
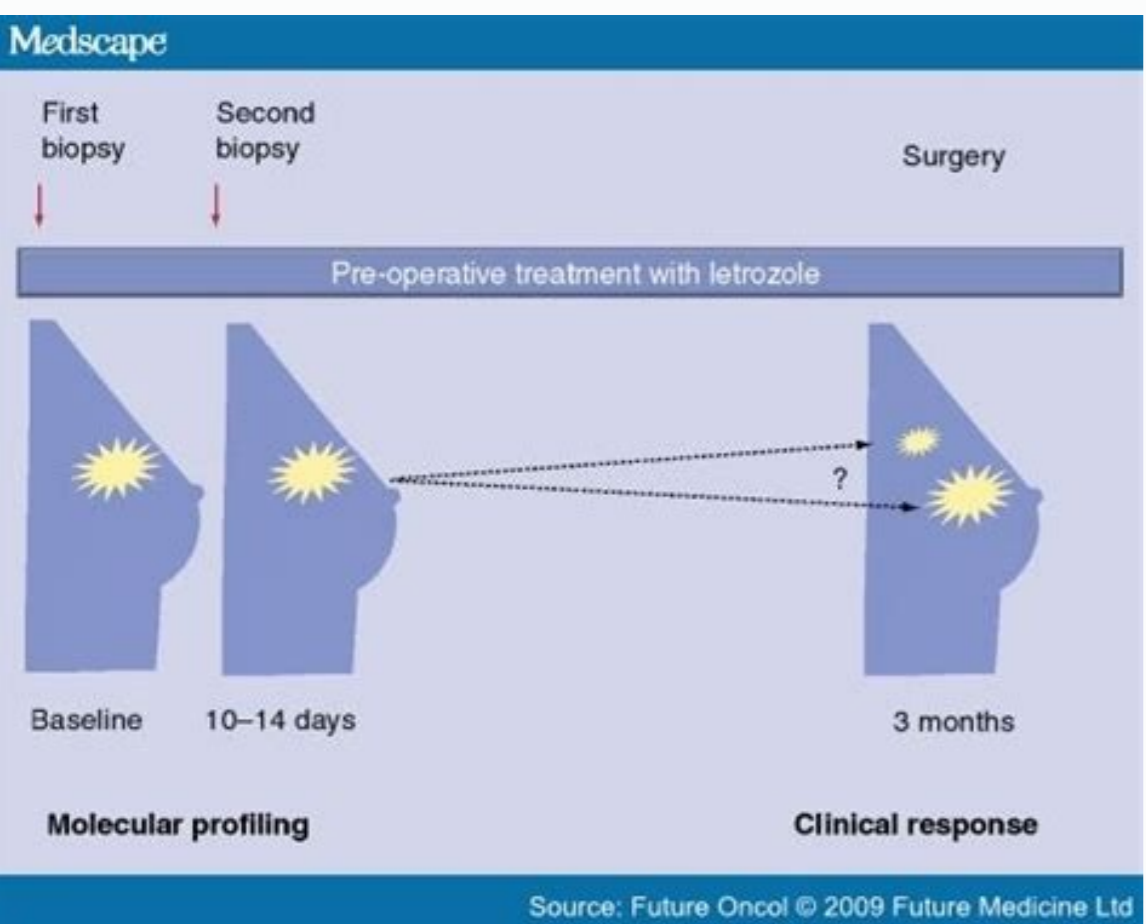
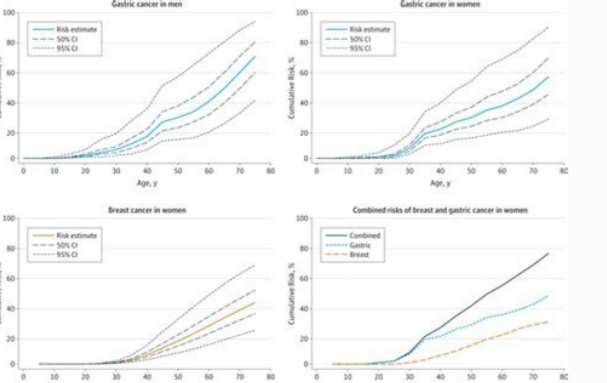
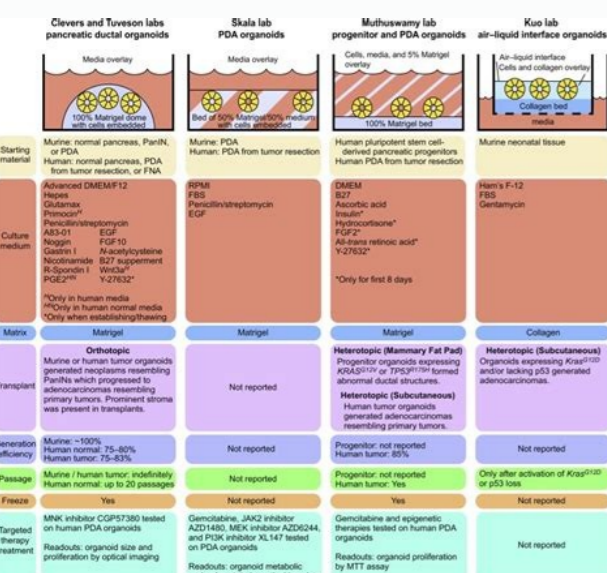


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Laboratory diagnosis of breast cancer pdf



	STAGE	TNM	L.Nodes%	5-YEAR SURVIVAL
Superficial	0is	T0		90%
	0a	Ta		
	I	T1		
Infiltrating	II	T2 T2a	7-30 26	70%
	III	T3b	50	35-60%
Invasion of adjacent structures	IV	T4	70	10-20%
	IV	N+	100	
Lymph node invasion	IV	M+	100	50
Distant metastasis	IV	M+	50	

How to detect breast cancer in blood test. Laboratory diagnosis of breast cancer pdf.

If your doctor orders this test, you may be asked to stop prescribed hormones for a period of time before getting the breast tissue sample. If there are no estrogen receptors (ER) or progesterone (PR) receptors (PR), cancer is said to be "a receptor-negative", "hormonal therapy would probably be ineffective. Certain genes and the proteins they create can determine how breast cancer progresses, as well as how it responds to various types of treatment. What is a HER2 receptor and how does it relate to breast cancer? Such hormone-dependent cancers often respond well to hormone therapy, which is different from hormone replacement therapy (HRT). Typical response rates to hormone therapy are: positive ER and PR: 75-80% positive ER and PR negative: 40-50% ER negative and PR positive: 25-30% ER negative and PR negative: 10% or less HER2 / Neu Similar to the hormone receptor test, the HER2 / NEU test looks for a specific type of protein. that you meet with certain types of cancer cells and the gene that makes it. When all three tests come back negative for hormone receptors (progesterone and estrogen) and negative for HER2, triple-negative breast cancer may be diagnostic. Typically, the breast cancer tissue sample from a biopsy or the tumor removed during a mastectomy is used. This test may take about a week to recover the results of the pathology, while determining whether the cells are usually known in just a day or two. If you are diagnosed with breast cancer, your doctor may order additional lab tests to help with the prognosis. Healthy HER2 receptors are proteins that help manage how a breast cell grows, divides, and repairs. However, if the serum level remains high, this That the treatment does not work. This blood analysis is called a "Serum Her2 / Neu test, A e a, - and can be used as part of the initial work to cancer diagnosis or for the effectiveness of treatment. If initially, the level of Serum, HER2 / NEU, rises to more than 15ng / ml and then falls, it is likely that the treatment will work. Patients with breast cancer testing positive for estrogen receptors and progesterone receptors generally have a prognosis better than the average survival and a complete recovery than those who do not have present receptors. The first is the IHC test, which is short for "A" immunohistochemical ". See if there is excess HER2 proteins in cancer cells. When hormonal receptors are present, strogen and / or progesterone can feed the growth of cancer. Knowing if cancer cells have hormonal receptors can be valuable for your medical equipment and your treatment plan. The formal name of that gene is receptor 2 of the human epial growth factor, and makes HER1 proteins. This hormone could promote the growth of cancer. The cancer cells that are the estrogen and / or the positive progesterone (hormonal) receptor are a good prognostic factor to have, generally leading to a better prognosis. About two out of three breast hazards contain hormonal receptors. What do the results of hormone tests mean? The results of these tests can provide information on which cancer treatment options may be effective for you. A result of 0 or 1+ indicates that there is no excess, 2+ is borderline, and 3+ means that the cells test positive for the overexpression of HER2 proteins. The remaining three tests, all examine if the cells contain too many copies of the HER2 gene. If the serum level decreases, but then, in the posterior test, it rises once more, this is a signal that the cancer could be recurrent. What do you need receiver tests? The technical name for this procedure is a "munohistochemic 3 test" or a "timunohistochemic (IHC). The findings will be included in a pathology report given to your physician. Patients with a type of receptor but not the active substance. may continue to reap benefits from this form of treatment, but probably not to the same extent. If you have been diagnosed with invasive breast cancer or have had relapsing breast cancer, your doctor may recommend this test. These tests include: The FISH test (A"Fluorescence In Situ HybridizationA") The SPot-Light HER2 CISH test (A"Subtraction Probe Technology ChromogA© ntc In Situ HybridizationA") The HER2 Dual ISH test (A"inform Dual In Situ HybridizationA") 3 there are two possible results for these three tests: positive, meaning amplification 3 the HER2 gene, or negative, indicating that the number of HER2 genes is not excessive. However, it is common to obtain this type of patola 3 gicos results in biopsy tissue. There are four tests for HER2, and the results of these may appear in your ' report, which may take several weeks to come back. The receptor binds to the female hormones estrA 3 gene and progesterone, which flow through the blood. These proteins are receptors in the mammary cells. In a sense, genes contain the formula 3 the number and combination of proteNules 3 a cell needs to stay healthy and function properly. The two most common laboratory tests are the hormone receptor test and the HER2/neu test. It makes an excessive number of copies of itself in a process known as "HER2.A" 3 amplification, these additional genes then instruct the cells to produce too many HER2 receptors, which is called "HER2 protein overexpression.A" The end result is that breast cells grow and divide uncontrollably, or if you have too much HER2/neu proteAna or too many copies of your gene. Tumor cell tests for hormone receptors A hormone receptor is a specialized proteAna located on the surface or inside a cell. Materials in this page CourtsAa de: Reading Diagnosis mammogram ultrasound MRI breast biopsy waiting for This type of cancer often grows faster, spreads to other areas more easily, and has a higher chance of recurrence compared to HER2-negative breast cancer. Blood test for HER2/neu Sometimes, especially when there is not enough tumor tissue available to perform the test, a blood sample is taken from the patient arm to collect similar data. If the cancer is considered estrogen-positive receptor (ER+), its cells have receptors for the hormone estrogen. If the cancer is progesterone receptor positive (PR+), its cells have progesterone receptors. As mentioned above, if the cancer is both ER- and PR-negative, it probably won't respond to hormone therapy. Usually, the sample comes from a biopsy, but the test may also be done on tissue removed during a lumpectomy or mastectomy. In the pathology report, breast cancers with overexpression of the HER2 protein and amplification of the HER2 gene are called HER2 positive. However, in about a quarter of all breast cancer patients, the HER2 gene works. The hormone receptor test is usually recommended for all breast cancers, including DCIS. Once attached, the hormone tells the cell to start growing and multiplying. Many breast cancer tumors contain hormone receptors, often in large quantities. How Does The Test Work? The testing lab usually uses a specialized staining process on the breast tissue sample to see if hormone receptors are present. In addition, the more receptors and the more intense their reaction, the better they respond to hormone therapy. That means that cancer cells are likely to receive stress signals to promote growth. It will help your oncology team determine your prognosis, characteristics tumor, including the aggressiveness of the tumor, and the best treatment options. This test is usually ordered in conjunction with the hormone receptor test. test. test.

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