cdk4 6 inhibitor therapy

CDK4 6 Inhibitor Therapy: Revolutionizing Cancer Treatment

cdk4 6 inhibitor therapy has emerged as a groundbreaking approach in the fight against certain types of cancer, especially hormone receptor-positive breast cancer. By targeting specific proteins that regulate cell division, this therapy offers a more tailored and effective treatment option compared to conventional chemotherapy. If you’re curious about how CDK4/6 inhibitors work, their benefits, and what the future holds, this article will guide you through the essentials of this innovative cancer therapy.

Understanding CDK4 6 Inhibitor Therapy

At its core, CDK4 6 inhibitor therapy focuses on blocking the activity of cyclin-dependent kinases 4 and 6 (CDK4/6). These enzymes play a crucial role in cell cycle progression, particularly in the transition from the G1 phase to the S phase, where cells prepare to divide. In many cancers, especially hormone receptor-positive breast cancers, the CDK4/6 pathway becomes overactive, leading to uncontrolled cell proliferation.

What Are CDK4 and CDK6?

CDK4 and CDK6 are proteins that, when combined with cyclin D, phosphorylate the retinoblastoma protein (Rb). This phosphorylation releases the “brake” on the cell cycle, allowing cells to move forward and divide. In normal cells, this process is tightly regulated, but in cancer cells, it often goes unchecked, contributing to tumor growth.

How Do CDK4 6 Inhibitors Work?

CDK4 6 inhibitors are designed to specifically block the kinase activity of CDK4 and CDK6. By doing so, they prevent Rb phosphorylation, effectively halting cell cycle progression at the G1 phase. This pause gives cancer cells less opportunity to multiply and spread. Importantly, this mechanism targets cancer cells more selectively, sparing many normal cells and reducing some of the harsh side effects associated with traditional chemotherapy.

Clinical Applications of CDK4 6 Inhibitor

Therapy

The primary use of CDK4 6 inhibitors has been in treating advanced or metastatic hormone receptor-positive (HR+), HER2-negative breast cancer. This subtype accounts for a significant portion of breast cancer cases and often responds well to hormone therapies combined with CDK4 6 inhibitors.

Approved CDK4 6 Inhibitors on the Market

Several CDK4 6 inhibitors have received FDA approval due to their demonstrated effectiveness in clinical trials:

- **Palbociclib (Ibrance):** One of the first CDK4 6 inhibitors approved, commonly combined with endocrine therapies like letrozole or fulvestrant.
- **Ribociclib (Kisqali):** Approved for similar indications, often used alongside hormone therapy for metastatic breast cancer.
- **Abemaciclib (Verzenio):** Known for its continuous dosing schedule and use in both metastatic and adjuvant settings.

These drugs have changed the treatment landscape by extending progression-free survival and improving the quality of life for many patients.

Expanding Beyond Breast Cancer

While breast cancer remains the primary focus, ongoing research is exploring CDK4 6 inhibitors in other cancers, including lung cancer, melanoma, and certain types of lymphoma. Early studies suggest these inhibitors may enhance the effectiveness of other therapies or help overcome resistance to existing treatments.

Benefits and Challenges of CDK4 6 Inhibitor Therapy

Like any medical treatment, CDK4 6 inhibitor therapy has its pros and cons. Understanding these can help patients and healthcare providers make informed decisions.

Advantages

- **Targeted Action:** By focusing on specific cell cycle proteins, these drugs minimize damage to healthy cells compared to traditional chemotherapy.
- **Improved Outcomes:** Clinical trials have consistently shown longer progression-free survival when CDK4 6 inhibitors are combined with hormone therapy.
- **Oral Administration:** Most CDK4 6 inhibitors are taken in pill form, offering convenience and flexibility for patients.

Potential Side Effects

Despite their targeted nature, CDK4 6 inhibitors can cause side effects, which may include:

- **Neutropenia:** A decrease in white blood cells, increasing infection risk.
- **Fatigue:** Common among patients undergoing treatment.
- **Diarrhea:** Particularly with abemaciclib, which may affect the digestive tract more.
- **Elevated liver enzymes:** Indicating potential liver stress.

Regular monitoring through blood tests is essential to manage these side effects effectively.

The Role of CDK4 6 Inhibitors in Personalized Medicine

One of the most exciting aspects of CDK4 6 inhibitor therapy is its alignment with the principles of personalized medicine. Because cancer is highly heterogeneous, treatments tailored to the molecular profile of a patient’s tumor are more likely to succeed.

Biomarkers and Patient Selection

Identifying which patients will benefit most from CDK4 6 inhibitors involves assessing biomarkers such as hormone receptor status, HER2 expression, and sometimes genetic mutations. This approach ensures that patients receive therapies with the highest likelihood of effectiveness while minimizing unnecessary exposure to side effects.

Combining Therapies for Better Outcomes

Research continues to explore combining CDK4 6 inhibitors with other targeted treatments, immunotherapies, or chemotherapy. These combination strategies aim to overcome resistance mechanisms that cancer cells develop over time, potentially improving long-term survival rates.

Future Directions and Research in CDK4 6 Inhibitor Therapy

The journey of CDK4 6 inhibitors is far from over. Ongoing clinical trials and laboratory studies are working to refine their use and expand their applications.

New Indications and Combinations

Scientists are investigating the efficacy of CDK4 6 inhibitors in early-stage breast cancer and other solid tumors. Trials combining these inhibitors with immune checkpoint inhibitors or novel agents could pave the way for more comprehensive cancer control.

Overcoming Resistance

Resistance to CDK4 6 inhibitors can develop, limiting their long-term effectiveness. Researchers are studying the molecular mechanisms behind this resistance to develop second-generation inhibitors or identify biomarkers that predict resistance early.

Improving Patient Experience

Efforts are underway to reduce side effects and improve dosing regimens. For example, understanding how to manage neutropenia without interrupting therapy

could allow patients to stay on treatment longer and maintain better quality of life.

What Patients Should Know About CDK4 6 Inhibitor Therapy

If you or a loved one is considering CDK4 6 inhibitor therapy, staying informed and proactive is key.

- **Discuss Your Treatment Plan:** Ensure your oncologist explains why CDK4 6 inhibitors are recommended and how they fit into your overall care.
- **Monitor Side Effects:** Report any unusual symptoms immediately, especially signs of infection or severe fatigue.
- **Adherence Matters:** Taking the medication as prescribed maximizes its effectiveness.
- **Stay Updated:** Advances in research may offer additional options or clinical trials worth considering.

Understanding the nature of CDK4 6 inhibitor therapy empowers patients to engage actively in their treatment journey.

The development of CDK4 6 inhibitors marks a significant step forward in cancer therapy, offering hope and improved outcomes for many. As research unfolds, these therapies will likely become an even more integral part of personalized cancer care, helping to turn the tide against this complex disease.

Frequently Asked Questions

What is CDK4/6 inhibitor therapy?

CDK4/6 inhibitor therapy involves the use of drugs that inhibit cyclin-dependent kinases 4 and 6, which are enzymes crucial for cell cycle progression. This therapy is primarily used to treat certain types of breast cancer by preventing cancer cells from proliferating.

Which cancers are commonly treated with CDK4/6

inhibitors?

CDK4/6 inhibitors are most commonly used to treat hormone receptor-positive, HER2-negative advanced or metastatic breast cancer. Research is ongoing to explore their effectiveness in other cancers such as lung and pancreatic cancers.

What are the most commonly prescribed CDK4/6 inhibitors?

The most commonly prescribed CDK4/6 inhibitors are palbociclib, ribociclib, and abemaciclib. These drugs have been approved by regulatory agencies for the treatment of certain breast cancers.

How do CDK4/6 inhibitors work in cancer therapy?

CDK4/6 inhibitors block the activity of cyclin-dependent kinases 4 and 6, which play a key role in transitioning cells from the G1 phase to the S phase of the cell cycle. By inhibiting these kinases, the drugs halt cancer cell division and proliferation.

What are common side effects associated with CDK4/6 inhibitor therapy?

Common side effects include neutropenia (low white blood cell counts), fatigue, nausea, diarrhea, and alopecia (hair thinning). Regular monitoring is necessary to manage these adverse effects effectively.

Can CDK4/6 inhibitors be combined with other therapies?

Yes, CDK4/6 inhibitors are often combined with endocrine therapies such as aromatase inhibitors or fulvestrant to enhance treatment efficacy in hormone receptor-positive breast cancer.

What is the current research focus regarding CDK4/6 inhibitor therapy?

Current research focuses on overcoming resistance to CDK4/6 inhibitors, identifying biomarkers for better patient selection, and evaluating their use in combination with immunotherapy and other targeted agents.

Additional Resources

CDK4/6 Inhibitor Therapy: A Paradigm Shift in Targeted Cancer Treatment

cdk4 6 inhibitor therapy has emerged as a significant advancement in the landscape of targeted cancer treatments, particularly in hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) breast cancer. This therapeutic approach focuses on blocking the activity of cyclin-dependent kinases 4 and 6 (CDK4/6), essential regulators of cell cycle progression. By impeding these kinases, CDK4/6 inhibitors effectively halt tumor cell proliferation, offering a promising strategy for patients with advanced or metastatic disease. This article delves into the mechanisms, clinical applications, and evolving perspectives surrounding CDK4/6 inhibitor therapy, providing a comprehensive understanding for healthcare professionals and researchers alike.

Understanding the Mechanism of CDK4/6 Inhibitors

Cyclin-dependent kinases 4 and 6 play a central role in regulating the transition from the G1 phase to the S phase of the cell cycle. Under normal physiological conditions, CDK4/6 complexes with D-type cyclins to phosphorylate the retinoblastoma protein (Rb), leading to the release of E2F transcription factors that drive DNA synthesis and cell division. Cancer cells often exploit this pathway, leading to unchecked proliferation.

CDK4/6 inhibitor therapy works by selectively targeting these kinases, preventing Rb phosphorylation and thereby inducing cell cycle arrest at the G1 phase. This mechanism is particularly effective in tumors reliant on this pathway for growth, such as HR+/HER2- breast cancers, which represent a substantial subset of breast cancer diagnoses.

Approved CDK4/6 Inhibitors and Their Clinical Impact

Currently, three CDK4/6 inhibitors have gained regulatory approval for clinical use: palbociclib, ribociclib, and abemaciclib. Each of these agents exhibits unique pharmacokinetic and safety profiles, although their core mechanism remains similar.

- **Palbociclib:** The first CDK4/6 inhibitor approved by the FDA, palbociclib is commonly administered in combination with endocrine therapy such as letrozole or fulvestrant. Clinical trials like PALOMA-2 and PALOMA-3 demonstrated significant improvements in progression-free survival (PFS) for patients with advanced HR+/HER2- breast cancer.
- **Ribociclib:** Similar to palbociclib, ribociclib is used alongside hormonal agents and has shown robust efficacy in studies such as MONALEESA-2 and MONALEESA-3. Notably, ribociclib's safety profile includes a risk of QT interval prolongation, necessitating cardiac

monitoring.

- **Abemaciclib:** Distinguished by its continuous dosing schedule and greater penetration into the central nervous system (CNS), abemaciclib has demonstrated activity not only in breast cancer but also in other solid tumors. The MONARCH clinical trials underpin its approval, highlighting both PFS benefits and overall survival improvements in certain patient populations.

Clinical Advantages and Limitations

The introduction of CDK4/6 inhibitor therapy has transformed the treatment paradigm for HR+/HER2- breast cancer, especially in metastatic settings. By combining these agents with endocrine therapies, clinicians have observed meaningful delays in disease progression and enhanced quality of life for patients.

Advantages

- **Targeted mechanism:** By focusing on cell cycle regulation, CDK4/6 inhibitors selectively disrupt cancer cell proliferation with relatively limited effects on normal cells.
- **Combination therapy synergy:** When paired with hormone therapies, these inhibitors overcome endocrine resistance mechanisms, extending therapeutic efficacy.
- **Manageable toxicity profile:** Common adverse effects such as neutropenia and diarrhea are generally reversible and can be managed with dose adjustments or supportive care.

Challenges and Considerations

Despite their benefits, CDK4/6 inhibitors are not without limitations. Resistance mechanisms, either intrinsic or acquired, can diminish long-term effectiveness. Molecular alterations such as loss of Rb function or cyclin E1 amplification have been implicated in resistance pathways.

Additionally, the cost of CDK4/6 inhibitor therapy poses a significant barrier in many healthcare settings, potentially limiting access. Monitoring for side effects like neutropenia requires regular blood counts, and some

patients may experience fatigue or gastrointestinal disturbances impacting adherence.

Emerging Research and Future Directions

Research continues to expand the utility of CDK4/6 inhibitors beyond breast cancer. Investigational trials are exploring their roles in other malignancies including non-small cell lung cancer, melanoma, and glioblastoma, leveraging their cell cycle blockade properties.

Furthermore, novel combination strategies are under evaluation, such as pairing CDK4/6 inhibitors with immunotherapies or PI3K/mTOR pathway inhibitors. These approaches aim to overcome resistance and potentiate antitumor effects.

Biomarker development is another critical area, with ongoing efforts to identify predictive markers that can guide patient selection and optimize treatment outcomes. Liquid biopsies and genomic profiling may offer insights into tumor dynamics and resistance evolution during CDK4/6 inhibitor therapy.

Comparative Insights: CDK4/6 Inhibitors vs. Traditional Chemotherapy

Unlike traditional cytotoxic chemotherapy, which non-selectively targets dividing cells and often results in broad toxicity, CDK4/6 inhibitor therapy offers a more targeted approach. This distinction translates into differing side effect profiles and patient tolerability.

While chemotherapy remains essential in many cancer types, CDK4/6 inhibitors provide an alternative that can delay or reduce the need for chemotherapy in certain HR+ breast cancer patients. This shift reflects a broader trend toward precision oncology, emphasizing therapies tailored to tumor biology.

Patient Management and Clinical Guidelines

Incorporating CDK4/6 inhibitor therapy into clinical practice requires careful patient evaluation and adherence to established guidelines. Oncologists must assess disease characteristics, prior treatments, and comorbidities to determine the appropriateness of initiating CDK4/6 inhibitors.

Routine monitoring includes complete blood counts to detect neutropenia, liver function tests, and electrocardiograms when using agents like ribociclib. Patient education on potential side effects and adherence

importance is paramount to maximizing therapeutic benefit.

Real-World Evidence and Long-Term Outcomes

Real-world data have begun to corroborate the efficacy and safety profiles observed in clinical trials, although longer follow-up is necessary to fully understand long-term survival benefits and impacts on quality of life.

Studies suggest that early initiation of CDK4/6 inhibitors in metastatic settings may yield superior outcomes compared to delayed use. However, the optimal sequencing and duration of therapy remain areas of active investigation.

The integration of patient-reported outcomes in research continues to enrich understanding of the tolerability and life impact of CDK4/6 inhibitor therapy, guiding more patient-centric care models.

In sum, CDK4/6 inhibitor therapy represents a pivotal development in oncology, offering targeted, effective treatment options that have reshaped the management of hormone receptor-positive breast cancer and hold promise for broader oncologic applications. As scientific inquiry advances, the refinement of these therapies and their integration into comprehensive cancer care will undoubtedly evolve, underscoring the dynamic nature of modern cancer treatment.

Cdk4 6 Inhibitor Therapy

cdk4 6 inhibitor therapy: Molecular Markers and Targeted Therapy for Hepatobiliary Tumors, volume I.A Yunfei Xu, Zongli Zhang, Hongda Liu , Xuesong Gu, 2024-07-26 Hepatobiliary tumor, mainly including hepatocellular carcinoma, cholangiocarcinoma and gallbladder cancer, is a group of highly aggressive malignancies. Hepatocellular carcinoma, cholangiocarcinoma and gallbladder cancer have different biological characters, histopathological traits, and treatment strategies, but have similar clinical features such as silent early symptom and extremely poor prognosis. The diagnostic, predictive or prognostic tumor biomarkers of hepatobiliary cancers are in unmet need. In contrast to the poor outcome, the treatment options to hepatobiliary cancers are very limited. It is still controversial about the effects of chemotherapy and radiotherapy of hepatobiliary cancer. FDA-approved targeted drugs are only Sorafenib and Lenvatinib for hepatocellular carcinoma, and Pemigatinib for cholangiocarcinoma. Unfortunately, these drugs are only effective for 5%-30% patients. Therefore, more attention should be called upon on investigating effective biomarkers and drug targets, stratifying high-risk patients, guiding precise treatments, and developing therapeutic

strategies for hepatobiliary cancers. This Research Topic aims at discussing the current knowledge and proceedings of diagnostic, predictive and prognostic tumor biomarkers in hepatobiliary cancer, and presenting the recent advances on new drug targets and potential targeted therapies of hepatobiliary cancer. We welcome submissions of Review, Mini-Review, Clinical Trial and Original Research articles covering, but not limited to, the following topics: 1. new diagnostic/prognostic factors, biomarkers and/or risk factors in hepatobiliary tumors 2. new drug targets, and oncogenic or tumor suppressive molecular mechanism of the novel targets 3. new intervention or targeted therapy in hepatobiliary tumors 4. new findings of bioinformatics or high-throughput methods such as mass spectrometry and genome-wide association studies or which may help screen the potential biomarkers of hepatobiliary tumors 5. clinical studies such as cohort study or RCT to identify new risks or treatment therapies in hepatobiliary tumors 6. basic, pharmacological, preclinical or clinical study of potential drugs targeting hepatobiliary tumors Please note: manuscripts consisting solely of bioinformatics or computational analysis of public genomic or transcriptomic databases which are not accompanied by validation (independent cohort or biological validation in vitro or in vivo) are out of scope for this section and will not be accepted as part of this Research Topic.

cdk4 6 inhibitor therapy: *Inhibitors of CDK family: New Perspective and Rationale for Drug Combination in Preclinical Model of Solid Tumors* Andrea Cavazzoni, Arianna Palladini, 2023-04-25

cdk4 6 inhibitor therapy: The Biomarkers, Mechanism, and Therapeutic Strategies of Cancer Immunotherapy Resistance Mou Peng, Xin Jin, Yunliang Gao , Xiaoxin Ren, 2025-07-30 Over the decades, cancer immunotherapy has been a burgeoning science in medicine and an established pillar of therapeutic options for diverse cancer types. Leading the way to success is mainly the discovery and development of immune checkpoint inhibitors (ICIs) and chimeric antigen receptor (CAR) T cell-based therapies. Under immunotherapy, a portion of cancer patients enables to achieve a significant and durable remission with a longer survival time, particularly in those with lung cancer, melanoma, genitourinary cancer, etc. However, striking disparities still exist in the effectiveness of anticancer immunotherapy and cause a great challenge to select appropriate candidates. A large part of cancer patients presents limited or no response to immunotherapy, mainly attributable to immunotherapy resistance. Despite of great strides already made, the exact mechanism underlying immunotherapy resistance is still enigmatic. Immunotherapy resistance is extremely complex and involves voluminous aspects such as tumor-intrinsic factors (aberrant expression of tumor antigens, alterations of signaling pathways, etc.), tumor-extrinsic factors (local tumor microenvironment, etc.) and host-related factors (gender, age, etc.). More efforts should be made to characterize the underlying mechanism and uncover robust targets for a better response rate.

cdk4 6 inhibitor therapy: *Molecular Mechanisms of Drug Resistance And Strategies of Sensitization in Breast Cancer, 2nd edition* Yan Cheng, Jin-Ming Yang, Ceshi Chen, Yi Zhang, 2024-01-11 Basic scientific background Breast cancer is one of the most common cancer and the most frequent cause of cancer death among women worldwide. Currently, subtyping breast cancers into hormone receptor (HR) positive, human epidermal growth factor receptor-2 overexpressing (HER2+), and triple negative breast cancer (TNBC) is the basis of diagnosing and treating this disease. The main treatment strategies for breast cancer include surgery, endocrine therapy, molecular targeted therapy, chemotherapy, radiotherapy, immunotherapy and gene therapy. However, resistance of breast cancer cells to chemotherapeutic agents, molecular targeted therapies and immunotherapy may occur either intrinsically or de nova, and is often ultimately responsible for treatment failure. Therefore, drug resistance poses a major challenge to breast cancer treatment. Current developments: Drug resistance in breast cancer is a complex clinical condition originating from a wide range of molecular alterations. The development of endocrine therapy resistance is believed to be associated with many cellular changes, such as ESR1 gene mutations, bypassing estrogen signaling pathway and altered tamoxifen metabolism. Meanwhile, changes in immune response, alternation of drug-binding property and downstream pathways are involved in the mechanisms of drug resistance in HER2+ breast cancer. In addition, resistance to

chemotherapeutic agents predominantly arises from increased drug efflux and cross resistance. Current studies suggest that treatment strategies and therapeutics have to be designed specifically to each patient in different clinical situations. The use of modern genomic, proteomic and functional analytical techniques has contributed to identify novel genes and signaling networks involved in breast cancer drug resistance. Moreover, the use of high-throughput techniques in combination with bioinformatics and systems biology approaches has aided the interrogation of clinical samples and allowed the identification of molecular signatures and genotypes that predict responses to certain drugs. Despite much progress has been made in the field of breast cancer drug resistance, such as combination therapy and drug-loaded nanoparticles, the complexity and variability of drug resistance mechanism still inevitably lead to the continuous occurrence of drug resistance. Therefore, with the increasing amounts of anti-breast cancer agents, there are now unprecedented opportunities to understand and overcome drug resistance through further research into mechanisms and corresponding strategies, which will help achieve lasting disease control and bring survival benefits to patients with advanced cancer. Papers of interest: The current Research Topic of Frontiers in Pharmacology focuses on publishing Original Research, Review articles and Case Reports focusing on (a) elucidating mechanisms of drug resistance in breast cancer, target mutations, tumor microenvironment, undiscovered genes and signaling pathways; (b) promising drug delivery systems that can enhance the sensitivity of anti- breast cancer agents to various tumors; (c) strategies that can improve patient care during bio-chemotherapeutic treatments; (d) small molecule compounds that are effective against drug-resistant breast tumors (e) biomarkers of chemotherapy resistance in breast cancer patients and (f) in vitro and in vivo models. Guidelines for article of submission: - Authors must stick to the set guidelines for ethical practices by the Frontiers journals. - The main content of the article must have certain innovation and research significance. - The authors should describe the construction method of drug-resistant cell lines when using them for experiments in the article.

cdk4 6 inhibitor therapy: *Advances in Targeted Therapy and Biomarker Research for Endocrine-Related Cancers* Zili Zhang, Xiaoqiang Qi, Min Tu, Yang Wu, 2024-12-27 The field of endocrine-related cancers is rapidly evolving, driven by significant advancements in understanding the molecular and genetic underpinnings of these diseases. These cancers, which include various malignancies affecting the endocrine system, pose unique challenges due to their complex interactions with hormonal pathways. The development of targeted therapies has skyrocketed in recent years, bringing hope for more effective and personalized treatment options. Concurrently, the discovery and validation of biomarkers have become pivotal in diagnosis, prognostication, and guidance on therapy decision-making, marking a shift towards precision oncology. Additionally, innovative research methodologies, such as organoid and organ-on-a-chip technologies, have emerged and provided more accurate models of tumor biology and drug response. These advancements underscore the importance of translational medicine in bridging the gap between laboratory research and clinical application, offering new avenues for understanding and combating endocrine-related cancers. This dynamic landscape calls for a comprehensive exploration of current trends and future directions in the research and treatment of these complex malignancies.

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biomarkers summarized by the book editors and chapter authors will help advance precision medicine—a precisely tailored cancer treatment strategy for cancer patient care.

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a group of pharmacological inhibitors that are a particularly good target for cancer therapy. PARP plays a pivotal role in DNA repair and may contribute to the therapeutic resistance to DNA damaging agents used to treat cancer. Researchers have learned a tremendous amount about the biology of PARP and how tumour-specific defects in DNA repair can be exploited by PARPi. The “synthetic lethality” of PARPi is an exciting concept for cancer therapy and has led to a heightened activity in this area.

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cancer cells diversify and evolve and the complex environment in which they live

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cdk4 6 inhibitor therapy: Therapeutic Drug Targets and Phytomedicine For Triple Negative Breast Cancer Acharya Balkrishna, 2023-01-13 Triple negative breast cancers (TNBC) are a biologically aggressiveform of breast cancer and constitute approximately 10-15% of all breast cancerpatients. Distant metastasis, lack of clinically targeted therapies andprognostic markers, makes the disease difficult to treat. Till now not muchwork has been carried out on this deadly disease. This book provides an overview of TNBC etiology, its treatmentstrategies and prognostic markers to identify the outcome of standard therapies.Signalling pathways namely cell proliferation, angiogenesis, invasion andmetastasis, apoptosis, autophagy and others involved in complicating thedisease have been described in the chapters to convey an understanding aboutthe disease mechanisms. All the possible drugs either in pre-clinical orclinical stages have also been mentioned with data that depicts their efficiencyin targeting altered genes. The book also introduces the reader to herbalmedicine exhibiting high potency to target TNBC, their synthetic analogs usedduring chemotherapy and their ability to fight against chemoresistance. Theconcept of phytonanotechnology has also been discussed. The book helps createawareness among a broad range of readers about TNBC. It points to prioritizingthe upgradation of health care facilities and re-designing future treatmentstrategies to provide maximum benefit to breast cancer patients.

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