

About breast cancer



About us

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free resources, including the *My Journey Kit* for women with early breast cancer and *Hope & Hurdles* for women with secondary breast cancer. Our free quarterly magazine, *The Beacon*, includes stories from people sharing their experiences, as well as information on a wide range of breast cancer issues. We welcome and celebrate the diversity of our members.

Visit our website www.bcna.org.au for more information or to connect with others through BCNA's online network.

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In Australia, most women survive breast cancer. Treatment for breast cancer is much better now than it was in the past and more and more women are living long and healthy lives after breast cancer. Australia has one of the highest survival rates in the world.

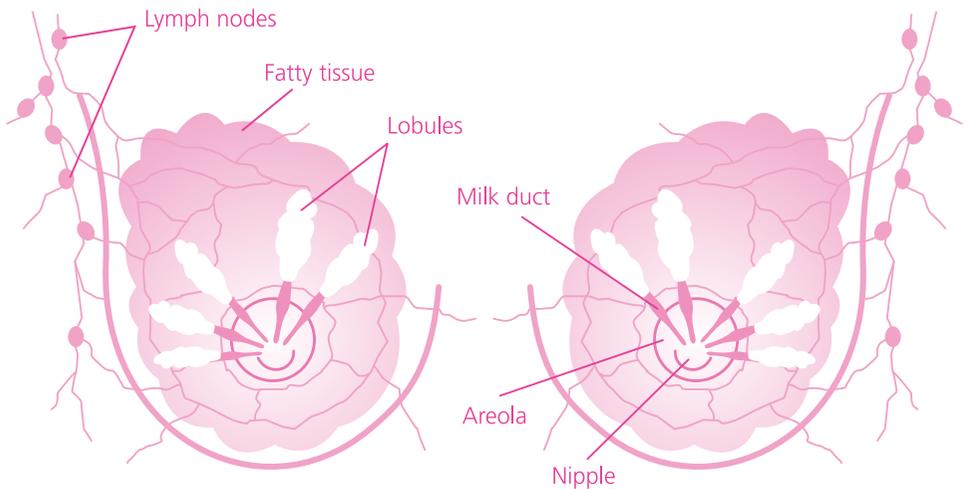
When I was first diagnosed, I had no idea what I should do. I was in the mist. I had no information about cancer. I didn't expect to get cancer, so I didn't know what questions to ask. – Ming



About the breast

To understand breast cancer, it helps to know what breasts are like on the inside. Breasts are made up of fatty tissue, lobules and ducts. During breast feeding, milk is made in the lobules. Milk travels through the ducts to the nipple. There is fatty tissue around the lobules and ducts.

There are also lymph nodes close to the breast in the armpit. Lymph nodes are like filters that clean the blood.



What is cancer?

Cancer happens when the body's cells grow in a way that is not normal. These cancer cells spread into the body's healthy tissues. Sometimes a cancer is called a tumour.

What is breast cancer?

Breast cancer is cancer that grows in the breast. There are many different types of breast cancer.

Early breast cancer is cancer that is in the breast tissue. It may also have spread to the lymph nodes near the breast or in the armpit. Early breast cancer is sometimes called invasive breast cancer.

Ductal carcinoma in situ (DCIS) is breast cancer in the milk ducts of the breast. The breast cancer has not spread outside the ducts into the breast tissue. DCIS is sometimes called non-invasive breast cancer.

Lobular carcinoma in situ (LCIS) is breast cancer in the lobules of the breast. The breast cancer has not spread outside the lobules into the breast tissue. LCIS is sometimes called non-invasive breast cancer.

Secondary breast cancer is breast cancer that has spread to other parts of the body, such as bones, the liver or the lungs. It is also called advanced or metastatic breast cancer. It is not as common as other types of breast cancer.

What causes breast cancer?

Initially you go through this, 'Why did this happen to me, I'm a good person'. But I got past that and thought, 'it's just bad luck.' – Maria

It is not possible for doctors to know what caused your breast cancer. There are some things that can make your chance of getting breast cancer higher, but they don't mean you will definitely get it. Some of the things that make the chance of getting breast cancer higher are:

- being a woman
- getting older
- having a faulty gene passed on from your mother or father
- having a number of other people in your family who have had breast cancer before they turned 50 years old.

Learning about your breast cancer

After surgery to remove the breast cancer, your surgeon will send the tissue to a pathologist. The pathologist looks at the tissue and writes a pathology report. This report has a lot of information about the breast cancer, including:

- how big it is
- how fast it is growing
- whether it has spread to the lymph nodes
- whether it uses hormones to grow (for example, the female hormone oestrogen)
- whether all the cancer has been removed and if the area around it has any more cancer cells (the 'surgical margin').

You can ask your doctor for a copy of your pathology report to take with you.

The report might have some words that you have never heard before. The meanings of some of these words are on page 7 of this booklet. You can also ask your doctor or nurse to help you understand it. Many women say that it is hard to understand all of the information the doctor tells you.

*When the doctor told me I had breast cancer,
I went numb. I just stood there and stared at him.
When I went home, I was so angry. I just could not believe
what lay in front of me. – Eleni*

Making decisions about treatment

Your doctor uses the information in your pathology report to know how likely it is that the breast cancer may come back, or spread to other parts of the body. This helps your doctor to decide which treatments may be the best for you. All breast cancers are different. Not everyone has the same treatment.

Your treatment will depend on:

- the type of breast cancer you have, and how quickly it is growing
- your age, your general health and what treatments you prefer.

Your doctor will talk with you about the treatments that will be best for you. You will have time to talk to your family before you decide what treatment to have. You can also talk to another doctor, your GP or a nurse if you are unsure.

Having the treatments that your doctor recommends for you will give you the best chance of surviving cancer. Your treatment will also lower the chance of cancer coming back. It is good to remember that most people diagnosed with early breast cancer in Australia survive.

Cancer is not a death sentence – it's not as terrible as you might imagine. Have hope. – Anh

It is important to ask your doctor questions about anything you do not understand. Sometimes this can be hard and you may not know which questions to ask. It can help to write down questions before your visit. It is a good idea to take a family member or friend with you to your appointments. They can ask questions or write notes about what the doctor says.

If you speak a language other than English and you need an interpreter, let your doctor or nurse know when you make your appointments.

My daughter came with me to my doctor appointments. This was good because I felt so nervous. She remembered to ask the questions I forgot, then after the appointments she could help me understand what happened. It really does help to take a list of questions to every doctor's appointment. No question is too silly and a list helps you to remember the questions you want to ask. – Delene

The Cancer Council can help answer some of your questions, or help you decide which questions to ask. You can phone the Cancer Council on **13 11 20**. If you speak a language other than English and you need an interpreter please phone **13 14 50**.

What do these words mean?

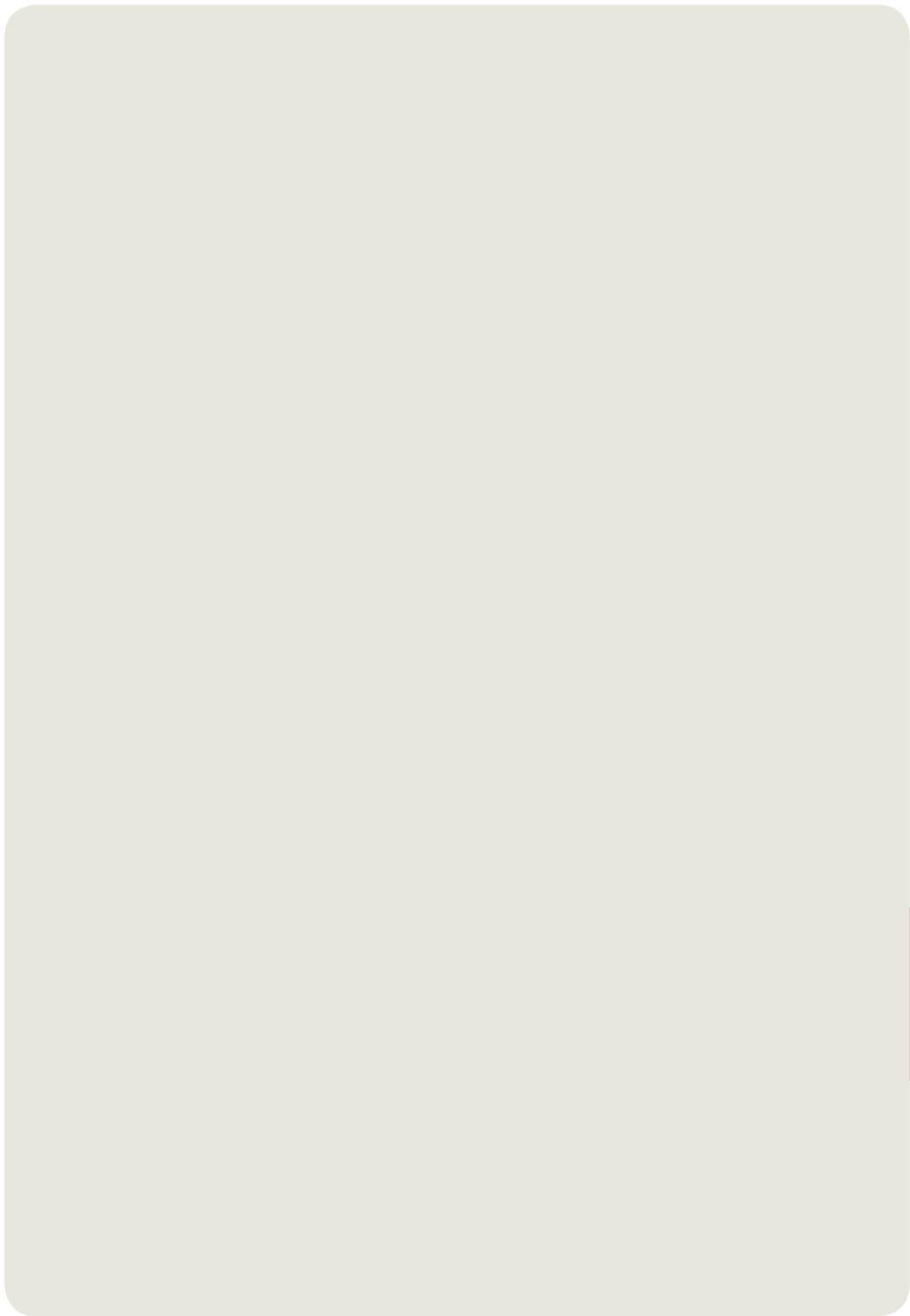
Below are some of the words you may see in your pathology report. Your doctor may talk about them when he or she tells you about the type of breast cancer you have and the best treatment for you.

Grade	The grade of the cancer is about how slow or fast the cancer cells are growing. Grade 1 means the cancer is growing slowly. Grade 3 means the cancer is growing faster.
HER2	If the cancer is HER2-positive, it means it has higher than normal levels of the HER2 protein and this can make the cancer cells divide and grow.
Hormone receptors	When breast cancer cells have hormone receptors on them it means that hormones called oestrogen and/or progesterone make them grow. These cancers are called 'hormone receptor positive' breast cancers. About two out of three women with breast cancer have this sort of breast cancer. This is also called oestrogen-positive (ER+) breast cancer.
Lymph nodes	Lymph nodes are found all around the body, including the armpit, groin, stomach, chest and neck. The lymph nodes in the armpit (axilla) or near your breast are often the first place that breast cancer will spread outside the breast. Your surgeon will remove one or more lymph nodes during your breast cancer surgery to see if they have any cancer cells in them.

What do these words mean?

Stage	The stage of the breast cancer is about how big the cancer is and whether it has spread to the lymph nodes or not.
Surgical margin	The surgical margin is the area around the breast cancer that looks like healthy tissue. It gets taken out with the breast cancer during surgery in case there are some tiny cancer cells in the area that cannot be seen. If there are no cancer cells in the healthy looking tissue, it is said to be 'clear'. If the tissue has cancer cells in it, more surgery may be needed to take all of the cancer out.
Triple negative	Triple negative breast cancers have no hormone or HER2 receptors. This means that neither oestrogen, progesterone nor the HER2 protein help the cancer to grow.







Breast Cancer Network Australia acknowledges the assistance of Estée Lauder Companies in producing this booklet.

More information

Breast Cancer Network Australia (BCNA) is the peak organisation for Australians affected by breast cancer. We have more information about breast cancer, including some information in other languages, that you can order or download from our website.

Phone BCNA on **1800 500 258**

Visit our website **www.bcna.org.au**

If you need an **interpreter**, phone **13 14 50**

