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Review Article

BREAST CANCER AND SURVIVORS: EXPLORING THE FACTS AND HOLISTIC NEEDS

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ABSTRACT

There are an estimated 1,384,155 new cases of breast cancer worldwide, leading to nearly 459,000 deaths related to the disease, making it one of the most frequent cancers in women. There is a wide range of pathological characteristics associated with breast cancer, some of which can show slow growth and a good prognosis, while others may be aggressive. One out of every eight women in the United States will develop breast cancer during the course of their life, according to the American Cancer Society. There is a prediction that by 2050 there will be approximately 3.2 million new cases of female breast cancer on the planet annually, according to studies carried out by the World Health Organization. Breast cancer Survivors face many challenges during the diagnosis, treatment, and recovery process. Medical professionals, nurses, therapists, counsellors, and psychologists take care of breast cancer Survivors. A growing number of studies have shown that molecular profiling of breast cancer will enable individualized treatment as well as an understanding of molecular differences among cases. Our paper examines breast cancer Survivors' complex physical and psychological needs, providing the holistic needs of the client. The needs of clients after breast cancer treatment extend well beyond resolving the disease itself, and the need to restore their health is essential. For healthcare providers to provide holistic care for breast cancer Survivors, they have to be aware of the complex issues involved during the patient's journey. In order to reduce the burden of breast cancer worldwide, epidemiological studies suggest addressing socioeconomic issues, from screening to advanced treatment. In conducting this review, we used a variety of sources, such as PubMed journal articles, books, and breast cancer organization websites.

Key words: Chemotherapy, physical and psychological needs of breast cancer Survivors

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INTRODUCTION

Many breast cancer cases exhibit slow growth and excellent prognoses, while others exhibit a highly aggressive clinical course [1]. Globally, breast cancer is the most commonly occurring cancer in women, with 1,384,155 estimated new cases in 2008 and nearly 459,000 deaths related to it [2]. It is estimated that one in eight

American women will develop breast cancer at some point in their lifetime. In 2013, there will be approximately 232,340 new cases of invasive breast cancer among women and 39,620 breast cancer deaths [3]. Globally, there are expected to be approximately 3.2 million new cases of female breast cancer by 2050. According to these statistics, breast cancer incidence is on the rise, its impact on society is global, and it is urgent that preventive and treatment measures are taken in order to curb the disease. Since widespread screening programs and aggressive hormonal therapies and chemotherapy have been used to treat breast cancer, management of the disease has drastically changed. Despite increasing incidence, there is a decrease in Western world mortality rate for breast cancer, according to recent data. [4]. In spite of almost flat recurrence curves, the recently reviewed reviews of There has been evidence that systemic therapy (hormone therapy and chemotherapy) cures cancer. [5]. The treatment of breast cancer has made significant advances, but clinicians remain faced with a number of challenges: Finding Survivors at low relapse risk with node negative melanoma, so that chemotherapy might be withheld for them. It is also necessary to identify the tumor targets for directed therapies, as well as Current treatment options, especially cytotoxic chemotherapy, and their predictability.

Classification and Epidemiology of Breast Cancer

According to clinical classification, breast cancer can be divided into different types based on its morphological characteristics. There are several ‘special types’, such as infiltrating lobular carcinomas, tubular carcinomas, mucinous cancers, medullary carcinomas, and adenoid cystic carcinomas, among them.

Among women worldwide, this is the most prevalent form of cancer is breast cancer, a heterogeneous disease. Furthermore, breast cancer incidence varies widely by region around the world, with developed countries having higher breast cancer rates than developing countries (30.3, 74.1, respectively). Approximately 15% of all cancer deaths among females are caused by breast cancer [6–8]. Moreover, mortality has continued to rise since 2008, from about 805 deaths per 100,000 totals to about 932 deaths per 100,000 totals in 2012 [9–13].

There has also been evidence that BRCA1/2 mutations will increase breast cancer risk in the long term, whereas BRCA1 mutation carriers will increase the risk by 65–81% [14,15] and by 45–85% for those who are BRCA2 mutation carriers.

Histopathologic and molecular characteristics can be used to classify Inflammation of the breast. The histological classifications of Cancer of the breast are: in situ carcinoma, which includes ductal and Cancers of the lobules in situ; or carcinomas of the lobules which are invasive has seven subtypes, including adenocarcinomas. Meanwhile, breast cancer's molecular classification focuses on the proteins expressed by multiple ER, PR, HER2, HER1, and Basal Cytokeratin can be detected by staining for estrogen receptors, progesterone receptors, HER2 and HER1 [16].

BRCA1 AND BRCA2 MOLECULAR CLASSIFICATIONS

With genomics technology exploding, efforts have been made to better care for Survivors using these breakthroughs. One of the most representative examples of this is breast cancer, where Studying single markers for prognosis and prediction has a long history has been conducted because we cannot accurately predict when a patient will relapse or respond to therapy. Further complicating the translational trial design was clinicians' lack of understanding of how these markers interrelate and the inability to prioritize the most relevant markers among several promising ones. Our ability to leap this hurdle may be helped by expression profiling and other 'omics' technologies. Consequently, clinical research and scientific discovery are produced simultaneously, instead A discovery followed by an application is the usual sequence. Currently, we are learning more and more about Outcomes and treatment responses are determined by the pathways involved in breast cancer, and we are also learning more about targetable differences in breast cancer, which we will use to improve future therapies.

A long-recognized difference in phenotype was confirmed in these groups of tumors, and new information regarding breast cancer biology was revealed. Based on the gene expression profiling, we were able to distinguish between at least two subtypes of ER-related tumors, luminal A and luminal B, which are markedly different in expression of genes and prognosis. [17]

Features of the disease

There are many subtypes of the most common type of breast cancer is luminal breast cancer. A significant difference was found between racial and age groups in the incidence of luminal A tumors, with African American women (36%) significantly less likely than others (51%-59%). Additionally, luminal B tumors are usually more severe than luminal A tumors.

Treatment and Diagnosis

Detecting breast cancer early and diagnosing it can be achieved through MRIs, mammograms, and ultrasounds are diagnostic imaging techniques. Breast cancer is managed and treated through surgery, radiotherapy targeting local tissue, hormonal treatment, and targeted therapy, as cancer progresses, its symptoms may vary biology, and molecular subtype. A lumpectomy or Breast tissue is removed during mastectomy (surgical procedure) is performed during the early stages of breast cancer to remove Invasive as well as non-invasive cancer margins. Based Tumor pathology and molecular subtyping and the presence of There is a possibility of systemic

therapy for axillary nodules necessary as adjuvant therapy post-surgery. Systemic therapies help control and manage symptoms, improve overall survival, and manage palliative care in more advanced stages. [18-20] Trauma and stress are common experiences among breast cancer Survivors in all aspects of their lives, including physical, psychological, and emotional trauma during the detection, diagnosis, management, and treatment processes. In order to better provide supportive care throughout breast cancer Survivors' journeys, we need to understand their holistic needs.

Perspectives on holistic needs

The physical, social, psychological, emotional, and spiritual well-being of cancer Survivors is determined by their ability to meet their needs [21]. According to the Institute of Medicine (US) (2008), based on concerns raised by breast cancer Survivors, adapted from Maslow's original framework, figure 1 shows how motivations are assessed.

A cancer patient's identity is often lost in the context of their treatment as so many aspects of it are taken into account and managed simultaneously. Furthermore, even though different levels may appear disparate, they are interconnected.

In the United States, The Founded by cancer survivors and for cancer survivors, the National Coalition for Cancer Survivorship, has popularized the concept of cancer survivorship. [22]. By changing patient perspectives from being passive victims to active survivors, it aims to transform them into active survivors. As a side note, some cancer the term "survivor" may make Survivors uncomfortable, especially for those suffering from cancer since it makes their disease the main focus of their life. Cancer Survivors can find this concept helpful in creating a sense of belonging, but this concept may not work for every patient be comfortable with the concept Their disease becomes their centric focus as a result. [23].

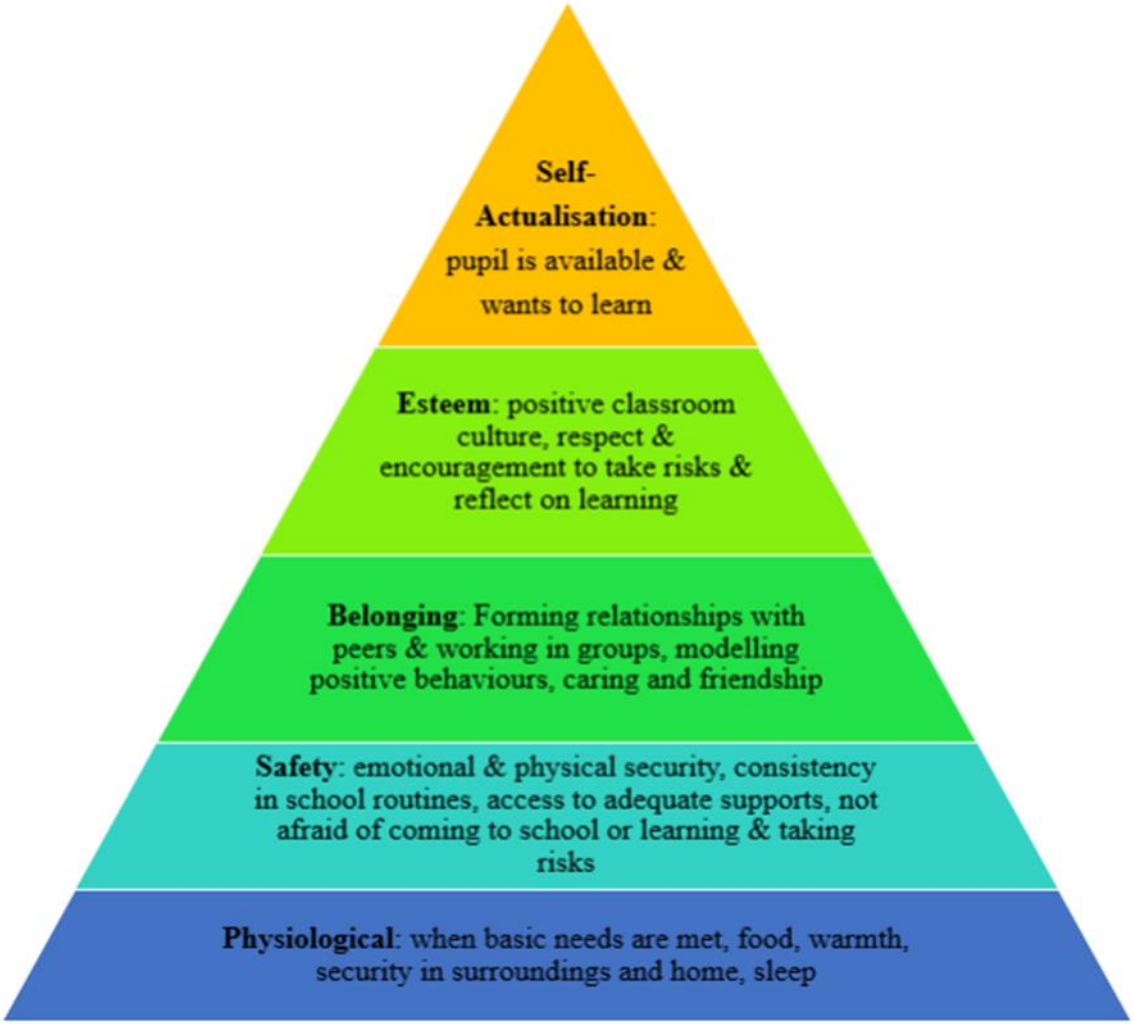

Figure 1: Concerning education needs – *Maslow's Hierarchy*

And It is important to conduct a needs assessment a number of key points as recommended by The National Cancer Action Team exists in the United Kingdom [24]. As part of this process, the patient may request these services at any time following diagnosis, treatment commencement, or when he or she so desires. Survivors may require support at these stages during their journey because their needs may change.

In order to explain the chances of an overview of recovery, treatment benefits and disadvantages, psychological support, social care, and palliative care for Survivors and their families, as well as a breakdown of estimated total costs, is provided to Survivors and their families cancer care team should explain these things to them before and during treatment [25]. Multidisciplinary teams (MDT) Contribute to the development of society in cancer care in many countries. Japanese Cancer Institute hospital's breast oncology center has also adopted a multidisciplinary approach. [26]. An Introducing MDT to a Scottish region resulted in a reduction in mortality [27].

When the patient is diagnosed, they have holistic needs

Most people feel dread and fear after being diagnosed with malignant breast cancer. Normal routines are severely disrupted, which may also leave Survivors feeling out of control. As Survivors progress through the stages, they do not need to follow a chronological progression, but they can also revert to Any stage of treatment during the initial few weeks [28].

Stages:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Women with breast cancer also face self-esteem issues in addition to difficulty accepting their diagnosis. In general, there was a feeling of feeling less feminine among Survivors following their surgery [29,30]. Care providers should therefore orient Survivors to the options of breast reconstruction prior to treatment and help them choose the method of breast reconstruction that is most suitable. The most vulnerable and insecure cancer Survivors feel at this stage as they are at a loss of what to do. The outlook and treatment of Survivors with chronic diseases willingness Continually fighting are heavily influenced by how well their families support them in Survivors' healthcare is centered on the family in Asian countries. Families should therefore be engaged in the care process, their involvement in management of the patient's care should be encouraged, and meaningful conversations should be facilitated between the health care team and the family.

Holistic Treatment needs

The management of physical side effects is as follows: Infections, thrombophlebitis, anorexia, nausea, vomiting, oral ulcer, and alopecia are common physical side effects of chemotherapy. These effects are significant in Survivors who require prolonged intravenous drug administration. Redness and dryness of the skin are common side effects of radiotherapy. In addition to osteoporosis and swelling, Survivors with breast cancer can also suffer from Symptoms associated with early menopause and thyroid dysfunction, as well as symptoms associated with early menopause. In the following sections, we provide What to do to alleviate side effects.

- Professional Advice from Cancer Care Team
- Exercises
- Complementary Medicine

The following steps can be taken to manage psychological stress: Furthermore, Survivors concern themselves about the possibility of losing their jobs after taking a long break from work due to physical side effects and job insecurity. Additionally, a patient may feel abandoned or burdened psychologically as a result. Many women have been left questioning their self-identity after suffering losses such as hair loss during chemotherapy and mastectomy. [31]. In the process of diagnosing and treating breast cancer, a nurse counseling service can significantly reduce stress.

- Social Support
- Spiritual Care
- Recreation

Post-treatment holistic needs

Lymphedema, post-mastectomy pain syndrome, and cognitive impairment post-chemotherapy are some of the physical side effects breast cancer Survivors may suffer after having treatment. The fear of recurrence of cancer may also persist. Therefore, it is imperative that physicians and Survivors collaborate on developing a personalized follow-up care plan for the future, so that good health can be maintained, side effects managed, and cancer recurrences can be monitored at the native site and elsewhere. A 32-oncotype DX test could help predict the likelihood of breast cancer recurrence and assist with treatment decisions when used in the management of breast cancer. In addition, if the patient has a hereditary breast cancer, the genetic testing may differ. Aside from breast cancer, other female relatives with abnormal BRCA1 or BRCA2 gene mutations can also develop ovarian and other cancers if these Survivors have abnormal mutations. Males with positive family histories are more likely to contract breast cancer than other males, even though they are not as susceptible as females [32]. It may be necessary to counsel both male and female family members of breast cancer

Survivors with susceptibility genes about the risks associated with these mutations. It is possible to provide such families with social support in addition to genetic testing and counseling. Breast cancer survivors tend to have a heightened sense of anxiety if their families have a history of the disease. After being on treatment for a long time, Survivors may also wonder whether they can get back to work and integrate back into society. The treatment of advanced cancer may require long-term management, while end-of-life care would be needed for Survivors with terminal cancer. During this review, no special consideration has been given to the needs of these patient groups. Quality of life for such Survivors is largely determined by the holistic care provided by the oncologist care team and community.

CONCLUSION

Breast cancer incidence and related mortality worldwide are predicted to rise in the near future based on current predictions and statistics. As a result of advances in medical technology, breast cancer no longer carries a death sentence. In the last two decades, surgical techniques, radiation approaches, and drugs have advanced to the point where breast cancer has become both a physically incurable illness that can potentially be completely cured, and a disease that is potentially curable. In today's healthcare system, a holistic approach to healing should be pursued, which includes the psychological, social, and spiritual well-being of the patient as well. Family members of Survivors may also need holistic treatment in some cases. Several hospitals are implementing holistic care programs and conducting better holistic needs assessments in order to reach this goal. The diagnosis of breast cancer can be overwhelming, but the journey of recovery doesn't have to be lonely for Survivors.

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