Breast Cancer

PREVENTION, DETECTION & TREATMENT

The Center for Community Health Development's
CHW
National Community Health Worker Training Center

National Community Health Worker Training Center (CCHD)
Texas A & M School of Public Health

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The Center for Community Health Development's
CHW
National Community Health Worker Training Center

Pre-test

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Disclaimer

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PREVENTION & DETECTION

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Introductory Dynamic

Breaking the Myths

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MYTH

It's a death sentence to have cancer.

FACT

The likelihood of dying from cancer has declined steadily since the 1990s in the United States.

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MYTH

Artificial sweeteners cause cancer.

FACT

Researchers have conducted studies and have found no evidence that they cause cancer in humans.

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MYTH

There is a medicinal herb to cure cancer.

FACT

No. There is no herbal product that is proven to be effective for the treatment of cancer.

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MYTH

If no one in my family has had cancer, I don't have any risk.

FACT

No. According to the most recent data, 40% of men and women will receive a cancer diagnosis at some point in their lives.

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MYTH

Antiperspirants or deodorants cause breast cancer.

FACT

No. Studies have found that there is no evidence linking chemical substances commonly found in antiperspirants and deodorants with changes in breast tissue.

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MYTH

Bumps and bruises cause breast cancer.

FACT

Bumps, sport injuries or other injuries do not produce breast cancer.

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MYTH

Breast cancer does not occur until menopause.

FACT

While it is true that the risk of breast cancer increases with age (over 70% of breast cancer occur in women over 50) tumors can occur at any age.

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MYTH

Radiation therapy is dangerous and will burn my heart, ribs and lungs.

FACT

Current radiation techniques are safe and effective for treating breast cancer and have few complications.

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MYTH

The biopsy scatters cancer.

FACT

Biopsies been used for a long time for diagnosis. These are safe methods and do not spread the disease.

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MYTH

It is not possible for men to develop breast cancer.

FACT

It is very rare, but 1% of all breast cancers affect men.

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MYTH

Mobile phones, living near high voltage cables, and microwave ovens produce cancer.

FACT

There is no scientific evidence of a link between any of these objects and cancer.

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INTRO

INTRODUCTION

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WHAT IS BREAST CANCER?

- A malignant tumor is a group of cancer cells that could grow into (invade) the surrounding tissues or spread (metastasize) to distant areas of the body.

- These cells normally form a tumor which often can be seen on a radiograph or can be felt as a lump.

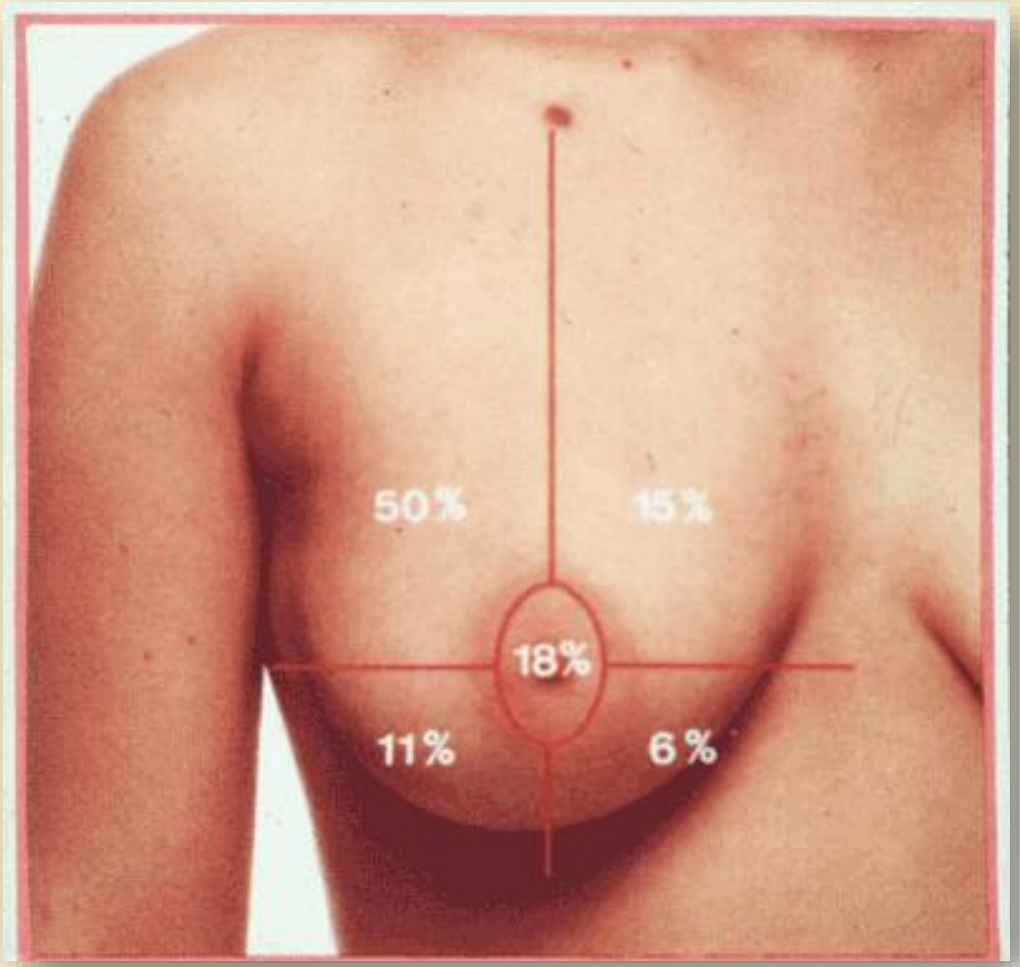

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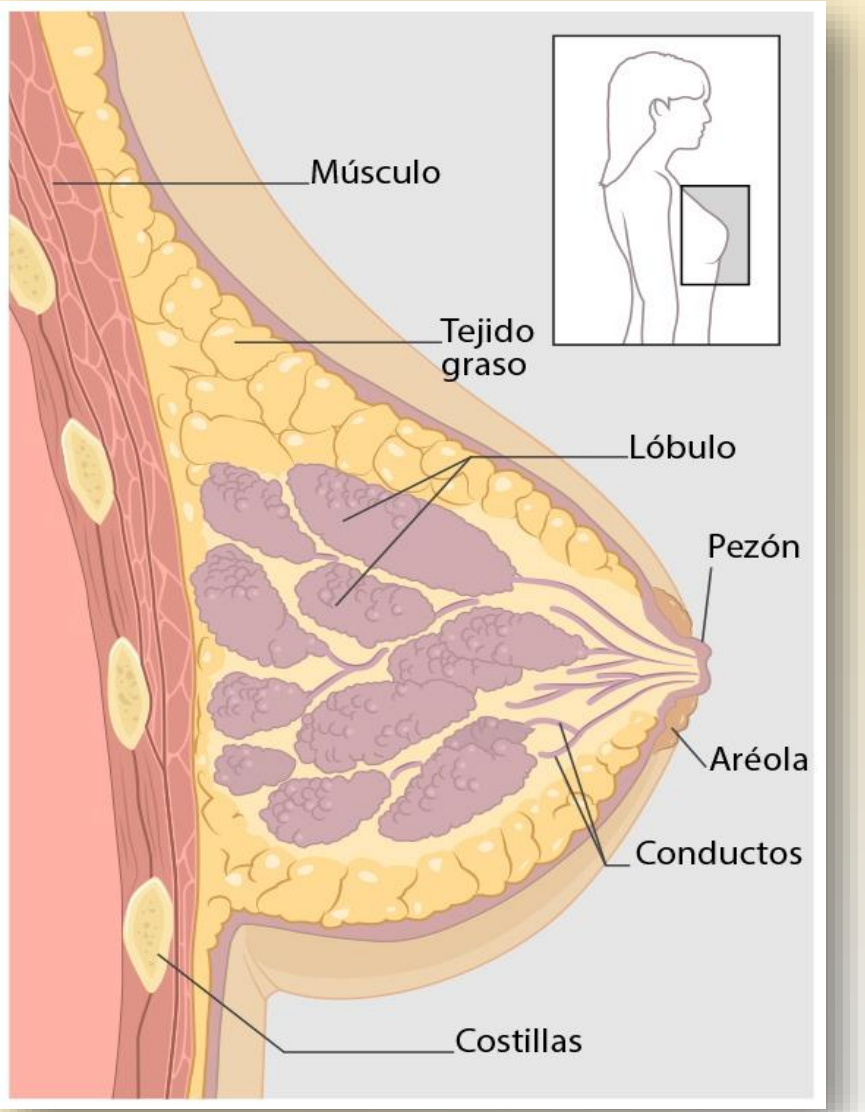
DIAGRAM DEVELOPMENT OF BREAST CANCER

- ***Lobules*** (milk-producing glands)
- ***Ducts*** (tiny tubes that carry milk from the lobules to the nipple)
- ***Stroma*** (fatty tissue and connective tissue surrounding the ducts and lobules, blood vessels and lymphatic vessels)



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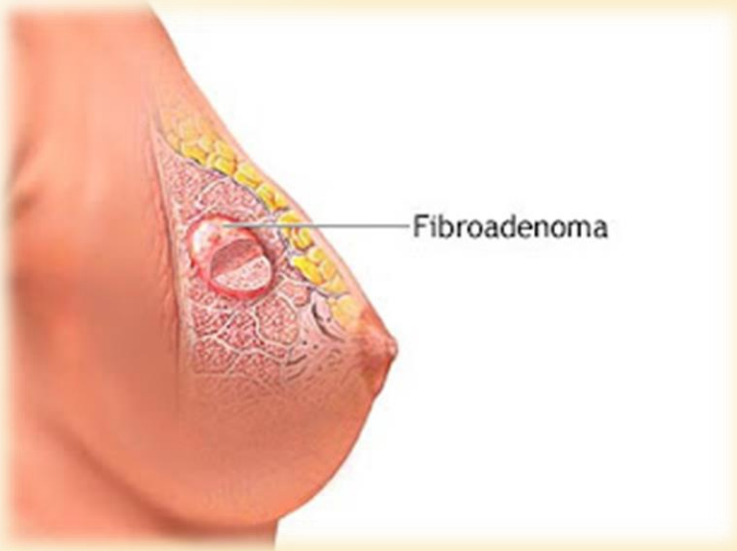
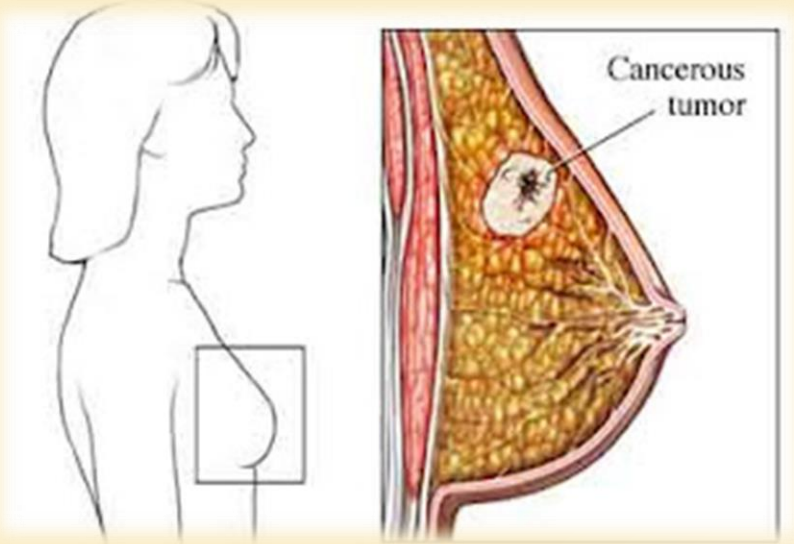
TUMORS IN THE BREAST CAN BE:



Benign

(noncancerous)

The term benign is used to refer to non-cancerous changes.



Malignant (cancerous)

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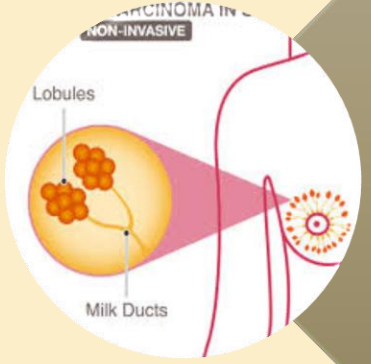
Types of Breast Cancer

Breast cancer begins in the breast tissue and there are two main types:



Ductal carcinoma starts in the tubes (ducts) that move milk from the breast to the nipple. Most breast cancers are this type.

Lobular carcinoma starts in parts of the breast called lobules, which produce milk.

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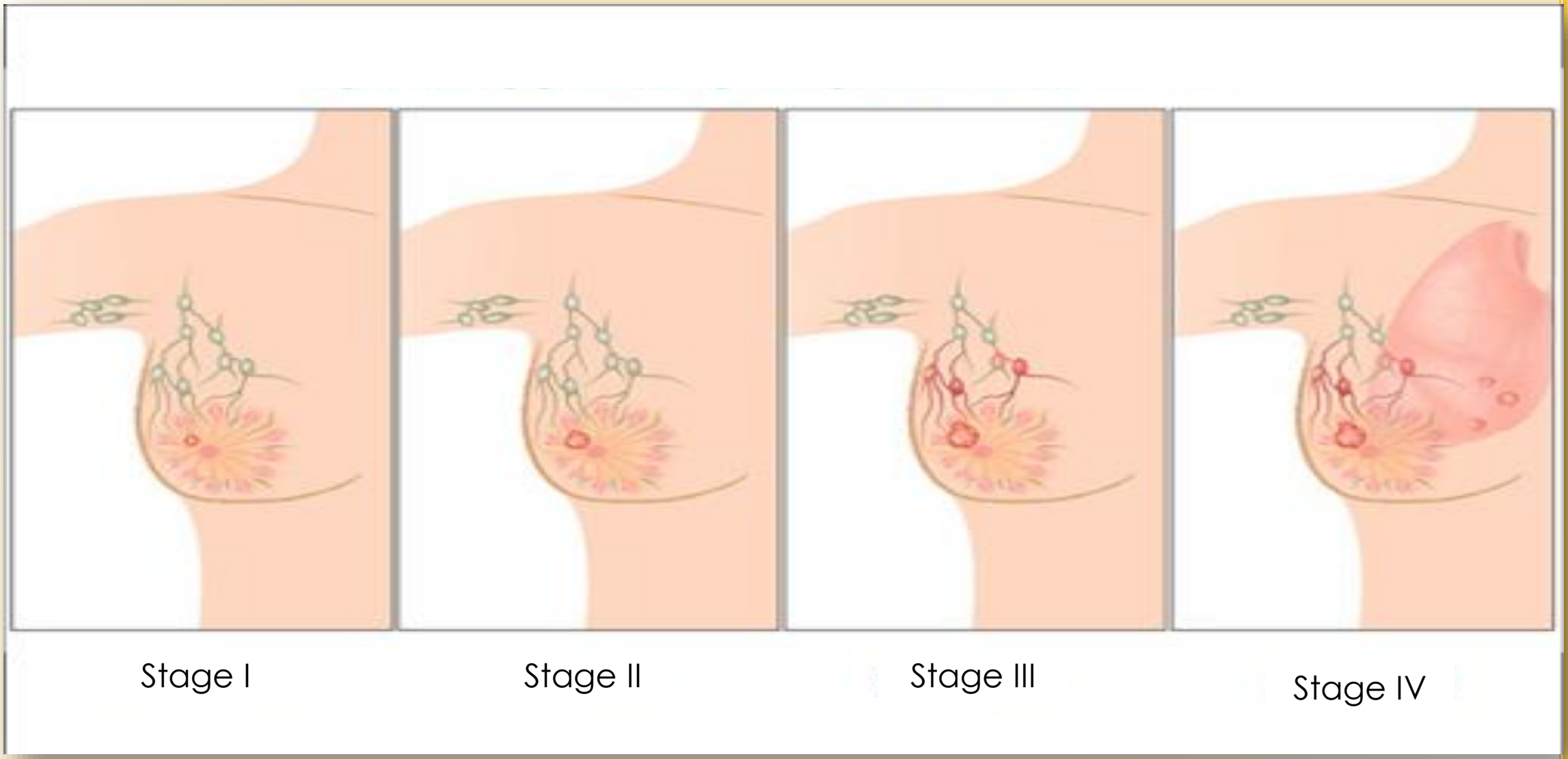
Stages of Breast Cancer



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NUMBERS

STATISTICS

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STATISTICS

At a Glance

Estimated New Cases in 2018	266,120
% of All New Cancer Cases	15.3%

Estimated Deaths in 2018	40,920
% of All Cancer Deaths	6.7%

Percent Surviving 5 Years
89.7%
2008-2014

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Breast Cancer in Hispanics

- Most common cancer
- Incidence rate of 91.9/100,000 women
- 9.8%: probability of developing breast cancer
- 87.8% 5 year survival rate
- Mortality rate of 14.3/100,000 women
- 61% had a mammogram within the last 2 years

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Breast Cancer in African Americans

- Most common cancer
- 2nd highest incidence rate (125.5/100,000 women)
- Highest mortality rate (28.7/100,000 women)
- 81% 5 year survival rate
- 69% had a mammogram within the last 2 years

http://www.cancer.org/acs/groups/content/@nho/documents/document/ffhispanicslatinos20092011.pdf

Breast Cancer in Non-Hispanic Whites

- Most common cancer
- Highest incidence rate (128.7/100,000 women)
- 2nd highest mortality rate (20./100,000 women)
- 89.3% 5 year survival rate
- 65% had a mammogram within the last 2 years

http://www.cdc.gov/cancer/breast/statistics/race.htm

http://www.cancer.org/acs/groups/content/@nho/documents/document/ffhispanicslatinos20092011.pdf

CAUSES

RISK FACTORS

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WHO IS AT RISK?

Risk factors that CANNOT can be changed

Risk Factors Related to Lifestyle

Controversial/Unproven Risk Factors

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Risk factors that CANNOT be changed

- Being a woman
- Aging
- Genetic risk factors
- Family history
- Personal history
- Race and Ethnicity

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Risk factors that CANNOT be changed

- Dense breast tissue
- Some benign breast conditions
- Non-proliferative lesions
- Proliferative lesions without atypia (change in normal cell morphology)
- Proliferative lesions with atypia
- Menstrual periods

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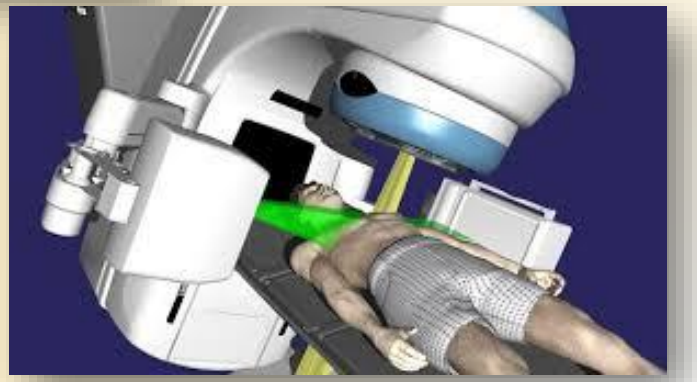
Factors Related to Lifestyle

- Recent use of oral contraceptives
- Not having children
- Hormone therapy
- Radiation
- Alcoholic beverages
- Overweight or obese
- Smoking



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Protective Factors Related to Lifestyle

- Having children
- Breast feeding
- Being physically active
- Healthy eating habits

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Controversial/Unproven

- Diet and vitamins
- Antiperspirants
- Bras
- Induced abortion
- Breast Implants
- Chemicals in the environment
- Cigarette or tobacco smoke
- Night work

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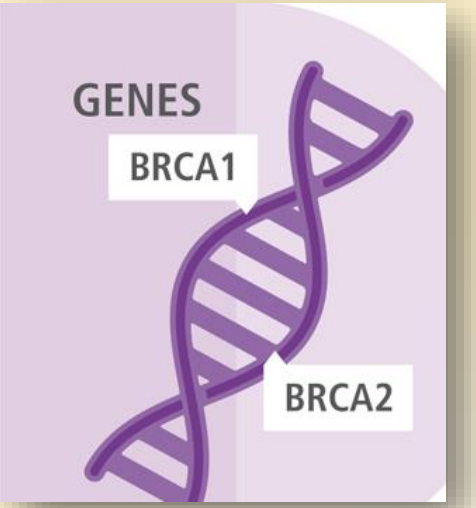
High-risk factors:

- BRCA1 and BRCA2: the most common cause of hereditary breast cancer is an inherited mutation in the BRCA1 and BRCA2 genes.
- In normal cells, these genes help prevent cancer by making proteins that help prevent abnormal cell growth.
- Mutant versions of these genes can not stop the abnormal growth and can cause cancer.



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How much does the risk increase of developing breast or ovarian cancer if you have a mutation of the gene BRCA1 or BRCA2?

- Breast cancer: About 12% of women in the general population will develop breast cancer sometime in their lives.
- Ovarian cancer: About 1.3% of women in the general population will be diagnosed with ovarian cancer sometime in their lives.
- By contrast, according to the most recent estimates, 39% of women who inherit a harmful BRCA1 and 11-17% of women who inherit a harmful BRCA2 mutation will be diagnosed with cancer by the age of 70.

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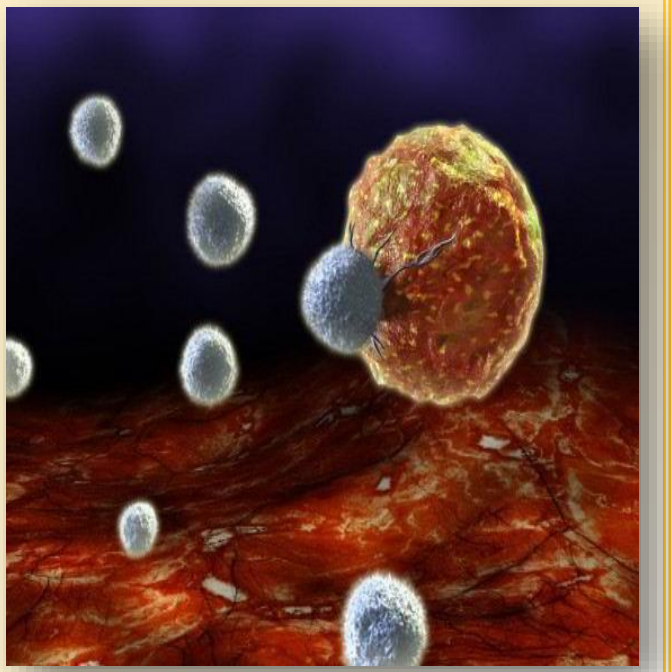
What is triple negative breast cancer?

- Triple negative breast cancer is named because tumors are without estrogen receptors, progesterone receptors, and HER2 receptors
- Compared with other types of breast cancer, it tends to grow faster and is less likely to be observed in an annual mammogram.
- In addition, it is more likely to spread to other parts of the body early.



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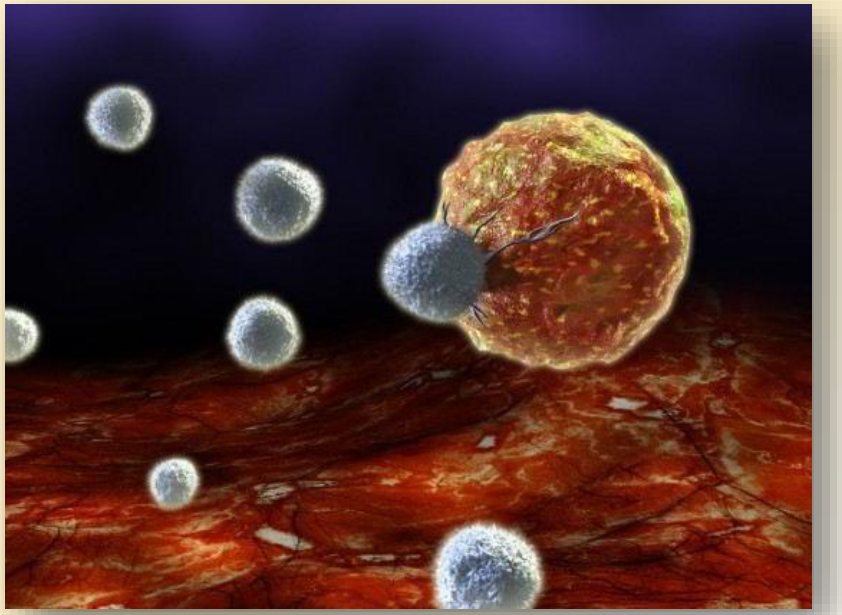
What is triple negative breast cancer?

- It also tends to recur (Return) more often than other subtypes of breast cancer.

- Usually the prognosis is worse than for other types of breast cancer with positive hormone receptors.



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Who gets triple negative breast cancer?

In the United States, approximately 15 to 20% of all breast cancers are triple cancer negative or basal (basaloid).

It occurs most often in:

- Young women
- African American women
- Hispanic / Latino women
- Women who have mutations of the gene

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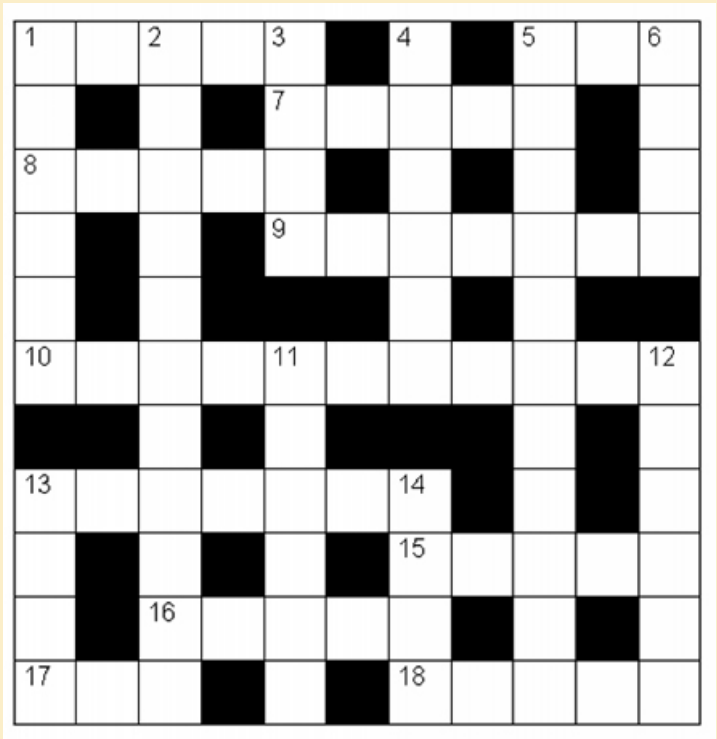
ACTIVITY:
Breast Cancer Awareness Crossword



http://www.socialjusticenews.net/crossword-702

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What to look for?

Signs and Symptoms

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SIGNS AND SYMPTOMS OF BREAST CANCER:

The most common symptom of breast Cancer is a new lump.

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BREAST CANCER ALERTS

Protuberances

Increasing veins

Dimpling

Internal lump

Skin Erosions

Sinking of the nipple

Orange skin

Reddening & burning

Hollow

Asymmetry

Unusual discharge

Hardening

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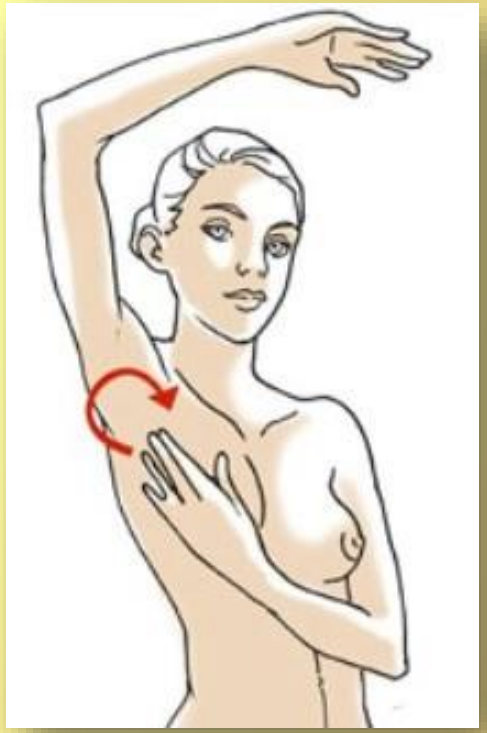
PREVENTION

EARLY DETECTION



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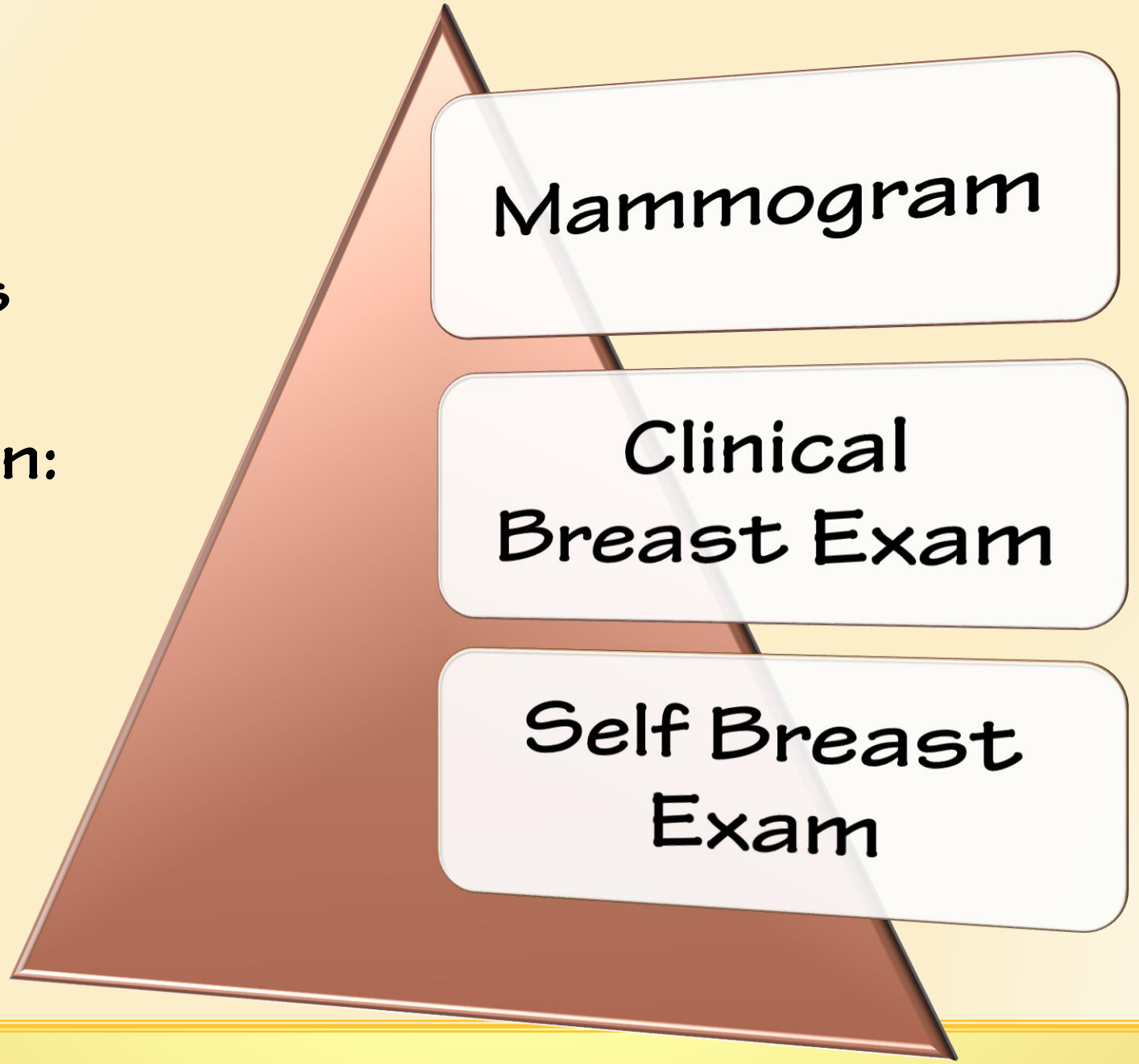
Methods of early detection:



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Mammogram

- An image of the breast taken with x-rays
- To take a mammogram, a technologist will use a special x-ray machine to place the breast on a transparent plastic plate and cover firmly with another plate.

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Mammogram

The American Cancer Society recommends the following for early detection of breast cancer:

- Women 40 to 44 years old should have the option of starting their annual mammogram if they wish.
- Women 45 to 54 should have a mammogram every year.
- Women 55 and older should switch to a mammogram every two years, or they can choose to continue their screening annually.

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TYPES OF MAMMOGRAMS

Traditional Mammography

Digital Mammography

Tridimensional Mammography

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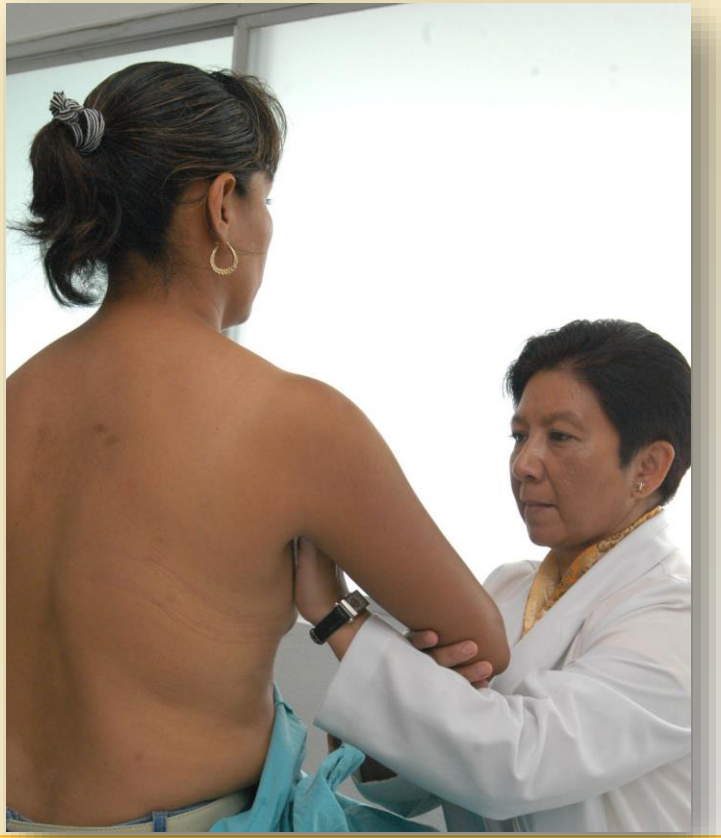
Clinical Breast Exam

- A clinical breast exam is a breast exam performed by a doctor or other health professional.
- A doctor or nurse will feel the breast to detect any lumps or other abnormalities.



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Self Breast Exam

- Breast self-examination is practiced from age 20
- The best time to conduct a breast self-examination is within 3 to 5 days after the start of your period.
- If you have reached menopause, do your exam on the same day every month.
- The breast exam is not only for the breast itself but also the area toward the armpit.

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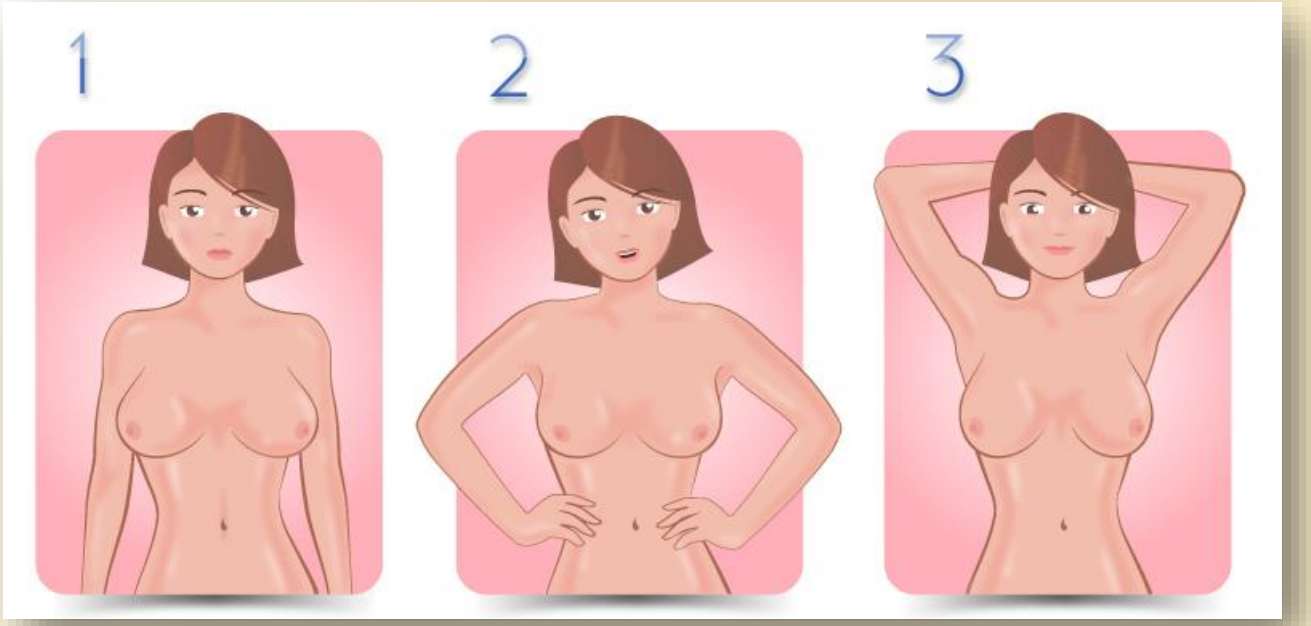

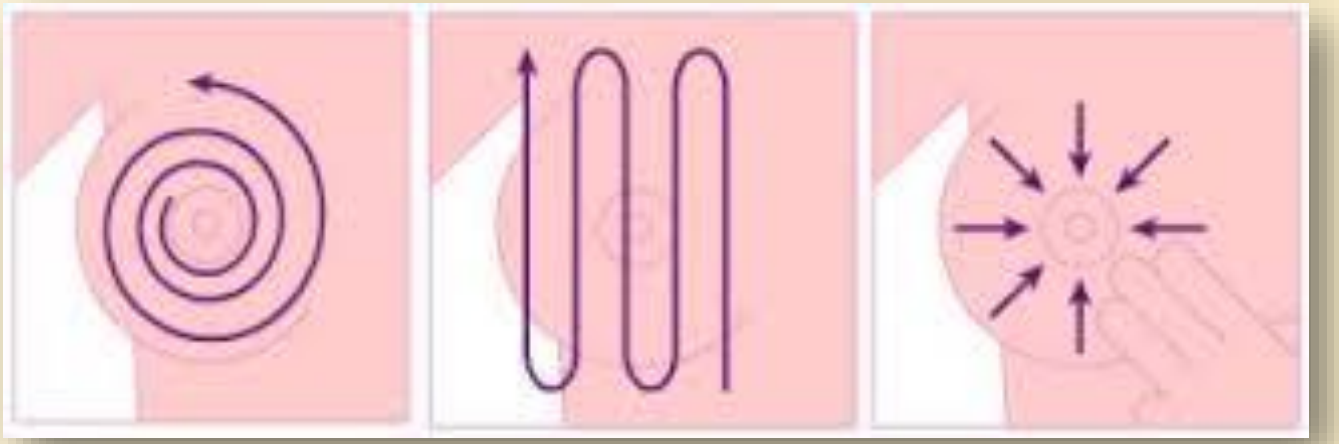

Self Breast Exam

- Self-examination can be done in two ways.
  - While bathing
  - While standing in front of the mirror

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Other Preventive Measures

There is no sure way to prevent breast cancer, but there are steps that all women can take that may reduce the risk, such as changing those risk factors that can be controlled.

- ✓ Maintain a healthy body weight
- ✓ Be physically active
- ✓ Eat healthy foods
- ✓ Limit alcoholic beverages
- ✓ Breastfeed babies
- ✓ Do not use hormone therapy
- ✓ Early detection

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VIDEO

The Center for Community Health Development's CHW National Community Health Worker Training Center

How is the breast self-exam done?

https://www.youtube.com/watch?v=cHJOFIZY10c

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BREAST CANCER DURING PREGNANCY

- Sometimes breast cancer occurs in women who are pregnant or have just given birth.
- The signs of breast cancer include a lump or change in the breast.
- It can be difficult to detect breast cancer early in pregnant or lactating women.
- Breast exams should be part of prenatal and postnatal care.

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BREAST CANCER DURING PREGNANCY

- Breast cancer is diagnosed in about 1 in 3,000 pregnant women.

- When a pregnant woman has breast cancer, it is often diagnosed at a more advanced stage than would be diagnosed if not pregnant.

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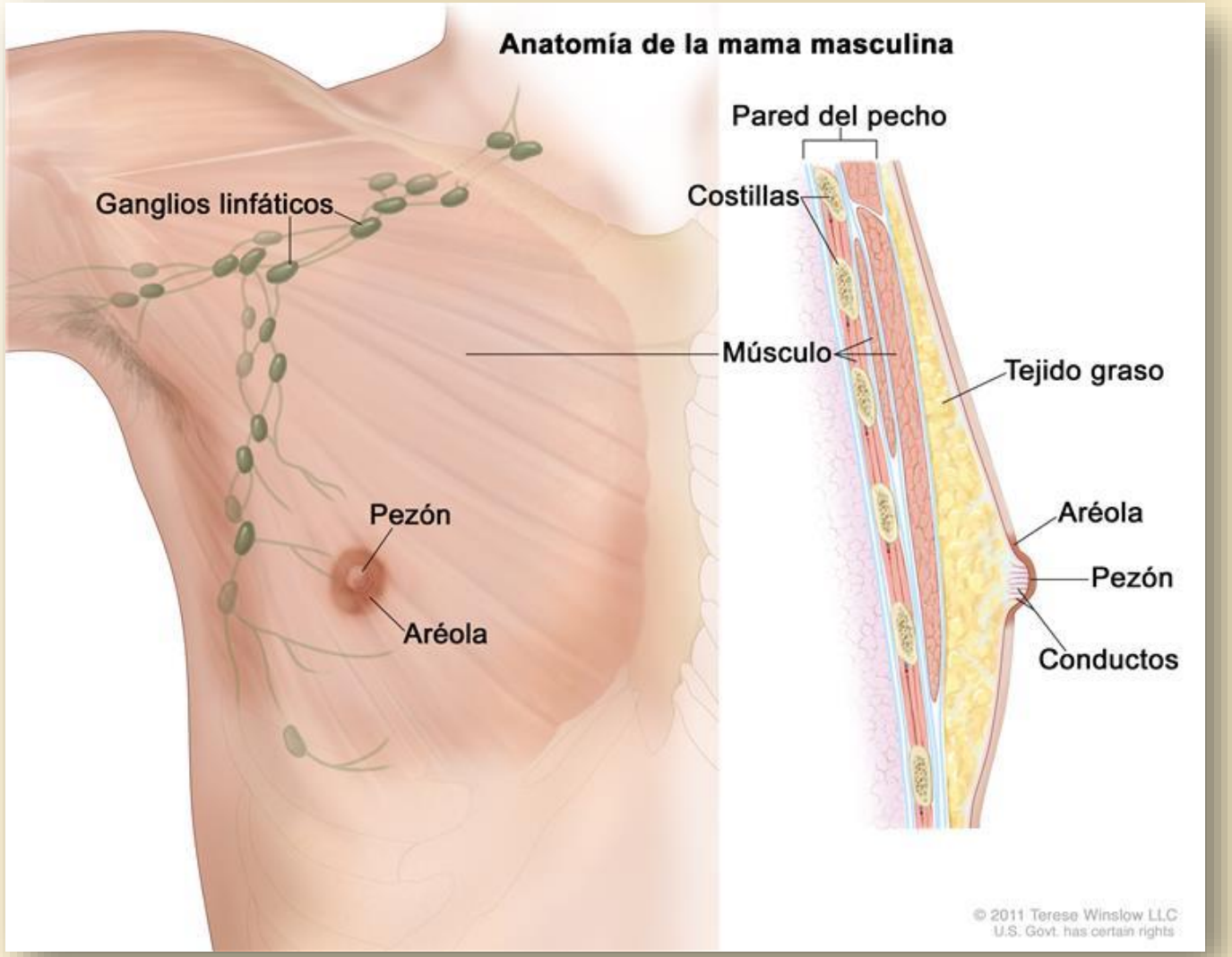
BREAST CANCER IN MEN



- Male breast cancer is a disease in which malignant (cancer) cells in breast tissues are formed.
- To detect and diagnose male breast cancer, a variety of tests can be used.

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BREAST CANCER IN MEN

- Exposure to radiation, high estrogen levels, and a family history of breast cancer may increase the risk of a man presenting this type of cancer.
- Family history and inherited genetic mutations (changes) increase the risk of male breast cancer.
- Men with breast cancer usually have masses that can be felt.

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BREAST CANCER IN THE LGBTQ COMMUNITY

- Lesbian, gay and bisexual women are at increased risk of breast cancer compared to other women.
- The increased risk is not due to sexual orientation.

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MOST COMMON RISK FACTORS IN LGBT WOMEN

- Never having had children or having them at an older age.
- Lesbian women tend to have higher rates of obesity and alcohol consumption.
- Lesbian and bisexual women tend to have less routine screenings. That may be due to:
  - Lack of health insurance
  - Perception of having a low risk of cancer

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MOST COMMON RISK FACTORS IN LGBT WOMEN

- Some people may also delay or avoid visiting a health care provider.
- They may fear being treated badly because of their orientation.

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Why is LGBT Health important?

- The elimination of LGBT health disparities and improving efforts to improve LGBT health are necessary to ensure that LGBT people can live a long and healthy life.

- The many benefits of addressing health problems and reducing differences include:
  1. Reducing disease transmission and progression
  2. Increasing physical and mental health
  3. Reducing health costs
  4. Increasing longevity

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VIDEO

The Center for Community Health Development's CHW National Community Health Worker Training Center

Reexamining LGBT Healthcare

https://www.youtube.com/watch?v=XqH6GU6Trzl

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RECOMMENDATIONS

- Mammogram: All women and transgender women with breast tissue.
- Choose a health care provider with whom you feel comfortable.
- Know your risk: Finding out your family health history.
- Talk to your healthcare provider about your own risk.
- Talk to your healthcare provider about which screening tests are best for you.
- Have a mammogram every year from the age of 45 if you are at average risk.

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RECOMMENDATIONS

- Begin a clinical breast exam at least every 3 years starting at age 20 and once a year after 40.
- Know how your breasts look and feel; if you notice any changes tell your health care provider.
- Keep a healthy lifestyle such as maintaining a healthy weight, exercise regularly, limit alcohol consumption, avoid using menopausal hormones (postmenopausal hormones) and if possible, breastfeed your baby.

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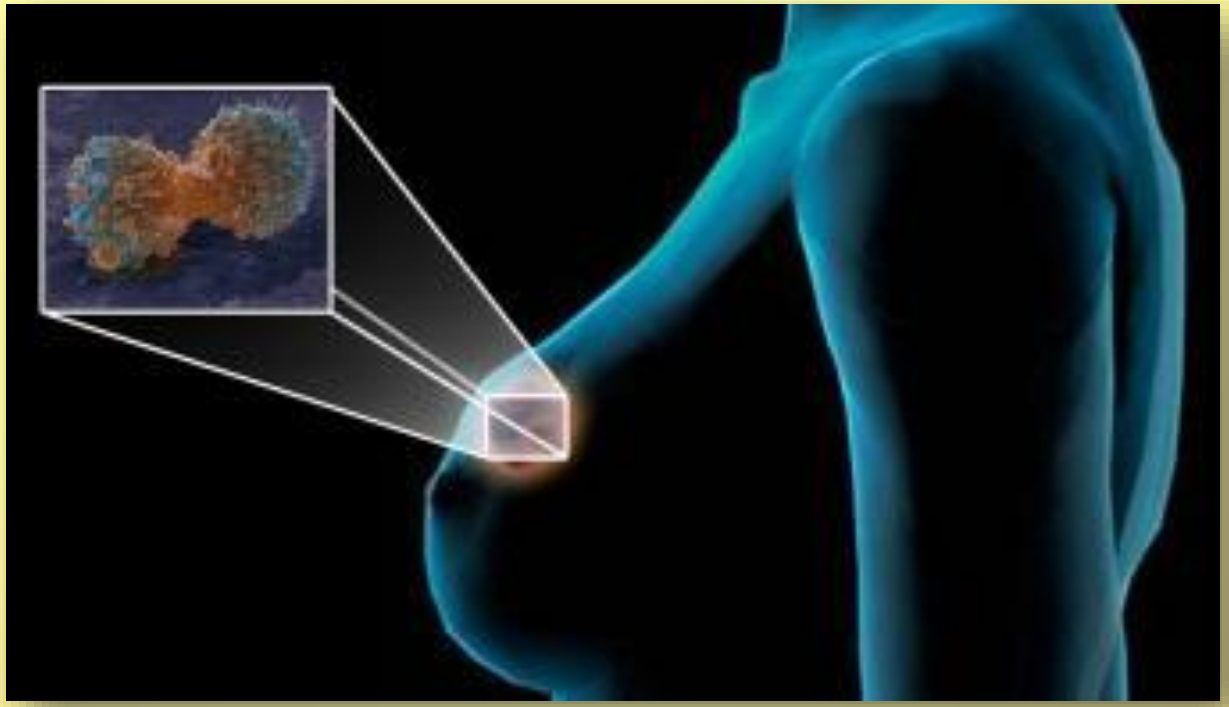
DIAGNOSTIC

TESTS & EXAMS



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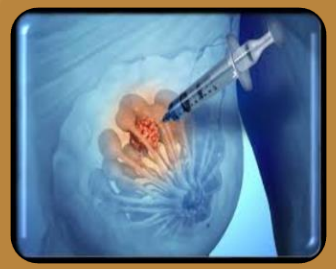
Tests used to diagnose and monitor patients with breast cancer include:

MRI of the breast

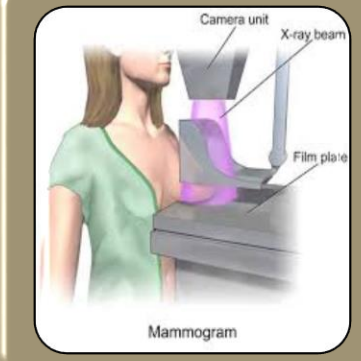
Breast Sonogram



Breast Biopsy

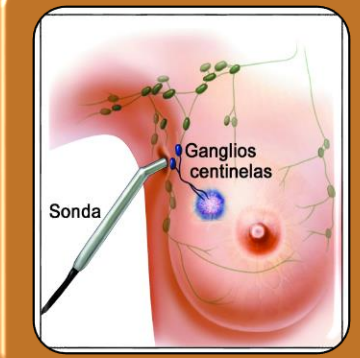
Computerized Tomography

Tests used to diagnose and monitor patients with breast cancer include:



Mammography

Positron emission tomography (PET)



Lymph node biopsy

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Breast Cancer

TREATMENT

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National Community Health Worker Training Center (CCHD)
Texas A & M School of Public Health

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ACTIVITY:
DECORATE YOUR "SUPPORT BRA"

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GENERAL OVERVIEW

- ✓ There are a variety of Treatment options for Breast Cancer. The best option depends on the type and stage of cancer.
- ✓ People diagnosed with breast cancer usually receive more than one type of treatment.
- ✓ Normally, doctors in different specialties work together to treat breast cancer.

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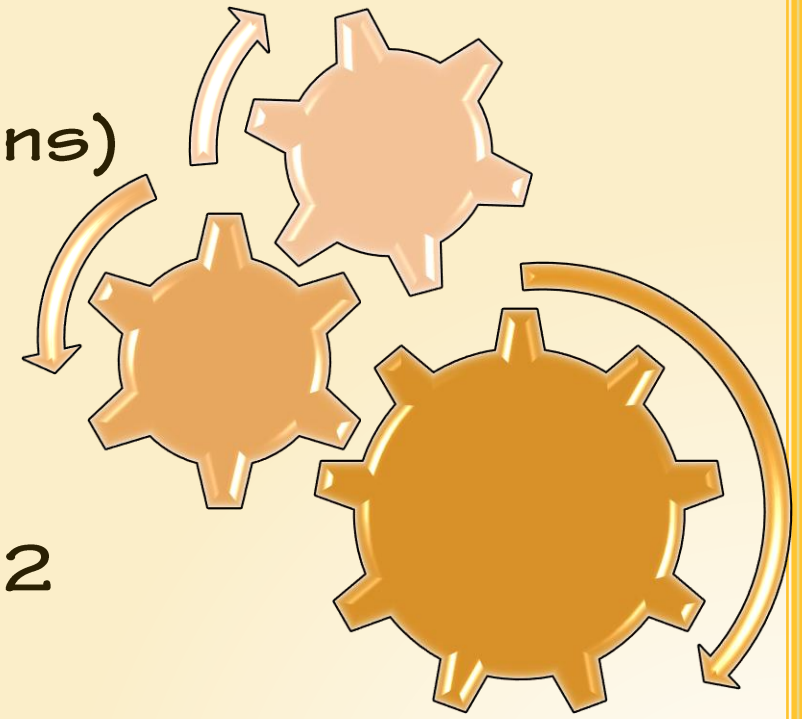
FACTORS AFFECTING RECOVERY & TREATMENT OPTIONS:

- Stage of cancer (tumor size & locations)
- Breast cancer type
- Estrogen receptor & progesterone receptor levels in the tumor
- Human epidermal growth factor type 2 receptor levels
- Whether the tumor is triple-negative



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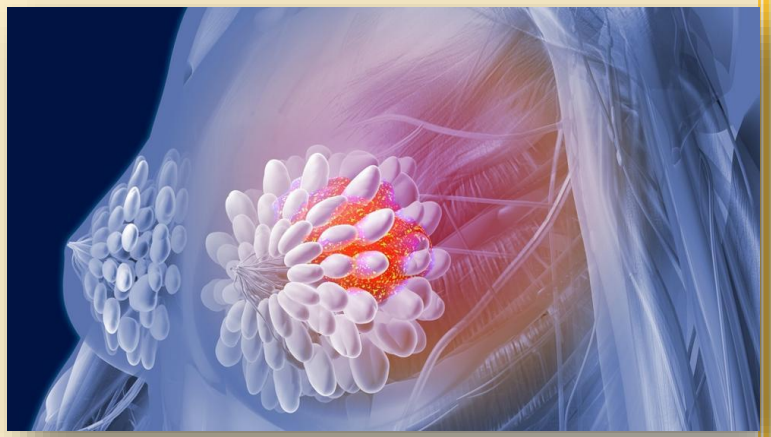
FACTORS AFFECTING RECOVERY & TREATMENT OPTIONS

- How fast the tumor is growing
- How likely the tumor is to come back
- Age, general health, & menopausal status
- Whether cancer has just been diagnosed or has come back



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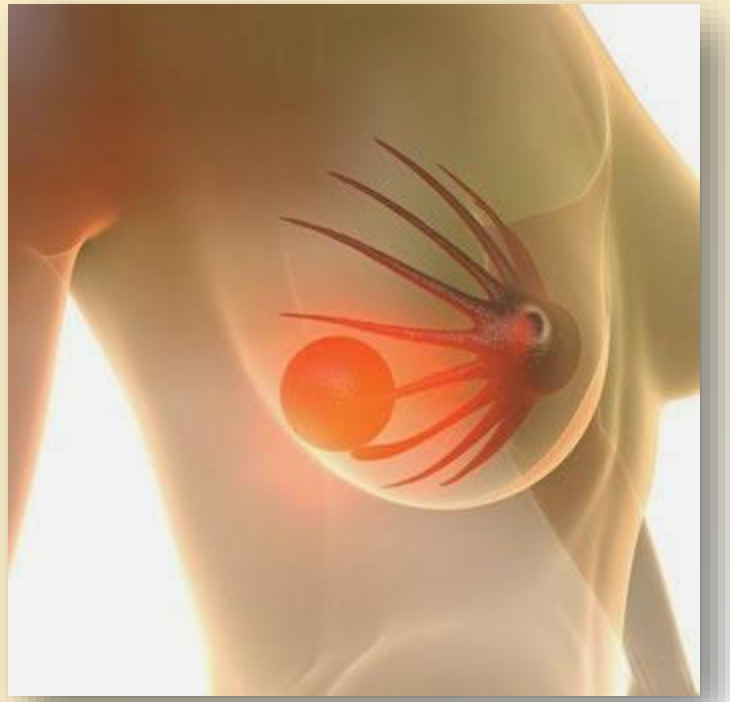
DETERMINING TREATMENT OPTIONS:

- Decisions about the best treatment are based on the results of tests. The tests give information about:
  - How quickly the cancer may grow.
  - How likely it is that the cancer will spread through the body.
  - How well certain treatments might work.
  - How likely the cancer is to come back.



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CATEGORIES OF TREATMENT OPTIONS:

Conventional Treatments

Complementary Treatments

Alternative Treatments

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TREATMENTS

Conventional

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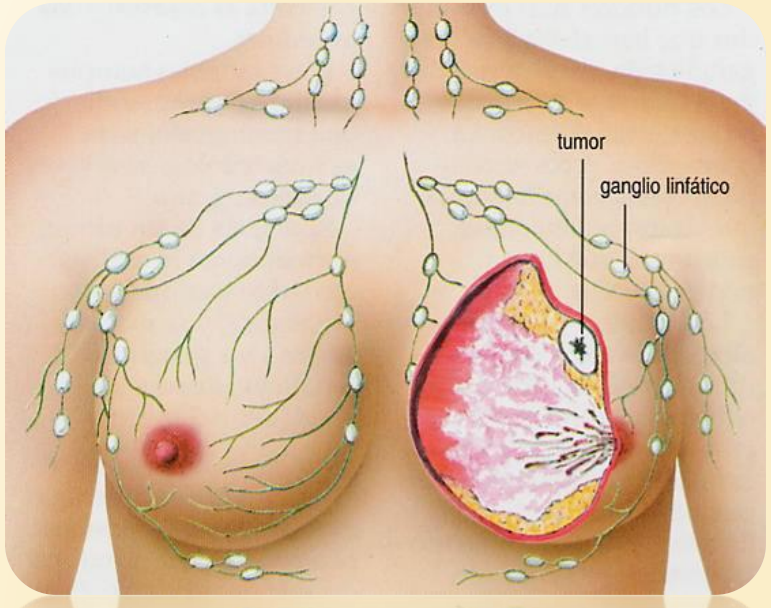
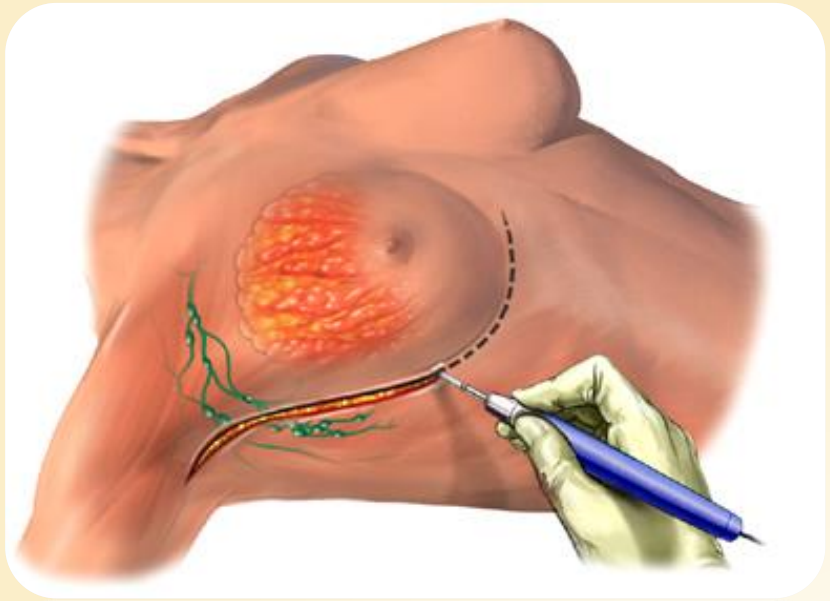
1. ONCOLOGY SURGERY

MASTECTOMY





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Palliative Surgery

RECONSTRUCTIVE SURGERY

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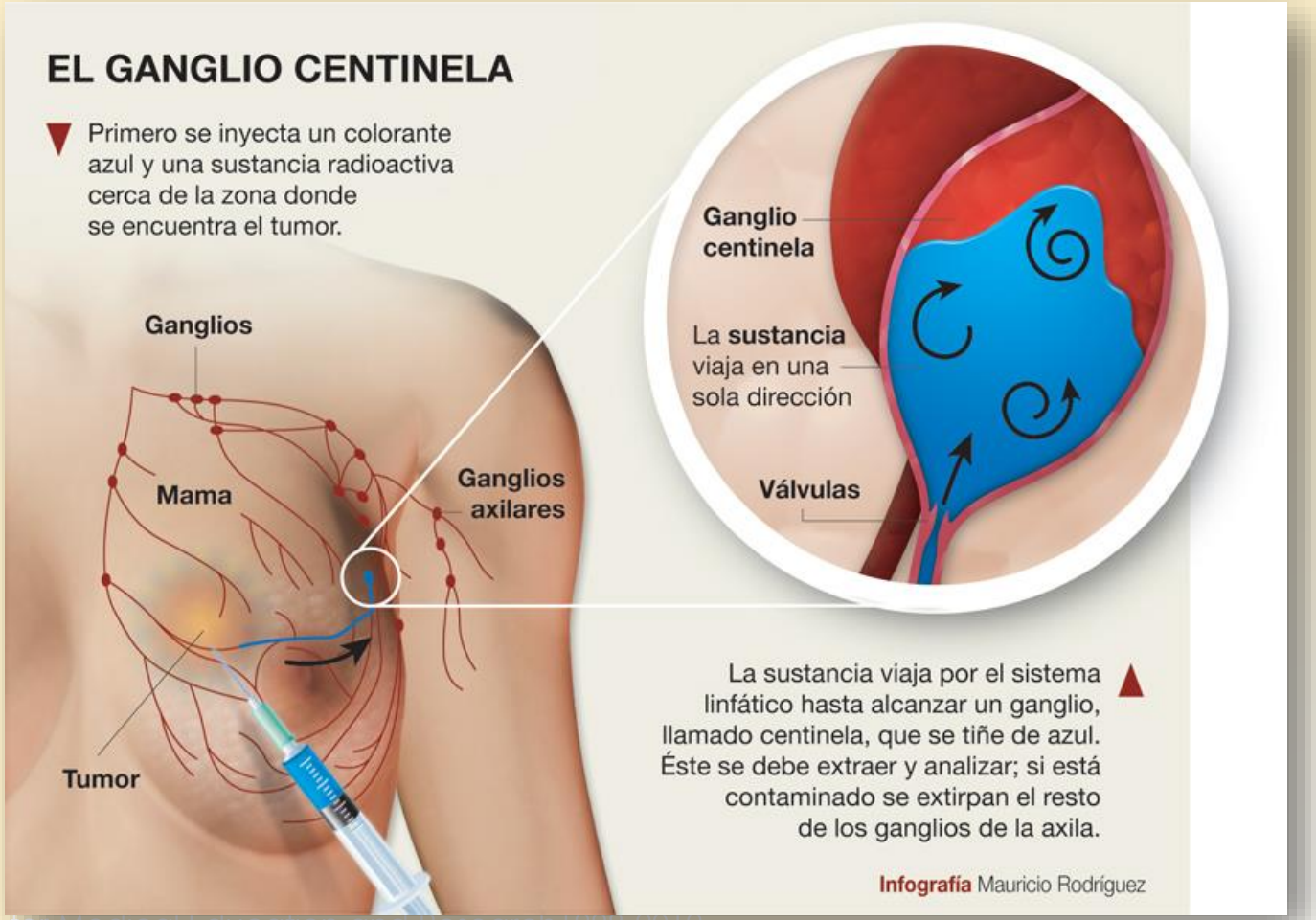
2. SENTINEL LYMPH NODE BIOPSY FOLLOWED BY SURGERY



Mayo Foundation for Medical Education and Research 1998-2012

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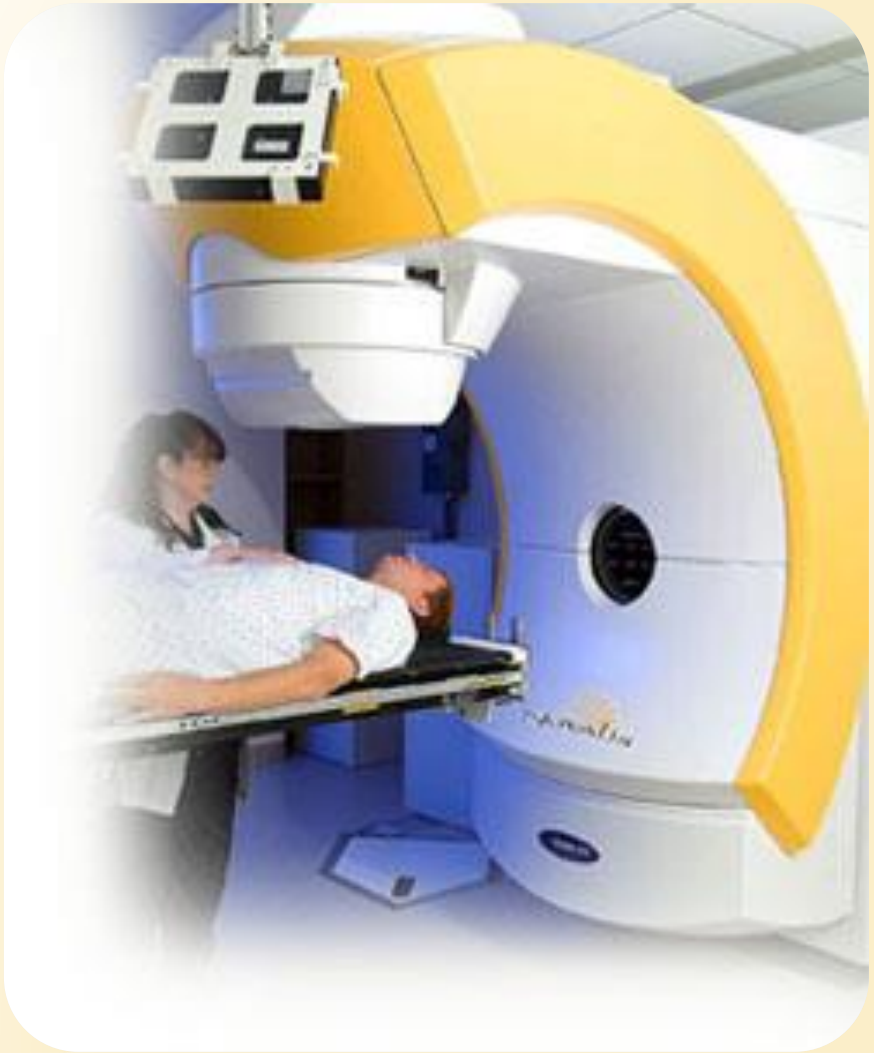
3. RADIOTHERAPY



- The goal of radiotherapy is to kill cancer cells without harming surrounding healthy tissue.

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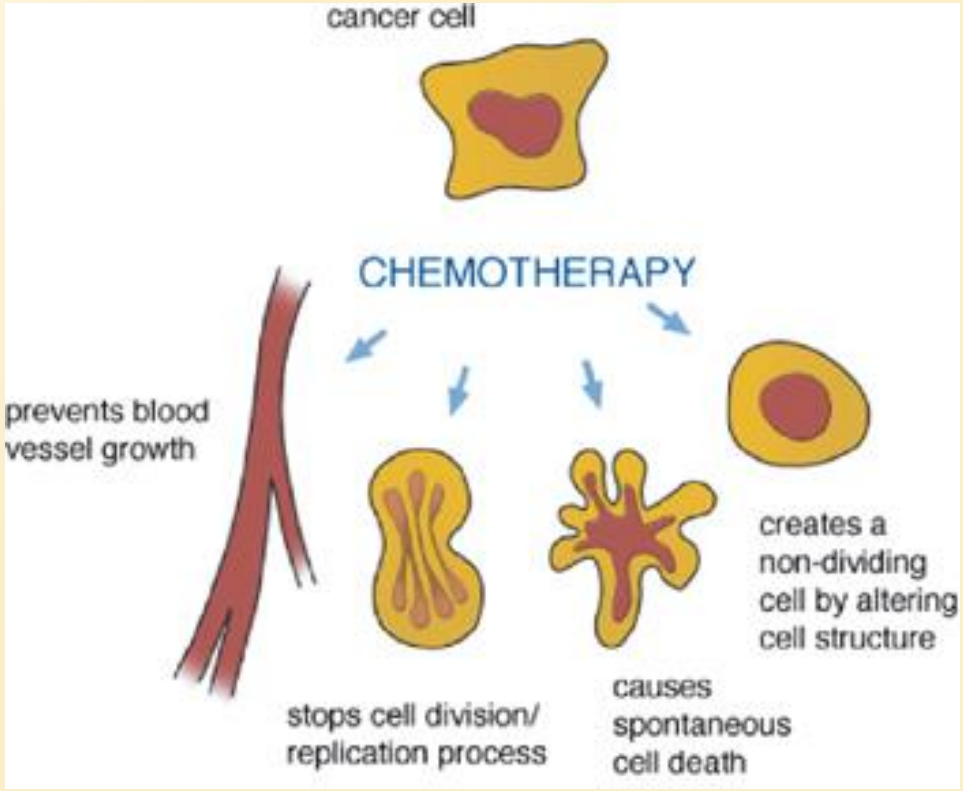
4. CHEMOTHERAPY



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SIDE EFFECTS

- Decreased appetite
- Hair loss (reversible)
- Confusion
- Nausea, vomiting & diarrhea

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SIDE EFFECTS:

- Damage to the bladder
- Fertility problems
- Numbness or tingling in hands & feet
- Mouth sores
- Sensitivity to light
- Dry skin

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5. HORMONE THERAPY

Hormone therapy is often given to patients with early stage breast cancer and patients with cancer that has spread to other body parts.

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6. TARGETED THERAPY

- Targeted therapy drugs act specifically against certain types of cancer cells
- Instead of fighting all the dividing cells, like chemotherapy (chemo) does, targeted therapy attacks specific changes in cancer cells that make them different from normal cells.
- Sometimes targeted therapy drugs work even when chemotherapy drugs are not effective

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TARGETED THERAPY MAY:

- Stop or slow the growth of cancer cells
- Prevent the cancer from spreading to other body parts
- Help the immune system to be more effective in eliminating cancer cells

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Breast cancer treatment during pregnancy:

If breast cancer is detected during pregnancy, treatment recommendations depend on factors such as:

- ❑ Tumor size
- ❑ The location of the tumor
- ❑ If the cancer has spread
- ❑ How far along in the pregnancy
- ❑ The preference of the woman

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Breastfeeding during cancer treatment:

- Most doctors recommend that women who have given birth and who will receive breast cancer treatment should stop (or not start) breastfeeding.

- The suspension of breastfeeding helps reduce blood flow to the breasts, causing them to reduce their size, which can help with the operation.

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Treatment for breast cancer in men:

Most men who are diagnosed with breast cancer should undergo treatment. The most appropriate treatment depends on a number of factors, including:

- The size and location of the tumor
- The stage of cancer
- The results of other laboratory analysis

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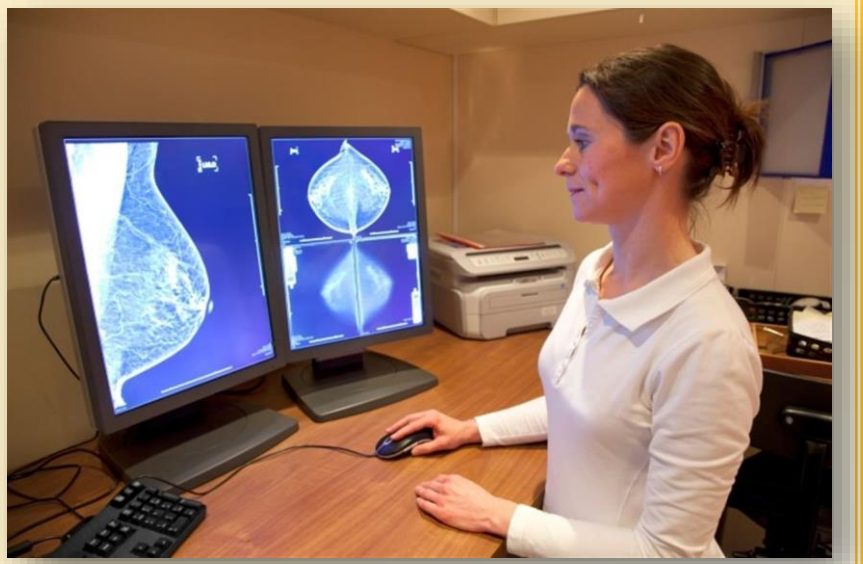
Treatment options for triple negative breast cancer:

- Treatment options for triple negative breast cancer are limited
- Since these tumors lack hormone receptors, hormone therapy cannot be used.
- There are no other targeted therapies for this type of breast cancer.
- However, triple negative breast cancer can be treated successfully if detected early.



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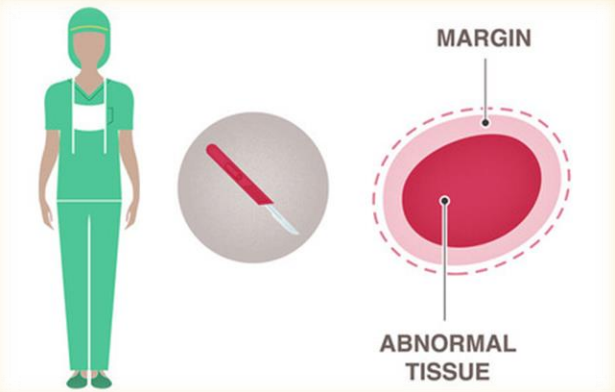
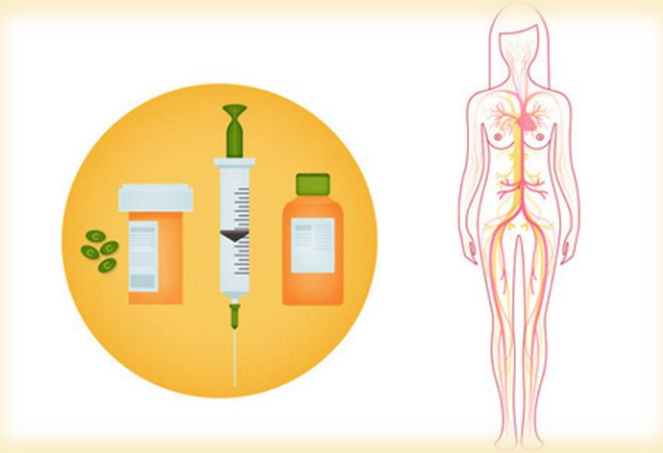
ACTIVITY: CATEGORIES OF BREAST CANCER TREATMENT OPTIONS





http://www.nationalbreastcancer.org/breast-cancer-treatment

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TREATMENTS

COMPLEMENTARY

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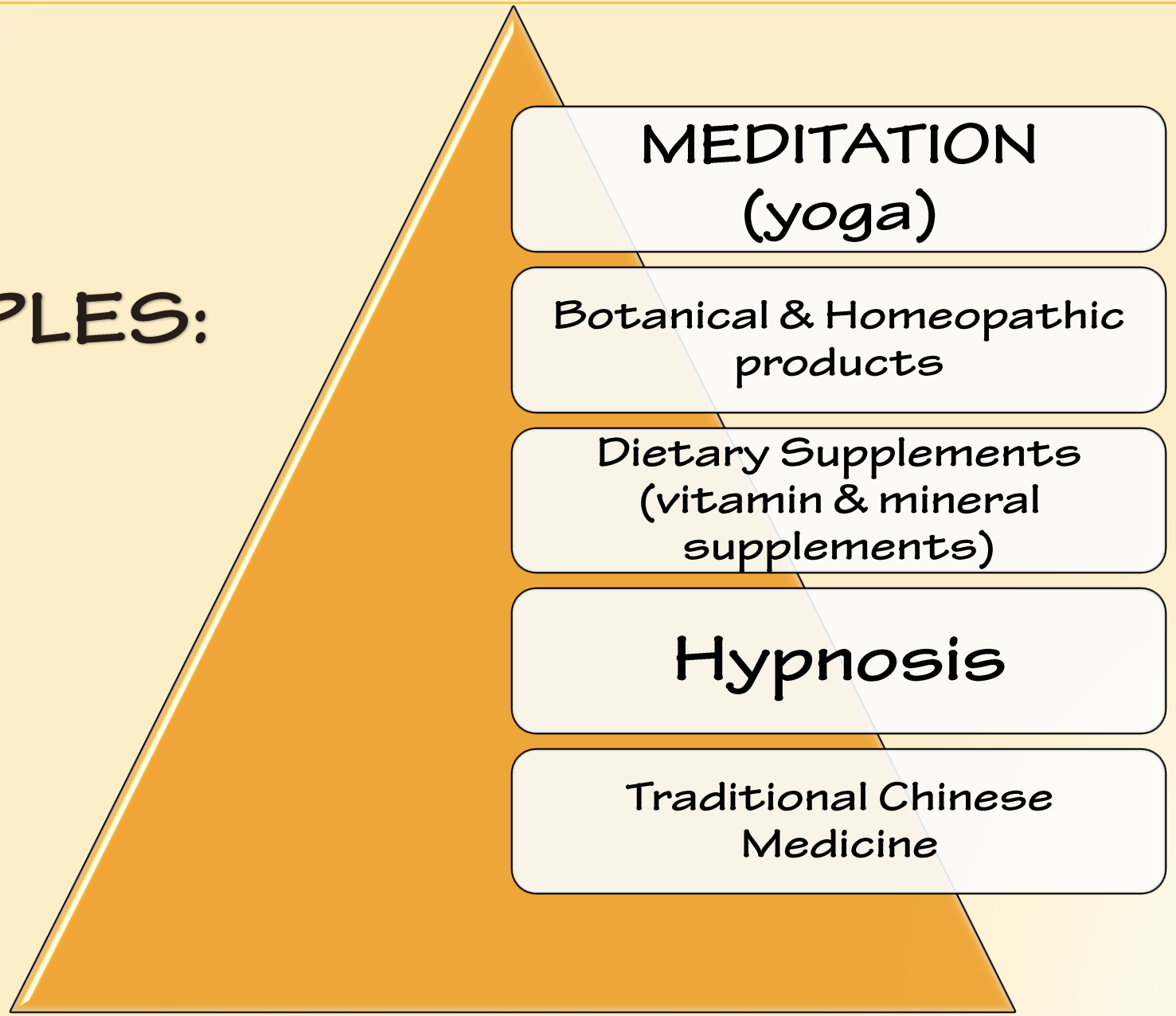
EXAMPLES:



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EXAMPLES:

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COMPREHENSIVE THERAPY

Comprehensive therapy is a term often used to describe the combined use of conventional treatments and complementary methods.

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ALTERNATIVE TREATMENTS

- Therapies that are unproven and have not undergone scientific testing.
- These therapies may negatively affect the patient by delaying the use of proven methods or because they are actually harmful.

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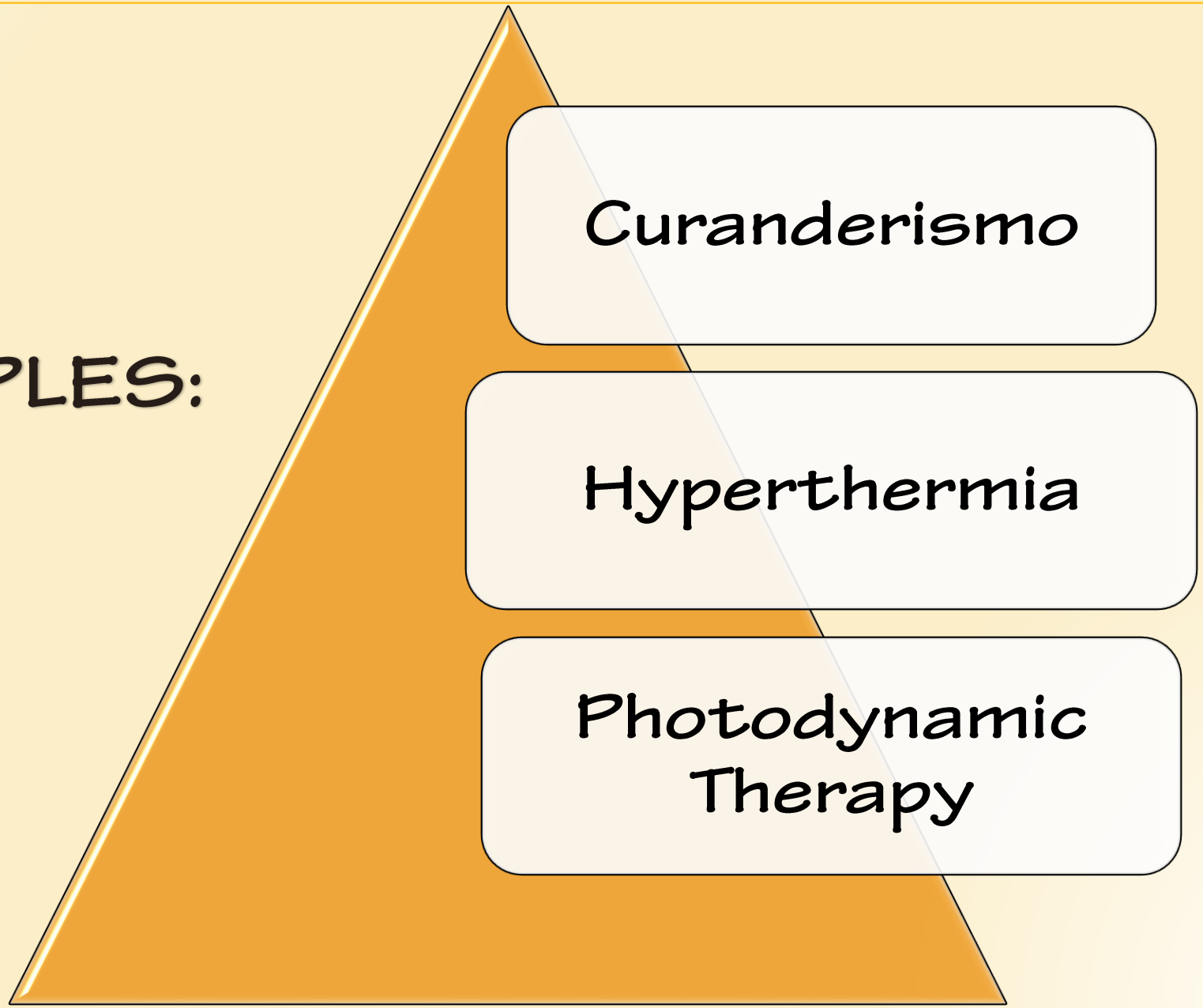
EXAMPLES:



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Clinical Trials

- Doctors and scientists are always looking for better ways to treat patients with breast cancer.
- To make scientific advances, doctors create research studies, called clinical trials, in which volunteers participate.

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Reasons patients participate in clinical trials:

- It's the best treatment option available
- It's the only way to make progress in treating breast cancer
- Although the clinical trial may not benefit them directly, participation may benefit future patients with breast cancer

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QUESTIONS?

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REFERENCES

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Post- Test

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"THE MOMENT OF TRUTH"

EVALUATION

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THANK YOU!

CONTACT INFORMATION:

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