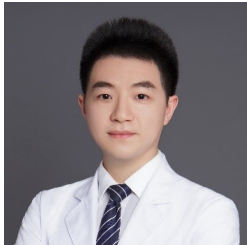


## The Management of Breast Cancer

Guest Editor(s)



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Dear Colleagues,

Breast cancer has become the most pervasive malignancy that seriously affects women's survival worldwide. Breast cancer is acknowledged as a heterogeneous disease with four major different molecular subtypes (luminal A, luminal B, HER2-enriched, and basal-like). More than 90% of breast cancers are not metastatic at the time of diagnosis. For people presenting without metastatic disease, therapeutic goals are tumor eradication and preventing recurrence. However, surgery is rarely used as monotherapy, and most patients will expect concurrent chemotherapy, radiotherapy, hormonal treatment, or pharmacotherapy with cancer-targeting drug molecules. Knowing which treatment courses to use for each patient case can be challenging. Identifying markers and diagnostics to guide these decisions is pivotal in refining the breast cancer treatment cascade. Despite the progress and advancements in the systematic treatment of breast cancer, some patients will still experience distant metastatic disease in the first five years. Patients with advanced breast cancer have a poor prognosis. In recent years, a series of new drugs have been developed and proven effective for advanced breast cancer. CDK4/6 kinase inhibitors were approved for use in combination with endocrine therapy, which significantly increase the progression-free survival of patients with advanced estrogen receptor-positive breast cancer in the first-line treatment setting. Trastuzumab deruxtecan (DS-8201), an antibody-drug conjugate composed of an anti-HER2 antibody and a cytotoxic topoisomerase I inhibitor, was approved by the US Food and Drug Administration for the treatment of unresectable or metastatic HER2-positive breast cancer. Additionally, immune checkpoint therapy has been proved as an effective strategy in advanced triple-negative breast cancer. However, while breast cancer care today often provides state-of-the-art biomedical treatment, it can fail to address the broader psychosocial and quality-of-life issues associated with survivorship. Palliative care can potentially improve the quality of life and reduce the use of medical services in advanced breast cancer. Therefore, systematic approaches are crucial for breast cancer management.

This topic is centered around all aspects of the management of early and advanced breast cancer, including but not limited to early diagnosis, precise surgical method, prognostic biomarker, anti-HER2 therapy, hormone therapy, immune checkpoint therapy, nursing care, lymphedema management, rehabilitation, quality-of-life issue, and palliative care.

**Key Words:** Breast Cancer; Surgery; Targeted Therapy; Nursing Care; Rehabilitation

**Submission Deadline:** 01 September 2023

**Online Submission System:** <https://js.ejgo.net/ch/author/login.aspx>

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