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**EASY READING**

# If You Have Breast Cancer

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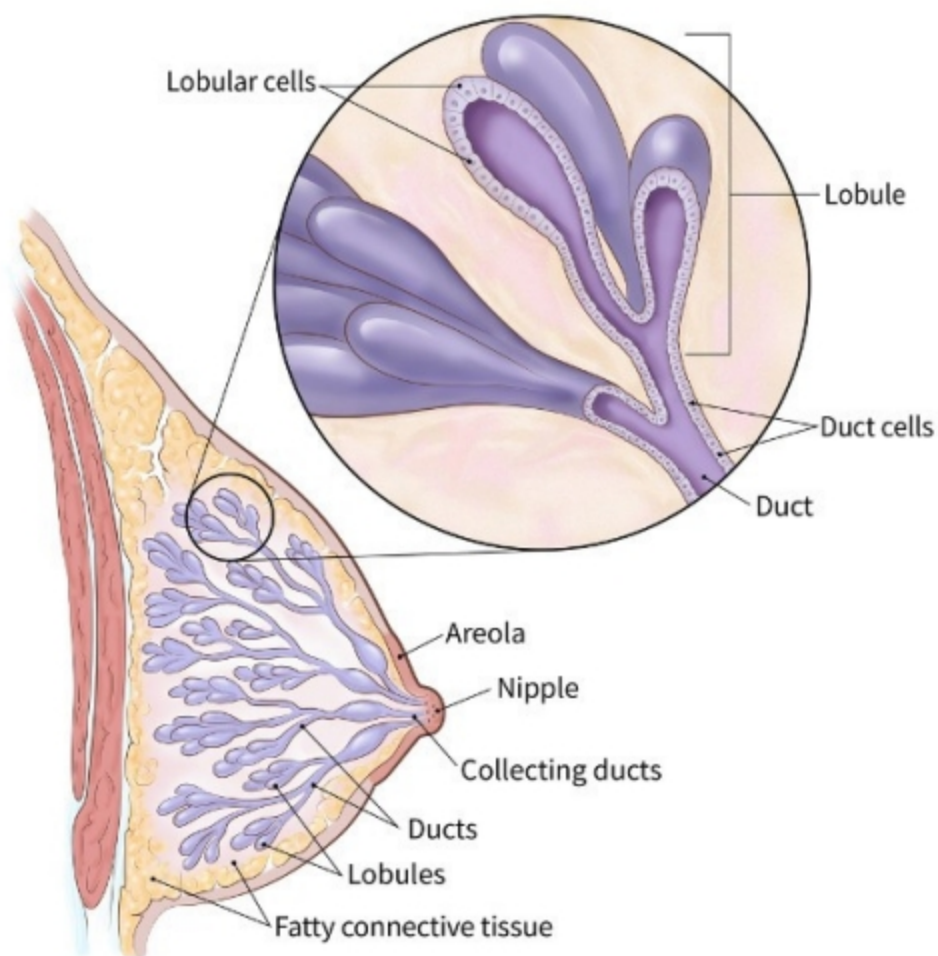
## What is breast cancer?

Breast cancer is a type of cancer that starts in the breast. It starts when cells in the breast begin to grow out of control.

Breast cancer cells usually form a tumor that can often be seen on an x-ray or felt as a lump. Breast cancer is most common in women, but [men can get breast cancer](#)<sup>1</sup>, too.

Breast cancer cells can spread to other parts of the body and grow there, too. When cancer cells do this, it's called *metastasis*.

Cancer is always named based on the place where it starts. So even if breast cancer spreads to the bones (or any other place), it's still called breast cancer. It's not called bone cancer unless it starts from cells in the bone.



## The breast

### Are there different kinds of breast cancer?

There are many [types of breast cancer](#)<sup>2</sup>. Some are very rare. Your doctor can tell you more about the type you have. Below are the medical names for the most common types of breast cancer. (Carcinoma is another name for cancer.)

#### Ductal carcinoma in situ or DCIS

[DCIS](#)<sup>3</sup> is very early breast cancer. In DCIS, the cancer cells are only found inside the milk ducts. (Ducts are the tiny tubes that carry milk to the nipple). The cancer cells have not spread through the walls of the ducts into the nearby breast tissue. Nearly all

women with DCIS can be cured.

### **Invasive breast cancer**

[Invasive breast cancer](#)<sup>4</sup> means the cancer has grown out of the place it started and started to invade nearby breast tissue. These cancers might also spread to other places in the body. Most invasive breast cancers are one of these types:

- **Invasive ductal carcinoma (IDC):** This is the most common type of breast cancer. It starts in a milk duct of the breast and grows through the wall of the duct into the nearby breast tissue.
- **Invasive lobular carcinoma (ILC):** This type of cancer starts in the milk glands, called *lobules*, and grows into the nearby breast tissue.

### **Inflammatory breast cancer (IBC)**

Many times there's no lump felt with [IBC](#)<sup>5</sup>. IBC makes the skin of the breast look red and feel warm. The skin can also look thick and pitted – kind of like an orange peel. The breast may get bigger, harder, tender, or itchy.

Because there's no lump, IBC may not show up on a mammogram. This can make it harder to find IBC early. It's more likely to spread and is harder to cure than invasive ductal or lobular cancer.

### **Triple-negative breast cancer (TNBC)**

[TNBC](#)<sup>6</sup> is invasive breast cancer that certain types of treatment won't work on. It's called *triple-negative* because the cancer cells are missing three kinds of proteins that breast cancers are tested for: estrogen and progesterone receptors (proteins that help cells respond to hormones), and another protein called HER2 (a protein that other types of breast cancer make too much of). When a breast cancer tests negative for all three of these proteins, it means the cancer might be harder to treat.

### **Questions to ask the doctor**

- Why do you think I have cancer?
- Is there a chance I don't have cancer?
- Would you please write down the kind of cancer you think I might have?
- What will happen next?

- How does the doctor know I have breast cancer?

## How does the doctor know I have breast cancer?

A change seen on your [mammogram](#)<sup>7</sup> may be the first sign of breast cancer. Or you may have found a lump or other change in your breast.

The doctor will ask you questions about your health and will do a physical exam. A breast exam is done to look for changes in the nipples or the skin of your breasts. The doctor will also check the [lymph nodes](#)<sup>8</sup> under your arm and above your collarbone. Swollen or hard lymph nodes might mean breast cancer has spread there.

If [signs are pointing to breast cancer](#)<sup>9</sup>, more tests will be done. Here are some of the [tests you may need](#)<sup>10</sup>:

**Mammogram:** This is an x-ray of the breast. Mammograms are mostly used to find breast cancer early. But another mammogram might be done to look more closely at the breast problem you might have.

**MRI scan:** MRIs use radio waves and strong magnets instead of x-rays to make detailed pictures. MRIs can be used to learn more about the size of the cancer and look for other tumors in the breast.

**Breast ultrasound:** For this test, a small wand is moved around on your skin. It gives off sound waves and picks up the echoes as they bounce off tissues. The echoes are made into a picture that you can see on a computer screen. Ultrasound can help the doctor see if a lump is a fluid-filled cyst (which is not likely to be cancer), or if it's a tumor that could be cancer.

**Nipple discharge exam:** If you have fluid coming from your nipple, some of it may be sent to a lab. There, it will be checked to see if there are cancer cells in it.

If breast cancer is found, other tests, such as a **CT (CAT) scan**, **PET scan**, or **bone scan** might be done to look for cancer spread. But not all women with breast cancer need these tests.

### Getting a breast biopsy

In a [breast biopsy](#)<sup>11</sup>, the doctor takes out small pieces of breast tissue to check them for cancer cells. A biopsy is the only way to tell for sure if you have breast cancer.

There are many types of biopsies. Ask your doctor what kind you will need. Each type has risks and benefits. The choice of which type to use depends on your own case.

Sometimes, surgery is needed to take out all or part of the lump to find out if it's cancer. This is often done in a hospital using local anesthesia (numbing medicine). You might also be given medicine to make you sleepy.

### Questions to ask the doctor

- What tests will I need to have?
- Who will do these tests?
- Where will they be done?
- Who can explain them to me?
- How and when will I get the results?
- Who will explain the results to me?
- What do I need to do next?
- How serious is my cancer?

### How serious is my cancer?

If breast cancer is found on your biopsy, the cells will be checked for certain proteins or genes that will help the doctors decide how best to treat it. You might also need more tests to find out whether the cancer has spread.

### Testing for proteins and genes

The breast cancer cells will be tested for certain proteins called [estrogen and progesterone receptors](#)<sup>12</sup>. If the cancer has these proteins, it's called a hormone receptor positive breast cancer. The cells are also tested to see if the cancer makes too much of the [HER2 protein](#)<sup>13</sup>. If it does, it's called a HER2-positive cancer. These cancers are sometimes easier to treat. If the cancer doesn't test positive for any of these proteins, it's called a triple-negative breast cancer.

The cells might also be tested for [certain genes](#)<sup>14</sup>, which can help decide if chemo might be helpful and how likely it is that the cancer will come back. Ask your doctor to explain the tests they plan to do, and what the results might mean.

### Staging breast cancer

If you have breast cancer, the doctor will want to find out how far it has spread. This is called [staging](#)<sup>15</sup>. Your doctor will want to find out the stage of your cancer to help decide what type of treatment is best for you.

The stage describes the spread of the cancer through the breast. It also tells if the cancer has spread to other organs of your body that are close by or farther away.

Your cancer can be stage 1, 2, 3, or 4. The lower the number, the less the cancer has spread. A higher number, like stage 4, means a more serious cancer that has spread beyond the breast. Be sure to ask the doctor about the cancer stage and what it means for you.

### Questions to ask the doctor

- Do you know the stage of the cancer?
- If not, how and when will you find out the stage of the cancer?
- Would you explain to me what the stage means in my case?
- Based on the stage of the cancer, how long do you think I'll live?
- Do you know if my cancer has any of these proteins: estrogen receptor, progesterone receptor, or the HER2 protein?
- What does it mean if my cancer has any of these proteins?
- What will happen next?

### What kind of treatment will I need?

There are many [ways to treat breast cancer](#)<sup>16</sup>.

Surgery and radiation are used to treat cancer in a specific part of the body (such as the breast). They do not affect the rest of the body.

Chemotherapy, hormone treatment, targeted therapy, and immunotherapy drugs go through the whole body. They can reach cancer cells almost anywhere in the body.

Doctors often use more than one treatment for breast cancer. The treatment plan that's best for you will depend on:

- The cancer's stage and grade (how much the cancer cells look like normal cells)
- If the cancer has specific proteins, like the HER2 protein or hormone receptors
- The chance that a type of treatment will cure the cancer or help in some way

- Your age
- Other health problems you have
- Your feelings about the treatment and the side effects that come with it

## **Surgery for breast cancer**

Most women with breast cancer have some type of [surgery](#)<sup>17</sup>. Common types of breast surgery are lumpectomy, mastectomy, and taking out lymph nodes from the underarm. Women who have a mastectomy may also decide to have the breast shape rebuilt, either at the same time or later on.

### ***Choosing between lumpectomy and mastectomy***

Lumpectomy only takes out the lump and a little bit around it. It lets you keep most of your breast. The downside is that you'll most likely need radiation treatment after surgery. But some women who have a mastectomy also need radiation afterward.

When choosing between a lumpectomy and mastectomy, be sure to get all the facts. At first you may think that a mastectomy is the best way to “get it all out.” Some women tend to choose mastectomy because of this. But in most cases, lumpectomy is just as good as mastectomy. Talk to your cancer care team. Learn as much as you can to make the right choice for you.

### ***Reconstructive surgery***

If you have a mastectomy, you may want to think about having your breast shape rebuilt. This is called [breast reconstruction](#)<sup>18</sup>. It's not done to treat the cancer. It's done to build a breast shape that looks a lot like your natural breast.

If you're going to have a mastectomy and are thinking about having reconstruction, you should talk to a plastic surgeon before the mastectomy is done. Your breast can be rebuilt at the same time the mastectomy is done or later on.

### ***Side effects of surgery***

Any type of surgery can have risks and side effects. Be sure to ask the doctor what you can expect. If you have problems, let your doctors know. Doctors who treat women with breast cancer should be able to help you with any problems that come up.

## Radiation treatments

[Radiation](#)<sup>19</sup> uses high-energy rays (like x-rays) to kill cancer cells. This treatment may be used to kill any cancer cells that may be left in the breast, chest, or armpit after surgery.

There are 2 main ways radiation can be given. It can be aimed at the breast from a machine outside the body. This is called *external beam radiation*. Or, radioactive seeds can be put right into the breast tissue near the cancer. This is called *brachytherapy*.

### **Side effects of radiation treatments**

If your doctor suggests radiation treatment, talk about what side effects you might have. Side effects depend on the type of radiation that's used. The most common side effects of radiation are:

- Skin changes where the radiation is given
- Feeling very tired (fatigue)

Most side effects get better after treatment ends. Some might last longer. Talk to your cancer care team about what you can expect.

## Chemo

Chemo is the short word for [chemotherapy](#)<sup>20</sup> – the use of drugs to fight cancer. The drugs may be given into a vein or taken as pills. These drugs go into the blood and spread through the body. Chemo is given in cycles or rounds. Each round of treatment is followed by a break. Most of the time, 2 or more chemo drugs are given. Treatment often lasts for many months.

### **Side effects of chemo**

Chemo can make you feel very tired, sick to your stomach, and cause your hair to fall out. But most of these problems go away after treatment ends.

There are ways to treat most chemo side effects. If you have side effects, be sure to talk to your cancer care team so they can help.

## Hormone treatment



Estrogen is the female hormone that your body makes until you go through menopause. After that, the body still makes it but in much smaller amounts. Even these small amounts are enough to cause some breast cancers to grow. Drugs that block the effect of estrogen or cut down estrogen levels can be used to treat these breast cancers. Drugs like this are a type of [hormone treatment](#)<sup>21</sup>.

Hormone treatment can also be used to help lower the risk of your cancer coming back after treatment. If you have already gone through menopause, you might be given a drug called an *aromatase inhibitor* to lower estrogen levels. These are pills that are taken once a day for 5 to 10 years after surgery. Another drug called *Tamoxifen* is also sometimes used. It can be taken even if you have not gone through menopause.

There are also other drugs and other ways to lower estrogen to help treat breast cancer. Ask your doctor to tell you about any drugs you are given.

### **Targeted therapy**

[Targeted therapy](#)<sup>22</sup> drugs may be used for certain types of breast cancer, like those that make too much of the HER2 protein. These drugs affect mainly cancer cells and rarely normal cells in the body. They may work even if other treatment doesn't. They tend to have different side effects than chemo.

#### ***Side effects of targeted therapy***

Targeted therapy for breast cancer can cause many different side effects, depending on which drug is used. A serious side effect that can happen with drugs that target the HER2 protein is damage to the heart. Your doctor will watch you closely for this and check your heart regularly.

### **Immunotherapy**

[Immunotherapy](#)<sup>23</sup> is treatment that boosts your own immune system to attack the breast cancer cells. These drugs may be given into a vein, given as a shot, or taken as pills.

### **Clinical trials**

Clinical trials are research studies that test new drugs or other treatments in people. They compare standard treatments with others that may be better.

Clinical trials are one way to get state-of-the-art cancer treatment. They are the only way for doctors to find better ways to treat cancer. If your doctor can find one that's

looking at the kind of cancer you have, it's up to you whether to take part. And if you do sign up for a clinical trial, you can always stop at any time.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials. See [Clinical Trials](#)<sup>24</sup> to learn more.

### **What about other treatments that I hear about?**

When you have cancer you might hear about other ways to treat the cancer or treat your symptoms. These may not always be standard medical treatments. These treatments may be [vitamins, herbs, special diets, and other things](#)<sup>25</sup>. You may wonder about these treatments.

Some of these are known to help, but many have not been tested. Some have been shown not to help. A few have even been found to be harmful. Talk to your doctor about anything you're thinking about using, whether it's a vitamin, a diet, or anything else.

### **Questions to ask the doctor**

- What treatment do you think is best for me?
- What's the goal of this treatment? Do you think it could cure the cancer?
- Will treatment include surgery? If so, who will do the surgery?
- What will the surgery be like?
- Will I need other types of treatment, too?
- What's the goal of these treatments?
- What side effects could I have from these treatments?
- What can I do about side effects that I might have?
- Is there a clinical trial that might be right for me?
- What about special vitamins or diets that friends tell me about? How will I know if they are safe?
- What should I do to be ready for treatment?
- Is there anything I can do to help the treatment work better?
- What's the next step?
- What will happen after treatment?

### **What will happen after treatment?**

You'll be glad when treatment is over. For years after treatment ends, you will see your cancer doctor. Be sure to go to all of these [follow-up visits](#)<sup>26</sup>. You will have exams, blood tests, and maybe other tests to see if the cancer has come back.

At first, your visits may be every few months. Then, the longer you're cancer-free, the less often the visits are needed.

If you still have a breast (or part of one), you'll need to get a mammogram every year. Depending on your treatment, you might need other tests as well, such as yearly pelvic exams or bone density tests.

Having cancer and dealing with treatment can be hard, but it can also be a time to look at your life in new ways. You might be thinking about how to improve your health. Call us at 1-800-227-2345 or talk to your cancer care team to find out what you can do to feel better.

You can't change the fact that you have cancer. What you can change is how you live the rest of your life – making healthy choices and feeling as well as you can.

## Hyperlinks

1. [www.cancer.org/cancer/breast-cancer-in-men.html](http://www.cancer.org/cancer/breast-cancer-in-men.html)
2. [www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/types-of-breast-cancer.html](http://www.cancer.org/cancer/breast-cancer/understanding-a-breast-cancer-diagnosis/types-of-breast-cancer.html)
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## Words to know

**Biopsy** (BY-op-see): taking out a small piece of tissue to see if there are cancer cells in it

**Breast reconstructive surgery:** surgery that is done after a mastectomy to make a breast shape that looks like the natural breast. Also called **breast reconstruction**.

**Ducts:** small tubes in the breast that carry milk to the nipple

**DCIS** or **ductal carcinoma in situ** (DUCK-tul CAR-sin-O-muh in SY-too): cancer that starts in the duct cells but has not grown through the duct walls into other tissue

**Estrogen** (ES-tro-jin): the female hormone that a woman's body makes until change of life

**IBC or inflammatory breast cancer:** a rare type of breast cancer; often there's no lump or tumor

**IDC or invasive ductal carcinoma** (in-VAY-siv DUCK-tul CAR-sin-O-muh): breast cancer that starts in a duct and grows through the wall of the duct. It can spread to other parts of the body.

**ILC or invasive lobular carcinoma** (in-VAY-siv LOB-you-lur CAR-sin-O-muh): breast cancer that starts in the milk glands (lobules). It can spread to other parts of the body.

**LCIS or lobular carcinoma in situ** (LOB-you-lur CAR-sin-O-ma in SY-too): a breast change that starts in the milk glands (lobules) and has not grown through the wall of the lobules; having LCIS increases a woman's breast cancer risk

**Lobules** (LOB-yules): the glands in a woman's breasts that make milk

**Lumpectomy** (lum-PECK-tuh-me): surgery to remove the breast tumor and a small amount of normal tissue around it. Also called **breast conservation surgery** or **partial mastectomy**.

**Mastectomy** (mas-TEK-tuh-me): surgery to remove all of the breast and sometimes other nearby tissue

**Metastasis** (muh-TAS-tuh-sis): the spread of cancer cells from where they started to other places in the body

### How can I learn more?

We have a lot more information for you about breast cancer, as well as day-to-day help and emotional support every step of the way. Visit [www.cancer.org](http://www.cancer.org) to learn more. Or, you can call our **toll-free number 24 hours a day, 7 days a week at 1-800-227-2345** to talk to one of our cancer information specialists.

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