Understanding Breast Cancer Treatments

by Donna Sage, MSSA

Breast cancer has touched everyone's life in some way. It is one of the most common types of cancer among women in the United States, with more than 203,500 women diagnosed with invasive breast cancer each year.[1] Most of us are familiar with the typical treatment protocol for breast cancer: surgically remove the breast or the lump in the breast, likely remove lymph nodes, and possibly radiate the area with nuclear "medicine."

After this stage, a woman with breast cancer is typically faced with a choice of pharmaceutical treatments. Sometimes, these pharmaceuticals are used in early detection without surgery, or as a preventative. The purpose of this article is to inform you of the two standard pharmaceutical approaches and a potent, non-toxic, nutraceutical approach that can be used on its own or in conjunction with pharmaceuticals. This way, you can be confident and informed if the time ever comes for you to take a stand for your health or the health of a woman you know and love.

Up to 75% of breast cancers are estrogen receptor positive, which means that the presence of estrogen speeds up the cancer growth. Breast tissue was once thought to have only one type of estrogen receptor, but new research has proven that there are two kinds of hormone receptor sites in breast tissue: alpha and beta, respectively. The main premise of these drugs and natural supplement is to slow the progression of breast cancer by decreasing the body's ability to absorb estrogen in the breast tissue or lower the body's overall production of estrogen.

The most widely prescribed drug for breast cancer is Tamoxifen, also called Novaldex. Tamoxifen is a drug used to block estrogen receptor sites and has been used for about 25 years. Annual sales total $1 billion. Benefits of taking Tamoxifen include lowering the presence or recurrence of breast cancer in a five-year period. One Tamoxifen study of 13,000 women who were at high risk of developing breast cancer showed a 44% reduction of the occurrence of breast cancer.[2] According to Web MD,[3] Tamoxifen rarely can cause serious or fatal side effects. These include cancer of the uterus (endometrial cancer and uterine sarcoma) as well as strokes and blood clots in the lung (pulmonary emboli). Abnormal vaginal bleeding, irregular or abnormal menstrual periods, groin pain or pressure, chest pain, breathing trouble, and one-sided weakness are signs of serious side effects. Other side effects include nausea, hot flashes, weight gain or headache, abnormal vaginal bleeding or irregular periods, vaginal discharge, groin pain, vision changes, and rash. Fatal effects of Tamoxifen are rare, but be aware of the signs of trouble: dark urine, yellowing eyes and skin, easy bruising, persistent sore throat, fever, mental or mood changes, trouble breathing, unusual tiredness, leg pain or swelling, and dizziness.

Arimidex is a prescription medicine originally approved in 1996 for the treatment of advanced breast cancer in postmenopausal women with disease progression following Tamoxifen therapy. In 2000, Arimidex was also approved as a first-line treatment for postmenopausal women with hormone receptor-positive advanced breast cancer. Arimidex blocks the production of aromatse, an enzyme that converts androgens into estrogens. As a result, the level of estrogen in the body is lowered, and the stimulation of an estrogen positive cancer is slowed.

In the largest-ever breast cancer treatment study in postmenopausal women with early breast cancer, Arimidex significantly reduced the risk of breast cancer reoccurence compared with Tamoxifen. These results represent a preliminary comparison with Tamoxifen from this ongoing clinical trial.[4] ➤

Up to 75% of breast cancers are estrogen receptor positive, which means that the presence of estrogen speeds up the cancer growth.