



TOTAL Breast Cancer CARE



Unity Health White County Oncology

At Unity Health we believe you deserve a team approach to your healthcare needs. That is why every cancer is as unique as the person fighting it. It impacts your body, your emotions, your relationships and your plans for the future. Unity Health is a network of healthcare providers committed to better serving patients and their families through collaboration, evidence based medical care and treatment to our patients while you remain close to home. As the leading healthcare provider in an eight-county area, we strive to improve the quality of health and well-being for the communities we serve through compassionate care.



What is a Clinical Breast Cancer Navigator?

The Clinical Navigator is a registered nurse who guides and supports patients through the challenges of cancer. She is trained in providing resources and education to assist patients in making informed decisions. The Clinical Nurse Navigator works with the healthcare team to promote health and quality outcomes. High risk patients and patients with breast cancer are followed throughout treatment or until no further needs are identified and are encouraged to contact the navigator post-treatment if any needs arise.

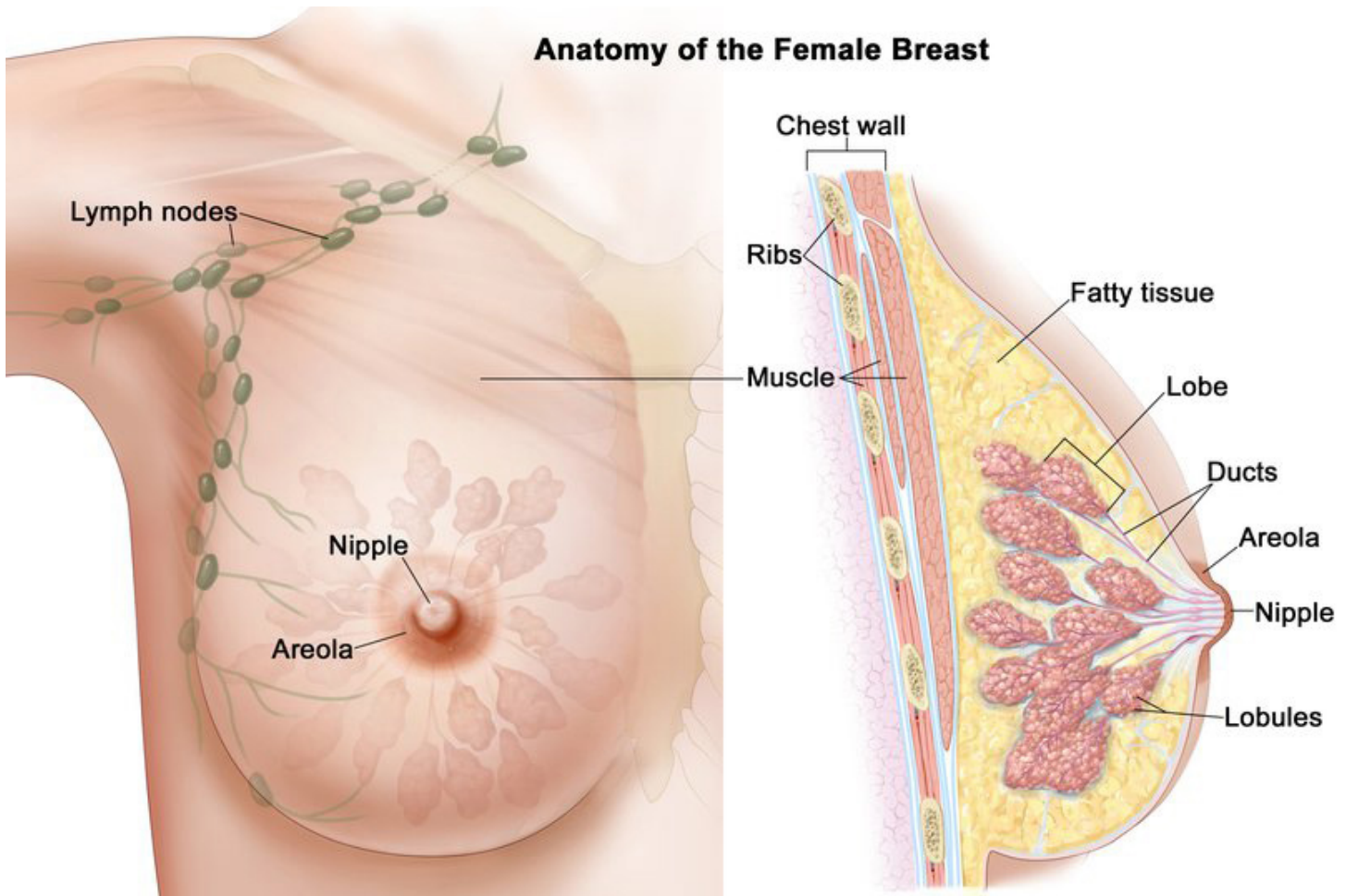
This nurse is a valuable partner in your breast healthcare journey and understands that each person has individual needs. She is here to help you with your medical care and support needs. She works side by side with your physicians as part of a team of providers to ensure you receive quality and timely care. She works to customize the coaching, counseling, teaching and supportive needs of each person. She is here to walk you through the process and treatment of breast cancer.

The Clinical Breast Cancer Navigator is available to:

- Guide you through the healthcare system and help you understand your diagnosis
- Advocate on your behalf to enhance communication with your healthcare team, educate you on test, treatments, surgeries and schedule referrals for follow-up care
- Work with you to find the resources and support you need for medication, transportation and voice any questions or concerns with physicians and other healthcare team members
- Connect you with appropriate sources to pay for your healthcare treatment, and address financial concerns
- Help you embark, navigate and succeed through a cancer diagnosis
- Arrange cancer screening services and address psychosocial needs
- Connect you with other referrals for possible genetic risk assessment, dietician screening or psychologist consult when needed
- Ensure that you and your family receive all the support needed throughout your cancer experience



Anatomy of the Female Breast



Breast Anatomy

Breast are made up of fat and breast tissue, along with nerves, veins, arteries and connective tissue that helps hold everything in place. The figure above shows the different parts of the breast.

Breast changes occur throughout life. Hormones produced by the ovaries and pituitary gland cause breast to grow during puberty. In an adult woman the breast has 15-20 lobes in each breast and each lobe has 20-40 lobules. Small milk ducts are attached to the lobules. These ducts join together like branches of grape stems gradually forming larger ducts. There are about 10 duct systems in each breast, each with its own opening at the nipple. The breast is mature after puberty however, the tissue remains inactive until pregnancy. During pregnancy the lobules grow and begin milk production allowing milk to be released into the ducts for breastfeeding. After menopause the number of lobules decreases and those that remain shrink in size. The loss of breast tissue during menopause means breast density also decreases. This natural change in breast density makes it easier to read a woman's mammograms after menopause.

What is Breast Cancer?

Natural systems in a healthy body control the growth and death of cells. Cancer occurs when these systems do not work right and cells do not die at a normal rate. Breast cancer occurs when cells in the breast divide and grow without their normal control. **Tumors (an abnormal mass of tissues)** tend to grow slowly. By the time a lump is large enough to feel, it may have been growing for as long as 10 years. Some tumors grow faster than others.

A few breast cancers do begin in breast tissue

The most common types of breast cancer are:

Non-Invasive Breast Cancer

Ductal Carcinoma in situ (DCIS)

These abnormal cells grow inside the milk ducts, but have not spread to nearby tissue or beyond. The term ***"in situ"*** means ***"in place."*** You may hear it called "pre-invasive" or "pre-cancerous". Without treatment, it can develop into invasive breast cancer.

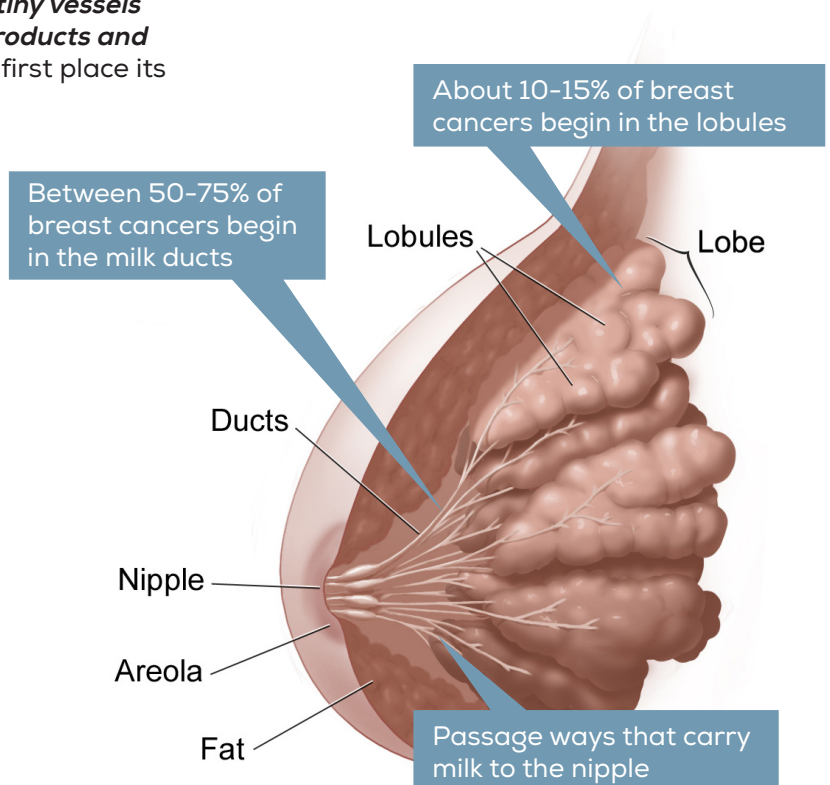
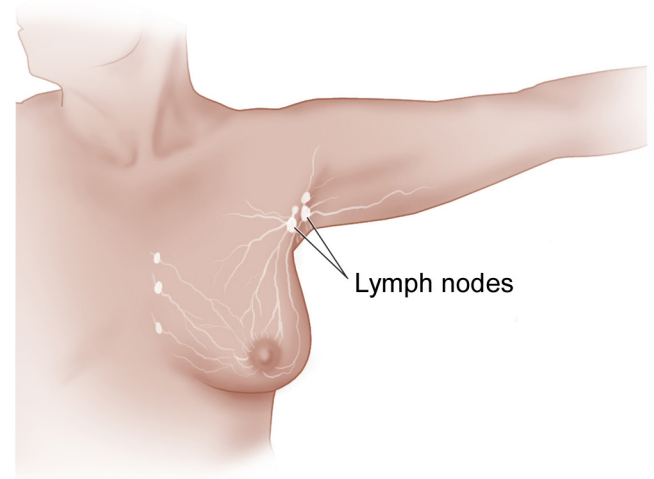
Invasive Ductal/Lobular Breast Cancer

Occurs when abnormal cells from inside the milk ducts or lobules break out into nearby breast tissue. Cancer cells can travel to other parts of the body from the breast through the blood stream or the lymphatic system. They may travel early when a tumor is small or later when a tumor is large.

If breast cancer spreads, the **lymph nodes** (*tiny vessels that carry clear fluid that contains waste products and immune cells*) in the underarm area are the first place its likely to go.

Metastatic Breast Cancer

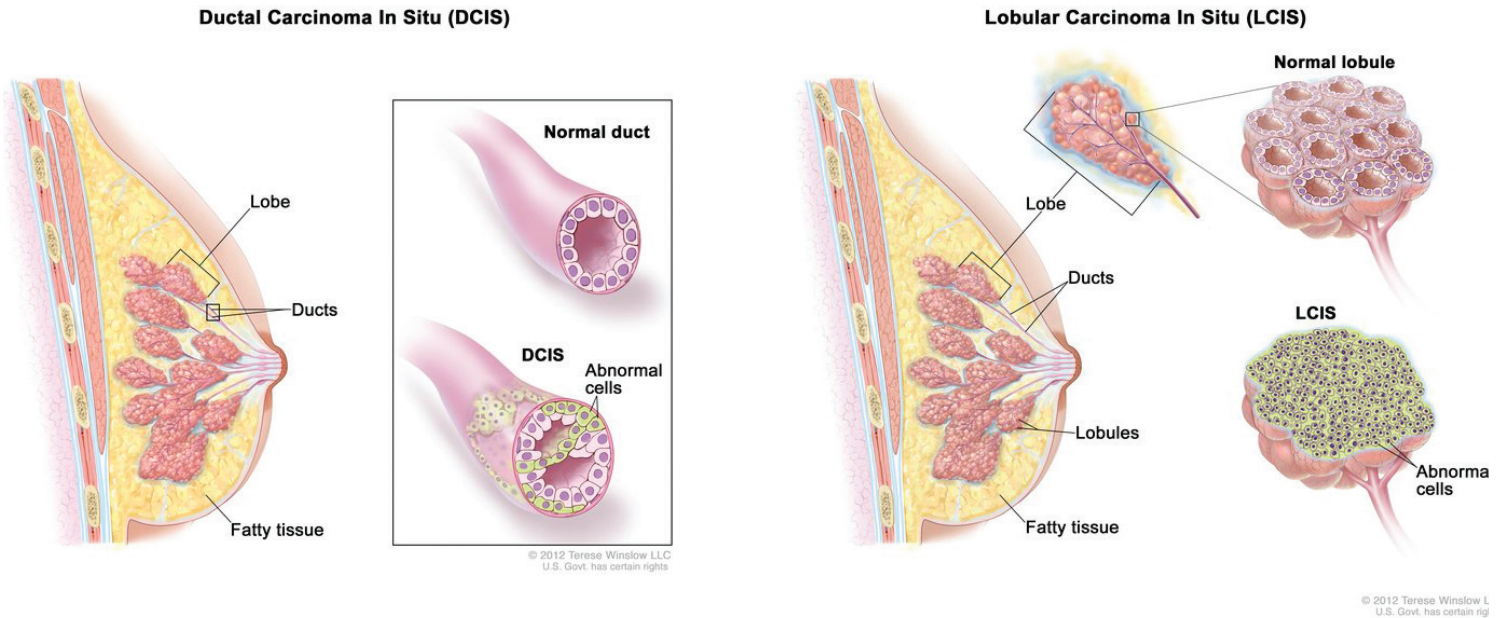
Is invasive breast cancer that has spread beyond the breast and axillary lymph nodes to other organs in the body. (most often the bones, lungs, liver or brain) It is not a specific type of breast cancer, but rather the most advanced stage of it.





Other Types of Cancer That Occur In the Breast

In rare cases: Other types of cancer like **lymphomas** (*cancer of the lymph system*) and **sarcomas** (*cancer of the soft tissues*) can occur in the breast. Other types of tumors can be **benign** (*not cancer*) or **malignant** (*cancerous*). Because these cancers are not carcinomas treatment is different than treatment for breast cancer.



Diagnosing Breast Cancer Tumors

There are many kinds of breast cancer. They are alike in some ways but differ in others. Breast Cancer is diagnosed in stages from 0 through IV. Stages 0-I are the earliest stages, with cancer cells that remain contained within the breast they originated from, up to stage IV (metastatic cancer) which indicates that cancer has spread outside the breast to other parts of the body. Your doctor may use several tests to diagnose and stage your cancer. They include:

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| ☐ Diagnostic 3-D Mammogram | ☐ CT scan |
| ☐ Ultrasound | ☐ Bone Scan |
| ☐ MRI | ☐ PET scan |
| ☐ Biopsy | ☐ Genetic Tests |

After a sample of the area in question is taken a Pathologist will study, in depth, the tissue removed to learn the things which affect prognosis (chances of survival) and treatment. Your cancer's stage, grade and tumor markers at the time of diagnosis are important factors. They help predict your prognosis, the likely outcome of your disease.

Stage means if and **how much the cancer has spread**. **Grade** means how fast the tumor may grow. Tumor markers include estrogen receptor, progesterone receptor, and HER-2 receptor protein.



Choosing Your Treatment

1: Learn all you can

Take time to learn all you can about your breast cancer and treatment options. Try not to let anyone pressure you into treatment decisions before you are ready. Ask your doctor(s) any questions you have so you can understand your options.

2: Get a second opinion

It is common to get a second or even a third opinion from other doctors. Some insurance companies may even require you to get a second opinion. Your doctor will not be offended that you want a second opinion and should encourage you to get one. Unity Health is a Mayo Clinic Care Network member which means your second opinion can come from a physician at the Mayo Clinic. Ask your doctor if this option is right for you.

3: Get a medical team

Finding good doctors is the best way to decide what treatments are right for you. Combining information from different sources can help you make an informed decision. Most women with breast cancer will need to make many treatment decisions. Talk with your medical oncologist to discuss your specific treatment needs and a treatment plan. You should also find someone who will speak for you should you be unable to speak for yourself.

Types of Treatment

Treatment for breast cancer includes some combination of:

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| ☐ Surgery | ☐ Chemotherapy | ☐ Hormone therapy |
| ☐ Targeted therapy | ☐ Radiation therapy | ☐ Immunotherapy |

The goal of treatment is to remove the cancer and keep it from coming back.



Local Treatment:

There are two main types of breast cancer treatment:

Surgery:

- **Lumpectomy (also called a breast conserving surgery)** is the surgical removal of the tumor and some normal tissue around the tumor. Most often, the general shape of the breast and the nipple area are preserved. Some lymph nodes from the under arm may also be removed. They are checked to see if they contain cancer. An overnight stay in the hospital may not be needed. Overall survival with lumpectomy plus radiation is the same as with mastectomy.
- **Mastectomy is the surgical removal of the entire breast.** Axillary armpit lymph nodes may be removed. Breast reconstruction can help restore the look and feel of the breast after a mastectomy. It may be done at the time of the mastectomy or later. Mastectomy requires a short stay in the hospital. Having a mastectomy does not guarantee that you will not need radiation or chemotherapy.

Side Effects from surgery can include soreness, loss of arm movement, numbness and if lymph nodes were removed, lymph edema (fluid build-up that causes swelling in the arm, hand or other areas).

- **Radiation therapy uses high energy X-rays to kill cancer cells** that may be left in or around the breast after surgery. This lowers the chances of cancer coming back (recurrence). Radiation is almost always given after lumpectomy and sometimes after mastectomy.

Side effects, such as fatigue, may begin within a few weeks of starting treatment and go away after it ends. The treated breast may be rough to the touch, red (like a sunburn), swollen and sore. In some cases, there can be longer term effects such as lymphedema.

Systemic Treatment:

Chemotherapy, hormone therapy and targeted therapies are called systemic treatments. They are given to get rid of cancer cells that may have spread from the breast to other parts of the body. They can be given before or after surgery.

- **Chemotherapy uses drugs to kill cancer cells.** The schedule depends on the drugs and combination of drugs used for treatment. It is often given in cycles, with days or weeks off between treatments. This gives your body a chance to recover. A full treatment course can last three to six months.

Side Effects can include hair loss, nausea and vomiting, fingernail and toenail weakness, mouth sores, fatigue and lowered blood cell counts. Long-term side effects include early menopause, weight gain and problems with memory and concentration (sometimes called "chemo brain").

- **Hormone therapy uses drugs to slow or stop the growth of hormone receptor-positive tumors.** It prevents the cancer cells from getting the hormones they need to grow. Hormone therapy drugs (tamoxifen and aromatase inhibitors) are taken in pill form, every day for five years or longer.

Side effects are most often menopausal symptoms such as hot flashes (and with aromatase inhibitors, joint aches).

- **Targeted therapy attacks cancer cells that have a protein called Her2/neu on their surface.** The targeted therapy trastuzumab (Herceptin) is given through an IV, weekly (or every three weeks) for one year.

Side effects include heart problems, diarrhea, rash, mouth sores, low white blood cell count, nausea, vomiting, fatigue and dry skin.

Common Questions and Answers:

What is breast cancer? Breast cancer happens when normal cells in the breast change and grow out of control. Women sometimes discover they have breast cancer because they find a lump in one of their breasts. Breast cancer is much more common in women than in men. But men can get the disease. Breast cancer sometimes runs in families.

If you feel a lump in your breast, see your doctor or nurse right away. Breast lumps can be caused by conditions that are not cancer. But it is a good idea to have any lumps checked out.

Is there a test for breast cancer? Yes. Doctors use a special kind of X-ray called a mammogram to check for breast cancer. If a mammogram finds a spot that looks like it could be cancer, doctors usually follow up with another test called a biopsy. During a biopsy, a doctor takes one or more small samples of tissue from the breast. That way the doctor can look at the cells under a microscope to see if they have cancer.

What is breast cancer staging? Cancer staging is a way in which doctors find out how far a cancer has spread. The right treatment for you will depend, in part, on the stage of your cancer.

How is breast cancer treated? Most people with breast cancer have one or more of the following treatments:

- **Surgery** Breast cancer is usually treated with surgery to remove the cancer. Many women with breast cancer can choose between two types of surgery (figure 1):
 1. **Mastectomy** is surgery to remove the whole breast. (If you choose this option, you might have to decide whether to have surgery to reconstruct your breast and when.)
 2. **Breast-conserving surgery** (also called “lumpectomy”) is surgery to remove the cancer and a section of healthy tissue around it. Women who choose this option keep their breast. But they usually must have radiation therapy after surgery.
- **Radiation therapy** Radiation kills cancer cells.
- **Chemotherapy** is the medical term for medicines that kill cancer cells or stop them from growing. Some women take these medicines before surgery to shrink the cancer and make it easier to remove. Some women take these medicines after surgery to keep cancer from growing, spreading, or coming back.
- **Hormone therapy** Some forms of breast cancer grow in response to hormones. Your doctor might give you treatments to block hormones or to prevent your body from making certain kinds of hormones.
- **Targeted therapy** Some medicines work only on cancers that have certain characteristics. Your doctor might test you to see if you have a kind of cancer that would respond to this kind of therapy.

What happens after treatment? After treatment, you will need to be checked every so often to see if the cancer comes back. You will have tests, usually including more mammograms. You should also watch for symptoms that could mean the cancer has come back. Examples of these symptoms include new lumps in the breast area, pain (in the bones, chest or stomach), trouble breathing and headaches. If you start having any new symptom, mention it to your doctor.

What happens if cancer comes back or spreads? That depends on where the cancer is. Most people get hormone therapy or chemotherapy. Some people also have surgery to remove new tumors.





Can breast cancer be prevented? – Women who are at high risk of getting breast cancer can sometimes take a medicine to help prevent the disease. If you have a strong family history of breast cancer, ask your doctor what you can do to prevent cancer.

What will my life be like? – Many people with breast cancer do very well after treatment. The important thing is to take your medicines as directed and to follow all your doctors' instructions about visits and tests. It's also important to talk to your doctor about any side effects or problems you have during treatment.

Getting treated for breast cancer involves making many choices. Besides choosing which surgery to have, you might have to choose which medicines to take and when.

Always let your doctors and nurses know how you feel about a treatment. Any time you are offered a treatment, ask:

- ☐ What are the benefits of this treatment? Is it likely to help me live longer?
Will it reduce or prevent symptoms?
- ☐ What are the downsides to this treatment?
- ☐ Are there alternatives to this treatment?
- ☐ What happens if I do not have this treatment?

Some healthcare professionals who work with cancer patients include:

- **Medical oncologist** – A doctor who specializes in diagnosing and treating cancers with chemotherapy, targeted therapies and other treatments. They manage cancer treatment and coordinate with the treatment team.
- **Surgical Oncologist** – A doctor who specializes in treating cancer with surgery.
- **Radiation Oncologist** – A doctor who specializes in treating cancer using radiation.
- **Pathologist** – A doctor who makes diagnoses and may submit cancer tissue for molecular studies
- **Radiologist** – A doctor who may perform X-rays, scans (CT or nuclear) or MRI studies
- **Plastic Surgeon** – A doctor who can assist with reconstruction after surgery such as a mastectomy
- **Oncology nurse** – A healthcare professional who cares for a person with cancer by providing bedside care, preparing and administering treatments, providing supportive care and educating the person with cancer and their family about their cancer, treatments and side effects.
- **Infusion nurse** – a Registered Nurse who administers medications through intravenous infusions
- **Dietitian/Nutritionist** – A certified dietitian or nutritionist helps people manage their eating and hydration needs related to cancer and its treatment. They can answer questions regarding decreased appetite, weight loss/gain and chewing or swallowing challenges.
- **Patient Navigator** – Navigators provide guidance through the healthcare system and help with any issues, challenges or barriers. They may offer practical assistance with financial support, transportation and child care. In addition, they may assist in coordinating care with other healthcare team members.
- **Home Health Aide** – A licensed professional who assists people with their personal care, including bathing, dressing and other activities of daily living. They may also assist with cooking and other household chores.
- **Pharmacist** – A professional who is qualified to fill prescription medications. They often provide information on how to take medications, potential drug interactions and tips on taking prescription medication on schedule.
- **Clergy** – Prayer, spiritual counseling and a strong sense of spirituality helps many people face difficult challenges with courage and hope.

10 Tips for Newly Diagnosed Breast Cancer Patients

1. Don't Panic

Breast cancer is NOT a medical emergency but it certainly is an emotional one. Take your time, gather the details of your diagnosis, seek whatever opinions you want and then make a treatment decision that is right for you.

2. Treat this diagnosis as a project and you're the "project manager"

By taking charge as the "project manager" you will take control of the cancer rather than vice-versa. We will do the "heavy work" for you but you need to make sure it gets done—you are your own best advocate.

3. Gather ALL of your information

Set up a folder or notebook with ALL of your information: breast imaging reports, lab results, pathology reports, etc. Bring this information to all of your initial physician consultations. Keep a notebook or journal and take notes at each consultation.

4. Take care of your emotional health

Spend time with family and friends, and doing things you like. Focus on your spiritual side, whether that means participating in organized religion, communing with nature, meditating, creating art or whatever speaks to you.

5. Choose your physicians (team) carefully

Caring for cancer takes a team. You will have multiple physicians including medical and radiation oncologist, radiologists, surgeons, primary care physicians, nurses and many more. We will all work together reviewing your medical data, reports and consultations which are electronically shared via the medical record.

6. Bring someone with you to the initial consultations

There will be a lot of new and unfamiliar information given to you at the initial consultation. You will be understandably anxious and a second pair (or more) of eyes and ears will help you remember and process all of the information later.

7. The consultation and treatment process will not always go smoothly

The treatment of cancer is complex, multidisciplinary and requires much coordination and time. While our goal is to make the process as efficient and streamlined as possible there will be glitches along the way. Have patience and if you think things are not moving as quickly or as smoothly as you think they should please let us know.

8. Do not keep your cancer diagnosis to yourself

Research shows that patients who try to keep their diagnosis a secret are not successful for long. We recommend you share it with your closest friends and family as they may become upset if you do not.

9. Everyone's cancer is unique and requires a unique treatment approach

You will receive many opinions and recommendations from family and friends. They mean well but they do not know the special circumstances of your diagnosis. Our goal is to develop a care plan that takes into account all of your special medical information as well as your lifestyle, etc. and is one you are comfortable with.

10. Follow a healthy lifestyle

Keep your weight in normal range (body mass index under 25), be physically active (at least 30 minutes a day of moderate-intensity exercise), minimize alcohol intake and do not smoke. Being overweight, inactivity and alcohol all increase risk for breast cancer, and smoking increases risk in some women.

Important Phone Numbers:

Breast Cancer Navigator Lisa Hill, RN
(501) 278-3311

Located inside the Pyeatt Family Cancer Center

White County Oncology
(501) 278-3297

Fax: (501) 278-3350

RAPA, Searcy Breast Center
(501) 278-3298

CARTI, Radiation Oncology
(501) 268-7870

Fax: (501) 268-5814



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