**Stage of Breast Cancer**

1. **Stage I**
   - Cancer is invasive but has not spread beyond the breast.

2. **Stage II**
   - Cancer is bigger and involves the lymph nodes in the axilla.

3. **Stage III**
   - Cancer has grown and involves breast skin, chest wall or lymph nodes in the neck.

4. **Stage IV**
   - Metastatic breast cancer.

**Diagnosis of Breast Cancer**

- Tomopreprints or IDx mammography is a new type of digital x-ray mammography which creates 2D and 3D images of the breasts. This along with ultrasound improves the ability of mammography to detect early breast cancers.

- Core needle biopsy is done when there is suspicious mass on mammogram, under ultrasound or mammogram guidance. A thick needle is used to sample a core of tissue from the mass. This is subjected to histopathologic and IHC studies which are specialized and advanced techniques to predict the tumour behavior. This biopsy report from the pathologist is very important because it decides the severity of tumor to hormone and chemotherapy and hence helps in deciding the treatment plan for that particular cancer.

- MRI breast can be done in case of further difference in the diagnosis and to assess the other parts of the breast as well as the opposite breast.

**TREATMENT OF BREAST CANCER**

- **Chemotherapy**
  - Here cancer cells in the breast and those which have escaped outside are destroyed with medicines. In AMM, latest in hormonal suppressed drugs and protocols are followed. For side effects like hair loss, scalp cooling therapy is available. We also have a boutique in the breast clinic itself where you can select wigs of your choice.

- **Radiation Therapy**
  - In this therapy high dose of radiation is used to kill cancer cells in breast and outside. In AMM, latest advances like 3D conformal RT (3D-CRT) and intensity modulated radiation therapy (IMRT) are available with breast conservative radiotherapy (RT) for better tumor targeting and lesser side effects. These techniques ensure very safe and effective radiation therapy.

- **Hormonal Therapy**
  - It is useful in those cancers where the tumor is hormone-dependent (oestrogen and progesterone receptor positive), and it slows the growth of breast cancer.

**Surgery**

- Surgery is the prime mode of treatment. The aim of surgery is to remove the cancer completely along with the lymph nodes in the axilla when they are affected. Surgery can be offered in different ways.

- Modified radical mastectomy - this involves removal of complete breast with the lymph nodes in axilla. This procedure is done for large and advanced breast tumours.

- Breast conservation therapy (BCT) - This is the standard of care for early breast cancer which is limited to breast and axilla. Here the lump with a margin of normal breast tissue is removed and is followed by irradiation of the breast to ensure complete adaptation and oncological safety.

- Sentinel lymph node biopsy - in early breast cancer when the lymph nodes are likely to be uninvolved; with the help of blue dye and radioactive, the first draining nodes is removed and tested for cancer. If unaffected, the nodes of axilla are not removed thus avoiding the side effects of complete removal node.

**Oncoplastic Breast Conservation Surgery**

These are specialized surgical procedures which use plastic surgery techniques to remove breast tumor with a better margin and give aesthetically and cosmetically better looking breast. These techniques are useful in tumors behind nipple and axilla, in lower half of breast and large tumors where simple removal of lump will not give an aesthetic result.

**Signs and Symptoms of Breast Cancer**

- A lump or thickening in or near the breast or in the underarm area.
- Change in the size or shape of the breast.
- Blood stained, bloody, or watery nipple discharge.
- Ulcer on the breast.
- Dimpling or puckering of skin overlying the breast or breast deformity.
- Redness of the nipple or recent history of nipple retraction.
- Scaly, or weepy skin on the breast, nipple, or areola.

- Not all breast tumors are cancerous; most lumps in young women are benign and occur because of the action of hormones. On breast and most of these do not need any surgery.

**Spread of Breast Cancer**

- Cancer cells spread initially to the lymph nodes in the axilla, then neck and then through lymph system to blood stream and then to distant organs.
Breast cancer is a life-threatening disease. FALSE. Early breast cancer has 99% survival and cancer that is stage 2 or 3 has up to 86% 5-year survival. So early detected cancer can be cured.

Mammogram is very painful. FALSE. Mammogram may be a little uncomfortable but with advanced techniques it is not at all painful.

Breast remodelling or mastectomy is better than breast conservation. FALSE.

Breast reconstruction surgery is a big surgery with complications. FALSE. Breast reconstruction surgeries with simple techniques are smaller surgeries with a faster recovery period and lesser complications than mastectomy.

Complete removal of breast is a guarantee that breast cancer will not come back. FALSE. Cure from cancer is not dependent on breast removal or preservation in early breast cancer. It depends on tumour aggressiveness and additional chemotherapy, radiotherapy and hormone therapy. Cancer usually comes elsewhere in body and chances of survival are same whether breast is removed or preserved. Locally cancer can come in left over breast tissue also even after mastectomy.

Radiation is very toxic and had very bad side effects. FALSE. With modern technology radiation is very targeted on tumor bed and side effects are very minimal.

Breast preservation is risky for life. FALSE. New research has shown that breast preservation has better long term and cancer free survival. This means that in selected cases of early breast cancer (Stage I and II), preservation of breast has better long term survival along with good breast cosmetics (Re:)

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WE OFFER

- Hidden scar surgeries for breast
- Cosmetic procedures
- Breast augmentation and breast reduction
- Breast conservation surgeries
- Oncoplastic breast surgeries
- Reconstruction with breast implant
- Immediate and delayed breast reconstruction
- Skin and nipple sparing mastectomies
- Excision of non palpable lesions with wire localisation
- Sentinel node biopsy

Breast cancer need not mean breast removal.