

Choosing your treatment

Step 1: Learn all you can

Take time to learn all you can about your type of breast cancer and your treatment options. Try not to let anyone pressure you into making a decision about your treatment before you are ready. Your breast cancer took a long time to develop and it is not going to get worse overnight. You have time to get the information you need to make the right decision. Visit the library, search the Internet, request pamphlets from health care providers and organizations that help cancer patients. Ask your doctor(s) all your questions so you may understand your options.

Step 2: Get a second opinion

It is very common to seek a second, or even a third opinion from other specialists. Some insurance companies and HMOs actually require you to get a second opinion. Most doctors will not be offended that you want a second opinion. After all, it can only add to your knowledge about your breast cancer.

Step 3: Get a medical team

Finding good doctors to work with you is the best way to decide what treatments are right for you. Most insurance plans will provide you with a list of doctors. Call the local office of the American Medical Association or go online at www.ama-assn.org to find out more about the doctors in your area. Most women with breast cancer need to make decisions about what type of breast surgery to undergo; whether to undergo radiation therapy, chemotherapy or hormonal therapy; and whether to undergo breast reconstruction. All women with breast cancer should talk with a medical oncologist to discuss their specific treatment needs, a specific treatment plan and identify who will speak for them should they be unable to speak for themselves.



Questions to ask your doctor

These are just a few of the questions that you should ask. For more questions to ask your doctor, visit www.komen.org.

- How long do I have to make a treatment decision?
- What procedures will my insurance cover?
- Which form of treatment offers me the best chance of survival?
- Where will my surgical scars be and what will they look like?
- What is my predicted outcome (or chance for recovery)?

- Will I need a blood transfusion? Can I donate my own blood?
- What side effects can I expect during each stage of treatment? How can they be managed?
- How long will I have to stay in the hospital? How much work will I miss?
- How many of my axillary nodes are involved?
- Will I need radiation therapy, chemotherapy, hormone therapy or biological therapy? Why or why not?

Types of treatment

There are two main types of breast cancer treatment: *local* and *systemic*. **Surgery** and **radiation therapy** are *local treatments* because they treat a small area of the body.

- **Lumpectomy** involves surgical removal of only the cancerous area of the breast and some surrounding normal tissue. Usually, underarm lymph nodes are also removed. This procedure is also called *breast conserving surgery*. Lumpectomy is a less invasive procedure that saves the breast. An overnight stay in the hospital may not be needed. Side effects can include temporary loss of arm movement, numbness and lymphedema (fluid build-up that causes swelling in the arm and hand on the surgery side). Although there is a chance that not all the cancer will be removed. Radiation therapy is generally required to decrease the chances of recurrence.
- **Mastectomy** involves surgical removal of the entire breast and usually some underarm lymph nodes. Side effects may include temporary soreness, loss of arm movement, numbness and lymphedema. Mastectomy is an invasive procedure, requires a short stay in the hospital and can have an emotional impact. However, radiation therapy often is not required and there are several options for reconstruction. There is a small chance that not all the cancer will be removed with a mastectomy. Studies have shown that lumpectomy and mastectomy are equal in terms of their effectiveness.
- **Radiation therapy** involves using high energy X-rays to destroy cancer in the breast, chest and axillary lymph nodes. It is most often used with lumpectomy, but may also be recommended after a mastectomy for women with four or more positive lymph nodes or women with breast cancers over 5 centimeters in size or those with close or positive margins (cancer cells close to or at the edge of the surgically removed breast.) Side effects may include fatigue, soreness and swelling in the breast area and lymphedema that may develop later. It is a *local treatment* because it treats a small area of the body.

Adjuvant therapy is used *after* local treatment to kill any cancer cells that may have escaped from the breast and spread to other parts of a woman's body. Adjuvant therapy includes chemotherapy, hormone therapy and biological therapy.

- **Chemotherapy** involves using drugs to kill cancer cells. The treatment is given 1 or 2 times a month for 3 to 6 months. Side effects can include hair loss, nausea, fatigue, early menopause, hot flashes and lowered blood counts for a short time. It is a *systemic treatment* because it treats the entire body.
- **Hormone therapy** involves using drugs to prevent your body's hormones, especially estrogen, from promoting the growth of any cancer cells that may remain after surgery. The therapy may involve taking a drug, like tamoxifen or an aromatase inhibitor, for several years. It is a *systemic treatment* because it treats the entire body.
- **Biological therapy** involves using the body's immune system to fight cancer. These therapies are relatively new and many are still being studied in clinical trials. Herceptin is a biological therapy that targets breast cancer cells that have high levels of a protein called HER2. Herceptin has been approved by the FDA to treat early stage breast cancer and certain metastatic breast cancers that contain high levels of HER2 (20 to 25 percent of breast cancer).

Neoadjuvant chemotherapy is sometimes used *before* surgery to help shrink the size of the tumor. The side effects are the same as for adjuvant chemotherapy.

Related fact sheets in this series:

- Breast Surgery
- Chemotherapy
- Hormone Therapy
- Lymphedema
- Radiation Therapy