

## **BREAST CANCER**

***This information sheet is for your general information and is not a substitute for medical advice. The specifics of your condition and treatment should be discussed with your oncologist to establish the optimal treatment plan for you as an individual.***

Breast cancer is still the most common cancer in white females, even with the incidence of lung cancer in females increasing each decade. True hereditary breast cancer associated with specific genetic abnormalities is relatively rare and responsible for approximately 5% of breast cancer cases.

A large group of patients also have a family history of cancer. However, incidences of breast cancer in these cases are fewer than in the first group and the genetic abnormalities less definite.

Mammography, a specific type of imaging that uses a low-dose x-ray system to examine breasts, is the most important testing method for the early detection of breast cancer. The value of breast self-examination, however, cannot be stressed enough, as a high proportion of breast lumps are still discovered by the patients themselves.

### **Diagnosis**

The following tests are useful in making a diagnosis and determining the extent of the condition:

- mammography;
- removal of the breast lump for pathological analysis;
- chest x-ray, ultrasound examination of the abdomen and isotope scans; and
- blood analysis.

Your doctor may require further investigation depending on your symptoms at the time of the tests.

The following may have an impact on the outcome after the patient has been diagnosed with cancer:

- age;
- menopausal status;
- general health of the patient;
- stage of the condition;
- characteristics of the primary tumour (where the cancer started); and
- various hormone receptor statuses.

### **Treatment options**

Treatment will depend on the nature and extent of the condition, as well as on your general state of health.

Breast cancer is highly treatable with surgery and radiation, chemotherapy and hormonal therapy and most often curable when detected in its early stages.

Surgery depends on the extent of the condition and can be either a partial resection (removal of breast tissue affected by the cancer) or total mastectomy (removal of the breasts). After partial resection, radiation (cancer treatment using high-energy rays) is administered to the remainder of the breast to reduce the risk for tumour recurrence. Some patients need radiation to the chest wall even after a mastectomy, as they still have a substantial risk for a relapse of their cancer. In most incidences additional chemotherapy and/or hormonal therapy is also given to reduce the risk of the cancer spreading to other body parts at a later stage.

In advanced stages of the condition, chemotherapy, hormonal and radiation therapy is often used either alone or in combination with each other. Breast cancer remains a responsive condition (i.e. it can be treated) and major advances in treatment have been made over the past decade.

**References**

GVI Oncology (South Africa). Website: <http://www.cancercare.co.za>