancers, or those that are growing more quickly, doctors may recommend systemic treatment with chemotherapy or hormonal therapy before surgery, called neo adjuvant therapy. There may be several benefits to having other treatments before surgery:

Surgery may be easier to perform because the tumor is smaller. Your doctor may find out if certain treatments work well for the cancer. You may also be able to try a new treatment through a clinical trial. If you have any microscopic distant disease, it will be treated earlier. Women who may have needed a mastectomy could have breast-conserving surgery (lumpectomy) if the tumor shrinks enough before surgery.

Bronchoscopy. Your doctor can directly visualize all the structures that make up your respiratory system, including the lungs, with a tiny camera and light.

The goal of treatment is to control the growth of the cancer or to relieve any symptoms. There are numerous different treatments available.

Your specific treatment plan will depend on various factors, including:

- your age
- your overall health
- your medical history
- type of primary tumor
- location of the tumor
- size of the tumor
- number of tumors

Chemotherapy is often used to treat metastatic cancer to the lungs. This drug therapy helps destroy cancerous cells in the body. It's the preferred treatment option when the cancer is more advanced and has spread to other organs in the body.

In some cases, surgery may also be performed to remove the metastatic tumors in the lung. This is usually done if someone already had their primary tumor removed or if the cancer has only spread to limited areas of the lung

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