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Survival rate of breast cancer second time

Breast cancer survivors can be affected by a number of health problems, but often a major concern is cancer again. Cancer, which comes back after treatment, is called recurrent. But some cancer survivors will develop a new, non-related cancer later. This is called another cancer. Women with breast cancer can still get other cancers. While most breast cancer survivors don't get cancer again, they are at higher risk of some types of cancer, including: Second breast cancer (This is different from the first cancer to come back.) Saliva prostate cancer Oesophageal cancer Stomach cancer Colon cancer Ovarian cancer Thyroid cancer Soft tissue cancer (sarcoma) Skin melanoma Acute myeloid leukaemia (AML) The most common second cancer among breast cancer survivors is the second breast cancer. New cancer can occur in the opposite breast or chest to women treated with breast-saving surgery (such as lumpectomy). Cancers associated with genetic factors Some other cancers may play a role in common genetic risk factors. For example, women with mutations in one BRCA gene have an increased risk of breast cancer, ovarian cancer and some other cancers. Radiotherapy-related cancer Lung cancer: The risk of lung cancer is higher in women who have been on radiotherapy after a mastectomy as part of their treatment. The risk is even higher in women who smoke. The risk does not appear to be increased in women who have received radiotherapy in the chest after a lumpectomy. Sarcoma: Breast radiotherapy also increases the risk of sarcoma in blood vessels (angiosarcomas), bone (osteosarcomas) and other connective tissues in treated areas. All in all, this risk is low. Certain blood cancers: Breast radiation has a higher risk of leukaemia and myelodysplastic syndrome (MDS). Overall, however, this risk is low. Chemotherapy-related cancers The risk of developing leukaemia and myelodysplastic syndrome is low after taking certain chemotherapy drugs (chemotherapy) for early breast cancer. The risk is higher if both chemotherapy and radiotherapy are given. Cancers associated with the treatment of tamoxifen The use of tamoxifen reduces the chance of recurrence of hormone receptor positive breast cancer. It also reduces the risk of another breast cancer. However, tamoxifen increases the risk of uterine cancer (endometrial cancer and uterine sarcoma). Still, the overall risk of uterine cancer in most women taking tamoxifen is low, and studies have shown that the benefits of this drug in treating breast cancer outweigh the risk of another cancer. Monitoring the treatment of breast cancer If you have completed treatment for breast cancer, you should still go to your doctor regularly to look for signs that the cancer is back. If you haven't had both breasts removed, you'll need annual mammograms to look for breast cancer (either cancer recurrence or new breast cancer). Follow-up treatment After treatment with breast cancer, you will learn more about what kind of tests you may need after treatment. You should also follow the American Cancer Society's guidelines for early detection of cancer, such as guidelines for colorectal cancer and cervical cancer. Screening tests can often find these cancers early when they are likely to be easier to treat. In some cases, tests can even help prevent these cancers if pre-cancers are found and treated. For women with breast cancer, most experts do not recommend further tests to look for second cancers unless you have symptoms. Tell your doctor about new symptoms or problems, as they may be caused by new breast cancer or a new disease or another cancer. For example, abnormal menstrual bleeding, such as bleeding or scoring after menopause or between periods, can be a symptom of uterus cancer. Can I reduce my risk of getting another cancer? There is no sure way to prevent all cancers, but there are measures you can take to reduce your risk and stay as healthy as possible. Getting the above recommended early detection tests is one way to do this. It is also important to stay away from tobacco products. Smoking increases the risk of many cancers, including some cancers that are used to breast cancer. To maintain good health, breast cancer survivors should also: Get to a healthy weight and stay at a healthy weight Keep physically active and limit sitting or sleeping time Follow a healthy eating pattern rich in fruits, vegetables and whole grains, and limit or avoid red and processed meats, sugary drinks and highly processed foods It is best not to drink alcohol. If you drink, drink no more than 1 drink a day for women or 2 days for men These steps can also reduce the risk of some other health problems. For more information, see the ACS guidelines on cancer prevention nutrition and physical activity. For more information about the causes of second cancers, see Second Cancers in Adults. Survival rates can give you an idea of how much of the same type and stages of cancer sufferers are still alive for a certain period of time (usually 5 years) after diagnosis. They can't tell you how long you're going to live, but they can help you better understand how likely it is that your treatment will be successful. Keep in place to remember that survival rates are estimates and are often based on previous results from previous people with specific cancer, but they cannot predict what will happen in the case of any particular person. These statistics can be confusing and lead to you having more questions. Talk to your doctor about how these numbers can apply to you because they know your situation. What is the relative survival rate of 5 years? The relative survival rate compares people of the same type and stage with people in the entire population. For example, if a 5-year eloonjääminen eloonjääminen for a certain stage of breast cancer in men is 80%, it means that men with this cancer are on average about 80% as likely as men who do not have this cancer to live at least 5 years after diagnosis. Where do these numbers come from? The American Cancer Society relies on data from the SEER* database maintained by the National Cancer Institute (NCI) to provide survival statistics for different types of cancer. The SEER database tracks 5-year relative survival rates for breast cancer in men in the United States based on how far the cancer has spread. However, the SEER database does not group cancers by AJCC TNM steps (step 1, step 2, step 3, etc.). Instead, it grouped cancers into local, regional and distant stages: Localized: There is no sign that the cancer has spread beyond the breasts. Regional: The cancer has spread beyond the breasts to nearby structures or lymph nodes. Distant: Cancer has spread to far-off parts of the body, such as the lungs or brain. 5-year relative survival rates for breast cancer in men These figures are based on men diagnosed with breast cancer between 2009 and 2015. SEER phase 5 relative survival rate Local 96% Regional 83% Distant 22% All SEER steps total 84% Understanding the figures These figures apply only to the stage of cancer when it is first diagnosed. They will not apply later if the cancer grows, spreads or comes back after treatment. These numbers don't take everything into account. Survival rates are grouped according to how far the cancer has spread. But other factors, such as your age and overall health, whether there are certain genetic or protein changes in cancer cells, and how well cancer responds to treatment, can also affect the outlook. Men who have now been diagnosed with breast cancer may have a better outlook than these figures show. Treatments improve over time, and these figures are based on men who were diagnosed and treated at least 5 years earlier. *SEER = Supervision, epidemiology and outcomes If you or a loved one has HER2+ breast cancer, you have a lot of questions. What does the treatment look like? Can doctors cure cancer? How does it affect your quality of life? One thing to keep in mind is that the numbers you find online can't tell you or someone close to you specifically. These figures are averages based on many women who have previously found out they have had breast cancer. Because every woman is different, they can't tell you exactly what's going to happen to you or any particular woman. The possibility of curing or putting the disease into remission depends a lot on how far the cancer is at the start of treatment. If it is only in the chest, it is much better than if it has already spread to other parts of the body. Treatment or remission depends on treatment and how well the cancer responds to treatment. The chances of survival also depend on your age and general The fact that the cancer is

positive affects treatment and survival. Experts consider HER2+ breast cancer to be more aggressive than some other breast cancers. This means that it can grow faster without treatment. The good news is that treatment for the HER2+ type has improved, so the outlook for you or your loved one is probably better than what some numbers show. The survival rate shows how many people diagnosed survive. Cancer survival rates often show how many survived 5 years. Usually it's a percentage. A five-year survival rate of 75% therefore means that 75% for those diagnosed, that is, at least 5 years after diagnosis. Sometimes you may also see something called relative survival rates. Relative survival rates indicate how likely a person with a particular type of cancer is to survive compared to people of the same age, race and gender without that type of cancer. For example, a database from the National Cancer Institute shows that a woman with breast cancer has a 5-year relative survival rate of 90 per cent. In other words, cancer reduces the chance of living for five years by 10%. One thing to keep in mind is that these survival rates do not tell you whether a person still has cancer or not. Someone who lives five years after diagnosis may still be in treatment. The cancer can seem to disappear and then come back. The National Cancer Institute gives 5 years of relative survival rates for breast cancer based on how far the disease had spread before it was discovered by a doctor. Localized (cancer is limited to one breast): 99% Regional (cancer has spread to nearby lymph nodes): 86% Distant (cancer has moved to other parts of the body): 28% Unknown stage: 55% All stages: 90% Although these figures may give you a general perception, they are the average for women with any type of breast cancer. They are not specific to the HER2+ type. They also come from data collected by researchers between 2010 and 2016, so they do not reflect more recent treatment records. Doctors use three signs to define breast cancer and guide treatment. One of them is the HER2 protein. The other two are hormone receptors (HR). When cancer doesn't have these, doctors call it triple-positive. Until recently, there was not much information on how these signs changed the survival rates of breast cancer. A recent study looked at data from the National Cancer Institute to see if there were differences in women's survival based on these marker asticans. Research shows that it is. Overall, women with HR+ and HER2 breast cancer are best placed. But at a later stage, those with the HER2+ type have better survival rates than HER2-. Triplenogagive breast cancers have the lowest survival rate. The 4-year survival rates are as follows: HR+/HER2-: 92.5% HR+/HER2+: 90.3% HR/HER2+: 82.7% HR/HER2-: 77.0% HER2 status survival depends on how far the cancer has spread. If it's just in the chest, it doesn't matter. Majority of women do well, since the surgeon can remove the tumor. As the breast tumor grows and spreads to the lymph nodes or further away from the body, HER2 status becomes more important for treatment and survival. This is because now there are drugs that target HER2, but these only work for cancers that are HER2+. The common medicine HER2+ for breast cancer is trastestumab (Herceptin), but there are others. Since there are more treatments, women who today have more advanced HER2+ breast cancer have on average a better survival rate than those with more advanced HER2 breast cancer. SOURCES: American Cancer Society: Breast Cancer Survival Rates, Targeted Treatment for Breast Cancer. Mayo Clinic: HER2 positive breast cancer: What is it? Cancer survival rate: What it means for your prognosis. Asco Post: Managing HER2 positive breast cancer: business as usual? National Cancer Institute Monitoring, Epidemiology and End Result Programme: Cancer Stat Facts: Female Breast Cancer. Cancer epidemiology, biomarkers and prevention: Differences in breast cancer survival in molecular subtypes in the United States. © 2020 WebMD, LLC. All rights reserved. Reserved.

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