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B01 Invasive Breast Cancer (Treatment Options)

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You have been told that you have invasive breast cancer. We know that you will be distressed by this news and may not have been able to take in everything that your doctor or specialist nurse has told you.

This document will give you information about breast cancer and will reinforce what your doctor has told you. If there is anything you do not understand, please ask your doctor or the healthcare team.

You are now being looked after by a team of specialists dedicated to providing care for women with breast cancer. Their aim is to make sure you receive the best treatment to meet your needs. The healthcare team will take account of your views on the treatment you want to have, and will fully involve you in making decisions about your treatment. The healthcare team will not treat you without your consent.

What is breast cancer?

The breast is made up of glandular and fatty tissue. There are many lobules and ducts (tubes) that make up the glandular tissue (see figure 1).

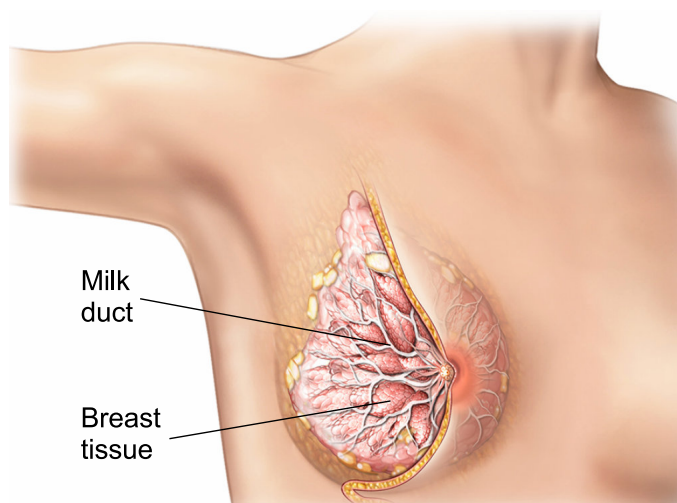


Figure 1
Cross-section of a right breast

Breast cancer is a malignant growth that starts in the glandular tissue of your breast.

About 13,000 women develop breast cancer every year in Australia. It is not known why most breast cancers develop. Only 1 in 20 breast cancers happen because it runs in the family. Oral contraceptive pills and hormone replacement therapies have not been proved to cause breast cancer.

Most small breast cancers do not cause any symptoms and can be found only by having a mammogram (breast x-ray), an ultrasound scan or a physical examination of your breast.

As the cancer gets larger it can cause a lump, dimpling of your skin, ulcers (where your skin breaks down and does not heal) or a change in the shape of your breast.

Non-invasive cancer (carcinoma in situ) is where the cancer is in the milk ducts. Invasive cancer is cancer that has grown through the ducts to the surrounding breast tissue. Invasive cancer may spread to lymph nodes (glands) in your armpit, your chest wall and to other areas of your body such as your liver, lungs or bones.

For most women treatment is aimed at you being free of breast cancer. If you cannot be cured, you can be given treatment to control the cancer.

How can invasive breast cancer be treated?

There are several different options for treating invasive breast cancer. Your treatment will depend on the size of the cancer and the level of risk that cells have spread to other areas of your body.

- Surgery to remove the cancer. Your surgeon will give you advice about breast reconstruction if you need it.
- Radiotherapy to shrink the cancer and kill off cancer cells or, after surgery, to reduce the risk of the cancer coming back in the same area.
- Hormone therapy to reduce the risk of the cancer spreading or coming back. Sometimes hormone therapy is given before surgery to shrink the cancer and kill off cancer cells.
- Chemotherapy to reduce the risk of the cancer spreading or coming back. Sometimes chemotherapy is given before surgery to shrink the cancer and kill off cancer cells.
- Biological therapy (treatment with Herceptin) to reduce the risk of the cancer spreading or coming back.

Your doctor or specialist nurse will help you to decide which treatment, or combination of treatments, is best for you.

How do I know what is the best treatment for me?

Removing the cancer by surgery gives the best chance of you being free of early breast cancer. For most women, combining surgery with other treatments will further improve the chance of you being free of early breast cancer.

If the cancer has spread to a large area of your breast, your doctor may recommend chemotherapy or hormone therapy before you have surgery. These treatments may shrink the cancer and may allow your surgeon to remove only the cancer, with a rim of tissue around the cancer, through a small cut, instead of having to remove all your breast (mastectomy).

If you have an advanced breast cancer, where the cancer has spread to other areas of your body, it is unlikely that surgery will lead to you being cured. However, treatment may control the cancer for a long time and improve your quality of life.

Some women who have other medical problems may not be strong enough to have surgery and so non-surgical treatments would be better.

You will already have had some tests to diagnose the cancer. These usually include a mammogram, a breast ultrasound, a fine needle aspiration (FNA) to remove cells, or a core biopsy to remove small pieces of tissue, and sometimes a breast MRI scan.

You may also need to have a number of routine blood tests. Depending on your symptoms and the type of cancer you have, you may need to have further tests to check other areas of your body.

Once all the information is available, your doctor will discuss the results at a team meeting with the other specialists involved in your care.

- Breast surgeons – Surgeons who specialise in breast surgery and reconstruction.
- Oncologists – Doctors who specialise in treating cancer with medication (chemotherapy) and radiotherapy.
- Radiologists – Doctors who specialise in x-rays and scans.
- Histopathologists – Doctors who examine tissue to confirm the diagnosis.

The team will recommend the best treatment for you. Your doctor or specialist nurse will discuss the recommendation with you and give you further written information to help you to decide what to do. Your breast-care nurse will also give you advice and support.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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