

Breast
Cancer
Network
Australia



BREAST CANCER TREATMENTS

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About Breast Cancer Network Australia

Breast Cancer Network Australia (BCNA) is the peak organisation for all people affected by breast cancer in Australia. We provide a range of free information resources, including our My Journey online tool, booklets, fact sheets, videos and podcasts. Our free magazine, *The Beacon*, is issued twice each year and 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 **bcna.org.au** for more information, to sign up to the My Journey online tool or to connect with others through BCNA's online network. Our cancer nurses are available on our Helpline - call **1800 500 258**.

One of the reasons so many women survive breast cancer in Australia is because of the excellent treatments available. There are many different types of treatments for breast cancer. This is because there are many different types of breast cancer. Your doctors will work out the best treatments for you.

When you go to see your surgeon or doctor, it is a good idea to write down questions you want to ask before the appointment and take these with you. It can also be helpful to take a family member or a friend to your appointments to support you. They can ask questions for you and write notes about what the doctors say.

If you speak a language other than English, let your doctors, nurses and surgeons know when you make your appointment. An interpreter can help you understand medical words, your breast cancer and your treatment options.

Why treat breast cancer?

If breast cancer is not treated, the cancer cells in the breast will keep growing. They can spread to other parts of the body, such as bones, the liver or the lungs. This is called metastatic breast cancer. Over time, these cancer cells can stop some organs in your body from working, or lead to other life-threatening problems.

It is better if the breast cancer is found before it spreads to other parts of the body and if you start treatment as early as possible.

What do breast cancer treatments do?

Treatments for early breast cancer aim to:

- remove the cancer from the breast
- kill any cancer cells that cannot be seen

Treatments for breast cancer

Surgery	An operation to take out the cancer and some of the healthy tissue around it
Chemotherapy	Medicine to kill cancer cells in the breast and other parts of the body
Radiotherapy	Treating the area where the cancer was found with radiation (X-rays)
Hormone-blocking therapy	Medicine to stop hormone receptor-positive breast cancer growing
Targeted therapy	Medicine to stop certain types of breast cancer, such as HER2-positive breast cancer, growing



You may have one, some or all of these treatments.
The treatment your doctor suggests for you will depend on:

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

Your doctors will help you decide which treatment is best for you. It is usually alright to take a week or two to decide which treatments you want to have. You might like to talk to your family about it. You can also talk to another doctor, your GP, or a nurse if you are unsure.

When the doctor talked about having a second operation to remove the breast, I said, 'I can't let you know now. I need time to think about this'. He gave me a week. - Sotiria

You will see more than one doctor or nurse during your treatment. Some hospitals will have a special breast care nurse.

Surgery

The aim of breast cancer surgery is to:

- take out the cancer and some healthy tissue around it (this is called the 'surgical margin')
- find out more about your breast cancer so that your doctors can suggest the best treatment for you.

Main types of surgery

Breast conserving surgery

This is the removal of (cutting out) the part of the breast where the cancer is located. Other words for breast conserving surgery are lumpectomy, partial mastectomy or wide local excision. This type of surgery is usually recommended if the cancer is small.

Mastectomy

This is the removal (taking off) of the whole breast. Bilateral mastectomy is where both breasts are removed. Mastectomy is usually recommended if:

- the cancer is large
- there is more than one cancer in the breast.

Sometimes women have breast conserving surgery first and then a decision is made later to have a mastectomy.

This might happen if:

- the pathology report shows that the margins around the breast cancer were not clear and there are cancer cells still in the breast
- breast cancer comes back in the same breast
- women have had radiotherapy to that breast in the past.

Some women choose to have a mastectomy as their first surgery. Speak to your surgeon about your options.

Lymph nodes removed (taken out)

During the breast cancer surgery, the surgeon will most likely remove (take out) one or more lymph nodes from the armpit (axilla) to see if they have any cancer cells in them. You may be offered one of the following procedures:

- **Sentinel node biopsy**

This is where the first lymph node, or nodes, where the cancer cells are most likely to have spread, are taken from the breast. If cancer cells are found in the nodes that are taken out, you may need more surgery to remove some more lymph nodes.

- **Axillary dissection** (also called axillary clearance)

The word 'axilla' means armpit. Axillary dissection is where some or all lymph nodes are removed (taken out) from the armpit.

Your surgeon will talk to you about which option is best for you.

Breast reconstruction

If you have a mastectomy, you may like to think about having a breast reconstruction. Breast reconstruction means rebuilding a breast shape after breast surgery. This is done using:

- an implant made from silicone or saline

OR

- tissue from another part of your body, for example, fat from the stomach.

Breast reconstruction may involve several operations. It can sometimes be done at the same time as the mastectomy, or it can be done later. There are different types of breast reconstruction.

Women who have had a mastectomy as part of their breast cancer treatment can have a breast reconstruction in the public health system with most of the costs covered. Not all public hospitals are able to provide reconstruction surgery, so your surgeon might recommend a different hospital. Speak to your surgeon if you are interested in breast reconstruction. Ask about any costs that you might have to pay.

Breast Cancer Network Australia (BCNA) has more information about breast reconstruction on our My Journey online tool, **www.myjourney.org.au**.

It may take you some time to decide if you want to have a breast reconstruction. You don't have to decide straight away. You can choose to have a reconstruction years after your breast cancer treatment.

If you choose not to have a breast reconstruction, you might like to wear a breast prosthesis. A breast prosthesis is something that can be worn inside your bra to give you the shape of a breast. There is more information about this in the booklet Support that may help.



Chemotherapy

Chemotherapy uses medication to kill cancer cells that may have spread outside the breast and armpit area that cannot be seen or found. Chemotherapy treats the whole body, not just the area where the cancer was found. It destroys fast growing cells, such as cancer, as well as normal cells in places like the mouth, stomach, bowel, skin, hair and bone marrow. These normal cells repair in time. Damage to the normal cells causes the side effects of chemotherapy. Side effects can include feeling sick or losing your hair.

Chemotherapy can lower the chance that the breast cancer will come back. It can improve the chance of surviving breast cancer.

Not everyone with breast cancer will have chemotherapy. Whether or not you have chemotherapy may depend on:

- the risk of your breast cancer coming back
- if your cancer uses hormones to grow
- your general health
- if you want chemotherapy.



There are different types of chemotherapy. Most chemotherapy is given using a needle and tube to feed the medication through your veins. This is called an intravenous or IV drip. Some chemotherapy is given as tablets. Each type has different side effects. Everyone experiences side effects differently. Some of the most common side effects of chemotherapy are:

- feeling sick (nausea) or vomiting
- becoming very tired (fatigue)
- losing your hair (your hair will grow back later)
- finding it hard to think (sometimes called 'chemobrain')
- your periods stopping (menopause).

If you think you would like to have children after your treatment, it is important to talk with your doctor before you start chemotherapy, as it can affect your ovaries.

Most side effects of chemotherapy can be managed with help from your doctor or nurse.

I was quite sick after my first treatment. My doctors were great and changed my anti-nausea medication, which made the following treatments much easier to handle. - Georgia

A medical oncologist is a doctor who is an expert in treating cancer with medications. He or she will speak with you about the best treatments for you.

Radiotherapy

Radiotherapy uses X-rays to kill any cancer cells that may be left in the breast or armpit after surgery. It is usually recommended after breast conserving surgery. Sometimes it is also recommended after a mastectomy.

Radiotherapy is only given to the area that needs to be treated. Before you start radiotherapy, you will meet with:

- a radiation oncologist to plan your treatment
- a radiation therapist who will explain what will happen.

Once radiotherapy starts, you will usually have treatments once a day for five days a week for three to six weeks. You will be given an appointment time for each of your visits. Each treatment usually only takes a few minutes. Radiotherapy is usually painless, but there may be some side effects. The most common side effects are:

- the skin of the breast where you are getting treatment can become red and dry like sunburn
- the skin can become darker and may stay that way for a few months
- feeling more tired than usual during treatment and for a few weeks after treatment is over.

There are other side effects, which are less common.

Talk to the radiotherapy or nursing staff about ways to manage the side effects or other concerns you may have.

Hormone-blocking therapies

Hormone-blocking therapies (sometimes called endocrine therapies) are drugs (medicines) for women whose breast cancer uses the hormone oestrogen to grow. Hormone-blocking therapies stop cancer cells from growing. They lower the amount of oestrogen in the body, or stop the oestrogen from getting into the cancer cells. The type of hormone therapy recommended for you will depend on whether or not your periods have stopped (menopause). Hormone-blocking therapies are tablets that are taken every day, usually for five years or more.

Main types of hormone-blocking therapies

- Tamoxifen
- Aromatase Inhibitors, e.g. letrozole, anastrozole or exemestane.

Tamoxifen

Tamoxifen stops the hormone oestrogen from getting into the breast cancer cells. This stops the breast cancer cells from growing. Tamoxifen can be used to treat women of any age, whether or not their periods have stopped (menopause).

Aromatase inhibitors

Aromatase inhibitors lower the amount of oestrogen in the body. The most common ones are letrozole, anastrozole or exemestane. Aromatase inhibitors only suit women whose periods have stopped forever (permanent menopause).

Hormone-blocking therapies are usually given after other breast cancer treatments, such as surgery, chemotherapy and radiotherapy.

Targeted therapies

Targeted therapies are drugs (medicine) used to treat some types of breast cancer. The most common targeted therapy is the drug Herceptin. It is used to treat breast cancer that is HER2 positive. This means the cancer cells have higher than normal amounts of the HER2 protein. Herceptin works by stopping the cancer cells from growing and dividing.

One in every five women with breast cancer has HER2 positive breast cancer. Herceptin is given using a needle and tube to feed the medication through your veins (IV drip). It is given by a nurse or doctor once a week or once every three weeks, for a total of twelve months.

Other targeted therapies are currently being tested in clinical trials. Clinical trials are studies to find new ways to prevent, find or treat diseases.

Side effects of treatment

Some breast cancer treatments have side effects. Everyone is different – you may have side effects or you may not. Your doctor or nurse can give you information about side effects that you may have. Your doctor or nurse can also help you to manage side effects to make you more comfortable.

For more information about side effects, visit www.bcna.org.au. There is also more information about side effects on BCNA's My Journey online tool, www.myjourney.org.au.

Tell your doctor if you feel unwell. Most side effects can be managed to make you feel better. – Julia

Making decisions about treatment

Making decisions about treatments can be very difficult. Some women like to have a lot of information and some women prefer to be guided by the doctors who are looking after them. It is up to you to decide how much information you would like and how involved you would like to be in making decisions about your treatment.

*If you don't understand something, ask your doctor to explain - and if you still don't understand, ask them to explain it again and again until it is clear to you. They have been doctors for many years so they understand what they are talking about. For you, it is new territory. - **Kassandra***

Some women feel uncomfortable asking their doctor lots of questions. But it is important that you ask questions if you feel unsure about something or if you would like more information. It helps to write your questions down before you see your doctor. You can also talk to another doctor or your GP or nurse if you are still unsure.

There is usually time for you to talk to members of your family about which treatments you think will be best for you before making your final decision.

*Cancer puts a brake on things, makes you take things slower and forces you to stop and appreciate the value of life and those around you. - **Qiao***

Complementary medicine

Some people choose to use complementary medicines as well as the breast cancer treatment they have planned with their doctors. Examples of complementary medicines are vitamin supplements (such as vitamin C), herbal medicines (such as Chinese and Ayurveda medicines) and homeopathic remedies.

Some complementary medicines may help to make you feel better, **but some can stop the breast cancer treatment that your doctor has planned for you from working properly.**

It is very important to talk to your doctor about any complementary medicines you are taking or thinking about taking.

You can take the complementary medicine to your appointment to show the doctor what you are thinking about trying. Your doctor will tell you if it is safe or not.

Finding out more about breast cancer treatments from other sources

This booklet has some information about breast cancer treatments. You can get more information about breast cancer treatments, their benefits and side effects from:

- Your medical team, such as your surgeon, medical oncologist and nurse at the hospital.
- The Cancer Council in your state or territory can send you more information about common cancer treatments such as radiotherapy and chemotherapy. This information is also available in languages other than English. You can phone the Cancer Council on **13 11 20** or, if you need an interpreter, phone **13 14 50**.



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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**