

# Medical Oncology in Newly Diagnosed Breast Cancer

A medical oncologist helps you make a plan for the best drugs to treat your breast cancer safely and effectively. Your treatment plan depends on your stage of breast cancer (I, II, III, or IV), hormone receptor status (estrogen or progesterone), Her2 status, general medical condition, and goals for quality of life.

## Chemotherapy in Stage I, II, or III Breast Cancer

Chemotherapy is one type of medication that goes in through your vein (through an IV or through a device called a port). Patients can receive chemotherapy either before or after breast surgery. Patients who need chemotherapy usually get anywhere from 4 to 8 rounds of treatment over a period of 2 to 4 ½ months.

In certain types and stages of breast cancer, chemotherapy can reduce the risk of cancer cells spreading, reduce the chances that cancer comes back, make you live longer, and maybe change the type of breast surgery you need. If you have a breast cancer that is triple negative or Her2 positive, then you will probably be offered chemotherapy. Patients who have breast cancers that are estrogen or progesterone receptor positive may not always need chemotherapy; for these patients, a test called an Oncotype Dx™ Score tells us if you will benefit from chemotherapy.

## Chemotherapy in Stage IV Breast Cancer

Stage IV breast cancer is treatable but not curable. Treatment can help improve your symptoms by shrinking the cancer and can help prolong life. If you have triple negative or Her2 positive disease, chemotherapy will be part of your treatment plan. If your cancer is estrogen/progesterone positive, then you may try to use other treatments like targeted therapies (see below) before using chemotherapy. The type of chemotherapy or targeted therapy you need will change over time; cancer cells that were under control eventually figure out a way to outsmart the drug and that's when we need to change the medication.

## Targeted Therapy in Stage I, II, III or IV Breast Cancer

These are drugs that target hormone receptors (estrogen and progesterone) or Her 2 receptor. If you have a breast cancer that is estrogen or progesterone positive, then targeted therapy includes pills that help your body make less estrogen/progesterone or interrupt the ability of estrogen/progesterone

to reach a cancer cell. These are called “hormone blockers”- pills like Tamoxifen or Aromatase Inhibitors. We typically ask patients to take these drugs once a day for 5 to 10 years. Some younger patients may also take a type of hormone blocking injection once a month that interrupts menstrual cycles. If you have a breast cancer that is Her2 positive, then targeted therapy will include a medication that goes through the IV or port. We typically use these drugs over a period of one year.

Always ask your medical oncologist if there is a clinical trial appropriate for you. Clinical trials may involve testing new drugs, different types of tests, or surgeries for cancer or symptom management.

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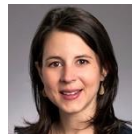
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