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A LETTER TO PATIENTS

Diagnosed with Breast Cancer: Understanding your diagnosis through asking questions

Once a diagnosis of breast cancer has been made, you are sure to have a lot of questions. Take an active role in your breast cancer journey: don't be afraid to ask questions and share any concerns you may have.

In this article I will cover some frequently asked questions and try to provide additional information to help you better understand some of the details of breast cancer and the treatment thereof.

1. Are all types of breast cancer the same?

It is important to know that not all breast cancers are the same and treatment may differ between individuals. Special tests are conducted on the cancer cells in a laboratory and the results of these tests are used to help guide treatment decisions. Tests conducted on breast cancer cells may include the following:

- Oestrogen and progesterone (hormone) receptor tests:
 - i. Some types of breast cancers have oestrogen and/or progesterone hormone receptors. A receptor is a protein found inside or on the surface of a cell. If oestrogen or progesterone attach to their specific receptor, this can send a message to the DNA of the cancer cells resulting in multiplication and growth of the cancer cells.
 - ii. Breast cancers that have oestrogen receptors are called **ER positive**
 - iii. Breast cancers that have progesterone receptors are called **PR positive**
 - iv. If breast cancer cells have oestrogen and/or progesterone receptors the cancer may be referred to as **hormone receptor positive** breast cancer.
 - v. Cancers which do not have oestrogen or progesterone receptors are referred to as **hormone receptor negative** breast cancer.
- ✓ *It is very important to know the hormone receptor status of breast cancer as this will help doctors make treatment decisions. Drugs, known as endocrine therapy, can be used to prevent oestrogen and progesterone from attaching to their receptors in hormone receptor positive cancer which can prevent the cancer from growing. However, these drugs would not influence hormone receptor negative disease.*
- Human epidermal growth factor receptor 2 (HER2) receptor test: HER2 is a protein found on the surface of cells. Some types of breast cancers have higher levels than normal of HER2 which can lead to the cancer growing more quickly. HER2 positive breast cancer can be treated with specific drugs that target the HER2 protein.
- ✓ *You may have heard the term **triple-negative breast cancer**. This means that the breast cancer cells do not have oestrogen or progesterone receptors and that they also don't have high levels of HER2. Endocrine therapy and anti-HER2 drugs have no benefit in these cases.*

2. How is breast cancer treated? (Goals of treatment and the treatment journey)

The treatment of breast cancer is not the same for everyone and depends on certain factors which include:

- Type of breast cancer
- Stage of the cancer
- The patient's general health and treatment expectations

As treatment is individualised, it is important to have frequent discussions with your Oncologist about your treatment plan and goals.

Treatment of breast cancer can include one or a combination of the following treatment modalities:

- **Surgery:** The aim of surgery is to remove all the cancerous cells in the breast and axilla (armpit area). A mastectomy involves removal of the entire breast while a lumpectomy (also known as breast-conserving surgery) involves removing the cancerous mass with a margin of normal tissue. The lymph nodes, or glands, in the axilla should also be assessed as this is one of the first places that breast cancer spreads to and influences the stage of cancer. It is important to discuss the advantages and disadvantages of each type of surgery with your surgeon and oncologist.
- **Systemic therapy:** This is treatment that works throughout the body. Examples of systemic therapy include:
 - i. **Chemotherapy:** drugs that are given to kill cancer cells. Chemotherapy can be administered in a liquid form through a vein or as an injection under the skin. Other chemotherapy drugs may be given in tablet form.
 - ii. **Endocrine (or hormonal) therapy** (discussed above)
 - iii. **HER2-targeted therapy** (discussed above)
 - iv. **Immunotherapy:** a type of systemic therapy that activates your immune system and improves your body's ability to detect and kill cancer cells.
- ✓ *Sometimes a combination of the above-mentioned systemic therapies is required. For example, some patients may require chemotherapy, endocrine therapy, and HER2-targeted therapy. Based on your results, your oncologist will suggest a treatment plan most suited to your type of cancer.*
- **Radiation therapy:** high energy x-rays which kill cancer cells. Radiation is usually given after surgery to help prevent the cancer from recurring. It can also be given as supportive care to help manage pain, bleeding or discomfort caused by cancer. Radiation therapy is usually delivered once a day for a period of a few days to weeks.

All of the treatment modalities mentioned above can cause **possible side effects** and your treating doctor should discuss these in detail with you before commencing any treatment. Discuss any concerns with your Oncologist and don't hesitate to ask questions. It is very important that you understand your diagnosis and that you are involved with the decision-making process throughout your treatment journey.

In some cases, a change in the initial treatment plan becomes necessary. Possible reasons for this may include:

- The development of significant treatment-related side effects
- Cancer which is not responding to the prescribed treatment, or which progresses while on treatment
- Patient preference

Your doctor should explain the reasons why a change in management is required and discuss alternative treatment options with you.

Useful Tips

1. Keep a list of names and contact details for each member of your treatment team – this will help you to know who to contact if you have any questions or concerns
2. Keep copies of your test results
3. If possible, ask a family member or friend to join you for your appointments
4. Ask your treating doctor to refer you to a psychologist or social worker if you feel that you need additional support
5. Treatment compliance is important: taking your medication as prescribed, attending your appointments as advised and going for the necessary imaging and blood tests can all influence the outcome of your treatment.

To end off, you will feel empowered if you understand your diagnosis and the treatment journey that lies ahead, so do not be afraid or embarrassed to ask questions.