



NEW DEVELOPMENTS IN THE MANAGEMENT OF BREAST CANCER

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Worldwide, breast cancer is the most frequent cancer in women with more than 1.7 million newly diagnosed cases. Estimated incidence is increasing worldwide and reported highest in developed countries such as the United Kingdom (UK) and the United States of America (USA).

Many factors predispose women to a higher lifetime risk: genetic predisposition; prior personal or familial history of breast or other cancers; endogenous (lifetime cycle of oestrogen levels) and exogenous (hormone replacement therapy) hormone levels; and age (age of greatest risk is between 40 and 59 years).

Mortality attributed to breast cancer is currently the second leading cause of death for women in developed regions.

Globally, a 20% increase in frequency and 14% rise in mortality since 2008 support clinical approaches that both reduce risk and increase early detection and treatment. Furthermore, new concepts

Breast cancer survivors (BCSs) often suffer from menopausal symptoms induced by systemic treatments, with a consequent negative effect on quality of life. Since the introduction of chemotherapy and of aromatase inhibitors genitourinary syndrome of menopause (GSM) has become a main problem for BCSs.

Nonhormonal vaginal moisturizers or lubricants are the first choice for BCSs but only have limited and short-term efficacy. New strategies of management of GSM are now available, including: (1) low-dose or ultra low-dose vaginal estrogens; (2) oral selective estrogen receptor modulators (ospemifene); (3) androgen therapy; (4) physical treatment with vaginal laser; and (5) psychosocial interventions.

With the help of new genomic tests it is possible to define a subset of patients who do not need chemotherapy.

This is an important step to improve quality of life in breast cancer patients.

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