Breast cancer is a malignant tumor that starts from cells of the breast. A malignant tumor is a group of cancer cells that may grow into (invasive) surrounding tissues or spread (metastasize) to distant areas of the body. The disease occurs almost entirely in women, but men can get it, too.

**Risk Factors**

Gender: Being a woman can increase your risk of breast cancer. Men can develop breast cancer, but the disease is more common in women.

Aging: Your risk increases as you get older.

Genetic Risk Factor: About 5% to 10% of breast cancer cases are thought to be hereditary.

Race: White women are more likely to develop breast cancer than African-American women. Asian, Hispanic and Native-American women have a lower risk of developing cancer.

**Signs & Symptoms**

Early stages of breast cancer are often asymptomatic. However, if you should experience any of the symptoms listed below it is important that you follow up with your physician.

- A lump, mass, or thickening in the breast
- Nipple pain, tenderness, or itching
- Change in the skin appearance or color
- Change in the size or shape of a breast
- Nipple discharge, including bleeding

**Screening Options:**

- Mammograms
- Clinical Breast Exams
- Breast Awareness and Self Exam
- Magnetic Resonance Imaging (MRI)

**Staging:**

If cancer is found, your surgeon or oncologist will need to determine the staging of the cancer. This classification, allows health-care providers the opportunity to properly identify a treatment plan as well as the prognosis. Cancers are staged on a Roman numeral scale, I-IV (1-4), where the higher stage represents a more advanced cancer.

Stage 0: Abnormal cells present in breast ducts or lobules.

Stage I: These cancers are still relatively small and have not spread to the lymph nodes or elsewhere. They are confined to the breast.

Stage II: These cancers are invasive and measure about 2-5 cm in size and have spread to nearby lymph nodes under arm.

Stage III: These cancers are invasive and locally advanced, they are 5cm or more in size, and have spread beyond the breast and lymph nodes and other tissues near the breast.

Stage IV: These cancers are invasive Metastatic meaning that they have spread to other parts of the body.
**Treatment:**
There are a variety of treatment options for breast cancer patients, which may include surgery, radiation therapy or chemotherapy. Each treatment option may be used alone or in combination.

- Surgery: helps remove the cancerous tissue. The type of surgery recommended will depend on the staging of the cancer.
- Radiation Therapy: is the use of high-energy rays to kill cancer cells in specific areas. It is usually administered externally; however, it can be administered internally through small radioactive pellets.
- Hormone Therapy: is utilized in order to lower the hormone levels.
- Chemotherapy: is the use of chemotherapy to kill cancer cells. The drugs are administered orally or infused directly into the bloodstream. The drugs then travel throughout the body reaching cancer cells that may have spread.

**Treatment Team:**
- Breast Surgeon: Surgeon who specializes in operations of the breast
- Pathologist: Physician who identifies and grades disease by studying cells.
- Reconstructive Plastic Surgeon: Physician who rebuilds a breast after cancer surgery.
- Radiation Oncologist: Physician that utilizes radiation in order to treat cancer.
- Medical Oncologist: Physician who treats cancer with chemotherapy and other drugs.
- Oncology Nurse: Nurse who provides care and education to cancer patients
- Primary Care Doctor: Physician who tracks your overall health

**Surgical Options:**
- Lumpectomy: Surgical procedure that only removes the cancerous lump and small border of the surrounding tissue. The breast retains its shape.
- Mastectomy: Surgical procedure where the surgeon removes all the glandular tissue of the breast. Performed under general anesthesia and may opt to get breast reconstruction.

**Radiation Therapy:**
- Lumpectomy: Almost all women who have a lumpectomy will need radiation afterward to destroy any cancer cells that may have been left behind in the breast, chest wall, or lymph nodes.
- Mastectomy: Women who have had a mastectomy may also need radiation if the tumor was large or cancer was found in the lymph nodes, or if it was close to the rib cage or chest wall muscles.

**Standard Radiation Therapy:**
- The typical regimen involves radiation delivered each weekday over five to seven weeks.
- The treated area is mapped then radiation beams are directed at it from a machine.
- After a lumpectomy, the target area is the entire breast and sometimes the lymph nodes above or below the collarbone and below the chest wall.
- After a mastectomy, radiation is directed at the area of the surgery and lymph nodes.

**Partial Breast Radiation:**
- This option may be appropriate for certain women.
- It limits the radiation exposure to the area around the (removed) tumor, where cancer is most likely to recur and it reduces treatment time to one week.
- The radiation is delivered using small tubes placed right in the lumpectomy or from the outside using special techniques.

**Adjuvant Therapies:**
- Hormonal Therapy: Blocks the production or action of female hormones.
- Biological Therapy: Zeroes in on a molecular trait specific to a particular kind of cancer cell.
- Chemotherapy: In general, chemotherapy drugs kill dividing cells, including cancer cells all over the body.

Sources: American Cancer Society, Cancer Prevention and Research Institute of Texas, Centers for Disease Control and Prevention, National Cancer Institute, and The Skin Cancer Foundation

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