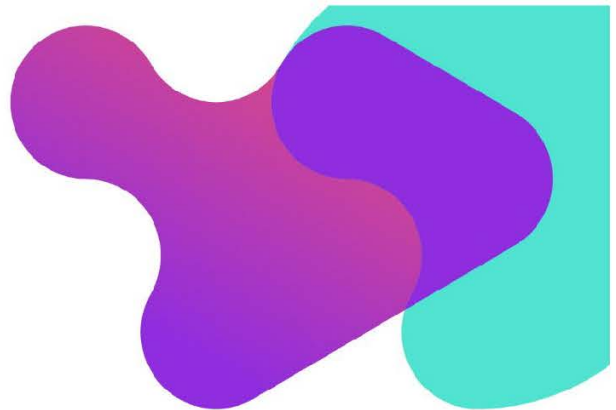


Breast Cancer

Diagnosed with Breast Cancer: Where to Start?



Dr Lindsay Anderson, Clinical & Radiation Oncologist



A LETTER TO PATIENTS

Diagnosed with Breast Cancer: Where to Start?

Overwhelmed. Terrified. Confused. These are just a few emotions which patients who have been diagnosed with breast cancer may experience. The uncertainty of the journey ahead can be very daunting. The aim of this article is to assist patients navigate through the 'information overload', one step at a time.

1. How is breast cancer diagnosed?

- In many cases, patients detect a lump in the breast or under their arm (the axilla) which prompts further investigation with a mammogram. In some cases, patients go for a routine mammogram (or screening) and a breast mass is detected. Early detection is important as breast cancer which is diagnosed early can be more successfully treated.
- If a mass looks suspicious on a mammogram, a biopsy will be performed. This involves a doctor inserting a needle into the lump to get a tissue sample. This tissue is then sent to a pathology laboratory for testing.
- If the biopsy confirms that the mass is cancerous, the next step is for the patient to be referred to a surgeon or oncologist to discuss cancer care options.

2. Breast cancer: what next

- The treatment of breast cancer is not the same for everyone and depends on a number of factors. Some of these factors include:
 - i. Stage of the cancer: is the cancer localized to the breast or has it spread to lymph nodes (glands) or other organs? The most common organs to which breast cancer spreads are the lungs, bones and liver. Your doctor may send you for x-rays or scans to establish if the cancer has spread.

- ii. Specific type of breast cancer (this is determined by special tests conducted in a laboratory and the results of which are used to help to guide treatment).
 - iii. Patient preference: you should be actively involved in all decisions regarding your treatment. Don't be afraid to ask your treating doctor/s questions.
 - Treatment of breast cancer may include surgery, chemotherapy, radiation therapy, endocrine therapy, and targeted therapy. Management of breast cancer is not the same for everyone and is individualised according to the type and stage of the disease. Other factors, such as age and patient preferences are also taken into consideration. It is important to discuss the various treatment options with your treating doctor/s.
3. The importance of credible information to empower you throughout your journey.

Misinformation can spread rapidly through unreliable websites and social media. This can lead to uncertainty and anxiety. It is very important to access trustworthy information from credible websites and resources. If you have any questions or concerns, discuss these with your treating doctor. You can also ask your doctor to recommend websites and reading material which will help you to become empowered on your breast cancer journey. Below are three websites which I recommend to my patients:

- NCCN.org, Guidelines for patients, Invasive Breast Cancer, 2023
Available from: [Guidelines Detail \(nccn.org\)](https://www.nccn.org/guidelines/guidelines_detail.asp?category=1&guideline=1)
- Breastcancer.org ([Breastcancer.org](https://www.breastcancer.org) - Breast Cancer Information and Support)

Diagnosed with Breast Cancer: Understanding your diagnosis through asking questions



Dr Lindsay Anderson, Clinical & Radiation Oncologist, April 2024

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.*

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List of links present in page

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- https://www.novartis.com/za-en/za-en/sites/novartis_za/files/Diagnosed%20with%20Breast%20Cancer%20Where%20to%20Start.pdf
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