

# Breast Cancer



### 3. Modified Radical Mastectomy

Removal of the entire breast, some lymph nodes, e.g. axillary nodes and some of the pectoral muscles. The woman's post-operative appearance is cosmetically much more attractive than with a radical mastectomy method.

### 4. Radical Mastectomy

The removal of the entire breast, including the underlying pectoral muscles on the chest wall and lymph nodes in the axilla. This is disfiguring and rarely performed these days.

It is wise to discuss the surgery with your surgeon so you will have some idea of what the scar will look like and which operation is planned for you.

### Hormone Receptor assays

This test is done in pre-menopausal women to determine whether the cancer cells are using female hormones to grow.

If your estrogen receptors (ERs) or progesterone receptors (PRs) are low, you would be much less likely to benefit from hormone manipulation. Having high level of ERs and PRs means that there is an excellent chance of responding to such treatment. Women should confirm prior to having a biopsy or lumps removed that hormone receptor assays will be performed on the tissue removed.

### Adjuvant Treatment

(or additional Radiotherapy)

Radiotherapy is the use of high-energy rays (radiation) to kill any remaining cancer cells.

### Chemotherapy

Chemotherapy is the name that has been given to the use of anti-cancer drugs. These drugs affect fast reproducing cells (both cancerous and healthy) may be administered by injection, intravenously and may sometimes involve an overnight stay in hospital. Patients receive this treatment at the hospital oncology

unit, which is specially setup to create a relaxed atmosphere, where all the associated support services are available. Side effects of some drugs may be minimal.

Other drugs may cause hair loss, nausea, vomiting, etc. Medication is available to help control nausea and vomiting. (Hair grows back when chemotherapy is finished). Every patient reacts differently to the anti-cancer drugs and all aspects of your disease and treatment will be discussed with your oncology nurse or doctor.

### Hormone therapy

Medical (chemotherapeutic) means of suppressing the actions of the ovaries and the production of hormones may be used, when cancer cells are shown to be hormone dependent.

### Reconstruction

Reconstruction mammoplasty or breast reconstruction is now being performed frequently at Shaukat Khanum Memorial Cancer Hospital & Research Centre. Some women do not want further surgery but some think that reconstruction would improve their quality of life. This operation may be performed after the patient has recovered from the original mastectomy operation and any additional treatment that may be necessary. The timing can vary from some months to years, depending on surgeon's preference and patient's readiness. It is also possible to reconstruct the breast during the mastectomy operation.

### Prosthesis

The prosthesis is a replacement breast form. There are many different kinds of prosthesis and suitable bras available. Ask your nurse, they can accustomed to helping mastectomy patients and will put you at ease.

### Other available information on breast cancer is:

- Breast awareness
- Post Mastectomy Exercises
- Lymphedema

### Where can I get help?

If you have any queries or problems related to your health, please contact:  
Shaukat Khanum Memorial Cancer Hospital & Research Centre.  
Phone #: 0092-42-35905000  
Ext: 2199 (Breast Care Nurse Inpatient-1)  
5130 (Breast Care Nurse Outpatient Nursing)  
Days: Monday – Friday  
Time: 8:00am - 5:00pm

### Breast Cancer Support Service:

If a woman has been diagnosed with breast cancer, contact the cancer information and support group at Shaukat Khanum Memorial Cancer Hospital & Research Centre to find out about the support and information programme in the hospital.

Breast Cancer Support Service:

Days: Every Tuesday  
Time: 12:00pm - 1:00pm  
Venue: Radiation Department (Basement)  
Participants:

- Breast Care Nurse
- Psychologist
- Spiritual Therapist
- All Volunteers (Recovered Patients)

Reference: Royal Marsden Hospital NHS Foundation Trust, London (2002)

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Shaukat Khanum  
Memorial Cancer Hospital  
and Research Centre

## What You Need To Know About Breast Cancer?

Your breasts are designed to make milk after pregnancy. The breast tissue extends almost to the collarbone at the top and to the armpit at the side. Lying beneath the breast are large muscles which work the shoulder and beneath this are the ribs.

Breast tissue is made of milk glands and support tissue. The milk glands consist of milk sacs where milk is made and ducts, which take the milk to the nipple. The glands are divided into about twenty segments which are arranged like the spokes of a wheel.

In your breast area and armpit there are lymph glands or nodes which are connected by a system of lymph ducts. These glands filter the clear lymph fluid, which drain back from the breast and arm and therefore help to fight infection and cancer.

There is no perfect breast shape or size and throughout adult life breasts undergo many changes. A monthly period, pregnancy, age and weight changes can alter their shape and size. Many women find that their breasts feel more tender or "lumpy" before their periods. Some women experience other changes in their breasts. These may include unusual pain, swelling and a lump, "pulling-in" of the nipple or a discharge from the nipple. Although most of these changes are benign (not cancerous), it is important that they are thoroughly checked by a doctor.

## What is Breast cancer?

Breast cancer is a tumor (a mass of abnormal tissue) within the breast tissue. The majority of breast cancer begins in the milk ducts (intraductal cancers) however a small number starts in the milk sacs or lobes (lobular cancers).

## What are the Signs & Symptoms of Breast cancer?

In the majority of women breast cancer is first noticed as a lump in the breast. There are however other signs and symptoms which are important.

- Change in shape or size of the breast.
- Change in appearance of the skin in a particular

area of the breast.

- Dimpling or puckering of the skin on the breast.
- Discharge of the nipple.
- Rash on the nipple or surrounding area.
- Inversion or "turning in" of the nipple.
- Swelling of the upper arm
- Swelling or lump in the armpit

## How common is Breast Cancer?

Breast cancer is the most common cancer in the women of the world and in Pakistan. Men can also develop breast cancer but this is uncommon. The chances of developing breast cancer increases as women grow older.

## What Causes Breast Cancer?

Unfortunately the cause of the breast cancer is not yet known and research into this continues. It is unlikely that there is one single factor which contributes to the growth of breast cancer. However possible causes are often discussed in the media.

## Who is at risk?

All women are at risk of developing breast cancer. There are number of factors that put some women at greater risk. These are:

- Family histories of breast cancer –Women whose mothers, grandmothers, aunts or sisters have developed breast cancer have an increased risk of developing breast cancer.
- Age-chances of developing breast cancer increases as women grow older.
- Women who have already had breast cancer do have a slightly higher chance of developing cancer in other breast.
- Early onset of periods (before age 12)
- Late menopause (after 50)
- Delayed childbearing-this includes women who have never had children and those who delay giving birth until they are over 30.

- Obesity in postmenopausal women. It is important to remember that if several risk factors are present it does not mean that breast cancer will develop for certain. It is important to note that 75% of women who develop breast cancer have no risk factors at all.

## Breast Cancer Myths

There are many myths about breast cancer. The following factors may help to clarify what you have heard:

1. A blow to the breast will not cause breast cancer.
2. Breast cancer is not contagious.
3. Breast-feeding does not cause or protect from breast cancer.
4. Sexual activity does not cause breast cancer.
5. Hair around the nipple is not a risk factor for breast cancer.

## Breast Self-Examination (B.S.E)

Getting to know what your breasts look and feel like is in the interest of good health.

It is important to know what is normal for you, so that you can detect any changes.

The best way to become familiar with your breast is to perform monthly breast self-examination (B.S.E). Regular B.S.E takes about 5 minutes and if done correctly, it may detect a breast problem. Breast self-examination leaflet carefully explains the technique of breast self examinations and is available on nursing desks of Shaukat Khanum Memorial Cancer Hospital Lahore on request.

## Examination by a doctor

In addition to performing monthly B.S.E every women over 35 years of age should ask her doctor for a breast examination on annual basis.

## Mammography

Mammography is a very special x-ray of the breast and gives more information about the lump. Each breast is

gently squeezed into position for the x-ray.

Although you cannot feel x-ray, the positioning may be uncomfortable but good positioning is essential for a good picture. It is used for two reasons, screening and diagnosis.

Screening means looking for possible breast cancer when you are well, that is before signs of the disease can be detected by you or your doctor or a health professional.

Diagnosis means looking at something in your breast which is worrying you or your doctor e.g. a lump. Private screening is also available and women should seek information about this. For information about having a mammogram appointment, call Shaukat Khanum Memorial Cancer Hospital & Research Centre.

## Needle Aspiration and Needle Biopsy

These can be performed in the specialist's consulting rooms. Cells from the lump are withdrawn with a fine hypodermic needle. If it is a cyst, the lump will disappear when this is done. If the lump remains, the doctor may use a special needle to take some tissue for further investigation. This is called a needle biopsy.

## Surgery

If you have any symptoms of breast cancer, the specialist will probably decide for surgery. A brief description of the most common surgical treatment is given below.

### 1. Lumpectomy

In recent years, there has been a move away from radical mastectomy towards lumpectomy. This means removing the malignant tumor, plus some surrounding tissue and sometimes the axillary nodes. This would usually be followed by radiation therapy.

### 2. Simple Mastectomy

A simple mastectomy involves removal of the breast alone, leaving the muscles and axillary lymph nodes untouched.