

**Chapter 1 : John C. Hull - Rotman School of Management**

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Researchers around the world are working to find better ways to prevent , detect , and treat breast cancer, and to improve the quality of life of patients and survivors. Some of the many active areas of research include: Breast cancer causes Causes and treatment of metastatic breast cancer Reducing breast cancer risk Managing ductal carcinoma in situ DCIS New lab tests for breast cancer New imaging tests for breast cancer Breast cancer treatment Supportive care Breast cancer causes Studies continue to uncover lifestyle factors and habits, as well as inherited genes, that affect breast cancer risk. Here are a few examples: Several studies are looking at the effect of exercise, weight gain or loss, and diet on risk. Studies on the best use of genetic testing for breast cancer mutations continue at a rapid pace. Scientists are exploring how common gene variations small changes in genes that are not as significant as mutations may affect breast cancer risk. Gene variants typically have only a modest effect on risk, but when taken together they could possibly have a large impact. Possible environmental causes of breast cancer have also received more attention in recent years. While much of the science on this topic is still in its earliest stages, this is an area of active research. Reducing breast cancer risk Researchers continue to look for medicines that might help lower breast cancer risk, especially women who are at high risk. Hormone therapy drugs are typically used to help treat breast cancer, but some might also help prevent it. Tamoxifen and raloxifene have been used for many years to prevent breast cancer. More recent studies with another class of drugs called aromatase inhibitors exemestane and anastrozole have shown that these drugs are also very effective in preventing breast cancer Other clinical trials are looking at non-hormonal drugs for breast cancer reduction. Drugs of interest include drugs for osteoporosis and bone metastases, COX-2 inhibitors, non-steroidal anti-inflammatory drugs, and statins used to lower cholesterol. When breast cancer spreads, it often goes to the bones. Some drugs that help treat the spread of cancer to the bones such as bisphosphonates and denosumab , might also help reduce the chances of the cancer coming back. Studies done so far seem to suggest that postmenopausal women may benefit the most from giving these bone-modifying drugs after breast surgery, but more studies are needed to say for sure. This type of research takes many years. It might be some time before meaningful results on any of these compounds are available. In other women, though, the cells just stay within the ducts and never invade deeper or spread to lymph nodes or other organs. The uncertainty about how DCIS will behave can make it hard to choose the best treatments. Researchers are looking for ways to help with these challenges. Decision aids are another approach. They ask a woman with DCIS questions that help her decide which factors such as survival, preventing recurrence, and side effects she considers most important in choosing a treatment. New lab tests Tests for circulating tumor cells CTCs Researchers have found that in many women with breast cancer, cells may break away from the tumor and enter the blood. These circulating tumor cells CTCs can be detected with sensitive lab tests. Some studies are looking at if these CTCs can be removed and then tested in the lab to determine which specific anticancer drugs will work on the tumor. New imaging tests Newer imaging methods are now being studied for evaluating breast changes that may be cancer. Scintimammography molecular breast imaging In this test, a slightly radioactive drug called a tracer is injected into a vein. The tracer attaches to breast cancer cells and is detected by a special camera. This technique is still being studied to see if it will be useful in finding breast cancers. Some doctors believe it may be helpful in looking at suspicious areas found by regular mammograms, but its exact role is still unclear. Current research is aimed at improving the technology and evaluating its use in specific situations such as in the dense breasts of younger women. Breast cancer treatment Chemotherapy It is known that chemotherapy can be helpful for many breast cancer patients. But predicting who will benefit the most or the least is still being studied. Sometimes there are significant side effects long- and short-term from chemotherapy, so having tests that can determine who really needs chemo would be useful. Many studies are being done to evaluate different tests that can more accurately tell which patients would benefit from chemo and which patients could avoid it. Oncoplastic surgery Breast-conserving surgery lumpectomy or

partial mastectomy can often be used for early-stage breast cancers. For larger tumors, it might not even be possible, and a mastectomy might be needed instead. Some doctors are addressing this problem by combining cancer surgery and plastic surgery techniques, known as oncoplastic surgery. This typically involves reshaping the breast at the time of the initial surgery, such as doing a partial breast reconstruction after breast-conserving surgery or a full reconstruction after mastectomy. Oncoplastic surgery may mean operating on the other breast as well to make the breasts more alike.

**Triple-negative breast cancer** Since triple-negative breast cancers cannot be treated with hormone therapy or targeted therapy such as HER2 drugs, the treatment options are limited to chemotherapy. Other potential targets for new breast cancer drugs have been identified in recent years. Drugs based on these targets, such as kinase inhibitors and immunotherapy, are now being studied to treat triple-negative breast cancers, either by themselves, in combination, or with chemotherapy.

**Targeted therapy drugs** Targeted therapies are a group of drugs that specifically target gene changes in cancer cells that help the cells grow or spread. New targeted therapies are being studied for use against breast cancer, including PARP inhibitors. These drugs are most likely to be helpful against cancers caused by BRCA gene mutations, and have shown some promise in treating some types of breast cancers. Olaparib Lynparza is now being used to treat women with BRCA mutations who have metastatic, HER2-negative breast cancer and who have already gotten chemotherapy. Other PARP inhibitors are also being studied.

**Supportive care** There are trials looking at different medicines to try and improve memory and brain symptoms after chemotherapy. Other studies are evaluating if certain cardiac drugs, known as beta-blockers, can prevent the heart damage sometimes caused by the common breast cancer chemotherapy drugs, doxorubicin and epirubicin.

**Thinking about taking part in a clinical trial** Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases, they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they are not right for everyone.

## Chapter 2 : John C. Hull - Rotman School of Management

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