

Nursing Resource Centerは看護学を学ぶ学生から看護学を教える教員、研究者、看護師まで、看護の教育、研究、実務に携わるすべての人々のために制作されたデータベースです。研究論文の執筆や看護基礎理論の概観に必要とされる様々な資料（看護計画のサンプル資料、参考図書資料、雑誌論文の引用）から教科書、人体解剖図まで広範囲のコンテンツを収録しています。

収録文献例

- ✓ Gale Encyclopedia of Nursing and Allied Health, 2nd ed.
- ✓ PDR Nurse's Drug Handbook
- ✓ Gale Encyclopedia of Medicine, 3rd ed.
- ✓ Foundations of Basic Nursing, Delmar
- ✓ Maternity Nursing Care, Delmar
- ✓ Delmar's Pediatric Nursing Care Plans
- ✓ Macmillan Encyclopedia of Death and Dying

【基本検索画面】

Nursing Resource Center

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基本的な検索

基本検索

キーワード: breast cancer Search

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(出典 PDR Nurse's Drug Handbook)

疾病情報をブラウジング出来ます
(出典 Gale Encyclopedia of Medicine)

Nursing Resource Center

検索結果はタブで「疾病」「評価」「診断」「介入」「治療薬」「看護計画」「マルチメディア」「ジャーナル」「関連論文」に分けられ表示されます

【検索結果表示画面】

クイック検索

キーワード

分類項目

- Breast Cancer
- Breast Cancer Awareness Month
- Inflammatory Breast Cancer
- Male Breast Cancer
- National Breast Cancer Awareness Month
- National Breast Cancer Coalition
- Cancer of Breast
- Ibc (Inflammatory Breast Cancer)
- Cancer of the Breast
- National Alliance of Breast Cancer Organizations
- Susan G. Komen Breast Cancer Foundation

キーワード 基本的な検索 (KE (breast cancer))

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- Breast Cancer.** Clifford Hudis and Arti Hurria. *Encyclopedia of Public Health*. Ed. Lester Breslow. Vol. 1. Detroit: Macmillan Reference USA, 2002. From Nursing Resource Center. 45% breast, cancer.
- Breast cancer.** Richard A. McCartney, M.D. Teresa G. Odle and Tish Davidson, A.M. *Gale Encyclopedia of Medicine*. Ed. Jacqueline L. Longe. Vol. 1. 3rd Online ed. Detroit: Thomson Gale, 2007. From Nursing Resource Center. 45% breast, cancer.
- Breast cancer.** Barbara Wexler. *Gale Encyclopedia of Nursing and Allied Health*. Ed. Jacqueline L. Longe. Vol. 1. 2nd ed. Detroit: Thomson Gale, 2006. From Nursing Resource Center. 45% breast, cancer.

Breast Cancer. Clifford Hudis and Arti Hurria. *Encyclopedia of Public Health*. Ed. Lester Breslow. Vol. 1. Detroit: Macmillan Reference USA, 2002.

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該当論文の全文が表示されます

Breast Cancer

Table of Contents: [Further Readings](#)

Breast cancer is the most common malignancy in American women, accounting for approximately 30 percent of their new **cancer** cases. It is the second leading cause of **cancer** death in women, following lung **cancer**. In the year 2000, it was estimated that there were more than 180,000 new cases of **breast cancer** diagnosed, and over 41,000 **breast cancer** deaths in the United States. **Breast cancer** incidence rates were steady through the 1990s, although the number of **breast cancer** deaths declined, decreasing an average of 1.8 percent per year between 1990 and 1996.

Breast cancer can be divided into invasive and noninvasive forms. Noninvasive **breast cancer** is almost always cured through local control measures (surgery and radiation therapy). Tamoxifen (a selective estrogen-receptor modulator), is used to reduce the risk of a local recurrence in patients treated with **breast conservation**. Early-stage invasive disease is limited to the **breast** and axillary lymph nodes, while metastatic disease includes tumors that have spread outside the **breast** and local lymph nodes. Early-stage invasive **breast cancer** is curable, although less so than noninvasive disease.

The first step in the management of early-stage **breast cancer** is surgical removal of the tumor. This can be accomplished by lumpectomy (removal of the tumor and a margin of surrounding normal **breast tissue**) or mastectomy (removal of the entire affected **breast**). Following lumpectomy, patients should receive radiation to the remaining **breast tissue** to decrease the risk of recurrence. Studies have shown that patients with small tumors who are treated with **breast conservation therapy** (lumpectomy and radiation) have equivalent survival rates to patients treated with mastectomy. Ipsilateral axillary lymph nodes are removed in order to determine whether the tumor has spread via the lymphatic drainage. Involvement of the ipsilateral lymph nodes is a marker for increased risk of later distant spread of the tumor.

Once the tumor is removed, the size of the tumor, hormonal status (estrogen and progesterone receptor), and lymph node involvement is considered in aggregate to determine the overall risk of distant spread of disease. Patients at high risk for recurrent disease can be given systemic therapy in order to decrease the odds of relapse. Systemic therapy circulates throughout the entire body in order to kill microscopic tumor cells. Conventionally this therapy can consist of chemotherapy, hormonal therapy (if the tumor is estrogen- or progesterone-receptor positive), or both. Chemotherapy is typically given to patients with invasive tumors greater than 1 centimeter in largest diameter or with involved (positive) lymph nodes. Patients with hormone receptor-positive tumors or tumors in which the receptor status is unknown benefit from treatment with tamoxifen for five years. Both of these interventions have been shown to decrease both the patient's annual risk of recurrence and the risk of mortality from **breast cancer**. Tamoxifen also decreases the risk of a second primary **breast cancer** in the preserved contralateral **breast**.

Breast cancer can metastasize to other organs in the body. Once **breast cancer** has been detected in distant sites, it is no longer curable. At that stage, the goal of the treatment is to prolong survival while maintaining quality of life. Patients with hormone receptor-positive tumors who are minimally symptomatic and who have predominantly bone disease can frequently be treated with hormonal therapy. This treatment is taken orally and is generally well tolerated. Patients who have hormone receptor-negative tumors, those who have failed hormone therapy, and those who have symptomatic or rapidly progressive disease are frequently treated with chemotherapy. The specific decisions regarding hormone therapy, chemotherapy, and supportive measures require skill, compassion, and a detailed understanding of the numerous treatment options.

Established risk factors for **breast cancer** include older age (women over fifty have a 6.5 times higher risk of developing **breast cancer** than younger women), a family history of **breast cancer** (especially the presence of a documented genetic abnormality), early age of menarche (less than 12 versus equal to or greater than 14), late age of menopause (equal to or greater than 55 versus less than 55), age at first live birth (greater than 30 versus less than 20), history of benign **breast disease**, and a history of hormone replacement use. Some studies also suggest an increased **breast cancer** risk associated with increased alcohol and dietary fat intake, and limited exercise. Further studies are needed to establish the benefit of lifestyle modification in the prevention of **breast cancer**.

Randomized trials have shown the benefit of chemoprevention in reducing the risk of **breast cancer** for women at increased risk. The National Surgical Adjuvant Breast and Bowel Project Tamoxifen Prevention Trial (NSABP-1) evaluated the benefits of tamoxifen in the prevention of **breast cancer**. More than three thousand women at increased risk for **breast cancer** (defined as a five-year risk of **breast cancer** of 1.68 percent or more) were treated for approximately four years. Treatment with tamoxifen reduced the overall odds of developing both invasive and noninvasive **breast cancer** by approximately 50 percent. This decrease in **breast cancer** risk was seen across all age groups. Side effects of tamoxifen include hot flashes, an increased risk of thromboembolic events, and increased risk of endometrial **cancer**.

Newer antiestrogens, such as raloxifene, may have fewer side effects than tamoxifen. The MORE (Multiple Outcomes of Raloxifene Evaluation) trial was a trial of 7,705 postmenopausal women who received raloxifene for the treatment of osteoporosis. Raloxifene was found to reduce the risk of invasive **breast cancer** by 76 percent, with no increased risk of endometrial **cancer**. Raloxifene is being compared directly to tamoxifen for prevention in high-risk patients in the STAR (Study of Tamoxifen and Raloxifene) trial.

Clifford Hudis
Arti Hurria

FURTHER READINGS

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ISSN: 0965-2140
出版社: Blackwell Publishers Ltd.
問題/年: 12
聴衆: Academic
文献形式: Magazine/Journal, 審判員を動めます。
適用範囲に索引をつけてください: Apr 1, 1983 -

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Addiction Biology Magazine/Journal

ISSN: 1355-6215
出版社: Blackwell Publishers Ltd.
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2011

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Addiction 106.4 (April 2011): p768(9).
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