MANAGEMENT OF BREAST CANCER PATIENTS AND BONE METASTASES AT THE TIME OF DIAGNOSIS AND DURING ONCOLOGICAL MONITORING

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Introduction: Despite the success of early detection of mammary neoplasms and the application of an aggressive therapy, this pathology continues to be a clinical problem. Mortality associated with breast cancer is directly proportional to cell invasion and the presence of metastases. Tumor cells within a breast tumor may be present as secondary determinations and present a spine and bone-related tropism.
Material and method: Analysis of articles published in the literature to observe the association between the presence of bone metastases at the time of diagnosis of breast cancer and during the oncological monitoring period according to staging.
Results: Approximately 15% of the patients with stage I - III breast cancer have bone metastases during the first 60 months after surgery. Approximately 50% of the patients who had metastases presented as a bone location in oncological monitoring. The most common bone metastases are spine, ribs, pelvis, and long bones.
Conclusions: Breast neoplasm has a distinct metastatic pattern with bone skeleton as the predominant site. Approximately 65 to 75% of the patients with invasive breast cancer develop bone metastases. For this reason, oncological monitoring should take into account the early identification of these secondary locations.
Keywords: breast cancer, bone metastases, osteoblasts, osteoclasts, dormant mechanism

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