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# Your Journey through Breast Cancer



# Your Journey through Breast Cancer

**You have recently been diagnosed with breast cancer. In order to help you understand the healthcare journey you are about to begin with the JHAH Breast Care Team, we provide the following information:**

- What is breast cancer
- The types of breast cancer
- The treatment and management of breast cancer
- The breast care team
- Chemotherapy diary



## What is Breast Cancer?

Cancer is the growth of abnormal cells that can invade and damage normal tissues in any part of the body. It can start and grow in any part of the breast. These cells start to grow out of control and make more cancer cells, which in turn can form a lump called a tumor. Breast cancer is the most common cancer for women.

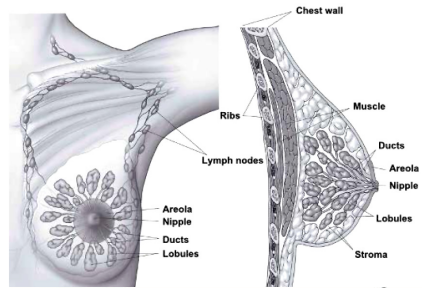
## Types of Breast Cancer

- **Ductal Carcinoma in Situ (DCIS):** A non-invasive breast cancer or early stage of the disease (Stage 0). Although the cells of the ducts have undergone cancerous changes, these cells will not spread. This type is usually found by screening mammogram since it seldom causes breast lumps.
- **Invasive Ductal Carcinoma (IDC):** The most common type of cancer. This indicates that the cancer cells have spread to the surrounding breast tissue from the milk ducts.
- **Invasive Lobular Carcinoma:** This type of carcinoma begins in the milk producing glands (lobules) of the breast and spreads to the surrounding breast tissue.

## Axillary Lymph Nodes

Cancer spreads when the cancer cells break away from a tumor and cross

into the blood or lymph vessels/nodes. Some of these cells lodge in the axillary lymph nodes; these nodes help to filter or stop the cancer cells from spreading. The axillary lymph nodes, found under your armpit, can become enlarged or swollen, and this swelling can be seen by a mammogram or ultrasound. If you have this swelling and it is found to be suspicious, you will be recommended for a biopsy.



*The Breast and Axillary lymph nodes*

## Treatment & Management

If you are found to have breast cancer, treatment options are surgery followed by chemotherapy (with or without targeted therapy), radiation therapy and finally hormonal therapy. Not every patient receives all of these treatments, or the treatments may be done in a different order depending on the following:

- **Your pathology report:** tumor grade, size, type and hormone receptors
- Location of tumor in the breast

- Whether axillary lymph node are involved
- Your age and other medical conditions
- The size of your breast

**Surgery:** The goal of this treatment is to remove all of the cancer cells from the breast. Surgery can be done before or after chemotherapy. Following are the types of surgeries:

- **Breast conserving surgery/lumpectomy :** Only the tumor and some healthy tissue around it are removed (margins)
- **Mastectomy:** The entire breast is removed.
- **Fine Wire Localization:** This is performed if a breast abnormality is not felt by the surgeon. A special wire is inserted under mammogram or ultrasound guidance to mark the location of the breast lesion in order to guide the surgeon in removing that lesion.
- **Axillary Lymph Node Dissection (ALND):** If the biopsy of the lymph nodes are positive for cancerous cells, then this procedure is included in your surgery. It involves removal of the affected lymph nodes/glands. When lymph nodes are removed there

is a possible side effect of this removal called Lymphedema. It is a condition where the arm, breast and/or chest of the side where the lymph nodes were taken can be swollen and cause limitation in the use of that arm. There are things that can be done to prevent or reduce the risk of lymphedema and your surgeon will discuss this side effect and management with you.

- **Sentinel Lymph Node Biopsy (SLNB):** An SLNB is performed to ensure that no axillary lymph nodes are affected by the cancer cells. This is usually done if you have no abnormal axillary lymph nodes found from a mammogram or ultrasound. This procedure is done by injecting a radioactive dye into the affected breast a few hours before your surgery. This dye is carried into the armpit by the lymph, and the first lymph to receive this dye from the breast is called the sentinel node. The sentinel node will be removed by the surgeon and sent to pathology where it will be examined to determine if it is affected by the cancer cells or not.

**Breast Reconstruction:**

Reconstruction is an option for patients who are having a mastectomy. The aim of breast reconstruction is to create a new breast that is as similar as possible to

the remaining breast. Have a breast removed is a difficult decision to make for some women, and having the option to create a “new breast” helps these women restore/preserve their sense of body image and can boost confidence and acceptance of their treatment. The plastic surgeon who will perform the reconstruction will discuss the best method of reconstruction for you. Options include:

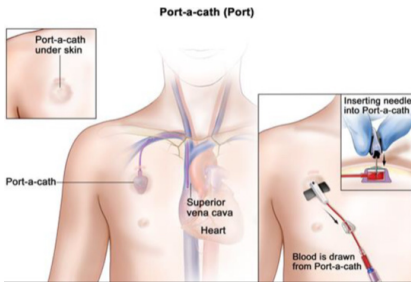
- An implant alone
- Combining an implant with tissue from your own body
- Using only natural tissue from your body

**Chemotherapy:** Chemo kills growing cells by administration of cytotoxic drugs. Chemo is injected into a vein or delivered via port-a-cath as a drip once every cycle, which can be every two weeks, every three weeks or weekly over a duration of 4-6 months. An oncologist will determine the best type of chemotherapy plan for you. Chemo can be given prior to surgery (neoadjuvant) or after surgery (adjuvant). The benefits and side effects will be explained to you by your oncologist.

**Targeted Therapy or Biotherapy:** This uses drugs that block the growth of breast cancer cells in specific ways while not harming normal, healthy cells. These drugs

are given in combination with chemotherapy. This treatment is given if the abnormal protein Her2-neu is present in the tumor. Her2 positive tumors are given drugs called Herceptin and Pertuzumab that help shrink the tumor by finding the cells, binding with them and blocking the action of the Her2 receptor. They are given once every three weeks for a year. A heart exam called an echocardiogram (ECHO) will be done while you are on this treatment.

**Port-a-cath:** This device is made of plastic, stainless steel or titanium and is about the size of a quarter but a bit thicker. It has a catheter. A long, thin, hollow flexible tube that runs under the skin from the port that is inserted into a large vein in your neck or chest. It is long enough to reach the large vein that enters the heart. Chemotherapy, targeted therapy and any other intravenous medications and fluids can be given through this special device if your treatment will be longer than 3 months or if you have poor peripheral vein access in the arms and hands. It can also be used to collect blood for tests. The benefits and side effects will be explained to you by your oncologist or the oncology educator nurse. The port is usually inserted or placed by a vascular surgeon in Day Surgery as a minor surgery procedure.



[www.nationalbreastcancer.org](http://www.nationalbreastcancer.org)

**Radiotherapy:** This kills cancer cells by using high energy x-rays. This is usually given for a few minutes daily for 3-6 weeks. A radiation oncologist will evaluate your condition and plan treatment. If you had breast conserving surgery, then it is recommended to have this treatment to help reduce the risk of cancer returning to the same breast while preserving it. If you had a mastectomy, then radiotherapy would be necessary only if there are features that suggest a high risk for the disease to return.

**Hormonal Therapy:** This is given if you have the receptors Estrogen and Progesterone. It works by preventing these hormones from stimulating cancer cells to grow. It is usually given after you have completed your primary treatment (surgery and chemotherapy) and is taken in tablet form once a day for 5-10 years. Your medical oncologist will decide how long you should take this drug.

### Genetics and Breast Cancer:

Only 5-10% of breast cancers are hereditary. The two most commonly affected genes are BRCA1 and BRCA2. If you have family members (mother and/or sister or even father/brother) that has had breast cancer, then you may need the advice of a genetic specialist. You may need to start screening early or have a genetic test. If you have inherited a faulty copy of one of these genes, you have a risk of developing breast or other cancers.

**Oncotype Dx:** After your breast surgery, the oncologist may let you know that a sample from the removed mass will be sent overseas for a special test called an Oncotype Dx. This is a genomic test that analyzes how your genes will respond to treatment and helps your physician determine your chances of recurrence and if you will benefit from chemotherapy. Not all patients are a candidate for this test. The criteria are as follows:

- You are estrogen and progesterone positive AND Her2 neu negative
- You have early stage invasive breast cancer (Stage 1 or 2)

**Survivorship:** your journey to survivorship starts on the day that you received your diagnosis. The JHAH Cancer Institute has started a Cancer Survivorship Program wherein other survivors like yourself, both newly diagnosed and those who have

completed their treatment, meet to support one another and where helpful lectures and activities are promoted for your holistic well-being.

## **The Breast Care Team**

The breast care team comprises a multidisciplinary team of specialists. The team regularly meets to review breast cancer cases and to discuss management recommendations that are tailored to individual patients. The team includes the following members:

- Surgical Oncologist
- Medical Oncologist
- Radiation Oncologist
- Plastic Surgeon
- Radiologist
- Pathologist
- Breast Care Nurse
- Rehabilitation Therapist
- Social Worker/Counsellor
- Nutritionist
- Breast Imaging Technologist

## **REFERENCES:**

These are the websites that you can visit for more information. Please note that not all Google search sites provide helpful or reliable information on breast cancer or any other cancer. These sites are both reliable and informative because all of the information they provide are research based.

### **Breast cancer images:**

<http://patientpictures.com/category-results.php?name=Breast%20Cancer>

### **National Breast Cancer Foundation:**

[www.nationalbreastcancer.org](http://www.nationalbreastcancer.org)

### **NCCN: National Clinical Practice**

**Guidelines in Oncology** [www.nccn.org](http://www.nccn.org)

### **Macmillan Cancer support UK:**

[www.macmillan.org.uk](http://www.macmillan.org.uk)

### **National Cancer Institute (USA):**

[www.cancer.gov](http://www.cancer.gov)



**Your Journey through Cancer:** This is a personal record that you can keep to write your appointments, treatment dates and other exam/procedure dates so you can keep track of them. You can also write down any chemotherapy side effects, radiotherapy side effects or any question or concern you want to ask your oncologist or surgeon.

Name: \_\_\_\_\_

ID# \_\_\_\_\_ MR# \_\_\_\_\_

Age at time of diagnosis: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Your emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Mobile number of your emergency contact: \_\_\_\_\_

Your Surgeon: \_\_\_\_\_

Your Medical Oncologist: \_\_\_\_\_

Your Plastic Surgeon: \_\_\_\_\_

Your Radiation Oncologist: \_\_\_\_\_

Your Primary Care Physician: \_\_\_\_\_

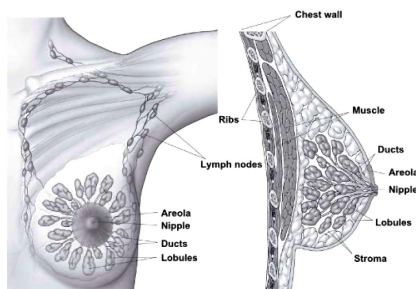
Location: DH \_\_\_\_\_ RT \_\_\_\_\_ AH \_\_\_\_\_ AB \_\_\_\_\_ UDH \_\_\_\_\_

**My Initial Breast symptom:** Right :  Left :

- Lumps/mass
- Nipple retraction/inversion
- Skin changes
- Swelling or lump in under the armpit
- Nipple discharge
- Other \_\_\_\_\_
- Color \_\_\_\_\_
- Found by screening mammogram

**Anatomy of the Breast:**

My tumor is in: (mark with a circle)



@Breast Cancer Awareness Handbook - JHAH

**When did I have the following:**

Screening mammogram: \_\_\_\_\_ Diagnostic mammogram: \_\_\_\_\_

Breast ultrasound: \_\_\_\_\_ Breast MRI: \_\_\_\_\_

Breast Biopsy: \_\_\_\_\_

My Biopsy pathology report was released on: \_\_\_\_\_

Type of cancer: \_\_\_\_\_

Estrogen receptor:  Positive  Negative

Progesterone receptor:  Positive  Negative

Her-2neu receptor:  Positive  Negative

**My after surgery pathology:**

Stage: \_\_\_\_\_ Tumor size: \_\_\_\_\_

Type: \_\_\_\_\_ Grade: \_\_\_\_\_

**My Treatment Plan:**

Surgery: \_\_\_\_\_  Lumpectomy (BCS)  Mastectomy

Plastic surgery (reconstruction): \_\_\_\_\_

Chemotherapy: \_\_\_\_\_  Neoadjuvant  Adjuvant

Radiation therapy: \_\_\_\_\_

Hormonal therapy: \_\_\_\_\_

Herceptin/Pertuzumab: \_\_\_\_\_ Yes  No

Portacath: Inserted: \_\_\_\_\_ Removed: \_\_\_\_\_

**Future test follow ups: I need**

Mammogram:  Yes  No every:  6 months  12 months

Breast MRI:  Yes  No every:  6 months  12 months

CT Scan:  Yes  No every:  6 months  12 months

Bone scan:  Yes  No every:  6 months  12 months

ECHO:  Yes  No every:  3 months  6 months

**My Chemotherapy:**

Protocol name: \_\_\_\_\_

Date started: \_\_\_\_\_

Date completed: \_\_\_\_\_

Teaching given: \_\_\_\_\_

**Expected side effects:**

- Nausea and vomiting
- Low immunity/risk of infection: fever
- Hair loss
- Mouth sores
- Diarrhea
- Constipation
- Darkening of skin
- Pain or tingling in hands, arms, feet or legs
- Stomach irritation/reflux
- Palpitations/Chest pain
- Other: \_\_\_\_\_

Chemotherapy Record: Place a check ✓ sign on symptom/s that you had after each chemotherapy so you can report them to your doctor.

	Nausea	Vomiting	Fever	Diarrhea	Constipation	Hair Loss	Pain: Hands/Feet	Palpitations/Chest Pain	Others
Doctor's appointment									
Treatment date									
Treatment cycle #									
I went to EMS: Yes No									
I slept in the hospital: Yes No									

	Nausea	Vomiting	Fever	Diarrhea	Constipation	Hair Loss	Pain: Hands/Feet	Palpitations/Chest Pain	Others
Doctor's appointment									
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