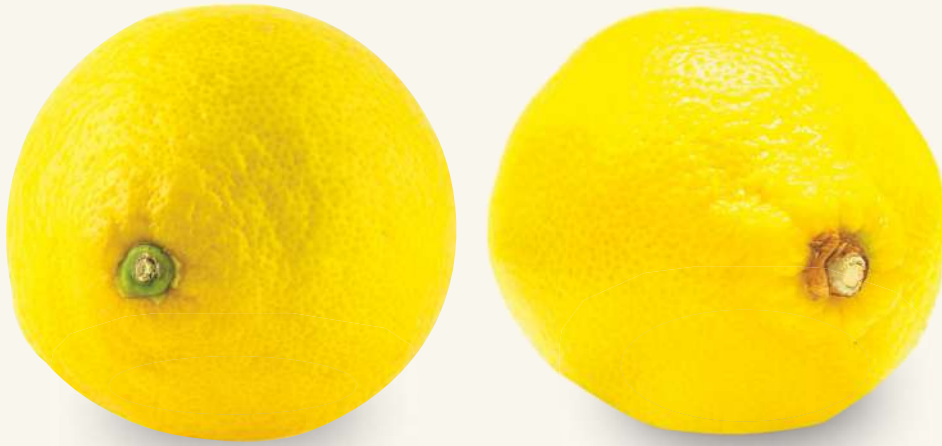


What's new in *breast cancer* care?



Words Patsy Westcott

At least four out of five of the 55,000-plus people who get breast cancer this year will be over 50. Thankfully, the disease is not quite the grim prospect it was.

'Earlier diagnosis, more tailored treatments and greater understanding of underlying biology mean the outlook is improving all the time,' says Professor Andrew Tutt, head of breast cancer research at the Institute of Cancer Research.

To mark Breast Cancer Awareness Month, here are some of the big developments.

New drugs on the block

The discovery that breast cancer is as many as ten different diseases has led to

a golden age of drug discovery and a raft of new smarter, kinder drugs with fewer side effects. Within the past few months, NICE has given the thumbs up to Perjeta (pertuzumab) for some patients with HER2-positive breast cancer, and Kadcyla (trastuzumab emtansine). Both drugs are designed to prevent breast cancer spreading.

A new class of drugs, CDK4/6 inhibitors, which turn off enzymes that trigger proliferation of cancer cells, holds huge promise. One of them, palbociclib, though not yet available on the NHS, has been found to help delay the spread of the most common form of the disease, ER-positive,

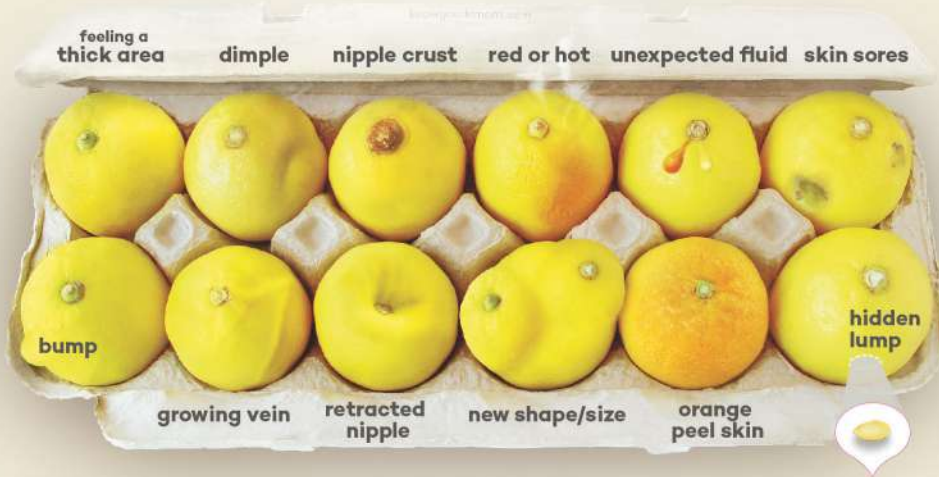
which is fuelled by oestrogen. Another drug, olaparib, was recently found in trials to slow progression of advanced breast cancer in women with inherited mutations in BRCA1 and 2 genes for almost twice as long as standard chemotherapy.

Fresh thinking about treatment

Until recently, standard practice was to launch the equivalent of a nuclear arsenal on breast cancer: surgery, chemotherapy and/or radiotherapy, potentially causing side effects such as fatigue, red skin, hair loss, swelling and damage to the bones or heart. Thanks to better understanding of underlying mechanisms, however, many >

WHAT BREAST CANCER CAN LOOK & FEEL LIKE

Recognise something? Don't panic, some changes are normal. But if it stays around, be smart—show a doctor.



"A cancerous lump usually feels hard and immovable like a lemon seed. It can be any shape or size."



Want information on each symptom?

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experts now argue for, as Professor Tutt puts it, 'de-escalating treatments for some, while escalating them for others'.

So, while some tumours may still necessitate going in with all guns blazing, others may respond to gentler or even no treatment. Currently, women with ductal carcinoma in situ (DCIS), abnormal breast cells in a milk duct detected on mammogram, for example, are usually treated for full-blown breast cancer. DCIS, however, can remain harmlessly in the ducts without causing problems. Some doctors and patients are opting for a 'watch-and-wait' policy – having regular tests to monitor whether the disease progresses and only then deciding to treat.

New generation tests

Thanks to new insights into how genes inside breast cancer cells behave, doctors are able to use increasingly sophisticated

“It's a golden age of discovery with a raft of new smarter, kinder drugs with fewer side effects

'genomic' testing to predict the likely course of the disease. This involves analysing a sample of the tumour.

Last year, for instance, a new test called EndoPredict – which is available only privately – was found to be more accurate, cheaper and faster at predicting the likelihood of a recurrence within ten years than the currently used NHS test. Combined with other information about the make-up of a tumour, genomic tests can spare those at low risk of recurrence from potentially

gruelling chemotherapy and other invasive treatments.

Genomic tests are not to be confused with genetic testing, which involves analysing blood or saliva for faults in DNA inherited from our parents, such as the BRCA1 gene made famous by Angelina Jolie.

Less invasive surgery and radiotherapy

Lumpectomy as opposed to mastectomy (breast removal) has long been an option for many women. And now other, even more breast-sparing techniques are becoming part of the armoury of weapons against the disease. These include the option of removing just a few lymph nodes in the armpit to which breast cancer may have spread, rather than all of them, so helping to minimise the risk of the uncomfortable and sometimes painful arm swelling – lymphoedema – that can strike

Causes

Breast cancer results from a combination of genes, age, environment and lifestyle choices. Faulty genes account for 5-10% of cases. Dense breasts consisting mainly of glandular tissue increase the risk too. Meanwhile, 27% of preventable breast cancers are linked to lifestyle and environmental factors. Alcohol consumption, exposure to oestrogen (including the Pill and HRT) or X-rays, gaining weight as an adult, and percentage of body fat all increase risk.

Beyond words

Worldwide Breast Cancer's clever Know your Lemons campaign, *left and below*, is designed to cut across barriers of literacy, taboo and fear throughout the world. The charity aims to cut deaths from breast cancer by 25% by 2025. For more, see worldwidebreastcancer.org

weeks, months or even years after surgery.

Meanwhile, last year researchers from London's Institute of Cancer Research discovered that in early breast cancer, following surgery, a new type of radiotherapy – intensity modulated radiotherapy – beamed around only the part of breast containing the tumour is just as effective as irradiating the whole breast. It also has fewer longer-term effects such as breast shrinkage, lumpiness and soreness, which can affect quality of life and self-esteem.

Better support for those living with breast cancer

As more and more women now survive breast cancer, so the need for new ways to support them through treatment and beyond increases. Breast Cancer Now is supporting researcher Professor Deborah Fenlon to look into how best to deliver cognitive behaviour therapy

(CBT) to reduce the impact of two major side effects of breast cancer treatment: hot flushes and night sweats. Seven out of ten women treated for breast cancer experience these symptoms, which can affect their jobs, relationships and overall quality of life to such an extent that some even abandon treatment.

Breast Cancer Care, meanwhile, recently launched an app, BECCA, short for Breast Cancer Care App. Looking like a deck of cards, it offers tips on exercise, diet, hobbies and mental wellbeing, helping to inspire patients to regain confidence and move on with life once treatment is over.

New ways to protect yourself

While some risks for breast cancer are well established, the importance of others is only

Need to know
Survival is highest in 60-69 year olds with 9 out of 10 in this age group living five years or more.

now becoming fully recognised. Earlier this year a major report found that drinking the equivalent of a small glass of wine or beer a day boosts breast cancer risk pre-menopausally by 5% and by 9% post-menopausally. Other new studies reveal that, in general, weight gain over the course of adult life, but especially after menopause, increases risk.

Recent Canadian research, meanwhile, finds that physical activity has the biggest effect on reducing the risk of breast cancer recurrence or death, adding weight to previous studies. In fact, according to the World Cancer Research Fund, an estimated two in five breast cancers in the UK could be avoided by three simple steps: maintaining a healthy weight, being physically active and not drinking alcohol.



Extra online

For more breakthroughs in breast cancer diagnosis and treatment, visit saga.co.uk/oct-mag

WHAT TO FEEL FOR WHEN CHECKING YOUR BREASTS

Know what is normal for you between your regularly scheduled mammograms. A lump is not the only sign.



A cancerous lump often feels hard and immovable like a lemon seed.

(It can be any shape or size.)



Feel from your armpit to your collar bone to the bottom of your rib cage.



Do you know when to examine yourself and have a mammogram?

knowyourlemons.com