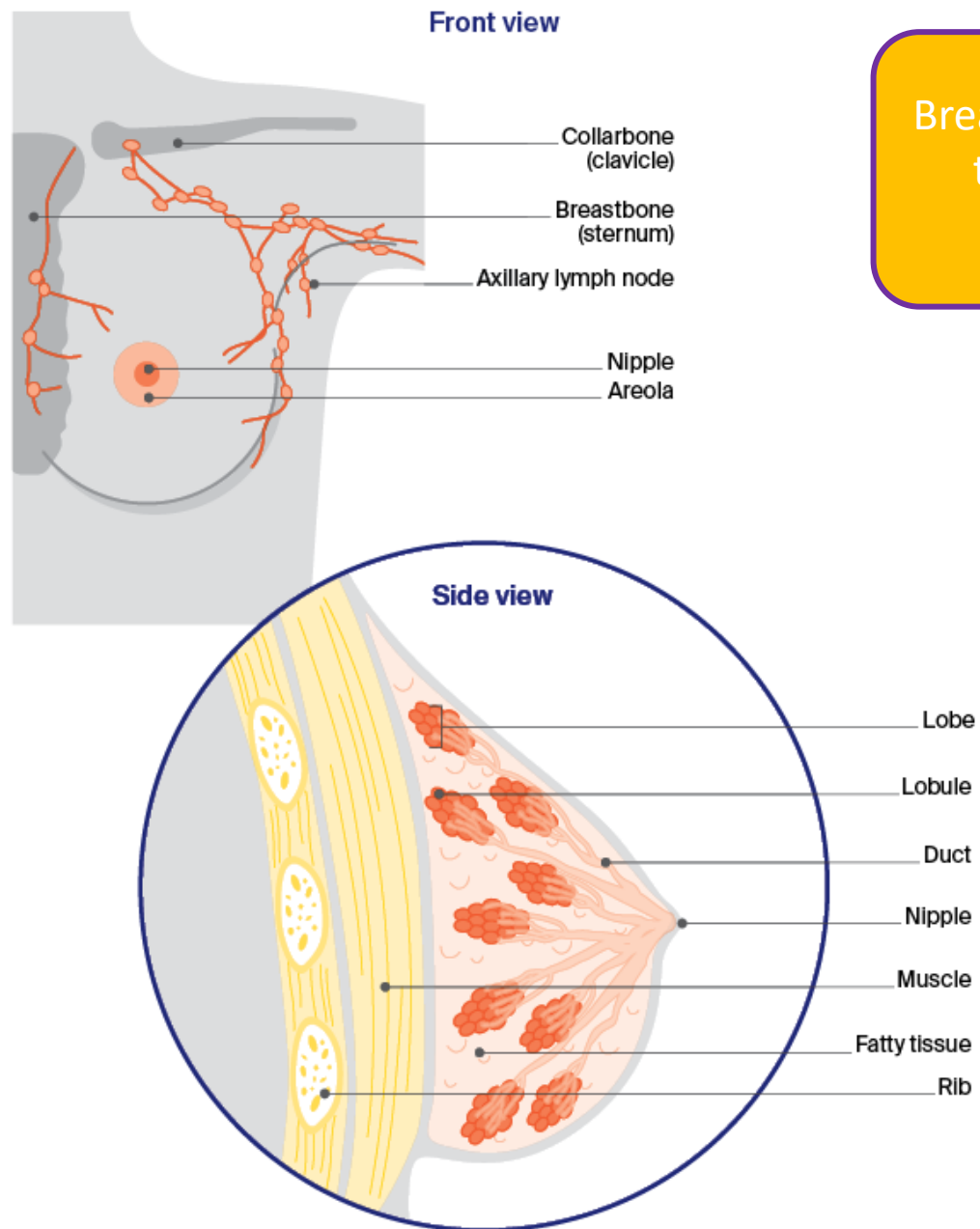




Living Well with Breast Cancer Forum

Dr Michail Charakidis

The breasts (diagram)



Breast Cancer: An abnormal growth that most of the times starts in the lining of the breast ducts or Lobules.

- Non-Invasive Breast conditions: DCIS & LCIS
- Invasive Breast Cancer: IDC & ILC

Rare Subtypes: Angiosarcoma, Medullary, Phyllodes etc



ER+ and or PR+

70-80% of all breast cancers



HER2+

15-20% of all breast cancers

BRCA Mutations
PIK3CA mutation

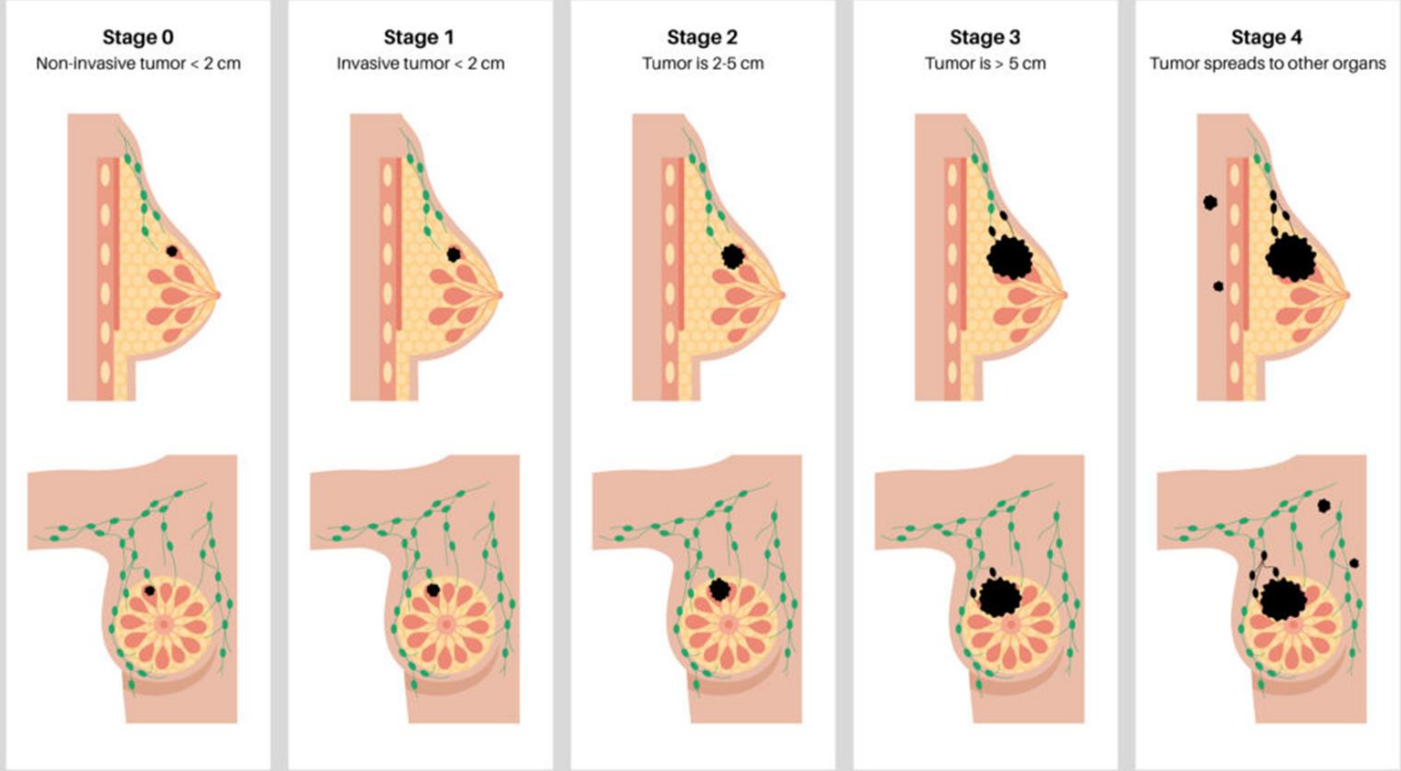


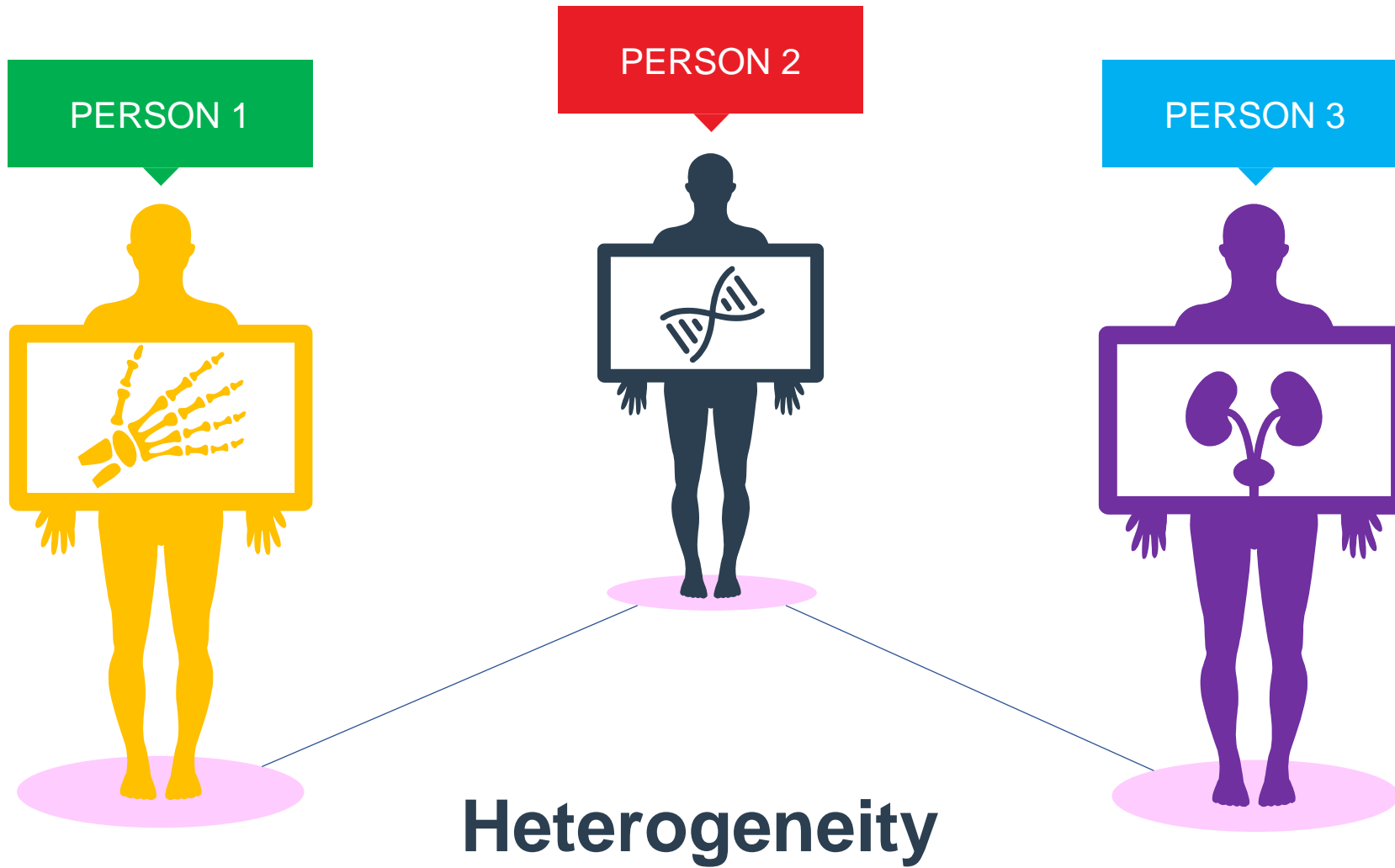
ER- PR- HER2-

10-20% of all cancers



BREAST CANCER STAGES





Complex Treatment Decisions

Patient's Background



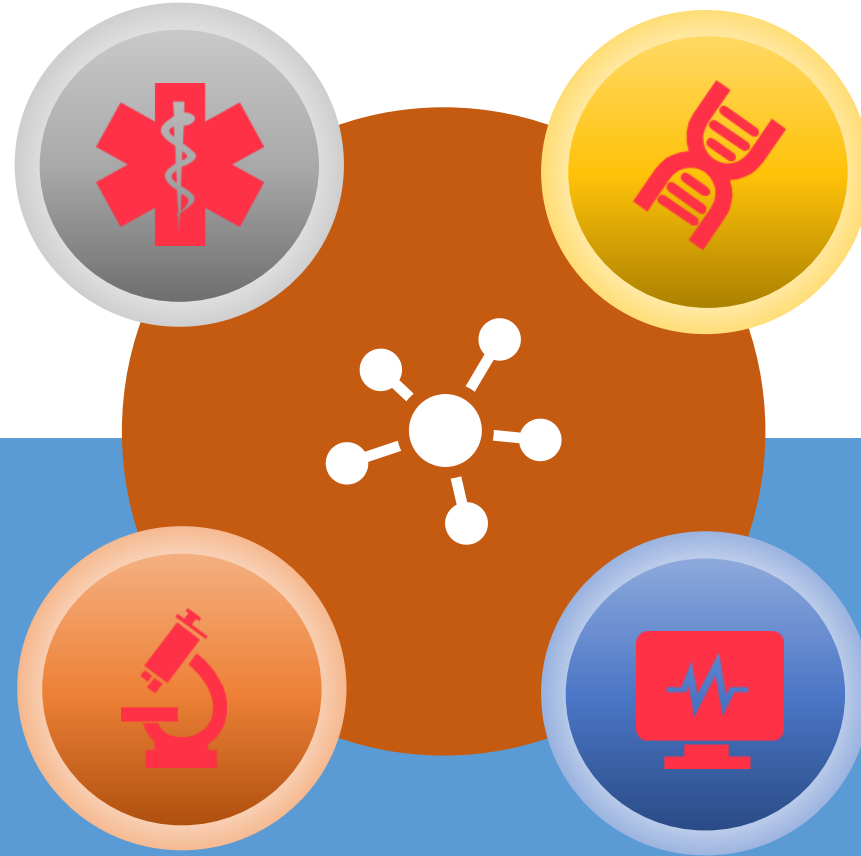
Patients Preferences



Breast Cancer
Characteristics



Staging



MULTI-DISCIPLINARY TEAM MEETING (MDT)



Systemic Treatment Options (Drugs)



01 Hormone Therapies
(Endocrine)

02 Chemotherapies

03 Targeted Therapies

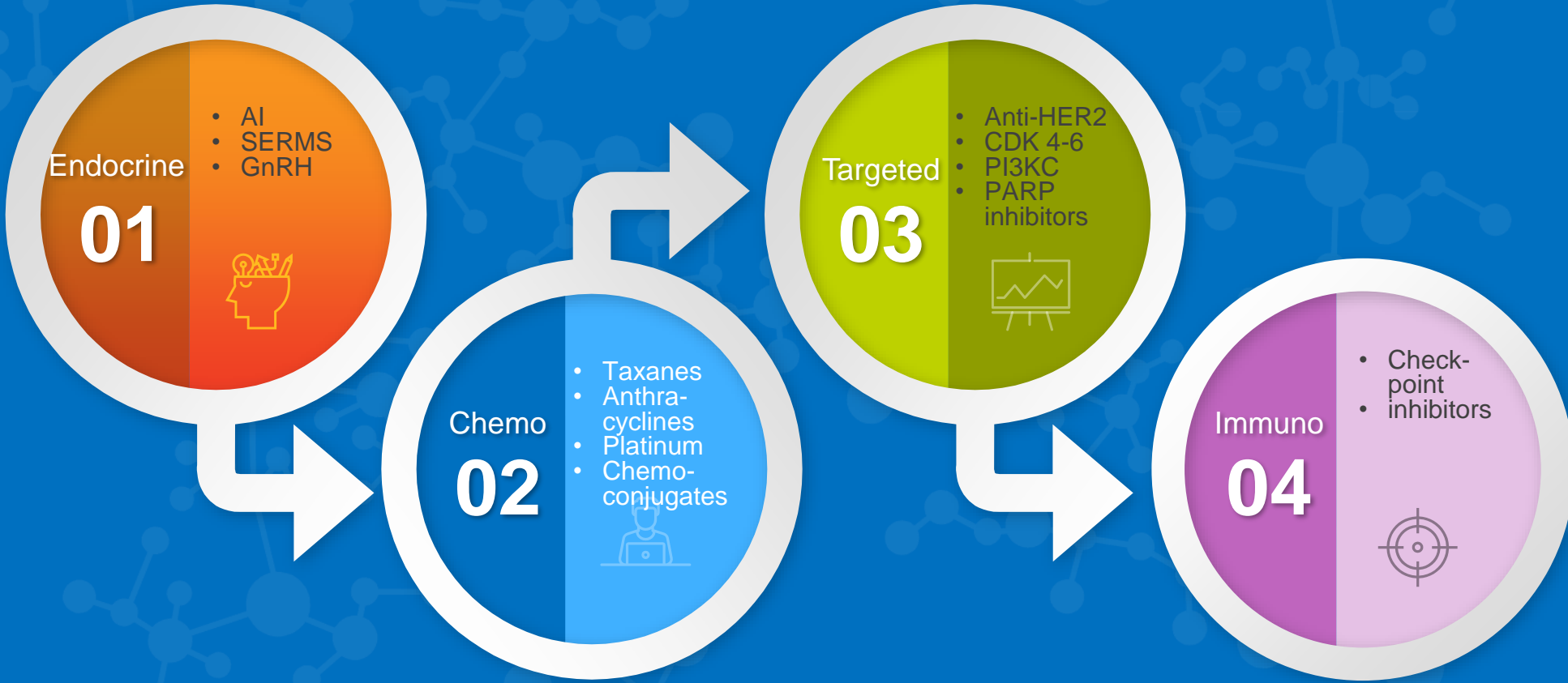
04 Immunotherapies

Don't work the same for all breast cancer types

Don't Work the same for all breast cancer staging

Cause different side effects

Used in different combinations and in different sequence based on breast cancer characteristics and staging



Side effects



Heart Toxicity



Neuropathies



Hair Loss



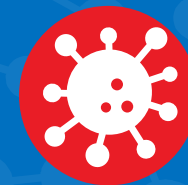
Lung Toxicity



Blood Toxicity



Nausea/Vomiting

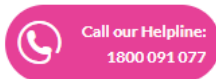


Infections





Cancer Institute NSW



Home / Metastatic breast cancer / Managing symptoms and side effects

Managing symptoms and side effects

Breast cancer and its treatment can cause a number of symptoms and side effects. The greatest influence on the type of symptoms and side effects that you experience will be the sites your cancer has spread to and the type of treatment you are having. Other factors such as your general health and wellbeing will also play a part in how your symptoms may affect you.

Read BCNA's My Journey online tool article [Managing symptoms and treatment side effects](#) for more information.

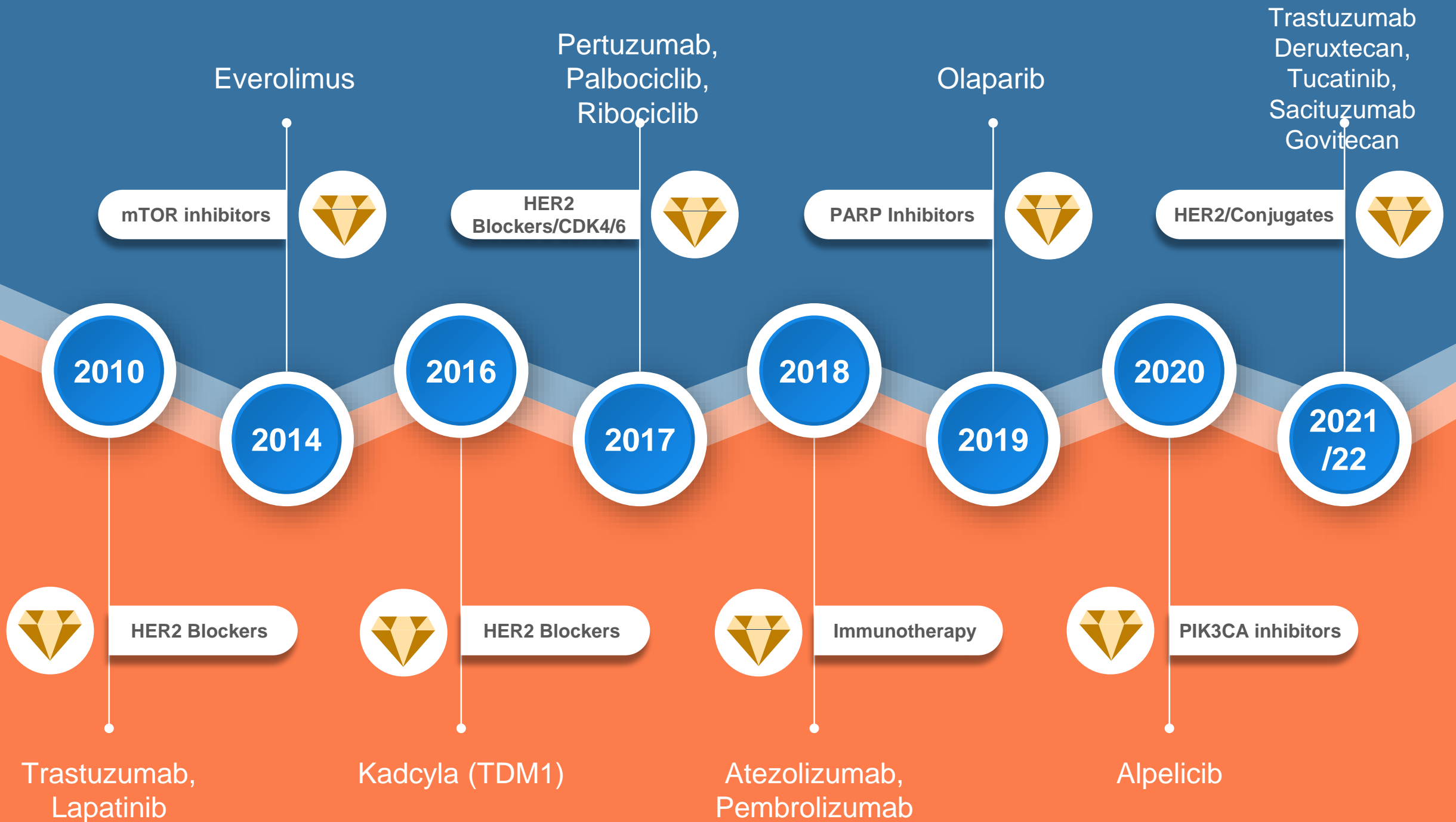
The following section also provides information on managing a wide range of symptoms and side effects. Remember, everyone is different and you are unlikely to experience all of these symptoms or side effects. Some people experience very few or have only mild side effects or symptoms.

- Pain
- Neuropathy (nerve pain)
- Joint pain
- Low blood counts and risk of infection
- Fatigue and tiredness
- Nausea
- Constipation
- Diarrhoea
- Poor appetite
- Weight loss or gain
- Depression
- Sleeplessness
- Hair loss
- Mouth ulcers
- Nail problems
- Feeling vague: 'chemo brain'
- Sore eyes
- Urinary problems
- Heart problems
- Swelling in the arms and legs
- Skin changes
- Breathing problems
- Headaches
- Menopausal symptoms



My Journey

For the latest information about metastatic breast cancer, treatment and care, including services and support available to you, sign up to BCNA's [My Journey](#).



**IN 1994, THE 5-YEAR
SURVIVAL RATE
WAS ONLY**

76%

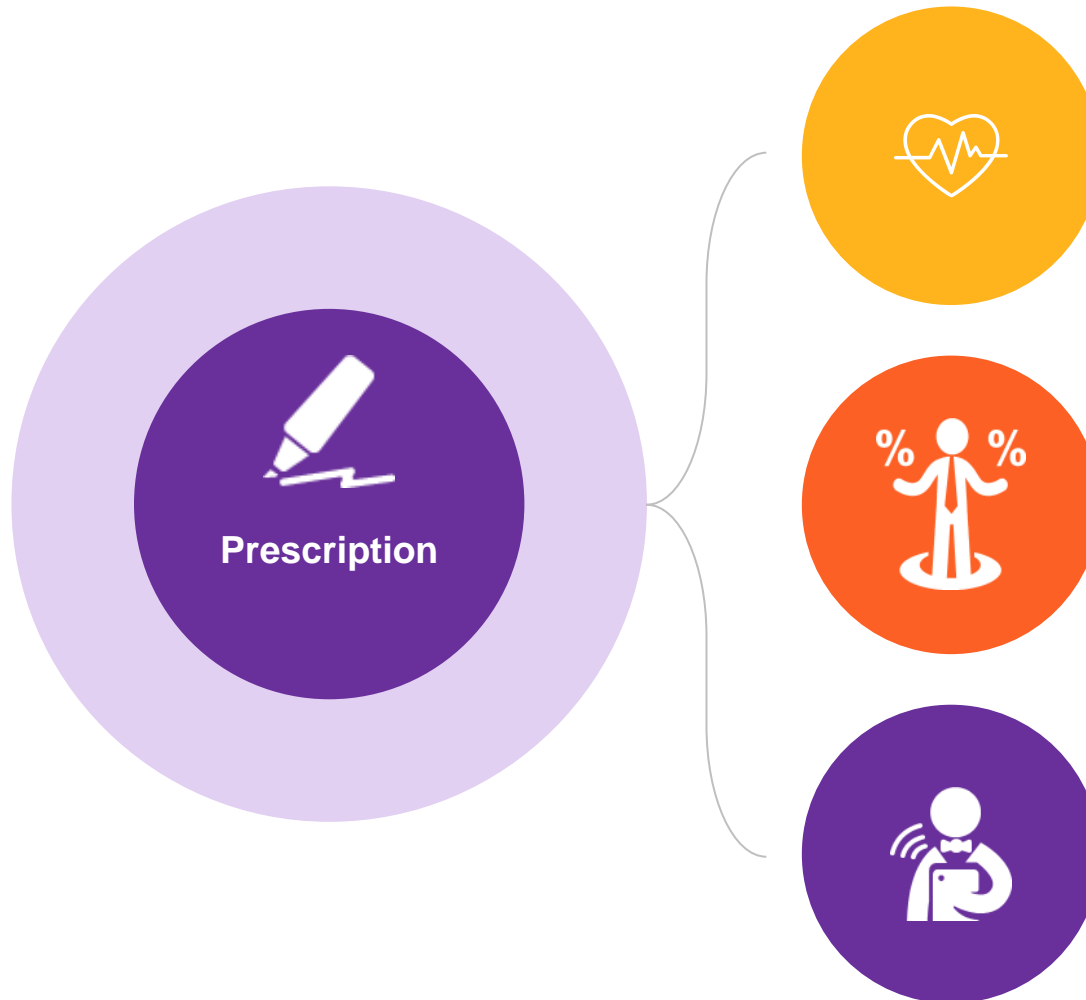


**THIS YEAR, 5-YEAR
SURVIVAL RATES
FOR BREAST CANCER
REACHED**

91%



Drug Approval Process



Phase III Clinical Trial

To demonstrate success

Therapeutic Goods Administration (TGA)

Medicine and therapeutic regulatory agency of the Australian Government.

Pharmaceutical Benefits Scheme (PBS)

Under the PBS, the Australian Government subsidises the cost of medicine



CLINICAL

TRIAL

- Access to a new type of treatment.
- Get an excellent standard of care and be closely monitored by leading doctors, research nurses and other experts
- Research shows that patients treated in clinical trials usually fare better than those who are not.
- Helping researchers develop new treatments for breast cancer that will help women in the future.

Phase 1



To test a new biomedical intervention for the first time in a small group of people (e.g. 20-80) to evaluate safety (e.g. to determine a safe dosage range and identify side effects)

Phase 2



To study an intervention in a larger group of people (several hundred) to determine efficacy (that is, whether it works as intended) and to further evaluate its safety.

Phase 3

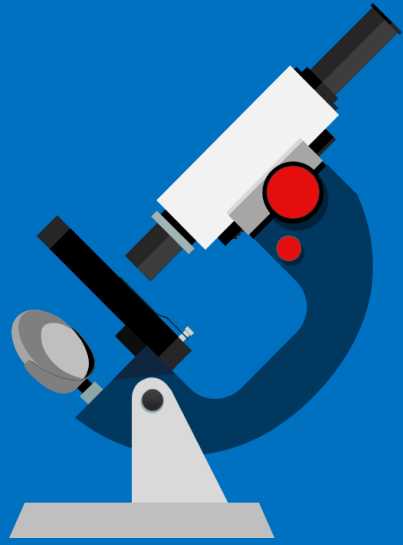


To study the efficacy of an intervention in large groups of trial participants (from several hundred to several thousand)

There are currently 835 BCT members, representing 109 institutions throughout Australia and New Zealand. Our membership includes all professions involved in breast cancer treatment, detection and care, including medical oncologists, surgeons, radiation oncologists, pathologists, endocrinologists, haematologists, pharmacists, geneticists, psychologists, counsellors, data managers, research nurses, consumers, and other clinical trials management. BCT is also a sustaining member of the Clinical Oncological Society of Australia (COSA).

[See how you can help](#)

Participating Australian & New Zealand Institutions

[+ VIC](#)[+ SA](#)[+ NSW](#)[+ WA](#)[+ QLD](#)[+ ACT](#)[+ TAS](#)[- NT](#)[Royal Darwin Hospital](#)

Growing Clinical Trials Unit – 18 trials currently recruiting across all tumour types





- Consider bringing someone with you in your first consultation and in the subsequent important consultations. Write your questions down before the consultation
- Request for the presence of the breast care nurse
- Listen carefully and make sure to ask for clarification if something is not clear or doesn't make sense. Keep notes.
- Ask for an interpreter if English is not your first language and you have difficulties understanding what is being explained
- Aim to understand all of your treatment options and the risk/benefit ratio for each one of them so you can make an informed decision
- You have the right to decline a treatment recommendation as long as you understand the risks associated with your decision
- You may ask for a subsequent appointment if you need time to think