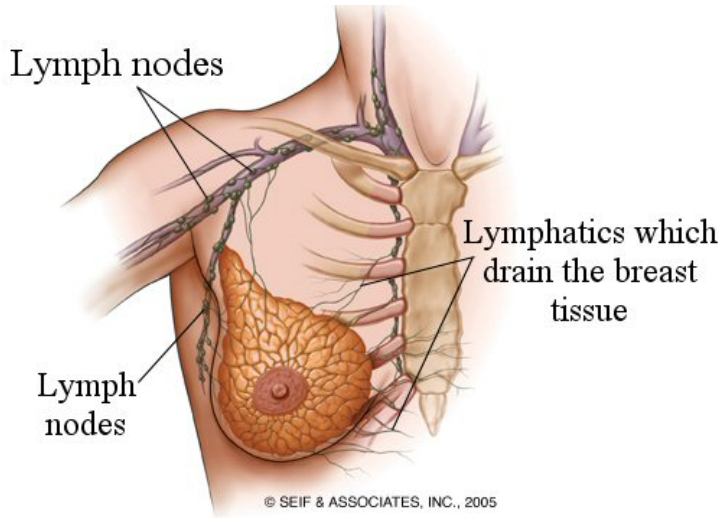
Breast Cancer, Early Stage, Surgery Choices

Breast cancer is the most common cancer, except for skin cancer. It is the second most common cause of death, except for lung cancer, in women. The risk of a woman developing breast cancer is 12.5%. Breast cancer in women younger than 25 years old is rare. Most of these cancer cases have spread to the breast from another part of the body (*metastatic*).



Finding out that you have breast cancer is an emotional shock and is difficult to understand, because it is an overwhelming, serious, and life-threatening disease. You will need to make important decisions about how you want it treated.

As a woman with early-stage breast cancer (DCIS or Stage I, IIA, IIB, IIIA, or IV) you may be able to choose which type of breast surgery to have. Your caregiver will help you understand what stage you are in. Often, your choices are:

- Removal of the cancerous part(s) of the breast (*breast-sparing surgery*).
  - Lumpectomy.
  - Partial/Segmental mastectomy.
- Removal of the whole breast (*simple mastectomy*). Research shows that women with early-stage breast cancer who have breast-sparing surgery along with radiation therapy live as long as those who have a mastectomy. Most women with breast cancer will lead long, healthy lives after treatment.
- Reconstructive surgery. This type of surgery is to make the breast and nipple area as normal looking as it was before the mastectomy. It is usually done by a plastic surgeon at the same time as the mastectomy. There are several types of reconstructive surgery that should be discussed with your caregiver and plastic surgeon.
- Lymph node surgery.
  - Sentinel (removing those lymph nodes in the armpit that breast cancer spreads to first).
  - Axillary lymph node dissection (removing all the lymph nodes in the armpit).

TREATMENT

Treatment for breast cancer usually begins a few weeks after diagnosis. In these weeks, you should meet with a surgeon, learn the facts about your surgery choices, treatment options, get a second opinion, and think about what is important to you.

Treatment choices include:

- Surgery.
- Radiation.
- Chemotherapy.
- Medicines, hormones.
- Reconstructive breast surgery.
- Any combination of the above treatments.

Choose which kind of surgery to have. If radiation, chemotherapy, or hormone therapy is considered, this also should be discussed before the surgery. Radical breast surgery is rarely performed now. Usually, lumpectomy, partial/segmental mastectomy, simple mastectomy in combination with radiation, chemotherapy, and/or hormone treatment is recommended. Clinical trial protocols (*specific treatment plan with surgery and radiation, chemotherapy, and hormones*) for breast cancer have been put in place in hospitals, universities, medical schools, and cancer centers all over the country. These patients are followed for several years to find out what

treatment gives the best results for the protocol given, for the different stages of breast cancer.

Most women want to make this choice with help from their caregiver. After all, the kind of surgery you have will affect how you look and feel. But it is often hard to decide what to do. The more information you have, the better the decision you can make.

- Talk to a surgeon about your breast cancer surgery choices. Find out what happens during surgery, types of problems that sometimes occur, and other kinds of treatment (if any) you will need after surgery. Be sure to ask a lot of questions and learn as much as you can. You may also wish to talk with family members, friends, or others who have had breast cancer surgery, radiation therapy, chemotherapy, or hormone therapy.
- After talking with a surgeon, you may want a second opinion. This means talking with another doctor or surgeon who might tell you about other treatment options. They may simply give you information that can help you feel better about the choice you are making. Do not worry about hurting your surgeon's feelings. It is common practice to get a second opinion, and some insurance companies require it. Plus, it is better to get a second opinion than to worry that you have made the wrong choice.

STAGES OF BREAST CANCER

Staging of breast cancer depends on the size of the tumor, if and how far it has spread, lymph node involvement in the armpits, and whether it has spread to other parts of the body. If you are unsure of the stage of your cancer, ask your caregiver. The following are the stages of breast cancer:

- **Stage 0:** This means you either have DCIS or LCIS.
  - **DCIS** (*Ductal Carcinoma in Situ*) is very early breast cancer. It is often too small to form a lump. Your caregiver may refer to DCIS as noninvasive cancer.
  - **LCIS** (*Lobular Carcinoma in Situ*) is not cancer, but it may increase the chance that you will get breast cancer. Talk with your caregiver about treatment options, if you are diagnosed with LCIS.
  - The 5 year survival rate in this stage is almost 100%.
- **Stage I:**
  - Your cancer is less than 1 inch across (2 centimeters) or about the size of a quarter. The cancer is only in the breast. It has not spread to lymph nodes or other parts of your body.
- **Stage IIA:**
  - No cancer is found in your breast. However, cancer is found in the lymph nodes under your arm, or
  - Your cancer is 1 inch (2 centimeters) or smaller. It has spread to 3 lymph nodes or less (the lymph nodes under your arm), or
  - Your cancer is about 1-2 inches (2-5 centimeters). It has not spread to the lymph nodes under your arm.
- **Stage IIB:**
  - Your cancer is about 1-2 inches (2-5 centimeters). It has spread to the lymph nodes under your arm, or
  - Your cancer is larger than 2 inches (5 centimeters). It has not spread to the lymph nodes under your arm.
  - The 5 year survival rate is 85 to 90%.
- **Stage IIIA:**
  - No cancer is found in the breast. It is found in lymph nodes under your arm. The lymph nodes are attached to each other, or
  - Your cancer is 2 inches (5 centimeters) or smaller. It has spread to lymph nodes under your arm. The lymph nodes are attached to each other, or
  - Your cancer is larger than 2 inches (5 centimeters) and has spread to lymph nodes under your arm, and they are not attached to each other.
  - Your cancer is smaller than 2 inches (5 centimeters) and has spread to lymph nodes above your collarbone.
  - Inflammatory cancer of the breast (*red rash, tender and swollen breasts*) is in the stage III category.
  - The 5 year survival rate is 45 to 67%.
- **Stage VI:**
  - Cancer cells have spread to other parts of the body.
  - The 5 year survival rate is about 20%.

ABOUT LYMPH NODES

- Lymph nodes are part of your body's immune system, which helps fight infection and disease. Lymph nodes are small, round, and clustered (like a bunch of grapes) throughout your body.
- Axillary lymph nodes are in the area under your arm. Breast cancer may spread to these lymph nodes first, even when the tumor in the breast is small. This is why most surgeons take out some of these lymph nodes at the time of breast surgery.
- Lymphedema is swelling caused by a buildup of lymph fluid. You may have this type of swelling in your arm, if your lymph nodes are taken out with surgery or damaged by radiation therapy.
  - Lymphedema can show up soon after surgery. The symptoms are often mild and last for a short time.
  - Lymphedema can show up months or even years after cancer treatment is over. Often, lymphedema develops after an insect bite, minor injury, or burn on the arm where your lymph nodes were removed. Sometimes, this can be painful. One way to reduce the swelling is to work with a caregiver who specializes in rehabilitation, or with a physical therapist.
- Sentinel lymph node biopsy is surgery to remove as few lymph nodes as possible from under the arm. The surgeon first injects a dye in the breast to see which lymph nodes the breast tumor drains into. Then, he or she removes these nodes to see if they have any cancer. If there is no cancer, the surgeon may leave the other lymph nodes in place. This surgery is fairly new and is being studied experimentally. Talk with your surgeon if you want to learn more.

COMPARE YOUR CHOICES

	Breast-Sparing Surgery	**Mastectomy Surgery**	**Mastectomy and Breast Reconstruction Surgery**
Is this surgery right for me?	Breast-sparing surgery with radiation is a safe choice for most women who have early-stage breast cancer. This means that your cancer is DCIS or at Stage I, IIA, IIB, or IIIA.	Mastectomy is a safe choice for women who have early-stage breast cancer (DCIS, Stage I, IIA, IIB, or IIIA). You may need a mastectomy if: ➢ You have small breasts and a large tumor. ➢ You have cancer in more than one part of your breast. ➢ The tumor is under the nipple. ➢ You do not have access to radiation therapy.	If you have a mastectomy, you might also want breast reconstruction surgery. ➢ You can choose to have reconstruction surgery at the same time as your mastectomy. ➢ You can wait and have it at a later date.

What are the names of the different kinds of surgery?	➢ Lumpectomy. ➢ Partial mastectomy. ➢ Breast-sparing surgery. ➢ Segmental mastectomy. ➢ Simple mastectomy. ➢ Sentinel lymph node removal. ➢ Axillary lymph node excision.	➢ Total mastectomy. ➢ Modified radical mastectomy (not usually done now). ➢ Double mastectomy. ➢ Simple mastectomy.	➢ Breast implant. ➢ Tissue flap surgery. ➢ Reconstructive plastic surgery.
What doctors am I likely to see?	➢ Oncologist. ➢ Surgeon. ➢ Radiation Oncologist. ➢ Chemotherapy Oncologist.	➢ Oncologist. ➢ Surgeon. ➢ Radiation Oncologist. ➢ Chemotherapy Oncologist.	➢ Oncologist. ➢ Surgeon. ➢ Radiation Oncologist. ➢ Reconstructive Plastic Surgeon. ➢ Chemotherapy Oncologist.
What will my breast look like after surgery?	Your breast should look a lot like it did before surgery. But if your tumor is large, your breast may look different or smaller after breast-sparing surgery.	Your breast and nipple will be removed. You will have a flat chest on the side of your body where the breast was removed.	Although you will have a breast-like shape, your breast will not look the same as it did before surgery.
Will I have feeling in the area around my breast?	Yes. You should still have feeling in your breast, nipple, and areola (*dark area around your nipple*).	Maybe. After surgery, you will have no feeling (*numb*) in your chest wall and maybe also under your arm. This numb feeling should go away in 1-2 years, but it will never feel like it did before. Also, the skin where your breast was may feel tight.	No. The area around your breast will always be numb (*have no feeling*).
Will I have pain after the surgery?	You may have pain after surgery. Talk with your caregiver about ways to control this pain.	You may have pain after surgery. Talk with your caregiver about ways to control this pain.	You are likely to have pain after major surgery, such as mastectomy and reconstruction surgery. There are many ways to deal with pain. Let your caregiver know if you need relief from pain.

What other problems can I expect?	You may feel very tired after radiation therapy. You may get swelling in your arm (*lymphedema*).	You may have pain in your neck or back. You may feel out of balance, if you had large breasts and do not have reconstruction surgery. You may get swelling in your arm (*lymphedema*).	It may take you many weeks or even months to recover from breast reconstruction surgery. If you have an implant, you may get infections, pain, or hardness. Also, you may not like how your breast-like shape looks. You may need more surgery if your implant breaks or leaks. If you have tissue flap surgery, you may lose strength in the part of your body where the flap came from. You may get swelling in your arm (*lymphedema*).
Will I need more surgery?	Maybe. You may need more surgery to remove lymph nodes from under your arm. Also, if the surgeon does not remove all your cancer the first time, you may need more surgery.	Maybe. You may need surgery to remove lymph nodes from under your arm. Also, if you have problems after your mastectomy, you may need to see your surgeon for treatment.	Yes. You will need surgery at least 2 more times to build a new breast-like shape. With implants, you may need more surgery months or years later. You may also need surgery to remove lymph nodes from under your arm.
What other types of treatment will I need?	You may need radiation therapy, given almost every day for 5 to 8 weeks. You may also need chemotherapy, hormone therapy, or both.	You may also need chemotherapy, hormone therapy, or radiation therapy. Some women get all 3 types of therapy or any combination of the 3.	You may need chemotherapy, hormone therapy, or radiation therapy. Some women get all 3 types of therapy or any combination of the 3.
Will insurance pay for my surgery?	Check with your insurance company to find out how much it pays for breast cancer surgery and other needed treatments.	Check with your insurance company to find out how much it pays for breast cancer surgery and other needed treatments.	Check with your insurance company to find out if it pays for breast reconstruction surgery. You should also ask if your insurance will pay for problems that may result from breast reconstruction surgery.
Will the type of surgery I have affect how long I live?	Women with early-stage breast cancer who have breast-sparing surgery followed by radiation live just as long as women who have a mastectomy. Most women with breast cancer will lead long, healthy lives after treatment.	Women with early-stage breast cancer who have a mastectomy live as long as women who have breast-sparing surgery followed by radiation therapy. Most women with breast cancer will lead long, healthy lives after treatment.	Women with early-stage breast cancer who have a mastectomy live the same amount of time as women who have breast-sparing surgery followed by radiation therapy. Most women with breast cancer will lead long, healthy lives after treatment.

What are the chances that my cancer will come back after surgery?	About 10% of women who have breast-sparing surgery along with radiation therapy get cancer in the same breast within 12 years. If this happens, you will need a mastectomy, but it will not affect how long you live.	About 5% of women who have a mastectomy will get cancer on the same side of their chest within 12 years.	About 5% of women who have a mastectomy will get cancer on the same side of their chest within 12 years. Breast reconstruction surgery does not affect the chances of your cancer coming back.
Where can I learn more about coping with life after cancer?	To learn more about life after cancer, you might want to read "Facing Forward: Life After Cancer Treatment." You can get this booklet at www.cancer.gov/publications or by calling 1-800-4-CANCER.		

THINK ABOUT WHAT IS IMPORTANT TO YOU

- After you have talked with your surgeon and learned the facts, you may also want to talk with your spouse or partner, family, friends, or other women who have had breast cancer surgery. The more you know about breast cancer, the treatment, and what happens afterward, the more informed you will be and the easier it will be for you to make good decisions that are important to you.
- Think about what is important to you. Here are some questions to think about:
  - Do I want to get a second opinion?
  - How important is it to me how my breast looks after cancer surgery?
  - How important is it to me how my breast feels after cancer surgery?
  - If I have breast-sparing surgery or more extensive surgery, am I willing to get radiation, hormone and/or chemotherapy?
  - If I have a mastectomy, do I also want breast reconstruction surgery?
  - If I have breast reconstruction surgery, do I want it at the same time as my mastectomy?
  - What treatment does my insurance cover, and what do I need to pay for?
  - Who would I like to talk with about my surgery, radiation, hormone, and chemotherapy choices?
  - What else do I want to know, do, or learn before I make my choice about breast cancer surgery?
  - After I have learned all I could and have talked with my surgeon, I will make a choice that feels right for me.
- A patient who takes the time to be well-informed will feel more comfortable about her decisions regarding surgery, and will feel better about the procedure following the surgery.
- Coping and Support:
  - Be open and willing to talk to your family and friends about your cancer. Family and friends can be your best support group, to help you work through your concerns and worries.
  - Discussing your thoughts, concerns, and intimacy issues with your spouse or partner is very important and helpful.
  - Join support groups to share and learn how others with breast cancer cope and deal with their cancer. The American Cancer Society can help you find support groups in your area.
  - Breast cancer may affect your confidence and feelings about being a total woman. It may interfere with your intimate relationship with your partner. Counseling may be necessary to help you overcome these feelings.
  - Talk to a counselor, your clergyperson, psychologist, or psychiatrist.
  - Talk to a medical social worker, if you have financial questions or problems.
  - Do not be afraid to ask for help, especially during your treatment.
  - Learn to be as independent as possible, as soon as possible.

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