



**The sheet has information about diagnosis, treatment, practical support and the emotional impact of breast cancer.**

We hope this information sheet will answer some of your questions and help you think about the questions you may want to ask your doctors. Your family and friends may also like to read this information sheet. Early breast cancer can be treated successfully. Most people diagnosed and treated for early breast cancer will not die from the disease. (Early breast cancer is cancer that is in the breast and may or may not have spread to lymph nodes in the breast or armpit.)

## 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.

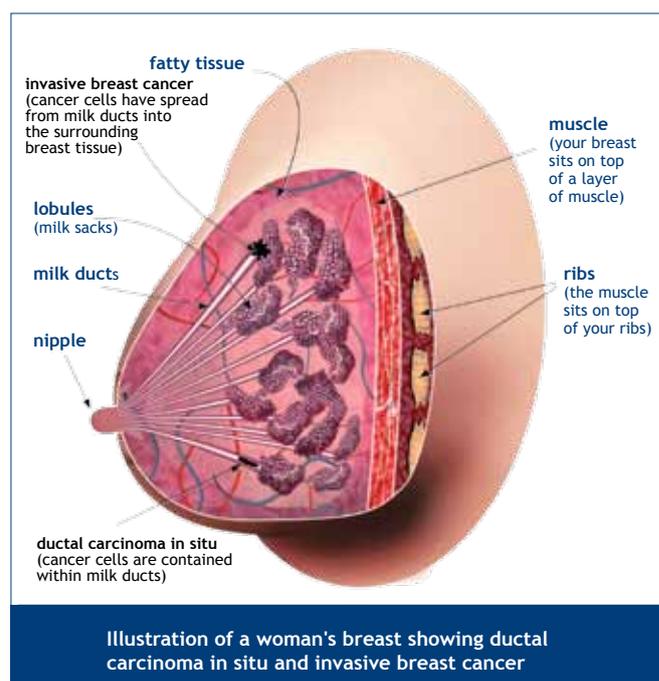
The milk glands consist of milk sacs (lobules) where milk is made, and ducts which take the milk to the nipple. In your breast area and armpit there are lymph glands or nodes which are connected by a system of lymph ducts. These glands and ducts are part of the lymphatic system, which helps your body 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.



*This diagram is reproduced with permission from the National Breast and Ovarian Cancer Centre.*

## Symptoms

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 (turned in) nipple (unless the nipple has always been turned in), or a rash on one nipple.
- skin dimpling
- a change in shape
- a painful area
- a rash or red marks which appear on the breast.

Although these changes do not always mean you have breast cancer, any breast change should be checked by your doctor.

## Diagnosis

If you have a change in your breast, your GP will examine your breasts and arrange some 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 piece of breast tissue for examination under a microscope.

The results from the biopsy and any further tests will help determine whether you have breast cancer and the best treatment for you.

## Treatment

Breast cancer is treated by several different methods: surgery, radiation treatment, chemotherapy, or hormone treatment. The treatment choice, using just one treatment or a combination of them, depends upon:

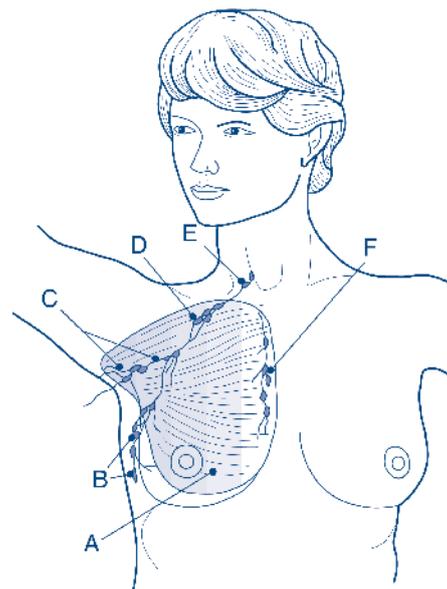
- the breast cancer: its type, grade (how abnormal the cells look), size, and whether or not it has spread (stage of the cancer)
- a woman's age, general health and her personal choice.

## 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 (the doctor who looks at cancers in a laboratory) will help your doctor to decide whether further treatment is needed after surgery.

### Sentinel node biopsy

Some women will have a sentinel node biopsy to check their lymph nodes. A sentinel node biopsy finds and removes the first lymph node(s) that drains from the area where the breast cancer developed. The nodes are tested to see whether they contain cancer cells.



**Lymph node areas adjacent to breast area**

- A Pectoralis major muscle
- B Axillary lymph nodes: level I
- C Axillary lymph nodes: level II
- D Axillary lymph nodes: level III
- E Supraclavicular lymph nodes
- F Internal mammary lymph nodes

## Radiation treatment

Radiation treatment is the use of high-energy radiation to destroy cancer cells or prevent them from reproducing. Radiation treatment only affects the part of the body at which the beam(s) is aimed. Radiation treatment is given Monday to Friday for several weeks.

Radiation may also be used for the treatment of recurrence (the return of a cancer) or cancers that cannot be removed, either in the area of the breast or in other parts of the body. The aim is to try and control the disease or reduce symptoms.

Early side effects of radiation treatment, most of which are short-term, may include:

- general tiredness
- some reddening or 'sun burning' of the skin.

Follow the advice of your radiation therapists on skin care and underarm hygiene.

## Chemotherapy

Chemotherapy is the treatment of cancer using anti-cancer (cytotoxic) drugs. The aim is to kill cancer cells while doing the least possible damage to normal cells. Chemotherapy stops cancer cells from dividing and multiplying. It travels through the blood system and kills cancer cells in different parts of the body.

Treatment is given at one to three-weekly intervals, and will last for several months. A medical oncologist will discuss all aspects of the treatment with you.

Side effects include:

- risks of infections—the drugs can lower your ability to fight infections. If you are feverish (your temperature is 38° or more), or if you feel unwell in any way—don't wait to see what happens—take action immediately. Contact your cancer doctor or nurse, and follow the advice given.
- temporary hair loss. If you have temporary hair loss you are entitled to a benefit to buy a wig.
- sore mouth

- nausea
- tiredness
- Your periods may become irregular or stop. Avoid pregnancy during treatment. You should use a reliable contraceptive, such as a diaphragm or condom during treatment.

## Treatment of HER2 positive breast cancer

Women with HER2 positive breast cancer are treated with a monoclonal antibody called trastuzumab (Herceptin). Trastuzumab (Herceptin) is given into a vein once every week or three weeks, and is usually well-tolerated. Monoclonal antibodies are drugs that recognise and bind to specific proteins (receptors) that are found in particular cancer cells or in the blood stream.

## Hormone treatments

Many breast cancers appear to be influenced by the female hormones, oestrogen and progesterone. Premenopausal 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.

Postmenopausal women may be offered oral hormone treatments—either tamoxifen or aromatase inhibitors, such as anastrozole (Arimidex) or letrozole (Letara), exemestane (Aromasin), 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 may find it helpful to take a family member or friend with you, to take part in the discussion, take notes, or simply listen. Once you have discussed treatment options with your doctor, you may want to talk them over with someone else.

## 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.

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 good for you. Most women find they can do most things within a few weeks of surgery.

## Arm care

Your physiotherapist or breast care nurse will give you exercises to help with arm movement after surgery. A few women will 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 you may choose to wear a breast form (prosthesis). A breast form can give a natural look as well as helping your balance and posture. Ask your surgeon or breast care nurse for a medical certificate of entitlement. For more information you may like to read the information sheet titled "Breast Prosthesis and Bra Information" on the Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)), or contact the information nurses on the Cancer Information Helpline 0800 CANCER (226 237).

## 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 nurses on the Cancer Information Helpline **0800 CANCER (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. The Cancer Society has published a booklet *Eating Well During Cancer Treatment*. This booklet is available at your local Cancer Society or by contacting the cancer information nurses on the Cancer Information Helpline 0800 CANCER (226 237).

### Exercise

Many people find regular exercise helps recovery. Research has shown 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. It is important to find your own level. Discuss with your doctor or nurse what is best for you.

## Traditional healing, complementary, alternative therapies

Tell your doctor if you are taking any complementary, alternative therapies or traditional healing because some treatments may be harmful if they are taken at the same time as hospital 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 is available at your local Cancer Society or by contacting the cancer information nurses on the Cancer Information Helpline 0800 CANCER (226 237).

## Questions you may wish to ask

### General questions

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. I would like to have a second opinion. Can you refer me to someone else? (It is your right to do so).

8. Is there any cost for treatment?
9. If I choose not to have treatment either now or in the future, what services are available to help me?
10. Is my cancer hereditary?
11. Can you suggest any books I can read on breast cancer?

### If you are going to have surgery

12. What will the scar look like?
13. Can I have breast reconstruction?
14. When can I drive again?
15. How much does a prosthesis cost and will I be eligible for a free prosthesis?
16. Is there a risk of lymphoedema?

### Seeing the oncologist

17. If I need further treatment, what will it be like and when will it begin?
18. Will I still be able to have children?
19. Will I go through menopause? What are the effects of menopause?
20. Will the treatment affect my sexual relationships?
21. When can I return to work?
22. How frequent will my check-ups be and what will they involve?

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

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

For more information, you may like to read the Cancer Society's booklet titled *Cancer/Matepukupuku o ngā Ū: A guide for women with breast cancer*.

For information on secondary breast cancer you may like to read *Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū: A guide for women with secondary breast cancer*.

These booklets are available at your local Cancer Society or by contacting the cancer information nurses on the Cancer Information Helpline 0800 CANCER (226 237).