



# Onco News

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## *From the Desk of Editor*

Dear Readers,  
Happy New Year !

Incidence of breast cancer has increased globally over the last several decades. The greatest increase has been in Asian countries. Including India in Asia, breast cancer incidence peaks among women in their forties. In India premenopausal patients constitute about 50% of all patients. Over 1.5 Lakhs new breast cancer patients are diagnosed annually in India.

Breast cancer screening programs and the availability of new treatments has improved the prognosis of breast cancer patients. However the average 5 year survival rate for women with late stage or advanced breast cancer remains low. On average only 35% of women with advanced breast cancer are alive five years after diagnosis.<sup>2</sup> One third of women are diagnosed with breast cancer at a late stage 3 & 4 when the disease has a very poor prognosis.

In this issue I am presenting in front of you challenges and treatment options in brief way.

With regards  
Naresh Somani  
M.D.,D.M.  
Senior Medical Oncologist



## **Treatment options for Breast Cancer:**

### **Early Breast Cancer**

Treatment options for breast cancer vary depending on the stage at which the cancer is diagnosed. In early stage of Breast Cancer, Surgery and radiotherapy are commonly used.

**Surgery** is considered primary treatment for early-stage breast cancer; many patients are cured with surgery alone. The goals of breast cancer surgery include complete resection of the primary tumor with negative margins to reduce the risk of local recurrences and pathologic staging of the tumor and axillary lymph nodes (ALNs) to provide necessary prognostic information.

- **Adjuvant treatment** of breast cancer is designed to treat micrometastatic disease (ie, breast cancer cells that have escaped the breast and regional lymph nodes but which have not yet had an established identifiable metastasis). Adjuvant treatment for breast cancer involves **radiation therapy and systemic therapy** (including a variety of chemotherapeutic, hormonal and biologic agents).

The purpose of radiation therapy after surgery is to eradicate local subclinical residual disease while reducing local recurrence rates by approximately 75%. On the basis of results from several randomized controlled studies, irradiation of the intact breast is considered standard of care, even in the lowest-risk disease with the most favorable prognostic features.

Systemic adjuvant treatment of breast cancer is designed to treat micrometastatic disease. Treatment is aimed at reducing the risk of future recurrence, thereby reducing breast cancer-related morbidity and mortality. Depending on the model of

**WHO SAID CANCER IS NOT CURABLE?**

P.T.O.

risk reduction, adjuvant therapy has been estimated to be responsible for 35-72% of the reduction in mortality.

Agents used in adjuvant breast cancer chemotherapy include the following:

- Taxanes: Among the most active and commonly used chemotherapeutic agents for the treatment of early stage breast cancer
- Anthracyclines: Used in the treatment of early stage breast cancer for decades, although concerns regarding anthracycline-associated cardiotoxicity or leukemogenic potential remain
- Tamoxifen: Used in the treatment of estrogen receptor (ER)  $\square$  positive breast cancer; decreases estrogen's ability to stimulate existing micrometastases or dormant cancer cells
- Aromatase inhibitors (AIs): Inhibit aromatase, the enzyme responsible for converting other steroid hormones into estrogen

Combination chemotherapy regimens are standard recommendations in the adjuvant setting. Major Cancer and that chemotherapy produces significantly better disease-free and overall survival in patients with ER-negative disease.

### **Neoadjuvant chemotherapy**

The best candidates for neoadjuvant chemotherapy are patients with ER-negative or HER2-positive expressing tumors whose pathologically complete response (pCR) rates are generally above 20% and predict long-term survival. Patients with ER-positive, HER2-negative locally advanced breast cancer (LABC) are unlikely to achieve a pCR from currently available chemotherapy.

- **Treatment of HER2-positive breast cancer**

HER2 agents used in adjuvant therapy for HER2-positive breast cancer include the following:

- Trastuzumab
- Pertuzumab

Agents used in the treatment of HER2-positive metastatic breast cancer include the following:

- Trastuzumab (in conjunction with other chemotherapy)
- Trastuzumab emtansine (T-DM 1)
- Lapatinib
- Pertuzumab

### **Systemic Treatment of Metastatic Breast Cancer**

Marked advances are being made in the treatment of early-stage breast cancer, but many women still develop recurrence and metastasis. In addition, 5-10% of breast cancer patients have metastatic disease at presentation. Although treatments for metastatic breast cancer continue to improve, there remains no cure once distant metastases develop.

### **Hormone therapy**

For patients who have hormone receptor (ER and/or PR) positive disease without a life-threatening component (eg, massive liver metastases) or systemic symptoms requiring immediate palliation for comfort, in general, hormone manipulation is the initial treatment of choice. Response rates are higher with chemotherapy, but so is the incidence of potentially dangerous toxicity, and there is no evidence that patients live longer as a result of receiving initial chemotherapy.

For ER positive metastatic breast cancer, the American Society of Clinical Oncology (ASCO) recommends using endocrine therapy rather than chemotherapy as first-line treatment, except in patients with immediately life-threatening disease or if there are concerns about endocrine resistance.

Hormone agents commonly used are tamoxifen, aromatase inhibitors, fulvestrant & leuprolide.

In post menopausal ladies, Letrozole with Palbociclib or Ribociclib has given impressive results in first line treatment.

### **Chemotherapy/targeted therapy**

Cytotoxic chemotherapy for metastatic breast cancer initially consisted of single-agent regimens. Combination therapy is currently considered up front, depending on the patient's performance status, because of higher response rates. However, in the setting of advanced disease, the goal in determining a treatment regimen should be to prolong survival while maintaining a good quality of life.

With **you** in your fight  
against **Breast Cancer**



**Vivitra**

Trastuzumab Inj. 440mg / 150mc

**Pegstim**

Pegfilgrastim 6mg/0.6ml

**TAXONAB**

Paclitaxel (protein- bound particles)  
for injectable suspension

**NUDOXA**

Doxorubicin Hydrochloride Liposome Injection

**zytax<sup>+</sup>**

RTU Docetaxel Injection 20mg & 80mg

**Femistra**

Anastrozole 1mg tablet

**epixtra**

Epirubicin HCl inj 10 mg & 50 mg

**Fosup**

Fosaprepitant Inj. 150 mg/Vial

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When the patient has life-threatening disease and/or severe symptoms that require quick relief, combinations of cytotoxic agents may be preferable because of their high response rate and early onset of clinical benefit. Randomized trials have shown a survival advantage for the use of a two-drug combination versus a single agent, but this practice has not been widely adopted, because the combination is more toxic and the study designs were flawed in that patients randomized to receive a single agent initially were not crossed over to the other drug component of the initial therapy at the time of relapse.

Chemotherapy/targeted therapy for metastatic breast cancer include anthracyclines, taxanes, capecitabine, gemcitabine, eribulin, vinorelbine, trastuzumab, pertuzumab and nab-paclitaxel etc.

### **RECOMMENDATIONS FOR CANCER PREVENTION**

1. Be as lean as possible without becoming underweight.
2. Be physically active for at least 30 minutes every day. Limit sedentary behavior.
3. Avoid sugary drinks. Limit consumption of energy-dense foods.
4. Eat more of variety of vegetables, fruits, whole grains and legumes such as beans.
5. Limit consumption of red meats (such as beef, pork and lamb) and avoid processed meats.
6. If consumed at all, limit alcoholic drinks to 2 for men and 1 for women a day.
7. Limit consumption of salty foods and foods processed with salt (sodium)
8. Don't rely on supplements to protect against cancer.
9. New mothers should breastfeed babies exclusively for up to 6 months and then add other liquids and foods.
10. Post treatment, cancer survivors should follow the recommendations for cancer prevention.

**And always remember- Do not smoke or  
chew tobacco !!!**

### ***About the SoMex Research & Health Pvt. Ltd.***

- ❖ It is a clinical research and academic organization for promotion of same in Rajasthan.
- ❖ SoMex Academic & Research Committee helps medical fraternity & others in evaluating & designing clinical trials & protocols.
- ❖ Somex has conducted more than 35 Clinical Trials with diverse indications Including Phase 1 and 2, 3 and BA/BE Studies.
- ❖ Somex also designs and conducts Seminars, CMEs & Medical Conferences. It has conducted more than 45 CMEs in various medical fields.
- ❖ Conducts Cancer Awareness & Health Survey programs.

### ***Recent Activities of Somex Research & Health Pvt. Ltd.***

- CME on "Breast Cancer" on 3rd November 2017
- Conducted Indian Breast Cancer Conference, October 2017 (Web.: [www.ibccjaipur.in](http://www.ibccjaipur.in))
- Conducted Neurology Conference on 23 to 24 July, 2017.
- CME on "Multiple Myeloma" on 28th July, 2017.
- CME on "Lung Cancer" on 30th June, 2017.
- CME on "NSCLC beyond first line driver mutation negative patients & what's new in ASCO " on 9th June, 2017.
- CME on "Lung Cancer Update" on 7th April, 2017.

### **BOOK - POST**

To, \_\_\_\_\_

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*If undelivered please return to:*


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