



PATIENT LEAFLET - BREAST CANCER

Cancer occurs when cells in the body grow and divide in an abnormal way. It is not a single disease, even within breast cancer there are several subtypes but the diagnosis and treatment has common themes with subtle differences that will be outlined below. Additional excellent material on individual types of breast cancer can be found on the breast cancer care website.

WHAT ARE THE SYMPTOMS OF BREAST CANCER?

There may be no signs or symptoms. A breast screening mammogram may reveal a suspicious mass, which will lead to further testing. A woman may also find a lump or mass during a breast self-exam. The following are possible signs of breast cancer and should immediately be reported to your GP for further evaluation:

- Lump in the breast
- Thickening of the breast skin
- Rash or redness of the breast
- Swelling in one breast
- New pain in one breast
- Dimpling around the nipple or on the breast skin
- Nipple pain or the nipple turning inward
- Nipple discharge
- Lumps in the underarm area
- Changes in the appearance of the nipple or breast that are different from the normal monthly changes a woman experiences

HOW IS BREAST CANCER DIAGNOSED?

At the breast clinic you'll probably have three different tests, known as triple assessment, to help make a diagnosis. These are:

- a breast examination
- a mammogram (breast x-ray) and/or an ultrasound scan (which uses high-frequency sound waves to produce an image)
- a fine needle aspiration (FNA) or core biopsy

Any investigations will be done by Miss Bright-Thomas or her female colleague in the X-ray department. Any needle test required will be done using local anaesthetic so it won't be painful but you will be advised to take some paracetamol or similar mild pain killers later in the day when the anaesthetic wears off.

Many women can be assessed, reassured and discharged on the first clinic visit. Even if this is not possible, and a biopsy is required, the results of these tests will be available and communicated to you within a few days after a full multidisciplinary team discussion with the radiologists (X-ray doctors) and pathologists. You will be accompanied and supported during this time by our trained breast care nurse specialist.

WHAT IS THE TREATMENT FOR BREAST CANCER?

Treatment for breast cancer is determined by the exact type of cancer and staging. Depending on the size and spread of the cancer, most women will undergo a combination of any of the following treatments:

Surgery to the breast

- Local excision if the size of the lump allows (called breast conserving surgery; lumpectomy or wide local excision) or
- Mastectomy if the lump is large relative to your breast size or if there are several abnormal areas within the breast

Surgery to the lymph nodes in the armpit

- Targeted removal of 1 or 2 lymph nodes for full assessment down the microscope (called a sentinel lymph node biopsy) if the initial ultrasound scan of the lymph nodes in your armpit is normal
- Removal of all of the lymph nodes in your armpit (called an axillary clearance) if you are found to have cancer cells within the lymph nodes before treatment begins.

Radiotherapy- Xray treatment - to the breast is used for all women who have breast conserving surgery and is used after a mastectomy where the cancer was large and high grade or with lymph node involvement. Sometimes the radiotherapy also covers the area above the collar bone as well.

Hormonal manipulation (tablets such as tamoxifen in pre-menopausal women or an aromatase inhibitor in women who have gone through the menopause) is used for at least 5 years in all women whose breast cancer cells show the oestrogen receptor on their surface. This is routinely tested for in the laboratory and these tablets are used in 85% of breast cancers. There is good information about the pros and cons of all the different tablet options on the breast cancer care website.

Chemotherapy is offered to women with breast cancers that are resistant to hormonal manipulation or where the risk of recurrence in the future is thought to be increased. Occasionally it can be useful to give chemotherapy before surgery in order to shrink down the size of a cancer to make breast conserving surgery easier. In some women it is not easy to assess the size of the benefit of chemotherapy. In this case you may be offered an additional test called the "Oncotype DX" test which is performed on the cancer after it has been removed from the body to better assess the size of the benefit to you.

Biologic therapies- such as Herceptin are used where the breast cancer cells express certain surface markers (such as the Her 2 receptor). Again further information on this is available on the breast cancer care website.

WHAT IS THE PROGNOSIS (OUTLOOK) AFTER BREAST CANCER?

The outlook for breast cancer now is generally very good because of the combination of better pre-treatment assessment, great surgical techniques, targeted use of hormonal treatments, chemotherapy and biologic agents and the management of patients with a multidisciplinary approach. Miss Bright-Thomas is a core member of the Worcestershire Breast Multidisciplinary Team and has previously been it's chairperson. She will ensure you have access to all the best treatment options available, including a full range of surgical and chemotherapy NHS trials should you be interested in this.