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Individualize treatment of hormone-dependant breast cancer

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System control in both local and recurrent breast cancer is topical issue and should be thoroughly discussed considering economical situation in country. Standard drug treatment regimen does not always give positive results. Practically speaking, physicians use standard treatment regimen based upon tumor IHC analysis, if any. Immunohistochemical study of breast cancer biological markers has two endpoints: 1) identify high risk groups for progression in early stage disease; additional examination and Treatment is required; 2) evaluation of individual responsiveness to planned or received treatment. Surogate molecular classification is used to identify luminal subtypes, Her2-positive, basal and rare types. Luminal subtypes includes subtype A, about 40% of all breast cancer, this subtype characterised by positive estrogens (ER), progesterone (PR), absence of growth factor hyperfixation (Her2/neu) and low level of Ki67 proliferation (<20%). Luminal subtype B is subdivided into Her2-positive and Her2-negative subtypes. Luminal Her2-negative subtype differs from luminal A subtype by higher or high level of Ki57 marker ($\geq 20\%$). Luminal B Her2-positive subtype expresses Her/neu, and has high level of Ki67 marker. Cases where Her2/neu has low level

of proliferation (Ki67 <20%) should be analyzed seperately. Classic example of breast cancer individualisation treatment is by determining of reproductive hormones and epidermal growth factor [8]. Prognostic value of ER and PR determination for endocrine therapy is confirmed by meta-analysis of 55 randomized trials with 37000 breast cancer patients. It is proved that ER expression in breast tumor indicates potential responsiveness to drug treatment, this is aimed to remove estrogens source and its effect recovering. PR is the first step in cell reaction to progestines and it determines cell responsiveness to some drugs, but mainly because it sythesis in breast ccancer cells is prompt by estrogens. Presence of PR confirms ER functional activity. Breast cancer patients who has both or at least one of steroid hormones receptors have more favorable prognosis than those has no receptors. Thus 75% of patients with both positive receptors responses effectively to endocrine therapy and 50% with only ER positive receptor. However there was response to endocrine therapy in 10% of patient with both negative receptors.

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