



This Information Sheet has been prepared to help you understand more about cancer of the breast. It gives information about diagnosis, treatment, practical support and the emotional impact of cancer.

The Cancer Society has also published a booklet *Secondary Breast Cancer/Matepukupuku Tuarua ā-U: A guide for women with secondary breast cancer*. This booklet can be obtained via the web address or 0800 number at the end of this Information Sheet.

In the past, breast cancer surgery was quite extensive and women feared not only the disease but also the treatment. Today, with early detection methods and the trend towards smaller operations, breast cancer can be treated successfully with better cosmetic results.

We can't advise about the best treatment for you personally. You need to discuss this with your own doctors who are familiar with your full medical history. However, we hope this information will answer some of your questions and help you think about the questions you may want to ask your doctors.

If you find this Information Sheet helpful, you may like to pass it on to your family and friends who might also find it useful.

Your breasts

Your breasts are designed to make milk after pregnancy. The breast tissue extends almost to the collar bone at the top and to the armpit at the side. Lying beneath the breasts are the chest muscles and ribs.

Breast tissue is made up of milk glands, connective tissue and fat. The milk glands consist of milk sacs (lobules) where milk is made, and ducts which take the milk to the nipple.

In your breast area and armpit there are lymph glands or nodes which are connected by a system of lymph ducts. These glands and ducts are part of the lymphatic system, which helps your body to fight infection.

Your breasts do not stay the same throughout your adult life. Your monthly period, pregnancy, age and weight changes can all alter their shape. Some women find their breasts feel more tender and lumpy before their period. This tenderness and lumpiness disappears after the period ends. This is quite normal.

What is breast cancer?

Breast cancer is a malignant tumour that starts in the breast tissue. The majority of breast cancers begin in the milk ducts (ductal cancers). A small number start in the milk sacs or lobules (lobular cancers). Within these two groups there are different subtypes of breast cancer. Some grow very slowly. Others develop more rapidly.

Breast cancer can spread to the lymph glands and to other parts of the body, such as the bones and liver.

Diagnosis

Symptoms

Breasts undergo changes throughout a woman's life, particularly the normal changes experienced during the menstrual cycle. Some breast changes may be early signs of breast cancer, including:

- a lump or lumpiness
- thickening of the tissue
- nipple changes, for example, a blood-stained discharge from one nipple, an inverted nipple (unless the nipple has always been turned in), and a rash on one nipple.
- skin dimpling

- a change in shape
- a painful area
- a rash or red marks which appear only on the breast.

Although these changes do not necessarily mean you have breast cancer, any breast change should be checked by a doctor. If you have a change in your breast, you may have several tests. Your general practitioner may arrange these tests or you may be referred directly to a breast specialist.

Biopsy

Often a biopsy will be necessary. A biopsy is the removal of a sample of a lump or the entire lump for examination under a microscope.

Staging the breast cancer will show how far it has spread.

The complete results from the biopsy and any further tests will help to determine the best treatment for you.

With this information your doctors will know if you have an early breast cancer, locally advanced breast cancer or metastatic (secondary) breast cancer.

Treatment

Breast cancer is treated by several different methods: surgery, radiation treatment, chemotherapy and hormone treatment.

The treatment choice, using just one treatment or a combination of them, depends upon:

- the actual breast cancer: its type, grade, size, and whether or not it has spread (stage of the cancer)
- the individual woman: her age, general health and personal choice.

Surgery

The first treatment for breast cancer is usually surgery. This includes surgery on the breast and, for most women, on the glands in the armpit (the axillary lymph nodes). Examination of the cancer and the lymph glands by the pathologist will indicate whether further treatment should be considered after the surgery.

Sentinel node biopsy

A sentinel node biopsy locates the first lymph node(s) that drains from the area where the breast cancer developed.

Radiation treatment

This is the use of radiation (rays of energy called photons or little particles called electrons) to destroy cancer cells, usually using a machine called a Linear Accelerator. You will see a radiation oncologist who will discuss this treatment with you.

Treatment is carefully planned to reduce any effect on normal cells. This usually requires a visit for simulation or planning a CT scan to work out the position you will lie in for treatment, and to plan your treatment on a computer.

Treatment is given four to five days a week over about four to five weeks. It is painless and only takes a few minutes for each treatment.

Radiation may also be used for the treatment of recurrence or cancers that cannot be removed, either in the area of the breast or in other parts of the breast. The aim is to try and control the disease or reduce symptoms. This usually requires fewer visits.

Chemotherapy

This is the treatment of cancer by drugs. The aim is to destroy cancer cells while having the least possible effect on normal cells. The drugs are usually given intravenously via a drip and, therefore, circulate around the body. Chemotherapy is a systemic treatment (treating the whole body) compared with surgery and radiation treatment, which are local treatments to a specific area in the body (breast, chestwall, axilla etc).

There are different regimens or combinations of drugs used in breast cancer. Most will contain an anthracycline drug, for example doxorubicin (Adriamycin), and if there is a greater risk of spread and, therefore, greater benefit from chemotherapy, taxanes, for example docetaxel (Taxotere) may be used.

Treatment is often in cycles at three-weekly intervals, and may last for six cycles (nearly six months). A medical oncologist will discuss all aspects of the treatment with you.

Hormone treatments

Many breast cancers appear to be influenced by the female hormones, oestrogen and progesterone. Pre-menopausal women may be offered tamoxifen, a hormone treatment taken as a tablet. They may also have menopause induced to stop their own production of hormones. This can be done by four-weekly injections with goserelin (Zoladex) or by surgical removal (laparoscopic oophorectomy) of the ovaries. Once you stop taking goserelin your periods will usually return.

Post-menopausal women may be offered oral hormone treatments – either tamoxifen or aromatase inhibitors, such as anastrozole (Arimidex) or letrozole (Femara), which reduce the production of hormones in the body (other than from the ovaries).

Making decisions about treatment

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. However, it is important not to be rushed into a decision. It must be the right one for you.

Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it. Before you see the doctor, it may help to write down your questions.

There is a list of questions at the end of this Information Sheet, which may help you. Taking notes during the session can also help. You may find it helpful to take a family member or friend with you, to take part in the discussion, take notes, or simply listen. Some people find it is helpful to tape record the discussion.

Make sure you understand the reasons for your doctor's advice. Ask for a second opinion if you want one.

Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with someone else, such as family or friends; specialist nurses; your family doctor; the Cancer Society; the hospital social worker or chaplain; your own religious or spiritual adviser; or another person who has had an experience of breast cancer.

After treatment

After treatment, your doctor will decide how often you will need check-ups. Check-ups will gradually become less frequent if you have no further problems.

Follow-up care

Most women with early breast cancer are successfully treated by surgery and/or radiation treatment, often combined with chemotherapy or hormone treatment. Following treatment, you will find your energy will gradually come back. You may need to have extra rest for a while. Increase your exercise and general activities as you feel able. Research has shown that regular exercise during and after treatment is beneficial. The majority of women find they can do most things within a few weeks of surgery.

Arm care

Following your surgery, your physiotherapist or breast care nurse will give you exercises to help to regain the full use of your arm.

You may be concerned that your arm will swell after your lymph glands have been removed. This is much less common today because of the better methods of surgery and radiation treatment. However, a few women will still develop problems with arm swelling (called lymphoedema). To reduce the risk of this happening, you should try to avoid injury or infection to your arm or hand.

Breast forms

If you have had a mastectomy it's important to know about a breast form (prosthesis). A breast form can give a good cosmetic appearance as well as helping your balance and posture. Ask your surgeon or breast care nurse for a medical certificate of entitlement.

Support

Emotional support

Women react in different ways when they learn they have breast cancer. Feelings can be muddled and change quickly. This is quite normal and there is no right or wrong way to feel.

Breast cancer and its modern treatment is a huge life journey. Talking about how you are feeling with your surgical or oncology team, or your family and friends can help.

For details of additional support services, such as support groups or counselling phone the Cancer Information Helpline on **0800 226 237**.

What can I do to help myself?

Many people feel that there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

Diet and food safety

A balanced and nutritious diet will help to keep you as well as possible and cope with any side effects of treatment.

Food safety is of special concern to cancer patients, especially during treatment, which may suppress immune function.

The Cancer Society has published a booklet *Eating Well/Kia Pai te Kai: A guide for eating well during treatment*. This booklet can be obtained via the web address or 0800 number at the end of this Information Sheet.

Exercise

Many people find regular exercise helps recovery. Research has indicated that people who remain active cope better with their treatment. The problem is that while too much exercise is tiring, too little exercise can also make you tired. Therefore, it is important to find your own level. Discuss with your doctor or nurse what is best for you.

Complementary and Alternative therapies

It is important to let your doctor know if you are taking any complementary or alternative therapies because some treatments may be harmful if they are taken at the same time as conventional treatments.

Relationships and sexuality

The anxiety and/or depression felt by some women after diagnosis or treatment can affect their sexual desire. Sometimes women feel that they are less sexually attractive. Tiredness following an anaesthetic, major surgery, radiation treatment or chemotherapy will also reduce sexual desire.

Talk to someone you trust if you are experiencing ongoing problems with sexual relationships. Friends, family members, nurses or your doctor may be able to help. Your Cancer Society can provide information about counsellors who specialise in this area. The Cancer Society has published a booklet *Sexuality and Cancer/Hōkakatanga me te Matepukupuku: A guide for people with cancer and their partners*.

This booklet can be obtained via the web address or 0800 number at the end of this Information Sheet.

Questions you may wish to ask

1. What type of cancer do I have?
2. How extensive is my cancer? What stage is it?
3. What treatment do you advise for my cancer and why?
4. Are there other treatment choices for me?
5. What are the risks and possible side effects of each treatment?
6. How long will the treatment take?
7. What will the scar look like?
8. How frequent will my check-ups be and what will they involve?
9. If I need further treatment, what will it be like and when will it begin?
10. How much will treatment cost?
11. Will I still be able to have children?
12. Will I go through menopause and what are the effects of menopause?
13. Will the treatment affect my sexual relationships?
14. When can I return to work?
15. When can I drive again?
16. How much does a prosthesis cost, and will I be eligible for a free prosthesis?

17. If I choose not to have treatment either now or in the future, what services are available to help me?
18. I would like to have a second opinion. Can you refer me to someone else? This is your right.
19. Is my cancer hereditary?
20. Can you suggest any books I can read on breast cancer?

If you receive answers you do not understand, feel comfortable in saying:

- 'Can you explain that again?'
- 'I am not sure what you mean?' or
- 'Would you draw a diagram or write it down?'

The Cancer Society has published a booklet *Cancer/ Matepukupuku Tuarua ā-Ū: A guide for women with breast cancer*. This can be obtained via the web address or 0800 number below.