

Breast cancer

Your guide to best cancer care



About this guide

Being told you have breast cancer or could have breast cancer can be overwhelming. A lot can happen quickly, and you might have lots of questions. This resource can help to guide you and your family and friends through this experience.

Information and support

Cancer Council: For information and support, call Cancer Council on **13 11 20** to talk to an experienced healthcare professional or visit www.cancer.org.au.

For more information about breast cancer, look for Cancer Council's Understanding Breast Cancer booklet on your local Cancer Council website.

Breast Cancer Network Australia: For more information about breast cancer and patient support visit www.bcna.org.au.

McGrath Foundation: To find a Breast Care Nurse visit www.mcgrathfoundation.com.au.

Translating and Interpreting Service (TIS): If you need a translator, call TIS on 13 14 50 or visit www.tisnational.gov.au.

Initial tests and referral

Symptoms

Sometimes people with breast cancer do not have any symptoms.

Breast cancer is sometimes detected via regular breast screening (mammogram) in women aged 50-74 years.

Symptoms of breast cancer may include a change in the shape or size of a breast, a new lump or lumpiness, redness, thickening or dimpling skin, unusual breast pain that does not go away, or changes to your nipples such as discharge, redness and becoming inverted.

Your general practitioner (GP) will look at your arm pits to check for lumps.

Initial tests you may have

Physical examination. Your GP will check the look, feel and shape of your breasts.

Mammogram. A type of x-ray of the breasts. Each breast is pressed between two x-ray plates to take a picture of it. A mammogram can show changes that are too small to feel.

Ultrasound. Soundwaves are used to make a picture of the breasts and/or armpits.

Biopsy. A small sample of breast tissue is taken using a needle to check under a microscope.

Referrals

If your GP has concerns, you will be referred to a breast cancer specialist at a public hospital or in private practice for more tests. Breast cancer specialists are doctors who are highly trained in breast cancer.

Breast surgeons can be found at www.breastsurganz.org.



You can bring a family member or friend with you to your appointments.



Timeframes

Your specialist appointment should happen **within two weeks** of referral.

If you can't get an appointment within this time, follow up with your GP.



Questions you might want to ask

- Can I choose whether I go to a public hospital or private practice?
- Can I choose the specialist I see?
- How much will appointments cost me?

Diagnosis and staging

If you have breast cancer (you have been **diagnosed**) or cancer is suspected the specialist may do the following tests. If you have already had one or some of these tests, the specialist might do them again.

You might have one test or a mix of tests:

Mammogram.

Ultrasound.

Biopsy.

Magnetic resonance imaging (MRI). A scan where a powerful magnet and radio waves are used to make a detailed picture of the breast and can be useful for some women with breast cancer.

Staging is when the specialist does more tests to see where exactly the cancer is in your body, if it is growing or if it has spread and what stage it is. Routine staging is not recommended for most people with early breast cancer.



Timeframes

Results should be available **within two weeks** from when you have the tests.



Questions you might want to ask

- What is breast cancer?
- What tests will I have?
- How much will tests/appointments cost?
- Where should I be treated? Do I have a choice?
- What stage is my cancer?
- What support services are available to me?
- How can I access a Breast Care Nurse?

Treatment

There are several ways to treat breast cancer. Your specialist will talk to you about your treatment options.

You will be treated by a team of experts, and you may need more than one treatment type to get the best results. The team will work with you and your family or carer to plan your treatment.

You might have one treatment or a mix of treatments:

Surgery is where the cancer is cut out. Surgery is almost always done for people with early breast cancer.

Breast-conserving surgery is where only the cancer and a small area around it are cut out. It can also be known as wide local excision or partial mastectomy.

If the lump can't be felt, a guide wire or other marker is inserted into the breast by ultrasound or mammogram in radiology, on the day of your surgery or before, to assist the surgeon to find the breast cancer if it is very small. A local anaesthetic is first injected into the breast so you don't feel pain. It will be checked by mammogram before your surgery to ensure it is in the correct location.

Mastectomy is where the breast is removed. You can usually choose to have reconstructive surgery straightaway or later if you have a mastectomy, or not at all. Reconstructive surgery is surgery where a surgeon rebuilds the breast.

Surgery to lymph nodes. Some lymph nodes in your armpit may also be removed. This is called sentinel lymph node biopsy or axillary clearance. This shows if the cancer has spread to the lymph nodes in the armpit and helps with treatment decisions.

Chemotherapy uses drugs to kill cancer cells and stop the cancer growing. It might be used before or after surgery.

Targeted therapy uses drugs to attack specific features of cancer cells to stop the cancer growing.

Endocrine therapy is a type of hormone therapy. It stops your body making certain hormones or blocks the way the hormones work in your body. It helps to reduce the size and slow down the spread of the cancer. You may receive hormone therapy for 5 years, and sometimes longer.

Radiation therapy uses x-rays to kill any cancer cells that may be left in the breast and/or axilla (armpit) after surgery. For people with early breast cancer, radiation therapy is almost always recommended after breast conserving surgery. Radiotherapy is sometimes recommended after mastectomy.

For more information visit

www.cancer.org.au/cancer-information/treatment.

Supportive care (treatment or services that support you through a cancer experience) are also available.



Timeframes

Chemotherapy should start **within four weeks** of agreeing to your treatment plan, if it is the first treatment you have.

Surgery should start **within five weeks** of agreeing to your treatment plan, if it is the first treatment you have.



You can ask your GP for a referral to another specialist for a second opinion.

Risk of lymphoedema

Some treatments for cancer, commonly surgery, involving the breast or lymph nodes in the armpit, may increase your risk of developing lymphoedema (swelling of a body region). Your specialist should discuss this risk with you and arrange for it to be managed appropriately.

Clinical trials

You may be offered to take part in a clinical trial. Clinical trials are used to test whether new treatments are safe and work better than current treatments. Many people with cancer are now living longer, with a better quality of life, because of clinical trials.

For more information visit www.australiancancertrials.gov.au.

Complementary therapies

Speak to your healthcare team about any complementary therapies (including dietary supplements like vitamins) you use or would like to use. Something as common as vitamins might not work well with your treatment.



Questions you might want to ask

- What treatment do you recommend?
- Where will I have to go to have treatment?
- What will treatment cost and how much of the cost will I have to pay myself?
- What activities/exercise will help me during and after treatment?
- Can I still work?
- How will the treatment affect my day-to-day life?
- Who are the people in my team and who is my main contact person?
- What side effects could I have from treatment?
- Who do I contact if I am feeling unwell or have any questions?
- Will treatment affect my ability to have a child?



Decisions about cost

You may have to pay for some appointments, tests, medications, accommodation, travel or parking.

Speak with your GP, specialist or private health insurer (if you have one) to understand what is covered and what your out-of-pocket costs may be.

If you have concerns about costs talk to your healthcare team or a social worker about:

- being bulk-billed or being treated in the public system
- help with accommodation during treatment
- the possible financial impact of your treatment.

You can call Cancer Council on **13 11 20** to speak to a healthcare professional about financial support.

For more information about costs, visit www.cancer.org.au/support-and-services/practical-and-financial-assistance and www.cancer.org.au/support-and-services/practical-and-financial-assistance/what-will-i-have-to-pay-for-treatment.

Recovery

Cancer treatment can cause physical and emotional changes.

Follow-up care plan

Your healthcare team will work with you to make a plan for you and your GP. This plan will explain:

- who your main contact person is after treatment
- how often you should have check-ups and what tests this will include
- understanding and dealing with side effects of treatment
- how to get help quickly if you think the cancer has returned or is worse
- how to reduce your risk of future breast cancer.

Many people worry that the cancer will return. Your specialist and healthcare team will talk with you about your needs and can refer you to other healthcare professionals and community support services.

Other information you may get:

- signs and symptoms to look out for if the cancer returns
- late effects of treatment and the specialists you may need to see
- how to make healthy lifestyle choices to give you the best chance of recovery and staying well.

For more information visit www.cancer.org.au/cancer-information/after-a-diagnosis/after-cancer-treatment.



Questions you might want to ask

- Who should I contact if I am feeling unwell?
- What can I do to be as healthy as possible?
- Where can I get more help?

Living with advanced cancer

If cancer returns

Sometimes cancer can return after treatment. It can come back in the same place or can appear somewhere different in your body.

If cancer returns, you may be referred to the specialist or the hospital where you were first treated, or to a different specialist.

Treatment will depend on how far the cancer has spread, how fast-growing it might be and the symptoms you are experiencing.



Questions you might want to ask

- Where is the cancer and has it spread?
- What are my treatment options?
- What are the chances that the treatment will work this time?
- Is there a clinical trial available?
- Where else can I get support?

Advance care planning

Your GP or healthcare team may talk with you, your family and carer about your future treatment and medical needs.

Advance care directive

Sometimes known as a living will, an advance care directive is a legally binding document that you prepare to let your family and healthcare team know about the treatment and care you might want or not want in case you become too unwell to make those decisions yourself. For more information visit www.advancecareplanning.org.au.

Palliative care

Your specialist may refer you to palliative care services, but this doesn't always mean end-of-life care. Today people can be referred to these services much earlier if they're living with cancer or if their cancer returns. Palliative care can help you to live as well as you can including managing pain and symptoms. This care may be at home, in a hospital or at another location you choose.

Speak to your GP or specialist or visit www.palliativecare.org.au.

Making treatment decisions

You may decide not to have treatment at all, or to only have some treatment to reduce pain and discomfort. You may want to discuss your decision with your healthcare team, GP, family and carer. For more information visit www.cancer.org.au/cancer-information/treatment/advanced-cancer-treatment.



Questions you might want to ask

- What can you do to reduce my symptoms?
- What extra support can I get if my family and friends care for me at home?
- Can you help me to talk to my family about what is happening?
- What support is available for my family or carer?
- Can I be referred to a community support service?

Disclaimer: Always consult your doctor about matters that affect your health. This guide is intended as a general introduction and is not a substitute for professional medical, legal or financial advice. Information about cancer is constantly being updated and revised by the medical and research communities. While all care is taken to ensure accuracy at the time of publication, Cancer Council Australia and its members exclude all liability for any injury, loss or damage incurred by use of or reliance on the information provided above.

Published in September 2021.

This resource is based on information from the optimal care pathway for people with breast cancer (2nd edition), available at www.cancer.org.au/OCP.