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A SYSTEMIC REVIEW ON BREAST CANCER AND ITS TREATMENT

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ABSTRACT

Breast cancer stands as a formidable global health challenge, marked by its intricate origins and formidable hurdles in both prevention and treatment. This comprehensive review delves into the pivotal role of drug carriers, particularly nanocarriers, in confronting these obstacles, with a specific emphasis on metastatic breast cancer. Through an exhaustive exploration, a variety of nanocarriers such as liposomes, solid lipid nanoparticles, dendrimers, micelles, gold nanoparticles, and nanofibers are meticulously analyzed for their potential to modulate drug distribution and pharmacokinetics. By doing so, they enable precise control over drug release mechanisms and facilitate targeted therapy approaches. Highlighting the remarkable strides in nanotechnology, this review underscores its transformative impact in breast cancer treatment. Leveraging the distinctive properties of nanocarriers not only promises to surmount existing limitations but also holds the potential to revolutionize patient outcomes. As a result, this nuanced approach heralds a new era of heightened treatment efficacy and precision in the battle against breast cancer, offering renewed hope for millions worldwide.

Keywords: Breast Cancer, Ductal carcinoma, Estrogen, Lymph

INTRODUCTION

Breast cancer, a metastatic disease characterized by cancer cells migrating from the original tumor site to other parts of the body via circulation, ranks as the leading cause of cancer-related deaths among females globally. Rooted in systemic ductal carcinoma, its etiology is intricately linked to estrogen hormones. In India, it ranks among the top two cancers in women, while in Western societies, an alarming statistic reveals that one in nine women may develop breast cancer before the age of 85. Genetic predisposition and familial history account for about 95% of cases, underscoring the importance of early detection and prevention strategies. The global burden of breast cancer is staggering, with 1.7 million new cases reported in 2012 alone, resulting in nearly 700,000 deaths.

Projections suggest that one in every eight women worldwide may face mammary gland cancer, necessitating concerted efforts in multidisciplinary research to improve health management effectiveness. This entails a focus on primary prevention, risk modification, early disease detection, prompt treatment initiation, and ongoing monitoring to mitigate the escalating morbidity, mortality, and economic costs associated with breast cancer ¹.

In developed countries like the United States, where 232,340 women were diagnosed with breast cancer and approximately 39,000 succumbed to it in 2013, emphasis is placed on early detection to improve outcomes and survival rates. Contemporary treatment modalities include antiestrogen-containing medications such as raloxifene or tamoxifen for prevention, along with surgical interventions like bilateral mastectomy for preservative measures. Management strategies for ductal carcinoma encompass a range of approaches, including targeted therapy, hormonal therapy, radiation therapy, surgery, and chemotherapy. These interventions aim to address the complex nature of breast cancer and improve patient outcomes by targeting the disease at various stages. In essence, a comprehensive approach that integrates prevention, early detection, and effective treatment modalities is essential in the global fight against breast cancer².

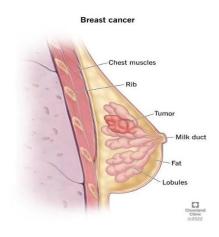


Fig 1: Breast Cancer

CURRENT SCENARIO OF BREAST CANCER IN INDIA

Breast cancer in India is a pressing issue, marked by rising incidence rates and challenges in detection and treatment. Urbanization, lifestyle changes, and inadequate screening contribute to this trend, affecting cities like Mumbai and rural areas disproportionately. Risk factors such as age, genetics, and lifestyle choices exacerbate the issue, with postmenopausal women at higher risk. Treatment access remains a challenge due to limited comprehensive facilities and high medication costs. To address this, enhancing screening, raising awareness, expanding treatment options, and **AJPER April- June 2024, Vol 13, Issue 3** (233-243)

ensuring affordable medications are crucial. Collaboration among stakeholders is vital to effectively tackle the complexities of breast cancer in India ³.

CAUSES OF BREAST CANCER

Breast cancer is a multifaceted disease influenced by various factors, ranging from genetic predisposition to lifestyle choices. Understanding these causes is crucial for prevention and early detection strategies. Here, we delve into several key factors contributing to breast cancer incidence:

- 1. Alcohol Consumption
- 2. Smoking
- 3. Obesity
- 4. Family History
- 5. Dietary Factors
- 6. Birth Control Pills
- 7. Genetic Factors
- 8. Early Menarche
- 9. Lactation

Understanding these diverse factors contributing to breast cancer allows for more targeted prevention and intervention strategies. By addressing lifestyle factors, promoting healthy behaviors, and implementing early detection measures, the burden of breast cancer can be reduced, ultimately improving outcomes for individuals and communities affected by this disease ⁴.

STAGES IN BREAST CANCER ⁵

Breast cancer progresses through stages based on factors like tumor size, type, and extent of penetration into breast tissues.

Stage 0: Non – invasive breast cancer (has not reached the tissue of the breasts)
Stage 1: <2cm and not migrate to lymph nodes
Stage 2: 2.5 to5cm and migrate to lymph nodes
Stage 3: higher than 5 cm and migrate to lymph nodes forming clumps
Stage 4: Metastasized (Any size and spread to skin, lungs, liver)

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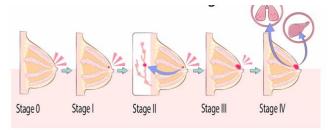


Fig 2: Stages of Breast Cancer

TYPES OF BREAST CANCER 6

Breast cancer manifests in various types, each with distinct characteristics and implications for treatment and prognosis:

- 1. Lobular Carcinoma In Situ (LCIS): non-invasive breast cancer confined to the lobules of the breast.
- 2. Ductal Carcinoma In Situ (DCIS): most common non-invasive breast cancer, confined to the milk ducts and detectable through mammography.
- **3. Invasive Breast Cancer:** occurs when abnormal cells from breast ducts invade surrounding tissue, often displaying varying degrees of aggressiveness.
- **4. Infiltrating Lobular Carcinoma (ILC)**: originates in breast lobules and exhibits a distinctive single-file growth pattern with potential to spread beyond the breast.
- 5. Infiltrating Ductal Carcinoma (IDC): the predominant form of invasive breast cancer, originating in breast ducts and infiltrating surrounding tissue, with potential metastasis and diverse subtypes.
- **6. Medullary Carcinoma:** breast forms well-defined borders between cancerous and normal tissue, often linked to a favorable prognosis compared to other invasive breast cancer types.
- **7. Tubular Carcinoma:** forming small tube-like structures, typically exhibits a favorable prognosis among invasive breast cancer subtypes.
- 8. Inflammatory Breast Cancer (IBC): marked by breast swelling, redness, and warmth, results from cancer cells obstructing lymph vessels in the skin, presenting a poor prognosis if not promptly treated.

Each type of breast cancer requires tailored treatment approaches, including surgery, chemotherapy, radiation therapy, hormone therapy, or targeted therapy. Early detection through screening and

awareness of symptoms is crucial for improving outcomes and reducing mortality rates associated with breast cancer.

PATHOGENESIS OF BREAST CANCER

Breast cancer arises from intricate interactions among genetic predisposition, hormonal influences, and environmental factors. Hormonal fluctuations throughout a woman's life influence the dynamic nature of the breast tissue, potentially contributing to cancer development from precursor cells within. Neoplastic transformation of myoepithelial cells or stem cells can lead to heterogeneous breast cancer. Dysregulation of growth factor signaling, immune dysfunction, and angiogenesis characterize its pathogenesis. Steroid hormones like estrogen, progesterone, and testosterone, along with genetic mutations (e.g., BRCA1, BRCA2), significantly contribute to breast cancer. Aromatase in adipose tissue elevates estrogen levels, particularly postmenopause. Understanding these complexities is vital for effective prevention and treatment strategies, emphasizing early detection, genetic counseling, and lifestyle modifications to reduce incidence and mortality ⁷.

DIAGNOSIS OF BREAST CANCER

Diagnosing breast cancer involves clinical history, physical exams, imaging tests, and biopsies. Ultrasound and MRI aid in tumor localization, especially in high-risk individuals. Biopsy confirms diagnosis, guided by techniques like core biopsy and digital mammography. Early detection is crucial for reducing mortality. Multidisciplinary approaches optimize patient care and outcomes ⁸.

TREATMENT OF BREAST CANCER

Treatment employs a multidisciplinary approach, integrating chemotherapy, radiation therapy, surgery, hormone therapy, and targeted therapies like Selective Estrogen Receptor Modulators (SERMs). Chemotherapy utilizes drugs such as vinorelbine, doxorubicin, and taxanes to eradicate cancer cells and induce remission. Anthracyclines like doxorubicin inhibit DNA replication, impeding cancer cell growth ⁹.

Hormone therapy, particularly for hormone receptor-positive cancers, targets estrogen's role in tumor growth. Tamoxifen and fulvestrant block estrogen receptors, inhibiting cancer proliferation. SERMs like tamoxifen and raloxifene modulate estrogen activity tissue-specifically, acting as either agonists or antagonists based on tissue type and context. They modulate gene expression involved in proliferation and apoptosis, aiding in breast cancer prevention and recurrence reduction.

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Pharmacologically SERMs are categorized into triphenylethylenes, nonsteroidal compounds, and steroidal antiestrogens, each with distinct mechanisms and efficacy profiles. These therapies aim to eradicate cancer, prevent recurrence, and enhance survival and quality of life. Ongoing research into SERMs promises more personalized breast cancer treatments in the future ¹⁰.

NANOCARRIERS FOR BREAST CANCER THERAPY

Nanotechnology in breast cancer therapy utilizes diverse nanocarriers like liposomes, solid lipid nanoparticles (SLNs), dendrimers, micelles, gold nanoparticles, and nanofibers. These vehicles enhance drug delivery precision, minimize side effects, and augment treatment efficacy, offering promising advancements in cancer care¹¹.

Liposomes:

Liposomes, developed by Prof. Alec D. Bangham, are versatile drug carriers encapsulating both hydrophilic and lipophilic drugs. Pegylated liposomes improve drug circulation and mitigate cardiotoxicity of anthracyclines like doxorubicin, enhancing their efficacy against breast cancer ¹².

Solid Lipid Nanoparticles (SLNs):

Solid lipid nanoparticles (SLNs) are stable colloidal carriers with controlled drug release capabilities. They encapsulate both hydrophilic and hydrophobic drugs, including doxorubicin and paclitaxel, and effectively combat multidrug resistance in breast cancer cells, enhancing treatment efficacy ¹³.

Dendrimers:

Dendrimers, structured molecules with controlled branches, enable precise drug delivery. Cationic types like PAMAM-NH2 enhance drug permeability through barriers, holding promise for oral breast cancer treatment ¹⁴.

Micelles:

Polymeric micelles, self-assembled from block copolymers, encapsulate hydrophobic drugs, enhancing solubility and stability. They improve drug delivery and efficacy in drug-resistant breast cancer cells, promising improved therapeutic outcomes ¹⁵.

Gold Nanoparticles:

Gold nanoparticles, with versatile properties, are adept for drug delivery. Functionalization enables receptor targeting on breast cancer cells, boosting delivery efficacy. Tamoxifen-gold nanoparticle conjugates show enhanced drug efficacy, promising breast cancer therapy¹⁶.

Nanofibers:

Electrospun nanofibers provide controlled drug delivery and tissue engineering platforms. Biodegradable polymers like PEO, PCL, and PLGA form nanofibers for drug delivery. Curcuminloaded nanofibers exhibit heightened cytotoxicity against breast cancer cells, showing therapeutic promise. Nanocarriers promise enhanced breast cancer therapy with reduced side effects. Leveraging their diverse properties, researchers strive for personalized treatments, improving patient outcomes and quality of life ¹⁷.

FUTURE ASPECTS

Future aspects in breast cancer therapy will likely focus on advancing the precision and efficacy of treatment while minimizing adverse effects. Here are some potential future directions: ¹⁸

1. **Personalized Medicine**: Tailoring treatment strategies based on individual patient characteristics, including genetic makeup, tumor biology, and response to therapy, will become increasingly important. Advances in genomic profiling and molecular diagnostics will enable oncologists to select the most effective therapies for each patient, maximizing treatment outcomes while minimizing side effects.

2. **Immunotherapy**: Immunotherapy has shown promising results in various cancer types, including breast cancer. Future research will likely explore novel immunotherapeutic approaches, such as immune checkpoint inhibitors, cancer vaccines, and chimeric antigen receptor (CAR) T-cell therapy, to harness the body's immune system to target and eliminate cancer cells.

3. **Targeted Therapies**: Continued research into the molecular mechanisms underlying breast cancer will lead to the development of more precise targeted therapies. These therapies will aim to inhibit specific signalling pathways, genetic mutations, or protein targets involved in breast cancer growth and progression, while sparing healthy tissues from damage.

4. **Nanomedicine**: Further advancements in nanotechnology will lead to the development of more sophisticated nanocarriers for drug delivery. These nanocarriers will be designed to enhance the targeting, penetration, and release of therapeutic agents specifically to breast cancer cells, improving treatment efficacy and reducing systemic toxicity.

5. **Combination Therapies**: Future treatment approaches will likely involve combinations of different modalities, such as chemotherapy, radiation therapy, targeted therapy, and immunotherapy, to overcome treatment resistance and improve outcomes. Combinatorial approaches may target multiple pathways involved in cancer development and progression, offering synergistic effects and greater therapeutic benefit.

6. Liquid Biopsies: Non-invasive methods for monitoring disease progression and treatment response, such as liquid biopsies, will become more widespread. Liquid biopsies analyze circulating tumor cells, cell-free DNA, and other biomarkers in blood samples, providing real-time information on tumor dynamics and treatment efficacy ¹⁹.

7. Artificial Intelligence (AI): AI and machine learning algorithms will play an increasingly important role in cancer diagnosis, prognosis, and treatment decision-making. These technologies can analyze large datasets, including genomic data, imaging studies, and electronic health records, to identify patterns, predict outcomes, and optimize treatment strategies for individual patients.

8. **Preventive Strategies**: Emphasis will be placed on preventive measures, such as lifestyle modifications, risk-reducing medications, and prophylactic surgeries, to reduce the incidence of breast cancer. Public health initiatives aimed at promoting healthy behaviors, increasing awareness, and improving screening and early detection programs will also contribute to lowering the burden of breast cancer.

By integrating these future aspects into clinical practice and research endeavors, the field of breast cancer therapy will continue to evolve, leading to improved outcomes and quality of life for patients affected by this disease ²⁰.

CONCLUSION

In conclusion, breast cancer remains a significant global health challenge, necessitating innovative approaches to improve prevention, diagnosis, and treatment outcomes. This comprehensive review

underscores the pivotal role of nanocarriers in overcoming the formidable obstacles associated with breast cancer therapy, particularly in the context of metastatic disease.

Nanocarriers, including liposomes, solid lipid nanoparticles, dendrimers, micelles, gold nanoparticles, and nanofibers, offer unique advantages in drug delivery, enabling precise modulation of drug distribution and pharmacokinetics. By encapsulating therapeutic agents within nanoscale carriers, researchers can achieve targeted delivery to specific tumor sites while minimizing off-target effects and systemic toxicity. This nuanced approach holds immense promise in enhancing treatment efficacy and revolutionizing patient outcomes in the battle against breast cancer.

The transformative impact of nanotechnology in breast cancer therapy is underscored by its ability to surmount existing limitations and pave the way for personalized treatment approaches. Leveraging the distinctive properties of nanocarriers, such as prolonged circulation times, controlled drug release kinetics, and tumor-targeting capabilities, researchers can tailor treatment regimens to individual patient needs, thereby optimizing therapeutic outcomes.

Moreover, the synergy between nanotechnology and conventional cancer therapies opens up new avenues for combination treatments that exploit the complementary strengths of different modalities. By integrating nanocarriers with existing treatment strategies, such as chemotherapy, hormone therapy, and targeted therapy, researchers can synergistically enhance treatment efficacy while minimizing adverse effects, offering renewed hope for patients with metastatic breast cancer.

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