

Breast Cancer Treatment Options

Over the past decade there has been advancements in many of the treatments available for Breast Cancer. Through constant research we have come a long way from the limited treatment options available in the past. The top treatment choices available today are surgery, radiation, hormonal treatment (anti-estrogen based) and chemotherapy. These 4 regimens are often used in conjunction with each other or adjuvantly. If you have been diagnosed with breast cancer and are offered a choice of treatments from this wide array it can be very confusing. We all know we want what is best for us but sometimes with the many options available how can one be sure? We will try to provide you with an overview of the treatments available and how they relate to the stage of cancer you might have. Use this information to educate yourself so when it comes time for you and your doctor to make a decision you will know the facts on hand. There are 3 General Types of Treatment Categories Available Today: Local Treatment (Regional Treatment) - this type of treatment is localized to the breast and local lymphatics only or adjacent lymphatics to where the tumor was located. Systemic Treatments - treat the whole body and are usually reserved for the prevention of spread (metastases) or directly to target spread that has occurred. Alternative Therapy - these are considered holistic therapy and can be helpful but have never been proven to cure. We will pay close attention to Local and Systemic treatments as the choices available to cure breast cancer. Surgery: surgery has been the number one treatment option available for breast cancer for well over the past century. Today unlike surgery in the past the surgeons can precisely target the area consisting of the tumor and surrounding tissue and remove only what is necessary and leaving a considerable amount of breast tissue intact. These new methods have come a long way from the days of the radical mastectomy where patients were often left deformed for life. And even the newer techniques available for a mastectomy today are a lot less drastic than they were say 30 years ago. Today most surgery done for breast cancer is considered breast-conserving therapy or what is commonly called a lumpectomy. A lumpectomy is where only the tumor is removed and then once this has been done the patient will undergo a series of weeks of Radiation treatments to cleanse the surrounding tissue and prevent recurrence. The mastectomy is still available as a treatment option and this is basically where all of the breast tissue is removed down to and sometimes including the chestwall muscles. Radiation is also performed to cleanse the affected area after a mastectomy in a lot of cases. Radiation Therapy: radiation therapy consists of the use of high powered X or gamma rays that precisely target the area that is being treated. These X or Gamma rays are very effective in destroying the cancer cells that might recur where the tumor was removed. The use of radiation therapy for breast cancer is usually given after surgery has been performed and the purpose of the radiation is to reduce the chance that the cancer will recur. Radiation reduces the risk of recurrence of breast cancer considerably. Hormone Therapy: some breast cancers are hormone-receptor positive. This means that the cancer will grow and spread if the hormone estrogen is present. If this is found to be the case with your type of breast cancer then the use of anti-estrogen hormone therapy will probably be used to lower the levels of estrogen in your body which in turn will prevent the cancer cells from being stimulated and growing or spreading to other parts of the body. Tamoxifen has been used for years as an anti-estrogen hormone therapy drug with breast cancer. In 2005 clinical trials from all over the world provided information saying that aromatase inhibitors worked a lot better than Tamoxifen in postmenopausal women with hormone-receptor positive breast cancer. Now this was only in postmenopausal women and Tamoxifen is still the drug of choice for premenopausal women. Chemotherapy: in some breast cancers the risk of over spread (metastases) is greater than in others. Remember everybody is different and everybody's cancer will be different. If involvement of the lymph nodes is found, tumor size is great enough, or a higher grade is found your oncologist might suggest chemotherapy alone with other treatments including surgery and radiation.

About the Author

A form of behavior modification that employs unpleasant and sometimes painful stimuli, aversion therapy was one of the more popular.

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