
Breast Cancer Treatments: An Overview

Education for Patients and the Public

Correspondence: Exon Publications, Brisbane, Australia; Email: books@exonpublications.com

Cite as: Breast Cancer Treatments: An Overview. Brisbane (AU): Exon Publications; 2024. Published on 07 Dec.
DOI: <https://doi.org/10.36255/breast-cancer-treatments-overview>

Copyright: Exon Publications

License: Creative Commons Attribution-NonCommercial-NoDerivs 4.0 (CC BY-NC-ND 4.0)
<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Abstract

Breast cancer is one of the most common cancers worldwide, affecting millions of individuals annually. Advances in medical research have brought about a variety of treatment options tailored to different types and stages of the disease. This article provides a comprehensive overview of breast cancer treatment methods, including surgical procedures, chemotherapy, hormone therapy, targeted therapy, immunotherapy, radiation therapy, and supportive care like palliative treatments. Each treatment approach is discussed in detail, emphasizing its purpose,

effectiveness, and role in managing breast cancer. Designed for patients, caregivers, and the general public, this guide aims to demystify breast cancer treatment and provide a foundational understanding of the available options.

Keywords: adjuvant therapy for breast cancer; chemotherapy for breast cancer; hormone therapy for breast cancer; immunotherapy for breast cancer; neoadjuvant therapy for breast cancer; palliative care for breast cancer; radiation therapy for breast cancer; surgical treatment of breast cancer; targeted therapy for breast cancer

Introduction

The diagnosis of breast cancer often brings uncertainty and numerous questions about treatment options. Thanks to advancements in medical science, there are now diverse and effective ways to treat breast cancer, tailored to individual needs based on factors like the cancer's type, stage, and molecular characteristics. Treatments range from localized approaches, such as surgery and radiation, to systemic therapies, including chemotherapy, hormone therapy, targeted treatments, and immunotherapy. These therapies can be used alone or in combination, depending on the specific case. This overview explores each treatment option, offering a clear and comprehensive understanding of their purposes and effectiveness. It is essential for patients and their loved ones to have access to reliable information to make informed decisions about their care (1-5).

Surgical Treatment of Breast Cancer

Surgery is often the first step in breast cancer treatment and plays a vital role in removing cancerous tissue. For early-stage breast cancer, lumpectomy, also known as breast-conserving surgery, is performed to remove the tumor and a

small margin of healthy tissue while preserving most of the breast. For larger or more advanced tumors, mastectomy may be necessary, where the entire breast is removed. Advances in surgical techniques, such as sentinel lymph node biopsy, allow for precise removal of lymph nodes to check for cancer spread while minimizing complications. Modified radical mastectomy and radical mastectomy are used for more extensive disease, though these procedures are less common today due to improvements in early detection and treatment. Surgical treatment is highly effective for localized cancers and is often combined with other therapies to reduce the risk of recurrence and ensure comprehensive management.

Chemotherapy for Breast Cancer

Chemotherapy is a systemic treatment that uses drugs to kill cancer cells or stop their growth. It is particularly effective for aggressive types of breast cancer, such as triple-negative breast cancer, and for advanced stages where the disease has spread beyond the breast. Chemotherapy can be used before surgery, known as neoadjuvant chemotherapy, to shrink tumors, or after surgery, called adjuvant chemotherapy, to eliminate any remaining cancer cells. Commonly used chemotherapy drugs include doxorubicin, paclitaxel, and cyclophosphamide. While chemotherapy is highly effective in reducing recurrence and improving survival rates, it can cause side effects such as nausea, fatigue, and hair loss, which are managed with supportive care. Advances in personalized medicine now allow chemotherapy to be tailored to an individual's specific cancer type, improving outcomes while minimizing unnecessary toxicity.

Hormone Therapy for Breast Cancer

Hormone therapy is a targeted treatment for hormone receptor-positive breast cancer, which relies on hormones like estrogen or progesterone to grow. This therapy works by

blocking these hormones or reducing their levels in the body, thereby slowing or stopping the growth of cancer cells. Tamoxifen is a commonly used drug that blocks estrogen receptors, while aromatase inhibitors such as letrozole and anastrozole reduce estrogen production in postmenopausal women. Hormone therapy is typically prescribed for several years after surgery to prevent recurrence. It is particularly effective for early-stage and advanced hormone receptor-positive cancers, offering long-term protection and improved survival. Side effects, such as hot flashes, joint pain, or mood changes, are managed with appropriate interventions, making hormone therapy a cornerstone of breast cancer treatment.

Immunotherapy for Breast Cancer

Immunotherapy is an innovative treatment that enhances the body's immune system to fight cancer. It is particularly beneficial for triple-negative breast cancer, which often lacks other targeted treatment options. Drugs like pembrolizumab, an immune checkpoint inhibitor, work by enabling immune cells to recognize and attack cancer cells. Immunotherapy is often used in combination with chemotherapy to boost its effectiveness. While still a relatively new approach in breast cancer treatment, immunotherapy has shown promising results in improving survival rates for patients with advanced or aggressive disease. Research continues to explore its potential in other breast cancer subtypes, offering hope for expanded applications in the future.

Targeted Therapy for Breast Cancer

Targeted therapy focuses on specific molecular features of breast cancer cells, making it a highly precise and effective treatment option. For HER2-positive breast cancer, drugs like trastuzumab and pertuzumab block the HER2 protein, reducing tumor growth and improving survival. For hormone receptor-positive cancers, CDK4/6 inhibitors such as

palbociclib and ribociclib enhance the effects of hormone therapy by preventing cancer cells from dividing. Targeted therapies are also expanding into triple-negative breast cancer with drugs that exploit specific genetic vulnerabilities. These treatments offer fewer side effects compared to traditional chemotherapy because they specifically attack cancer cells while sparing healthy ones. Targeted therapy has become a key component of modern breast cancer treatment, particularly for advanced or recurrent cases.

Neoadjuvant Therapy for Breast Cancer

Neoadjuvant therapy is given before surgery to shrink tumors, making them easier to remove and increasing the chances of breast-conserving surgery. This approach is particularly useful for large tumors or aggressive cancers, such as triple-negative or HER2-positive breast cancer. Combining chemotherapy with targeted therapies, such as trastuzumab for HER2-positive cases, has significantly improved outcomes. Neoadjuvant therapy also allows doctors to assess how the tumor responds to treatment, providing valuable information for tailoring further therapies. This approach is highly effective in reducing tumor size, improving surgical outcomes, and lowering the risk of recurrence, making it an essential part of treatment for many patients.

Adjuvant Therapy for Breast Cancer

Adjuvant therapy is administered after surgery to eliminate any remaining cancer cells and reduce the risk of recurrence. It includes chemotherapy, hormone therapy, targeted therapy, and radiation, depending on the cancer's characteristics. Chemotherapy is particularly effective for aggressive cancers, while hormone therapy is used for hormone receptor-positive breast cancer. For HER2-positive cancers, targeted therapies like trastuzumab have dramatically improved survival rates. Adjuvant radiation

therapy is often recommended after breast-conserving surgery to destroy any remaining cancer cells in the breast or lymph nodes. By addressing microscopic cancer cells that may not be detectable, adjuvant therapy provides a comprehensive approach to reducing recurrence and improving long-term survival.

Radiation Therapy for Breast Cancer

Radiation therapy is a localized treatment that uses high-energy rays to destroy cancer cells. It is commonly used after breast-conserving surgery to reduce the risk of recurrence. For patients who have undergone mastectomy, radiation is often recommended if the tumor was large or involved nearby lymph nodes. Advances in radiation technology, such as intensity-modulated radiation therapy, allow for precise targeting of cancer cells while sparing healthy tissues, reducing side effects. Radiation therapy is particularly effective in improving local control of the disease and is an essential part of a combined treatment approach for many patients.

Palliative Care for Breast Cancer

Palliative care focuses on improving the quality of life for patients with advanced breast cancer or those experiencing significant symptoms. It addresses physical issues such as pain, fatigue, and nausea, as well as emotional and psychological challenges. Palliative care is not limited to end-of-life situations; it can be integrated alongside curative treatments to help patients manage side effects and maintain their overall well-being. This supportive approach is essential for patients navigating the complexities of breast cancer treatment, offering comfort and ensuring that their physical and emotional needs are met.

Conclusion

Breast cancer treatment has evolved into a multidisciplinary approach, offering a range of options tailored to the specific needs of each patient. From surgery and chemotherapy to targeted therapies and immunotherapy, each treatment plays a vital role in managing the disease and improving outcomes. Radiation therapy and hormone therapy further enhance long-term survival, while neoadjuvant and adjuvant therapies provide comprehensive care before and after surgery. Palliative care ensures that patients receive the support they need at every stage of their journey. Understanding these treatment options empowers patients and their families to make informed decisions, fostering hope and confidence as they navigate breast cancer treatment. This overview serves as a foundation for exploring the personalized and effective strategies available in the fight against breast cancer.

References

1. Senkus E, Kyriakides S, Penault-Llorca F, et al. Primary breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment, and follow-up. *Ann Oncol.* 2013;24 Suppl 6:vi7-23.
<https://doi.org/10.1093/annonc/mdt284>
2. Gradishar WJ, Anderson BO, Balassanian R, et al. NCCN Guidelines Insights: Breast Cancer, Version 1.2017. *J Natl Compr Canc Netw.* 2017;15(4):433-451.
<https://doi.org/10.6004/jnccn.2017.0044>
3. Harbeck N, Penault-Llorca F, Cortes J, et al. Breast cancer. *Nat Rev Dis Primers.* 2019;5(1):66.
<https://doi.org/10.1038/s41572-019-0111-2>
4. Waks AG, Winer EP. Breast Cancer Treatment: A Review. *JAMA.* 2019;321(3):288-300.
<https://doi.org/10.1001/jama.2018.19323>
5. Cardoso F, Kyriakides S, Ohno S, et al. Early breast cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment, and follow-up. *Ann Oncol.*

2019;30(8):1194-1220.

<https://doi.org/10.1093/annonc/mdz173>

Notice to the User

This article is part of the '[Public Education Series](#)' initiative by Exon Publications. It was written by professional medical writers for the general public in plain language, based on peer-reviewed articles indexed in PubMed, and further reviewed for scientific accuracy by experts. The views and opinions expressed in this article are believed to be accurate at the time of publication. However, the publisher, editors, and authors cannot be held responsible or liable for any errors, omissions, or consequences arising from the use of the information provided. The publisher makes no warranties, explicit or implicit, regarding the contents of this article or its use. The information in this article is intended solely for informational purposes and should not be considered medical advice.