

## ORIGINAL ARTICLE

# Breast Cancer Morbidity

Questionnaire Survey of Patients on the Long Term Effects of Disease and Adjuvant Therapy

Stefan Feiten, Jan Dünnebacke, Jochen Heymanns, Hubert Köppler, Jörg Thomalla, Christoph van Roye, Diana Wey, Rudolf Weide

## SUMMARY

**Background:** Many women have symptoms of various kinds after being treated for breast cancer. It is unclear how frequently these different side effects of treatment arise.

**Methods:** All women who underwent surgery for breast cancer and subsequently received adjuvant systemic treatment in a single certified breast-cancer center from 2006 to 2010 were asked to fill out a standardized questionnaire. Medical data were retrieved from their charts and statistically analyzed together with the questionnaire responses. The questionnaire was also given to an age-adjusted control group.

**Results:** 734 questionnaires were filled out and returned (response rate, 70%). The mean interval from the diagnosis of breast cancer to the time of response to the questionnaire was 38 months. The median age at time of response to the questionnaire was 65 years (range, 30 to 91 years). The distribution of UICC stages at the time of initial diagnosis was as follows: I 46%, II 42%, III 12%. 78% of the patients underwent breast conserving surgery, 85% had radiotherapy, 85% had antihormonal treatment, and 49% had chemotherapy. 91% were satisfied or very satisfied with the outcome of surgery. 34% reported operation site pain; 35% reported limitations of shoulder or arm function. Younger patients suffered from emotional sequelae more than older ones did. 25% reported a change in their relationship with their spouse. Before being diagnosed with breast cancer, 9% had consulted a psychiatrist or psychotherapist; after the diagnosis, 19% did. 14% had taken psychoactive medication before the diagnosis, and 26% did afterward.

**Conclusion:** Treatment for breast cancer has negative physical, emotional, and social effects on many patients. They suffer these effects to varying degrees depending on age, type of surgery, and systemic treatment.

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Many women with breast cancer suffer from pain, postmenopausal symptoms, psychosocial stress, depression, sleep disorders, or fatigue (1–3). Although the majority are again taking an active part in life by around a year after their diagnosis, many symptoms persist for months or even years after the end of treatment (4). Particularly in view of the fact that patients often receive treatment that was not strictly necessary, the long-term effects are of considerable importance.

Various systemic treatments have been linked with secondary neoplasia, although the overall risk is judged to be slight (5, 6). The incidence of lymphatic edema increases up to 2 years after operation and is estimated at 16 to 21% (7). Radical surgery has been described as a risk factor (7), and meanwhile researchers are questioning the advisability of such extensive interventions (8). Cardiotoxicity is not only a treatment-limiting factor, but has also been identified as a long-term complication of oncological therapy (9).

Literature reports vary as to the frequency of cognitive impairments, the prevalence of which is stated to be between 16% and 50% (10). According to a recent review, from an objective viewpoint the influence of treatment on cognitive function is overestimated (5). The data on psychological impairments are also inconsistent: A meta-analysis restricted to studies that had used psychiatric interviews for diagnostic purposes showed that—following ICD criteria—anxiety (prevalence 10%) and depression (16%) were less widespread than commonly thought (11). While cancer patients still had higher rates of anxiety than healthy persons years after the disease, increased rates of depression did not persist as long (12).

Moreover, some subgroups suffer more serious impairments than others. While it is often assumed that older women tolerate the treatment less well than the young, in fact large studies have shown the opposite (4). Women under 50 years of age tend to report symptoms such as pain, forgetfulness, problems with their body image, and hot flashes (13). An epidemiological study identified diagnosis at young age, presence of chronic comorbidity, and low socioeconomic status as risk factors for greater difficulty regaining quality of life (1).

We set out to investigate the impact of disease and treatment on women's lives in various areas and uncover interrelationships.

# Research Papers Cancer

**Steven E. Schild, MD**



# Research Papers Cancer

**Cancer Evolution** Charles Swanton, 2017 Tumor progression is driven by mutations that confer growth advantages to different subpopulations of cancer cells As a tumor grows these subpopulations expand accumulate new mutations and are subjected to selective pressures from the environment including anticancer interventions This process termed clonal evolution can lead to the emergence of therapy resistant tumors and poses a major challenge for cancer eradication efforts Written and edited by experts in the field this collection from Cold Spring Harbor Perspectives in Medicine examines cancer progression as an evolutionary process and explores how this way of looking at cancer may lead to more effective strategies for managing and treating it The contributors review efforts to characterize the subclonal architecture and dynamics of tumors understand the roles of chromosomal instability driver mutations and mutation order and determine how cancer cells respond to selective pressures imposed by anticancer agents immune cells and other components of the tumor microenvironment They compare cancer evolution to organismal evolution and describe how ecological theories and mathematical models are being used to understand the complex dynamics between a tumor and its microenvironment during cancer progression The authors also discuss improved methods to monitor tumor evolution e g liquid biopsies and the development of more effective strategies for managing and treating cancers e g immunotherapies This volume will therefore serve as a vital reference for all cancer biologists as well as anyone seeking to improve clinical outcomes for patients with cancer

**Autophagy and Senescence in Cancer Therapy**, 2021-04-13 Advances in Cancer Research Volume 150 the latest release in this ongoing series covers the relationships between autophagy and senescence how they are defined and the influence of these cellular responses on tumor dormancy and disease recurrence Specific sections in this new release include Autophagy and senescence converging roles in pathophysiology Cellular senescence and tumor promotion role of the unfolded protein response autophagy and senescence in cancer stem cells Targeting the stress support network regulated by autophagy and senescence for cancer treatment Autophagy and PTEN in DNA damage induced senescence mTOR as a senescence manipulation target A forked road and more Addresses the relationship between autophagy and senescence in cancer therapy Covers autophagy and senescence in tumor dormancy Explores autophagy and senescence in disease recurrence

**Assessment of Cancer Screening** Pamela M. Marcus, 2022 Cancer screening is a prominent strategy in cancer control in the United States yet the ability to correctly interpret cancer screening data eludes many researchers clinicians and policy makers This open access primer rectifies that situation by teaching readers in simple language and with straightforward examples why and how the population level cancer burden changes when screening is implemented and how we assess whether that change is of benefit This book provides an in depth look at the many aspects of cancer screening and its assessment including screening phenomena performance measures population level outcomes research designs and other

important and timely topics Concise accessible and focused Assessment of Cancer Screening A Primer is best suited to those with education or experience in clinical research or public health in the United States no previous knowledge of cancer screening assessment is necessary This is the first text dedicated to cancer screening theory and methodology to be published in 20 years Transforming Clinical Research in the United States Institute of Medicine, Board on Health Sciences Policy, Forum on Drug Discovery, Development, and Translation, 2010-10-22 An ideal health care system relies on efficiently generating timely accurate evidence to deliver on its promise of diminishing the divide between clinical practice and research There are growing indications however that the current health care system and the clinical research that guides medical decisions in the United States falls far short of this vision The process of generating medical evidence through clinical trials in the United States is expensive and lengthy includes a number of regulatory hurdles and is based on a limited infrastructure The link between clinical research and medical progress is also frequently misunderstood or unsupported by both patients and providers The focus of clinical research changes as diseases emerge and new treatments create cures for old conditions As diseases evolve the ultimate goal remains to speed new and improved medical treatments to patients throughout the world To keep pace with rapidly changing health care demands clinical research resources need to be organized and on hand to address the numerous health care questions that continually emerge Improving the overall capacity of the clinical research enterprise will depend on ensuring that there is an adequate infrastructure in place to support the investigators who conduct research the patients with real diseases who volunteer to participate in experimental research and the institutions that organize and carry out the trials To address these issues and better understand the current state of clinical research in the United States the Institute of Medicine's IOM Forum on Drug Discovery Development and Translation held a 2 day workshop entitled Transforming Clinical Research in the United States The workshop summarized in this volume laid the foundation for a broader initiative of the Forum addressing different aspects of clinical research Future Forum plans include further examining regulatory administrative and structural barriers to the effective conduct of clinical research developing a vision for a stable continuously funded clinical research infrastructure in the United States and considering strategies and collaborative activities to facilitate more robust public engagement in the clinical research enterprise

**How Tobacco Smoke Causes Disease** United States. Public Health Service. Office of the Surgeon General, 2010 This report considers the biological and behavioral mechanisms that may underlie the pathogenicity of tobacco smoke Many Surgeon General's reports have considered research findings on mechanisms in assessing the biological plausibility of associations observed in epidemiologic studies Mechanisms of disease are important because they may provide plausibility which is one of the guideline criteria for assessing evidence on causation This report specifically reviews the evidence on the potential mechanisms by which smoking causes diseases and considers whether a mechanism is likely to be operative in the production of human disease by tobacco smoke This evidence is relevant to understanding how smoking

causes disease to identifying those who may be particularly susceptible and to assessing the potential risks of tobacco products *Dr. Otto Warburg's Cancer Research Papers* Otto Warburg, 2015-12-04 This collection includes the original cancer research papers by Dr Otto Warburg and his colleagues in their original text It includes additional articles NOT found in *The Metabolism of Tumours* The collection includes these articles *The Prime Cause and Prevention of Cancer* *On the Origin of Cancer Cells* *The Metabolism of Tumours in the Body* *On the Respiratory Impairment of Cancer Cells* *The Chemical Constitution of Respiration* *Ferment The Oxygen Transferring Ferment of Respiration* *The Metabolism of Carcinoma Cells* *The Carbohydrate Metabolism of Tumours* *Observation on the Carbohydrate Metabolism of Tumours* *Enzymic Studies on Ascitic Tumours and Their Host's Blood Plasmas* If a lowered oxygen pressure during cell growth may cause cancer or more generally if any inhibition of respiration during growth may cause cancer then a next problem is to show why reduced respiration induces cancer Since we already know that with a lowering of respiration fermentation results we can re-express our question Why does cancer result if oxygen respiration is replaced by fermentation The early history of life on our planet indicates that life existed on earth before the earth's atmosphere contained free oxygen gas The living cells must therefore have been fermenting cells then and as fossils show they were undifferentiated single cells Only when free oxygen appeared in the atmosphere some billion years ago did the higher development of life set in to produce the plant and animal kingdoms from the fermenting undifferentiated single cells What the philosophers of life have called Evolution or atrice has been and is therefore the work of oxygen The reverse process the dedifferentiation of life takes place today in greatest amount before our eyes in cancer development which is another expression for dedifferentiation To be sure cancer development takes place even in the presence of free oxygen gas in the atmosphere but this oxygen may not penetrate in sufficient quantity into the growing body cells or the respiratory apo enzymes of the growing body cells may not be saturated with the active groups In any case during the cancer development the oxygen respiration always falls fermentation appears and the highly differentiated cells are transformed to fermenting anaerobes which have lost all their body functions and retain only the now useless property of growth Thus when respiration disappears life does not disappear but the meaning of life disappears and what remains are growing machines that destroy the body in which they grow **Analysis of Cancer Risks in**

**Populations Near Nuclear Facilities** National Research Council, Division on Earth and Life Studies, Nuclear and Radiation Studies Board, Committee on the Analysis of Cancer Risks in Populations near Nuclear Facilitiesâ"Phase I, 2012-06-29 In the late 1980s the National Cancer Institute initiated an investigation of cancer risks in populations near 52 commercial nuclear power plants and 10 Department of Energy nuclear facilities including research and nuclear weapons production facilities and one reprocessing plant in the United States The results of the NCI investigation were used a primary resource for communicating with the public about the cancer risks near the nuclear facilities However this study is now over 20 years old The U S Nuclear Regulatory Commission requested that the National Academy of Sciences provide an updated assessment of

cancer risks in populations near USNRC licensed nuclear facilities that utilize or process uranium for the production of electricity Analysis of Cancer Risks in Populations near Nuclear Facilities Phase 1 focuses on identifying scientifically sound approaches for carrying out an assessment of cancer risks associated with living near a nuclear facility judgments about the strengths and weaknesses of various statistical power ability to assess potential confounding factors possible biases and required effort The results from this Phase 1 study will be used to inform the design of cancer risk assessment which will be carried out in Phase 2 This report is beneficial for the general public communities near nuclear facilities stakeholders healthcare providers policy makers state and local officials community leaders and the media

**Marijuana As Medicine?** Institute of Medicine, Janet Joy, Alison Mack, 2000-12-30 Some people suffer from chronic debilitating disorders for which no conventional treatment brings relief Can marijuana ease their symptoms Would it be breaking the law to turn to marijuana as a medication There are few sources of objective scientifically sound advice for people in this situation Most books about marijuana and medicine attempt to promote the views of advocates or opponents To fill the gap between these extremes authors Alison Mack and Janet Joy have extracted critical findings from a recent Institute of Medicine study on this important issue interpreting them for a general audience Marijuana As Medicine provides patients as well as the people who care for them with a foundation for making decisions about their own health care This empowering volume examines several key points including Whether marijuana can relieve a variety of symptoms including pain muscle spasticity nausea and appetite loss The dangers of smoking marijuana as well as the effects of its active chemical components on the immune system and on psychological health The potential use of marijuana based medications on symptoms of AIDS cancer multiple sclerosis and several other specific disorders in comparison with existing treatments Marijuana As Medicine introduces readers to the active compounds in marijuana These include the principal ingredient in Marinol a legal medication The authors also discuss the prospects for developing other drugs derived from marijuana s active ingredients In addition to providing an up to date review of the science behind the medical marijuana debate Mack and Joy also answer common questions about the legal status of marijuana explaining the conflict between state and federal law regarding its medical use Intended primarily as an aid to patients and caregivers this book objectively presents critical information so that it can be used to make responsible health care decisions Marijuana As Medicine will also be a valuable resource for policymakers health care providers patient counselors medical faculty and students in short anyone who wants to learn more about this important issue

**Upper Tract Urothelial Carcinoma** Shahrokh F. Shariat, Evanguelos Xylinas, 2014-09-13 Upper Tract Urothelial Carcinoma represents the first book of its kind to be dedicated solely to UTUC It s aim is to improve understanding and eventually care of a disease that is greatly understudied and underappreciated yet commonly dealt with by many medical and urologic oncologists The volume features new data regarding genetic susceptibility gene expression studies and causative factors contemporary concepts and controversies regarding diagnosis and staging of UTUC prediction tools and their value in

treatment decisions within each disease stage and patient selection and treatment options such as endoscopic management distal ureterectomy radical nephroureterectomy and chemotherapy Up to date information regarding boundaries of surgical resection indication and extent of lymphadenectomy is covered as well as the role of perioperative neoadjuvant chemotherapy in patients with high risk UTUC Upper Tract Urothelial Carcinoma will be of great value to all Urologists Medical Oncologists and fellows in Urologic Oncology as well as upper level residents in training in Urology and Medical Oncology

**Thoracic Malignancies** Steven E. Schild, MD, 2010-03-08 Thoracic Malignancies Thoracic Malignancies is the first title in Radiation Medicine Rounds These tumors take more lives than any others and they are among the most preventable of tumors Thus it is crucial for the practitioner to be up to date on the latest insights regarding their management Thoracic Malignancies addresses the multi disciplinary nature of the care of these tumors There is representation from radiation oncology medical oncology and surgery ensuring a well rounded summarization of current practice Included are chapters on lung cancer esophageal cancer and thymomas providing coverage of the vast majority of thoracic tumors The multi disciplinary nature of the articles provides readers with an up to date summary and a well rounded review regarding these tumors and their care Expert authors provide reviews and assessments of the most recent data and its implications for current clinical practice along with insights into emerging new trends of importance for the near future About the Series Radiation Medicine Rounds is an invited review publication providing a thorough analysis of new scientific technologic and clinical advances in all areas of radiation medicine There is an emphasis throughout on multidisciplinary approaches to the specialty as well as on quality and outcomes analysis Published three times a year Radiation Medicine Rounds provides authoritative thorough assessments of a wide range of hot topics and emerging new data for the entire specialty of radiation medicine Features of Radiation Medicine Rounds include Editorial board of nationally recognized experts across the spectrum of radiation medicine In depth up to date expert reviews and analysis of major new developments in all areas of Radiation Medicine Issues edited by an authority in specific subject area Focuses on major topics in Radiation Medicine with in depth articles covering advances in radiation science radiation medicine technology radiation medicine practice and assessment of recent quality and outcomes studies Emphasizes multidisciplinary approaches to research and practice

Tumor Organoids Shay Soker, Aleksander Skardal, 2017-10-20 Cancer cell biology research in general and anti cancer drug development specifically still relies on standard cell culture techniques that place the cells in an unnatural environment As a consequence growing tumor cells in plastic dishes places a selective pressure that substantially alters their original molecular and phenotypic properties The emerging field of regenerative medicine has developed bioengineered tissue platforms that can better mimic the structure and cellular heterogeneity of in vivo tissue and are suitable for tumor bioengineering research Microengineering technologies have resulted in advanced methods for creating and culturing 3 D human tissue By encapsulating the respective cell type or combining several cell types to form tissues

these model organs can be viable for longer periods of time and are cultured to develop functional properties similar to native tissues This approach recapitulates the dynamic role of cell cell cell ECM and mechanical interactions inside the tumor Further incorporation of cells representative of the tumor stroma such as endothelial cells EC and tumor fibroblasts can mimic the in vivo tumor microenvironment Collectively bioengineered tumors create an important resource for the in vitro study of tumor growth in 3D including tumor biomechanics and the effects of anti cancer drugs on 3D tumor tissue These technologies have the potential to overcome current limitations to genetic and histological tumor classification and development of personalized therapies

**Recent Advances in Cancer Research and Therapy** Xin-Yuan Liu, Sidney Pestka, Yu-Fang Shi, 2012-05-18 Cancer continues to be one of the major causes of death throughout the developed world which has led to increased research on effective treatments Because of this in the past decade rapid progress in the field of cancer treatment has been seen Recent Advances in Cancer Research and Therapy reviews in specific details some of the most effective and promising treatments developed in research centers worldwide While referencing advances in traditional therapies and treatments such as chemotherapy this book also highlights advances in biotherapy including research using Interferon and Super Interferon HecI based and liposome based therapy gene therapy and p53 based cancer therapy There is also a discussion of current cancer research in China including traditional Chinese medicine Written by leading scientists in the field this book provides an essential insight into the current state of cancer therapy and treatment Includes a wide range of research areas including a focus on biotherapy and the development of novel cancer therapeutic strategies Formatted for a broad audience including all working in researching cancer treatments and therapies Discusses special traits and results of Chinese cancer research

**Cancer Cell Lines Part 1** John Masters, Bernhard Ø Palsson, 2006-04-11 Continuous cell lines derived from human cancers are the most widely used resource in laboratory based cancer research The first 3 volumes of this series on Human Cell Culture are devoted to these cancer cell lines The chapters in these first 3 volumes have a common aim Their purpose is to address 3 questions of fundamental importance to the relevance of human cancer cell lines as model systems of each type of cancer 1 Do the cell lines available accurately represent the clinical presentation 2 Do the cell lines accurately represent the histopathology of the original tumors 3 Do the cell lines accurately represent the molecular genetics of this type of cancer The cancer cell lines available are derived in most cases from the more aggressive and advanced cancers There are few cell lines derived from low grade organ confined cancers This gap can be filled with conditionally immortalized human cancer cell lines We do not know why the success rate for establishing cell lines is so low for some types of cancer and so high for others The histopathology of the tumor of origin and the extent to which the derived cell line retains the differentiated features of that tumor are critical The concept that a single cell line derived from a tumor at a particular site is representative of tumors at that site is naive and misleading

**The Prime Cause of Cancer** Otto Warburg, Trung Nguyen, 2015-12-02 This is book 2 of 5 of the Understand Cancer series It is based on the best available science The



SECONDARY causes of cancer were discussed in book one This book continues from book one and discusses the PRIME cause of cancer as discovered by Nobel Prize Laureate Dr Otto Warburg considered by many as the founder of modern biochemistry There are prime and secondary causes of diseases For example the prime cause of the plague is the plague bacillus but secondary causes of the plague are filth rats and the fleas that transfer the plague bacillus from rats to man By a prime cause of a disease I mean one that is found in every case of the disease Cancer above all other diseases has countless secondary causes But even for cancer there is only one prime cause Summarized in a few words the prime cause of cancer is the replacement of the respiration of oxygen in normal body cells by a fermentation of sugar All normal body cells meet their energy needs by respiration of oxygen whereas cancer cells meet their energy needs in great part by fermentation All normal body cells are thus obligate aerobes whereas all cancer cells are partial anaerobes From the standpoint of the physics and chemistry of life this difference between normal and cancer cells is so great that one can scarcely picture a greater difference Oxygen gas the donor of energy in plants and animals is dethroned in the cancer cells and replaced by an energy yielding reaction of the lowest living forms namely a fermentation of glucose Dr Otto Warburg Advancing the Science of Implementation Across the Cancer Continuum David A. Chambers (DPhil), Cynthia A. Vinson, Wynne E. Norton, 2018 While many effective interventions have been developed with the potential to significantly reduce morbidity and mortality from cancer they are of no benefit to the health of populations if they cannot be delivered In response to this challenge Advancing the Science of Implementation across the Cancer Continuum provides an overview of research that can improve the delivery of evidence based interventions in cancer prevention early detection treatment and survivorship Chapters explore the field of implementation science and its application to practice a broad synthesis of relevant research and case studies illustrating each cancer focused topic area and emerging issues at the intersection of research and practice in cancer Both comprehensive and accessible this book is an ideal resource for researchers clinical and public health practitioners medical and public health students and health policymakers The Cancer Atlas Ahmedin Jemal, 2015 This atlas illustrates the latest available data on the cancer epidemic showing causes stages of development and prevalence rates of different types of cancers by gender income group and region It also examines the cost of the disease both in terms of health care and commercial interests and the steps being taken to curb the epidemic from research and screening to cancer management programs and health education *Theory at a Glance* Karen Glanz, 1997 **The Emperor of All Maladies** Siddhartha Mukherjee, 2011-08-09 Winner of the Pulitzer Prize and a documentary from Ken Burns on PBS this New York Times bestseller is an extraordinary achievement The New Yorker a magnificent profoundly humane biography of cancer from its first documented appearances thousands of years ago through the epic battles in the twentieth century to cure control and conquer it to a radical new understanding of its essence Physician researcher and award winning science writer Siddhartha Mukherjee examines cancer with a cellular biologist s precision a historian s perspective and a biographer s passion The

result is an astonishingly lucid and eloquent chronicle of a disease humans have lived with and perished from for more than five thousand years The story of cancer is a story of human ingenuity resilience and perseverance but also of hubris paternalism and misperception Mukherjee recounts centuries of discoveries setbacks victories and deaths told through the eyes of his predecessors and peers training their wits against an infinitely resourceful adversary that just three decades ago was thought to be easily vanquished in an all out war against cancer The book reads like a literary thriller with cancer as the protagonist Riveting urgent and surprising The Emperor of All Maladies provides a fascinating glimpse into the future of cancer treatments It is an illuminating book that provides hope and clarity to those seeking to demystify cancer [Protocol Handbook for Cancer Biology](#) Gauri Misra,Jyotika Rajawat,2021-02-12 Protocol Handbook for Cancer Biology brings together a comprehensive collection of the methods used for cancer assessment diagnostics and therapeutics Various protocols are discussed along with alternative strategies including the advantages and limitations of techniques that have been used in labs globally These protocols are presented by cancer biology experts based on their real world experience The protocols in this book will be a valuable resource for cancer researchers and graduate students who can utilize the techniques described to conduct research more efficiently and successfully Presents comprehensive protocols used for cancer assessment diagnostics and therapeutics all in one place Encompasses alternative strategies considering the requirements of the end user and taking into consideration diverse research settings Discusses limitations and advantages of each method in experimental design and execution thus saving time during the research process [Introduction to Cancer Biology](#) Robin Hesketh,2013 A concise overview of the fundamental concepts of cancer biology ideal for those with little or no background in the field From cancer epidemiology and the underlying mechanisms through to tumour detection and treatment the comprehensive picture revealed will enable students to move into the cancer field with confidence

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