

What You Need to Know About Breast Cancer Treatment

Pursuant to state law, (Act 2013-284) the Alabama Department of Public Health has developed this informational brochure to assist your doctor in helping you understand your breast cancer treatment options. This information is not intended to replace the advice or recommendations of your doctor or other members of your healthcare team. It is a resource to help you learn about breast cancer treatment, so you and your doctor can make the best choices regarding your diagnosis and treatment.

It's important for you to know that you are not alone. There are almost three million breast cancer survivors living in the United States today. There have been great improvements made in breast cancer treatment in recent years. There is no one “right” treatment for every person. It is very likely that you will see several different doctors who will create a treatment plan that is best for you based on information they have available about your cancer.

Treatment

Breast Cancer Staging

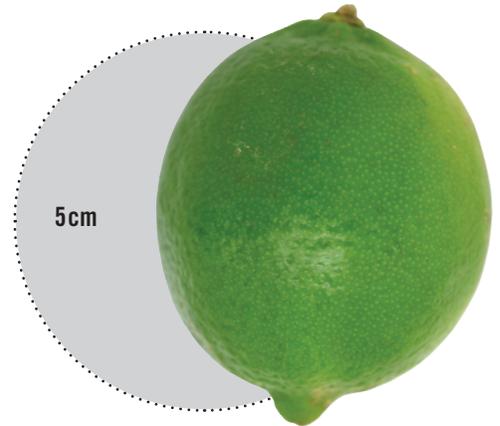
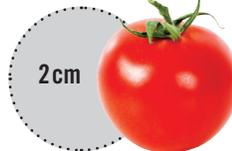
Staging is a way of describing a cancer. There are five breast cancer stages. Knowing your cancer stage helps your doctors decide what kind of treatment is best for you. Your doctor will use information based upon the stage and type of your cancer to determine the best treatment options for you.

Your cancer stage and treatment will depend on:

- * the size of your tumor
- * if cancer is found in the lymph (pronounced limf) nodes in your armpit
- * if cancer is found in other parts of your body

Breast Cancer Stages

- * **Stage 0:** The cancer cells are contained within the ducts or lobules of the breast
- * **Stage 1:** The tumor measures 2 cm or less. It has invaded other breast tissue, but has not spread to the underarm lymph nodes.
- * **Stage 2:** The tumor measures more than 2 cm or has spread to 3 or fewer lymph nodes under the armpit.
- * **Stage 3:** The tumor measures larger than 5 cm and/or the tumor has spread to the skin, chest wall, or nearby lymph nodes.
- * **Stage 4:** The tumor has spread to the bones, lungs, liver, other distant organs, or lymph nodes far away from the breast.



What are lymph nodes?

Lymph nodes are small structures found throughout the body. They act as filters for germs, and help fight off infection and disease.

Sometimes cancer cells enter these lymph nodes. When breast cancer spreads outside the breast, it frequently spreads to the lymph nodes in the armpit first. These lymph nodes are called axillary (pronounced ak-sil-ar-ee) lymph nodes. Finding out whether or not the cancer has spread to these nodes is important and helps your doctor develop your treatment plan.

Treatment Options

Your treatment plan may include one or more of the following, depending on the the stage and type of your cancer: surgery with or without radiation, chemotherapy, other cancer drugs, and/or reconstructive surgery.

Surgery

Lumpectomy (pronounced lum-pek-tuh-mee)

During a lumpectomy, a surgeon removes the cancer including some normal breast tissue around the tumor. If cancer cells are found at any of the edges of the cancer that has been removed, it is said to have positive margins and additional surgery may be needed to remove additional tissue.

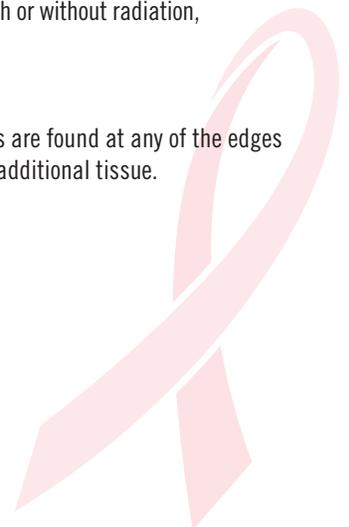
Mastectomy (pronounced mas-tek-tuh-mee)

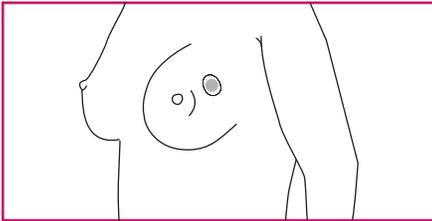
A mastectomy is the surgical removal of the breast. A mastectomy is most often recommended when:

- * there are multiple areas of cancer in your breast
- * your breast is small or shaped in such a way that removal of the cancer will leave little breast tissue
- * you do not want or cannot have radiation therapy

There are two main types of mastectomy:

- * total (formerly called simple) mastectomy
- * modified radical mastectomy.

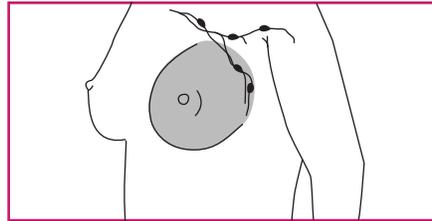




Lumpectomy (shaded area)

Lumpectomy removes:

- * cancer tumor
- * some normal breast tissue around the tumor

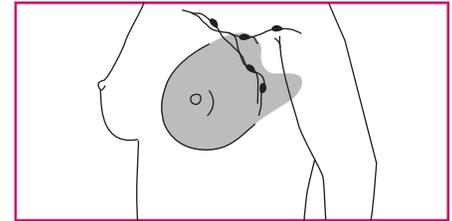


Total or simple mastectomy (shaded area)

Total mastectomy removes:

- * as much breast tissue as possible
- * some of the overlying skin of the breast
- * the nipple
- * in some cases it may be possible to save the nipple and surrounding tissue. This is called nipple sparing mastectomy

The lymph nodes in the armpit are **NOT** removed.



Modified radical mastectomy (shaded area)

Modified radical mastectomy removes:

- * as much breast tissue as possible
- * the nipple
- * the tissue lining the muscles of the chest, but not the muscles themselves
- * some lymph nodes in the armpit

Removal of Lymph Nodes

Sentinel lymph nodes are the first lymph nodes to which cancer is likely to spread. To perform a sentinel biopsy your surgeon will inject a radioactive substance, a blue dye, or both near the tumor to locate the position of the sentinel lymph node. The surgeon then uses a device that detects radioactivity to find the sentinel node or looks for lymph nodes that are stained with the blue dye. Once the sentinel lymph node is located, the surgeon makes a small incision in the overlying skin and removes the node.

If the sentinel nodes show no cancer cells, then it is very likely that the other axillary nodes will also be cancer free and the nodes will require no further treatment.

If the sentinel nodes do show cancer cells, depending on your circumstances, the surgeon may remove more lymph nodes in the armpit. The remaining nodes may be treated with chemotherapy, radiation, or hormonal therapy to control any remaining disease.

Chemotherapy

Chemotherapy uses drugs to kill cancer cells throughout the body. They affect all of the cells of the body and not just the cancer cells in your breast. Chemotherapy can be given before or after surgery. Most chemotherapy is given in the veins (IV). These treatments are usually given in an outpatient clinic such as a cancer center. Your doctor will use information about the stage and type of your cancer to decide which chemotherapy drugs are best for you.

Radiation Therapy

Radiation may be given before or after surgery. Radiation therapy uses high energy rays to kill cancer cells. The amount of radiation therapy and how often you get it depends on:

- * the size of your tumor
- * the type of surgery that you have had
- * the type of radiation you receive
- * your age and general health
- * your doctor's recommendation

Radiation therapy is usually given after a lumpectomy to decrease the risk of the cancer coming back in the breast tissue.

Hormonal Therapy

Some breast cancers have receptors on the cells that allow estrogen and progesterone, hormones in your body, to stimulate the cells to grow. If your cancer cells have these receptors, they are estrogen and/or progesterone receptor positive, and your doctor will likely prescribe hormonal therapy. This is a tablet that is given daily by mouth for five or ten years to block the effect of the hormones on the cancer cells.

Targeted Therapy

Approximately 1 out of 5 breast cancers have too much of a harmful protein that comes from a part of the cancer cell known as HER2/neu. These cancers tend to grow and spread faster than other breast cancers. Targeted cancer therapies use medications to specifically target this protein. This helps to stop breast cancer cell growth. If you are HER2/neu positive, your doctor will likely recommend a targeted immune therapy. These are drugs that are given in the veins (IV) every few weeks for a year. Your doctor will use information about the type of your cancer and your general health to determine if you are a candidate for this therapy.

Side effects of treatment

Each person responds differently to the various types of treatment. Your doctor will discuss with you the possible side effects of the recommended treatments.

Breast Reconstruction

Breast reconstruction is surgery that recreates the shape of the breast following mastectomy. Having reconstruction is a highly personal decision. Your doctor will explain which options are best for you based on:

- * your age
- * overall health
- * body type
- * lifestyle
- * treatment history
- * personal goals

Types of breast reconstruction

There are two basic types of breast reconstruction: reconstruction with implants, and reconstruction using your own tissue.

Breast reconstruction with implants

Breast implants are plastic sacs filled with liquid or gel. These devices are placed underneath the tissues of the chest to recreate a breast mound. It is usually necessary to place a temporary expander to slowly stretch the tissues over several months before inserting the permanent device. Implants are designed to last a lifetime but may fail and require surgery in the future for replacement. As with all operations, there may be complications such as infection, pain, scarring or displacement which can require further operations.

Breast reconstruction with your own tissue

Breast reconstruction with your own tissues may be done by using a flap of skin, fat and muscle moved onto the chest and shaped like a breast. The two most common methods are tissue from the abdomen (TRAM flap) or from the upper back (LAT flap). Tissue reconstructive techniques may have more complications in smokers or those with certain medical conditions. Tissue reconstruction is a major operation and also has complications such as infection, bleeding, and delayed wound healing. Recovery from these operations can take 4-8 weeks.

Breast Prosthesis

Many women choose to wear a breast prosthesis instead of having breast reconstruction after their mastectomy. A breast prosthesis is an artificial breast made of silicone gel, foam or other materials that you can wear to give your body and breast a natural shape. The prosthesis can be worn in the pocket of a special bra or placed directly on top of your skin.

Insurance Coverage

Insurance Coverage for Breast Cancer Treatment

If you are undergoing breast-cancer treatment, you should always check your individual health plan or insurance policy for coverage details. If you do not have a health insurance plan, insurance coverage through Medicaid may be available for you through the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). The following briefly explains the coverage options available under Alabama law:

Coverage of Breast Cancer Treatment through Medicaid

Breast cancer treatment is available for anyone with FULL Medicaid coverage. If you are uninsured or underinsured and have been diagnosed with breast cancer, Medicaid may cover your treatment. To qualify, you must be eligible for and approved by the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP). In addition you must meet general Medicaid eligibility criteria, including residency and citizenship requirements.

Second opinions and out of network options

Some insurance companies allow for second opinions and use of out-of-network doctors. You will need to check with your individual health plan or insurance policy for coverage details.

Reconstructive Surgery and State Health Care Programs

Medicaid and other publicly funded health care programs that cover mastectomy surgery may also cover reconstructive surgery. To qualify, the patient must be Medicaid eligible and opt for reconstruction within two years of the mastectomy.

**This information is not intended to replace the advice or recommendations of your doctor and medical team.
It was created to help you learn more about breast cancer treatment so that you can make the best possible choices about your treatment plan after talking with your doctors.**

The American Cancer Society (ACS) recommends that you have honest, open talks with your doctor. You need to feel free to ask questions. Here are some questions created by ACS that might help you decide what you need to ask your doctor. ACS recommends writing down other questions you may have so that you don't forget to ask these during your doctor's appointment.

Questions to ask your surgeon about your diagnosis...

- What type of breast cancer do I have?
- What is the stage of my breast cancer? What does that mean?
- Do I need any other tests?
- What surgery do you recommend for me?
- Will you have to take out lymph nodes?
- Will I need a breast prosthesis?
- What will my breasts look and feel like after surgery?
- How soon do I need to begin treatment?
- Should I get a second opinion?

Questions to ask your oncologist about your treatment...

- What type of treatment will I be getting?
- How long will each treatment last?
- Will I be able to work?
- Will I lose my hair?
- What risks and side effects should I expect?
- What can be done to help with the side effects?
- What drugs will I be taking?
- How will we know if a treatment is working?
- Should I think about taking part in a clinical trial?
- How do I contact you after hours?

Questions to ask your plastic surgeon about reconstruction...

- What are my breast reconstruction options?
- What type do you recommend?
- How safe are breast implants?
- Will I have scars? Where? How large?
- What are the risks of surgery?
- How long will I be in the hospital?
- Will reconstruction interfere with my other treatments?
- Can I talk with other women who have had the same surgery?

Write down the other questions you would like to ask your doctor.....

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Breast Cancer Resources

American Cancer Society 1-800-227-2345 - www.cancer.org

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National Cancer Institute 1-800-422-6237 - www.nci.nih.gov

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Susan G. Komen 1-877-465-6636 - www.komen.org

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AL Breast and Cervical Cancer Early Detection Program 1-877-252-3324
www.adph.org/earlydetection

