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Write below what you need: On Oprah PAGE: Learn more about changes in your body and other things that may indicate a problem that may require medical attention. Use the menu to view other pages. The symptoms and signs that people with metastatic breast cancer may experience depends on where and how much the cancer has spread. Sometimes people with metastatic breast cancer do not show any of these changes. Or the cause of these symptoms may be a disease other than cancer. The following signs or symptoms should be checked with your doctor. Symptoms of Bone Metastases Pain in Bones, Back, Neck or Joint Bone Fractures Swelling Symptoms of Metastases in Brain Headache Nausea Removals Dizziness Confusion Change of Vision, such as Double Vision Or Loss of This Personality Changes Balance Symptoms of Metastases in Lung Breath Shortness Of Breath Permanent Dry Cough Symptoms, called Jaundice Rash or Itchy that you have experienced, talk to your doctor. Your doctor will ask you when and how often you have experienced symptoms, among other issues. This is to help clarify the cause of the problem, called a diagnosis. If your doctor diagnoses metastatic breast cancer, symptom relief is an important aspect of care and treatment. This can be called palliative care or supportive medical care. Relief of symptoms usually begins shortly after diagnosis and continues throughout the treatment. Be sure to talk to your medical team about the symptoms you are experiencing, including any new symptoms or changes in symptoms. The next section of this guide is diagnostics. Explains which tests you may need to learn more about the cause of your symptoms. Use the menu to select a different section to read in this guide. Finding a Cancer Doctor Treatment often reduce or slow down the growth of bone metastases and can help with any symptoms they cause. However, they often don't make metastases disappear completely. Some people believe that there is nothing more to do if it is not possible to cure cancer, and therefore stop any treatment. However, radiation, chemotherapy (and other medications), surgery and other treatments can often slow the growth of cancer and to control the symptoms. Also, relieving symptoms such as pain and constipation can help you feel better. You can almost always do something to help preserve or improve the quality of your life. The goal of treatment should be clear at any stage of cancer. You need to know if the goal is to cure cancer, slow its growth and help you live longer, or relieve symptoms. Sometimes this can be misleading because some of the treatments used to treat cancer can also be used to slow growth or alleviate symptoms. Treatment options for people with bone metastases depend on many factors, such as: What primary cancer you have, what bones (and how many) cancers have spread, if any bone has weakened or broken What treatments your symptoms have previously received your overall health. Systemic treatment (all over the body) and local treatment (treatment of bone cancer) are the two main treatments for bone metastases. Depending on the degree and location of the metastases, one or both types of these treatments can be used. Systemic treatment of metastases in the bones System treatment affects the whole body. In many cases, especially if the cancer has spread to many bones, systemic treatments are used because they can reach cancer cells throughout the body. Systemic therapy includes chemotherapy, hormone therapy or other medications taken through the mouth or injected into the bloodstream. These treatments are not specifically aimed at metastases in the bones, although they often help treat them. Other systemic treatments, such as radiopharmaceuticals and bisphosphonates (see the following sections), are more specifically targeted at cancer reaching the bones. Sometimes both treatments are used at the same time. Chemotherapy chemotherapy (chemotherapy) uses drugs that are injected into the vein or injected through the mouth to remove cancer cells. These drugs enter the bloodstream and pass throughout the body. Chemotherapy is used as the primary treatment for many metastatic cancers. Chemotherapy can often reduce the size of tumors. It can relieve pain and help you feel better, but it doesn't cause the tumors to go away or prevent them from returning. Sometimes it is used with local treatments such as radiation. Visit the Chemotherapy section to learn more about chemotherapy and how to deal with side effects, or contact us (1-800-227-2345). Hormone Therapy Los hormone therapy blocks the action of certain hormones or reduces the production of hormones. Most often this therapy is used to treat breast and prostate cancer, and can also be used when these cancers have spread to the bones. For example, estrogen is a hormone that causes the growth of many types of breast cancer. Some medications may reduce estrogen levels or block the effect of estrogen on breast cancer cells. When breast cancer has spread to the bone, it can stop cell growth and even cause tumors to shrink. Similarly, male sex hormones (called androgens) cause the growth of most prostate cancers. Medications that reduce androgen levels or block their effect can help stop or reduce the growth of these cancers. Target Therapy Targeted Therapy Drugs attack specific parts of cancer cells or other cells or proteins that promote cancer cell growth. These drugs work differently than conventional chemotherapy drugs. They can be used alone or in combination with other treatments for bone metastases. To find out which targeted therapies can be used to treat cancer, read our information about this particular type of cancer. Immunotherapy Immunotherapy is a systemic therapy that stimulates the body's immune system or uses synthetic versions of immune system proteins to kill cancer cells. Immunotherapy can be used to treat bone metastases. To find out if immunotherapy is used to treat cancer, read our information about this type of cancer. Radiopharmaceuticals are a group of medicines that have radioactive elements. These drugs are injected into the vein and deposited in areas of active bone replacement (metabolism) (e.g., those that contain the spread of cancer). Once there, the radiation they emit eliminates cancer cells. If the cancer has spread to numerous bones, radiopharmaceutical work is better than trying to direct external radiation to each affected bone. (External radiation is later seen as a local treatment). In some cases, radiopharmaceutical companies may be used with external radiation directed at the most painful bone metastases. Some of the radiopharmaceutical approved for use in the United States are: Strontium-89 (Metastron®) Samario-153 (Quadramet®) Radio 223 (Xofigo®) Radiopharmaceutical treatment can often reduce pain caused by bone metastases for months. Treatment You can repeat when the pain comes back, but the pain cannot decrease as long as it has been reduced with the first treatment. These drugs work best when it comes to exploding metastases, meaning that the cancer stimulated certain bone cells (osteoblasts) to form new areas of the bone. See radiation therapy to learn more about this type of treatment. Other drugs for metastases in bone biphosphonates are bisphosphonates are a group of drugs that can be used to treat cancer that has spread to the bones. These drugs work by slowing down the effects of osteoclasts. These bone cells usually dissolve small bone fragments to help change their shape and keep them strong. But osteoclasts are often very active when cancer spreads to the bones, which can cause problems. Some of the bisphosphonates that are often used to treat bone metastases are: paamidodroate (Aredia) and zolendronic acid (zomet). Bisphosphonates may be useful for cancer that has spread to the bone because: Reducing bone pain slows down bone damage caused by cancer Reducing high blood calcium levels (hypercalcemia) Reducing the risk of fractures bisphosphonates tend to work best when X-rays indicate that metastatic cancer is thinning and weakening of bones (metastatic metastatic metastasism). These drugs are not as effective in treating explosion metastases, where the bones become denser. The most common side effects of bisphosphonates are fatigue, fever, nausea, vomiting, anemia (low levels of red blood cells) and pain in the bones or joints. However, other medications or cancer alone can cause many of these effects. These medications can reduce calcium levels. Thus, they cannot be given to someone who already has low calcium levels. Bisphosphonates can cause kidney damage and often cannot be given to people with poor kidney function. Osteonecrosis of the jaw, associated with the drug Rare, but very serious side effect, consists of osteonecrosis of the jaw. In this state, part of the jawbone loses blood supply and dies. This can lead to tooth loss and open jaw bone infections or sores that do not heal and are difficult to treat. Osteonecrosis of the jaw is very difficult to treat and prevention is very important. Sometimes it seems that this is caused by the removal of the tooth when taking bisphosphonates. Many cancer doctors recommend that patients go for a dental check-up and that any treat teeth or jaws before you start taking bisphosphonate. One way to avoid this is to maintain good oral hygiene when flossing, brushing your teeth, and making sure your dentures are tight. Having regular dental checkups can also help prevent this condition. Denosumab Denosumab is another medication that can be beneficial when the cancer has spread to the bones. Like bisphosphonates, this medicine prevents the activation of osteoclasts, although it does so differently by blocking a substance called RANKL. Common side effects include nausea, diarrhea, and weakness or fatigue. Like bisphosphonates, denosumab can cause osteonecrosis of the jaw. Therefore, doctors recommend taking the same precautions (for example, treatment of any problems with teeth or jaw before taking medication). Unlike bisphosphonates, this medicine is safe for patients with kidney problems. Local treatments for bone metastases Local treatments, including radiation therapy, surgery and other methods, are aimed at one part rather than the whole body. Local treatments can be helpful if the cancer has spread to only one bone, or if there are areas of cancer that have worsened more than others and require immediate treatment. These treatments can help relieve pain or other symptoms caused by one or more metastases in the bones. Sometimes local treatments, such as surgery, are used to stabilize the bone, which is at risk of fracture because it has been weakened by cancer. It is much easier to prevent a rupture of the damaged bone than to try to repair it after a fracture. External radiation therapy uses high-energy particles or rays to destroy cancer cells or slow their growth. When the cancer has spread to a small number of points in the bones, radiation can be used to help relieve symptoms such as pain. If the bone is treated with radiation before it becomes very weak, it can also help prevent a fracture later. The most common way to deliver radiation metastases in the bones is to emit a beam of radiation from a machine outside the body, also called an external radiation beam. Radiation therapy metastases in the bones can be given in the form of one or two large doses or in smaller amounts of five to ten treatments that allow a higher overall dose. Both programs provide the same degree of pain. The main advantage of one or two doses of treatment is that fewer trips are needed for therapy. The advantage of greater treatment is that patients are less likely to need treatment again because the pain is back. See the Radiation Therapy section to learn more about different types of external radiation therapy, how to experience radiation, and side effects of treatment. The ablative methods of placing a needle or tube directly into the tumor and using heat, cold or chemical to destroy it is called ablation. This therapy can only be used if one or two bone tumors cause problems. Radiofrequency ablation (RFA) is a common type that uses a needle that carries an electric current. The end of the needle is placed inside the tumor in the bone. A CT can be used to ensure that the needle is in the right place. The electric current is then sent through the needle to heat the tumor and destroy it. RFA is usually done while the patient is under general anesthesia (sleeping soundly without pain). In another type of ablation called cryoablation, a very cold tube is placed in the tumor to freeze it, destroying cancer cells. Other methods use alcohol to destroy cells or other ways of heating a tumor (e.g. laser-induced interstitial thermoablation). Once the cancerous tissue is destroyed, the remaining space can be filled with bone cement. (Read the information below). The Bone Cement Option for some people consists of injections of fast-acting cement and/or bone glue called PMMA. When PMMA is injected into the vertebral bone it is called vertebroplasty or cymoplasty. This helps stabilize the bones and relieve pain in most people. Vertebroplasty often reduces pain immediately and can be done in an outpatient center. When glue is injected to strengthen bones other than those in the spine, it is called cementoplasty. Sometimes the glue is used in combination with surgery, radiation, radiofrequency ablation or other treatments. Surgery surgery to treat bone metastases is done to relieve symptoms and/or stabilize the bone to prevent fractures. Bone metastases can weaken bones and lead to fractures that usually do not heal well. Surgery can be performed to place screws, stems, pins, plates, frames, or other devices to make the bone more stable and help prevent fractures. If the bone is already broken, surgery can often quickly relieve pain and help the patient return to his normal activities. Sometimes a person cannot have surgery due to poor overall health, others or side effects of other treatments. If doctors cannot surgically strengthen the bone, which has metastases, the cast or tablets can help stabilize it to reduce the pain so that the person can move. Clinical Studies Clinical Studies are carefully controlled studies that are conducted with patients who volunteer. If you are interested in participating in a clinical trial, start by asking your doctor if clinical trials are conducted at the clinic or hospital where you work. You can also contact our Clinical Research Compatibility Service to obtain a list of clinical studies that meet your medical needs. This service is available at 1-800-303-5691. Clinical research is one way to access the most advanced cancer care. In some cases, they may be the only way to access new treatments. It is also the only way doctors can learn the best cancer treatments. However, they are not suitable for everyone. For more information see Clinical. cancer de mama con metastasis oesas pronostico

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