

Treating Breast Cancer- A Quick Guide



Contents

This is a brief summary of the information on 'Treating breast cancer' from CancerHelp UK. You will find more detailed information on the website.

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TNM breast cancer staging

What staging is

Staging describes the size of the cancer and whether it has spread to lymph nodes or other parts of the body. Finding the stage is important because it helps your breast cancer specialist to decide on the best

treatment for you. The staging system normally used in breast cancer is called TNM, which stands for 'tumour, node, metastasis'. So TNM staging takes into account the size of the tumour, whether the cancer has spread to nearby lymph nodes, and whether it has spread to other parts of the body (metastasis).

The TNM stages of breast cancer

The T stages are numbered 1 to 4 and describe the size of the tumour. The N stages are numbered 0 to 3. They describe which lymph nodes are affected, if any. The M stages are M0 (no sign of cancer spread) and M1 (cancer has spread to another part of the body).

How TNM fits together

Your doctor will put these 3 TNM results together to give you your overall stage. So, for example, you might see a tumour described as T2 N0 M0. This would be a single tumour 2 to 5 cm across, with no evidence of spread to any lymph nodes and no evidence of spread outside the breast.

Number stages of breast cancer

Doctors divide breast cancer into 4 number stages. The stages take into account the size of the tumour, whether the cancer has spread into the nearby lymph nodes, and



whether the cancer has spread to another part of the body.

Doctors usually make decisions about treatment for breast cancer according to the TNM stage and the grade of the cancer. They also sometimes put staging information into a formula called the Nottingham Prognostic Indicator (NPI), or computer programmes such as Adjuvant Online, to give some idea of how well treatment may work for an individual person with cancer.

Statistics and outlook for breast cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. With breast cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage). The grade can also be important.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of breast cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

Types of treatment for breast cancer

The main treatments for breast cancer are surgery, radiotherapy, hormone therapy, chemotherapy and biological treatments. You may have a combination of some of these treatments, depending on your situation. Your doctor will take many different factors into account when deciding which treatment you need. Some of the factors they consider are

- The type of breast cancer you have
- The size of your breast tumour
- The stage of your breast cancer
- The grade of your cancer cells
- Whether you have had your menopause
- Whether your cancer cells have particular receptors
- Your general health

Stage and grade

The stage of your breast cancer means how big it is and whether it has spread. Grade means what the cancer cells look like under the microscope. Breast cancers can be low grade (grade 1, slow growing), intermediate grade (grade 2), or high grade (grade 3, faster growing).

Surgery for breast cancer

Types of breast cancer surgery

Before any operation your surgeon will talk to you about the most appropriate type of surgery in your case. Remember - no operation is done without your consent. The type of surgery you have depends on the size of the cancer in your breast, whether it has spread to any other part of your body, the size of your breasts and your personal wishes. You may need to



have the whole breast removed (mastectomy), only the lump removed (lumpectomy or wide local excision), or part of the breast removed (quadrantectomy).

We have more information about the different types of surgery on CancerHelp UK.

You may also need radiotherapy afterwards, particularly with breast conserving surgery. Breast conserving surgery means taking away just the cancer, and leaving behind as much healthy breast tissue as possible. It includes lumpectomy and quadrantectomy.

Some women want to keep their breast at all costs. Others want a mastectomy, because they want to feel the cancer has gone or they prefer not to have radiotherapy. Both treatment approaches work equally well for early breast cancer.

Checking the lymph nodes under the arm

Your surgeon may remove some lymph glands from under your arm, to see if they contain cancer cells. Or they may inject a small amount of radioactive fluid and a dye into the area of cancer to find the first node (or nodes) that lymph fluid goes to from the tumour. Checking the nodes in this way is called sentinel node biopsy. If the nodes contain cancer cells, your surgeon will want to remove all, or most, of the remaining nodes from under your arm.

Having your breast cancer operation

Before your operation you may need to have some tests to check your general health. Your surgeon, anaesthetist and breast care nurse will talk to you in detail about what will happen during the surgery.

Do ask as many questions as you need to. The more you know about what is going to happen, the less frightening it will seem.

Immediately after your operation

When you wake up, you will have some tubes going into your body. You may have drips to give you blood transfusions or fluids until you are eating and drinking again. You may also have one or more drains to take fluid away from your wounds. The wound will be covered with a dressing.

Painkillers

Surgery to the breast and armpit can be very sore at first. You may have pain for the first week or so, but it is usually possible to control this with painkillers. Some hospitals may give you an electronic pump, attached to your drip, with painkillers in it. Gradually, you will start to feel less sore.

Going home

If you have a wide local excision, you will probably go home the same day or the next day. If you have a mastectomy, you will probably be able to go home after 2 to 3 days. Ask your nurse or surgeon about what you should expect to be able to do when you get home.

After your breast cancer operation

Exercises

After a mastectomy or surgery to your armpit, there are exercises to help you recover. Do them until you have full movement back in your arm and shoulder.

Don't lift or carry anything heavy, or drive while your scars heal up. Until your



surgeon has given you the okay, don't do any housework (such as vacuuming, mopping or cleaning) with your affected arm.

Your false breast

If you have had a mastectomy, you'll have a lightweight artificial breast shape (prosthesis) to put inside your bra. After about 4 to 6 weeks you will be ready for your permanent prosthesis. Many types of artificial breast shapes are available free on the NHS. Your artificial breast shape sits inside your bra. Women who have had part of a breast removed can use a partial prosthesis or a shell prosthesis.

Possible problems after surgery

After surgery some women may have problems with wound infection, or with fluid collecting around the operation site (known as a seroma). Numbness or tingling in the upper arm is normal at first but should go after a few weeks or months. Swelling of the arm or hand is also normal at first, but needs treatment if it does not go away. If you are worried about any of these, contact your surgeon or breast care nurse.

About breast reconstruction

Breast reconstruction is surgery to make a new breast shape after mastectomy. A mastectomy means that the surgeon removes all your breast tissue, and most of the skin covering it. The main ways of making a new breast are

- An implant under the skin or muscle that covers your chest
- Reconstruction with your own living tissue, taken from another part of your body

- A combination of your own tissue and an implant

You will need to speak to your surgeon or breast care nurse to find out which type of reconstruction is suitable for you.

Some women have breast reconstruction if they have part of the breast removed.

When to have breast reconstruction

You can have reconstruction at the same time as your breast cancer surgery or later. We have more information about the benefits and drawbacks of each approach on CancerHelp UK.

How to find a surgeon

Reconstruction is very specialist surgery. So it is very important to have your reconstruction done by a breast or plastic surgeon who is experienced in these techniques. To find an experienced surgeon locally, talk to your breast cancer consultant or GP.

Types of breast reconstruction

There are three main options for breast reconstruction. You can have

- An implant put in to replace all or some of your breast tissue.
- A breast shape made from your own body tissue
- A combination of implant and body tissue reconstruction

All the reconstruction methods create a smooth breast shape with no nipple.

How to choose

There are pluses and minuses to each type of reconstruction. This is something you



can talk to your plastic surgeon or breast care nurse about. We have information about the main points to consider on CancerHelp UK.

Recreating a nipple

If you want to have a new nipple made, there are a few options. You could have a tattoo to darken the area where the nipple would be, a new nipple created from your own body tissue or the opposite nipple, or a stick on latex nipple made from a cast of your remaining nipple. All the options create the appearance of a nipple. But it won't have any feeling and won't stand up when cold or touched as a real one would.

Surgery to your other breast

Your surgeon will aim to make your new breast match your other breast as closely as possible. But about 1 in 3 women will need surgery to their opposite breast to make it match their new one.

Breast reconstruction using implants

Two main types of implant are available. They are both made of a silicone rubber envelope. One is filled with silica gel and the other with sterile salt water (saline).

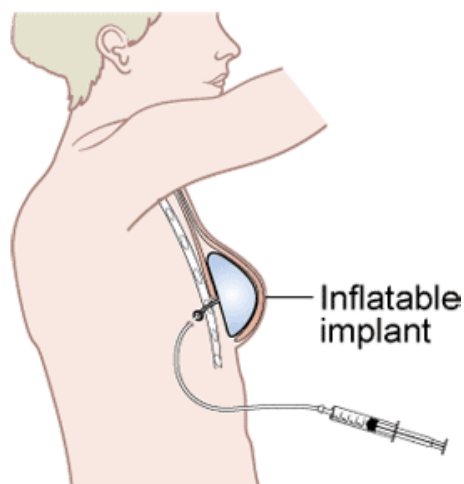


Diagram of an inflatable breast implant
© CancerHelp UK

Implant surgery is the simplest way of making a new breast. One advantage is that there is very little scarring. But the breast won't feel as natural as it would if made with living tissue. Even though silicone is safe, the implant is a foreign body and your own body may form a capsule around it. In some women, over many years, this may make the breast feel hard and uncomfortable and distort its shape. So further surgery may be needed – this is more likely than with body tissue reconstruction.

There are two ways to have implant surgery. Neither type is suitable for everyone. You may be able to have an implant put in under your chest muscles at the time of your cancer surgery. Or you can have a tissue expansion. With this type of reconstruction your skin and chest muscles are slowly stretched, then the surgeon puts an implant of the right size underneath. We have more information about implant surgery and tissue expansion on CancerHelp UK.

Breast implants and risk of other diseases

There has been concern that implants filled with silica gel can cause connective tissue diseases or autoimmune diseases. But many studies have been done and they all show that there are no more cases of these diseases in women who have had silica gel breast implants than in the general population. So there is no evidence that silicone is the cause of these illnesses in women who have had implants.



Breast reconstruction using body tissue

There are different techniques that surgeons can use to make a new breast. You may be able to have flap reconstruction. This means that skin, fat and muscle (a flap) is taken from another part of your body and made into a breast shape. The flap needs a good blood supply to survive. The surgeon will either leave the flap connected to its original blood vessels or reconnect it to blood vessels under your arm or in the chest wall.

You can have flap reconstruction at the same time as mastectomy or as a delayed reconstruction. If you need radiotherapy after the mastectomy, this won't affect the flap straight away. But it is likely to cause changes to the reconstructed breast in future.

Other types of reconstruction uses only skin and fat to make the breast shape. This may be taken from the abdomen, the buttock the thigh or the back. There is more information about these techniques on CancerHelp UK.

Fat grafting to reshape the breast

Fat grafting may be used after breast reconstruction to slightly adjust the shape of the breast. Deposits of fat are removed from one area of the breast and injected into dents in the reconstructed breast to give a normal shape. Fat can also be taken from another part of the body using the liposuction technique.

Possible problems with breast reconstruction

Problems just after surgery

Some women have complications right after breast reconstruction surgery, such as wound infection, fluid under the wound (seroma), or pain and discomfort. One serious problem with body tissue reconstruction is that the flap may die. If your flap fails completely, you have to wait 6 to 12 months before you can try to have reconstruction again. This only happens to a small number of women.

Longer term problems with body tissue reconstruction

If there is a problem with blood supply, part of the flap tissue can die off over time. The area becomes painful and hard, then shrinks into a hard scar within the breast. You may also end up with a smaller breast.

After abdominal flap reconstruction there is a small risk of a hernia in the future. A hernia is when the structures behind push through the muscle wall. You may also get little folds of skin and fat at either end of your abdominal scar. You may need a small operation or liposuction to get rid of them.

Longer term problems with implant reconstruction

A fibrous capsule may form around the implant. The capsule can shrink, squeezing the implant. This happens in about 1 in 6 patients. It makes the breast painful and hard, and changes its shape. You may have to have the implant taken out. Many women worry about the implant developing a leak, but this is very unlikely unless you have a major injury to the breast. A leak can make the lymph glands under your arm swell up, but it doesn't usually cause any more problems than that.



What to ask your doctor about breast cancer surgery

Breast cancer surgery is a complex topic. There are many different questions that you might want to ask. CancerHelp UK lists questions you might want to take with you to your appointments. There are separate sets of questions covering

- Before surgery
- If you need a mastectomy
- After surgery
- Breast reconstruction

Lymphoedema after breast cancer treatment

Lymphoedema (pronounced lim-fo-dee-ma) is chronic swelling, usually of an arm or leg. Cancer or its treatment can affect the fluid drainage channels of the lymphatic system. Fluid doesn't drain in the normal way, so the area swells.

After breast cancer treatment such as removal of lymph nodes or radiotherapy to the armpit, about 1 in 5 people will have lymphoedema of the arm. If lymphoedema is not treated, it will get worse. It can be painful and make it difficult to move your arm.

Preventing lymphoedema

After treatment, some things can increase your risk of lymphoedema. These include infection in a cut or graze, insect bites, severe sunburn, and putting too much strain on your arm too early. CancerHelp UK has information on ways of helping to prevent lymphoedema. You will need to follow these for the rest of your life.

Treating lymphoedema

Lymphoedema cannot be completely cured. But the symptoms can be treated.

Treatment is with elastic sleeves or bandages, or with special massage and exercises. It may take a few weeks to work. At the first signs of swelling in your arm you should see a doctor or nurse. Coping with lymphoedema isn't easy, but there are lots of organisations offering help and support.

Radiotherapy for breast cancer

About breast cancer radiotherapy

Radiotherapy is cancer treatment using radiation. It is used often to treat breast cancer. After breast surgery, radiotherapy can lower the risk of the cancer coming back in the breast.

How and where you have treatment

You have your treatment in the hospital radiotherapy department. You may have treatment once a day, from Monday to Friday, with a rest at the weekend. This means you will have to travel to the hospital every weekday. The course of treatment usually lasts either 3 or 5 weeks. At your first visit you lie under a CT scanner or a large machine called a simulator. The doctors use this to plan your treatment. You will have one or more small tattoos made on your skin. The radiographers use these to line up the radiotherapy machine accurately each time. You may also have marks drawn on your body with a felt tip pen.

Each treatment only takes a few minutes. The treatment doesn't hurt, and it does not make you radioactive.

More rarely radioactive tubes are put into the breast tissue area of the breast where the cancer was removed. This is called internal radiotherapy or brachytherapy.



The picture below show you what a simulator looks like.



Breast cancer radiotherapy side effects

Side effects during treatment

Radiotherapy sometimes causes side effects during the treatment. You may have reddening and soreness of the skin, discomfort and swelling of your breast, or tiredness. These effects start to get better when your treatment ends. But you may feel tired for some months afterwards.

Effect on other treatments

Radiotherapy may mean that you can't have some types of breast reconstruction surgery because radiotherapy can reduce the blood flow to the breast tissue. Some reconstruction techniques need a very good blood flow.

After your treatment

The radiotherapy may have some lasting effects on your skin and any breast tissue left behind after surgery. The remaining breast tissue may feel firmer and may gradually shrink. In some women it becomes tender. You may get small red

marks on your skin caused by tiny broken blood vessels. This is nothing to worry about.

If your breast becomes swollen, see your doctor or breast care nurse. The radiotherapy may have caused problems with the natural drainage of the tissues. This is called lymphoedema.

Long term side effects

By far the most common long term side effects are the changes in appearance described above. Improved radiotherapy techniques mean more serious side effects are much rarer now. If you are worried about side effects, talk to your radiotherapy specialist and breast care nurse or look in the 'radiotherapy' section of CancerHelp UK.

What to ask your doctor about breast cancer radiotherapy

- Why are you recommending radiotherapy for me?
- Is there another treatment I could have instead?
- What will the treatment involve and how long will it last?
- Which areas will be treated?
- Will I have any side effects when I am having the treatment?
- Will I have to be off work for the whole course of treatment?
- Can I get help with travelling costs to and from the hospital?
- What are the long term side effects?
- What is the risk of me having long term side effects?



- Will having radiotherapy affect my chances of having breast reconstruction later?
- Is there a number I can ring if I'm worried about anything?

Chemotherapy for breast cancer

About chemotherapy for breast cancer

Chemotherapy means treatment with drugs that kill cancer cells. For breast cancer, you may have chemotherapy

- Before surgery to shrink a tumour down
- After surgery to reduce the chance of it spreading or coming back
- As treatment for breast cancer that has spread or come back

How you have chemotherapy

You may take some chemotherapy drugs as tablets or capsules, but most of them are injected into a vein. Usually you have a combination of about 3 chemotherapy drugs together. But in some circumstances, you may have one on its own. We have information about the common drugs on CancerHelp UK.

You have chemotherapy as a course of treatment. Often, you have the drugs for between 1 and 5 days, then have a break for 3 to 4 weeks. This makes up one 'cycle'. Then the cycle begins again. You may have up to 8 treatment cycles. So a complete course of treatment can take up to 8 months.

You are most likely to have your chemotherapy treatment in the outpatient department. But you may have to spend a few days in hospital.

Talk to your specialist about any other tablets or medicines you take while you are on active treatment, including herbal or alternative remedies and dietary supplements. There is a chance they might interact with your chemotherapy drugs.

Breast cancer chemotherapy side effects

Chemotherapy affects different people in different ways. Not all chemotherapy drugs cause the same side effects and some people have very few side effects. Your doctor can tell you what may happen, but can't tell beforehand what treatment will be like for you.

Chemotherapy can lower the number of healthy white blood cells, red blood cells and platelets you have. This can mean you are more likely to get infections, feel more tired than usual or have bleeding problems. Tiredness or fatigue is the most common side effect of chemotherapy. Tiredness may continue for some months after your treatment has ended. Other side effects can include feeling sick or being sick, hair loss or thinning, sore mouth, diarrhoea, changes to your periods, and sore eyes.

Tell your doctor if you have side effects. Often there are treatments that can help.

We have information about the side effects of specific chemotherapy drugs for breast cancer on CancerHelp UK.

Long term side effects

If you have not had your menopause, you need to know that chemotherapy can affect your ability to get pregnant. Your periods may stop. They may start again 6 months to a year after your treatment finishes. Or



they may never start again and you may have an early menopause.

What to ask your doctor about breast cancer chemotherapy

- Why do I need chemotherapy?
- How will I feel during chemotherapy?
- Is there another treatment I can have instead?
- What do you hope the chemotherapy will do for me?
- Are there any long term side effects?
- Do I have any choice of treatment?
- Is there a treatment that won't make my hair fall out?
- Is there a treatment that won't make me infertile?
- What drugs will I have?
- What effect will the drugs have on the cancer?
- How will chemotherapy affect my immune system?
- Can I take anything to help boost my immune system?
- How long will my course of treatment be?
- What side effects can I expect?
- How can I reduce the side effects?
- What can I do to help myself feel well during chemotherapy?
- What other support is available?
- How will I know if I get an infection?
- Who should I call if I get an infection while I am having chemotherapy?

Hormone therapy for breast cancer

Types of breast cancer hormone therapy

The female hormones oestrogen and progesterone can trigger the growth of some breast cancer cells. So some drugs or

treatments are used to lower the levels of oestrogen and progesterone or block their effects. You may have hormone therapy before or after surgery, or to treat breast cancer that has come back.

It is most common to have hormone therapy after surgery. Hormone treatment has been proven to reduce the risk of oestrogen receptor positive breast cancer coming back. You usually take it for 5 years.

If your breast cancer cells don't have oestrogen receptors, hormone therapy is unlikely to work and your specialist may suggest you have chemotherapy after surgery instead.

There are three main types of hormone therapy. These are

- Aromatase inhibitors, such as anastrozole, exemestane and letrozole
- A drug called tamoxifen
- Stopping the ovaries from working with either surgery or luteinising hormone releasing hormone (LHRH) blockers such as goserilin (Zoladex)

Each type of hormone therapy works in a slightly different way. Which one is best for you depends mainly on whether or not you have had your menopause.

There is more information about these different types of hormone therapy on CancerHelp UK.

Breast cancer hormone therapy side effects

Hormone therapy affects people differently. Some people have more side effects than others. Many women find that the side effects are worse at the start of treatment.



They usually settle down after a few weeks or months.

Some side effects are common to most hormone therapies used to treat breast cancer. These include hot flushes, changes to your periods, less interest in sex, vaginal dryness, feeling sick, painful joints, mood changes and tiredness.

Possible longer term side effects

There are a few longer term side effects of hormone treatments. Drugs called aromatase inhibitors can cause bone thinning. This can make you more likely to break a bone. You will probably have tests to check the strength of your bones (bone density) before you start treatment. Your doctor may also give you calcium and vitamin D supplements to help lessen the effect on your bones.

If you are taking tamoxifen, there is a very small risk of developing cancer of the womb. If you have any abnormal bleeding you should see your doctor and get your symptoms checked. The type of womb cancer caused by tamoxifen is nearly always curable. This risk is outweighed by the benefit of tamoxifen in reducing the chance of the cancer coming back.

What to ask your doctor about breast cancer hormone therapy

- How do you decide which hormone treatment is best for me?
- Are hormone treatments safe?
- What side effects might I have during my treatment?
- Will there be long term side effects?
- What are the benefits to me of taking hormone therapy?

- How long should I take hormone tablets for?
- Is there anything that can help with side effects?
- Are there any other drugs I can have instead of tamoxifen?
- Should I have tamoxifen or an aromatase inhibitor or a combination?

Biological therapy for breast cancer

Biological therapy is treatment with substances that are made naturally in the body or that can block the growth of cancer cells. Herceptin (trastuzumab) is the most common biological therapy used for breast cancer.

What Herceptin is

Between 20 and 25 out of every 100 patients with breast cancer (20 to 25%) are likely to respond to treatment with Herceptin. Their cancer cells have a large amount of a protein called HER2 or erbB2. Herceptin blocks signals from the protein that tell these cancer cells to grow. Herceptin also increases the effect of chemotherapy drugs on breast cancer cells.

Other biological therapies for breast cancer

Lapatinib (Tyverb) is sometimes used with a drug called capecitabine (Xeloda) for advanced breast cancers that have receptors for lapatinib on their cells. Doctors are also researching it for early breast cancer and inflammatory breast cancer. Sunitinib (Sutent) and everolimus (Afinitor) are being researched in trials to see if giving them with chemotherapy gives better results than chemotherapy on its own.



Breast cancer follow up

After treatment for breast cancer you will have regular check ups and mammograms. These may continue for several years. At the appointments your doctor or breast care nurse will ask how you are getting over your treatment, check your other breast, ask you how you are feeling, and investigate any new symptoms, if you have them.

You can contact a breast care nurse between appointments if you need to. The breast care nurse is a source of support and advice and can arrange extra appointments at the breast clinic if you are worried about anything. Let your doctor or breast care nurse know as soon as possible if you have any problems. Or if you notice any new symptoms between check ups.

What happens during check ups?

Your doctor will examine you and ask how you have been feeling. This is your chance to ask about anything that has been worrying you. You may have blood tests from time to time. You may have occasional X-rays. But mostly, your doctor will not order any tests unless you have a symptom, or something in particular is bothering you.

If you have had early breast cancer or DCIS, you will have routine mammograms once a year for 5 years, or until you start having mammograms as part of the breast screening programme. If your cancer was discovered through the screening programme you will have yearly mammograms and then return to the screening programme.

If your cancer comes back after treatment

Many women have no more problems after their original treatment for breast cancer. But sometimes breast cancer comes back.

If the cancer comes back in the same breast it is called local recurrence. It happens if a few cancer cells are left in the area when a breast cancer has been removed. You may notice a small pink or red lump called a nodule in the remaining breast tissue, or in the skin near the breast, or in the scar from the operation. A nodule is usually easy to treat. But it is important to report it to your doctor straight away.

The treatment for a local recurrence depends on the treatment you had initially.

If you had a lumpectomy, you will probably need a mastectomy. If you had a mastectomy, your doctors will treat a recurrence by removing the tumour, if possible, and then giving radiotherapy (unless you already had radiotherapy to that area). In either case, you may have hormone therapy, chemotherapy, biological therapy (or a combination of these) afterwards.

The breast cancer is called a regional recurrence if it comes back in the chest muscles or in the lymph nodes in the chest or neck area. You may have surgery to remove the cancer cells and then radiotherapy or chemotherapy, hormonal therapy or biological therapy.

If the breast cancer has spread to other parts of the body this is called secondary breast cancer or metastatic breast cancer. On CancerHelp UK there is information



about treatments for secondary breast cancer.

Breast cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

There is too much information on research to include it all here. On CancerHelp UK there is information on research into

- Preventing and diagnosing breast cancer
- Treating breast cancer
- Living with breast cancer

What to ask your doctor about breast cancer treatment

- What can you tell me about the stage of my cancer?
- What can you tell me about the grade of my cancer?
- What sort of treatment do I need?
- What written information can you give me about these treatments?
- Is there any choice of treatments?
- Why do I need the treatment you recommend?
- Should I have any other treatment as well as surgery?
- What are the risks and benefits of the treatments?
- What are the short term side effects of the treatments?
- What are the long term side effects of the treatments?

- How can I help to reduce side effects?
- How often will I have to come to the hospital for treatment?
- Is there any transport available?
- Is it possible to have help paying my fares?
- How long will the course of treatment be?
- Could you arrange for me to have a second opinion?
- Are there any experimental treatments or trials you would recommend?
- Is there a specialist nurse or counsellor I can talk to?
- What happens if I decide not to have treatment?
- How often will you want to see me after my treatment is finished?
- What will happen at these follow up appointments?
- What should I do if I am worried between appointments - who should I call?
- Do checkups always show up problems if there are any?
- What symptoms should I be looking out for?



Notes

More information

For more information about breast cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

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