

乳腺癌

本資訊主要介紹乳腺癌及其治療方法。

任何帶底線的詞語都在末尾的詞語清單中進行解釋。詞語清單還包括英語單詞的發音。

若您對此資訊有任何疑問，請諮詢您正在接受治療的醫院的醫生或護士。

您也可於每日上午 8 時至晚上 8 時，致電麥克米倫癌症援助機構（Macmillan Cancer Support）免費熱線：**0808 808 00 00**。我們有口譯員，所以您可以使用中文與我們溝通。當您致電我們時，請以英文告訴我們您所需要的語言（說「釵尼斯」）。

欲參閱更多繁體中文癌症資訊，請瀏覽 macmillan.org.uk/translations

本資訊主要介紹：

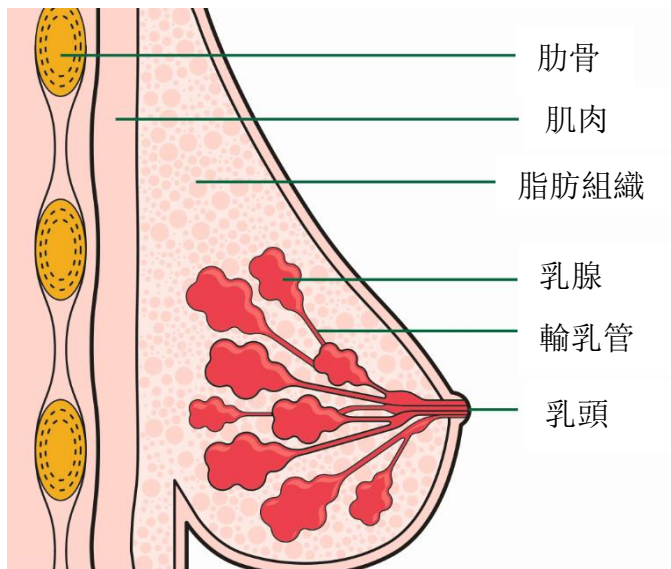
- 乳房
- 乳腺癌
- 如何規劃治療
- 與您的醫療團隊交談
- 有關您治療的問題
- 乳腺癌治療
- 治療可能產生的副作用
- 其他資訊
- 後續復診
- 麥克米倫（Macmillan）如何給予協助
- 詞語清單
- 更多繁體中文版資訊
- 參考文獻與致謝

乳房

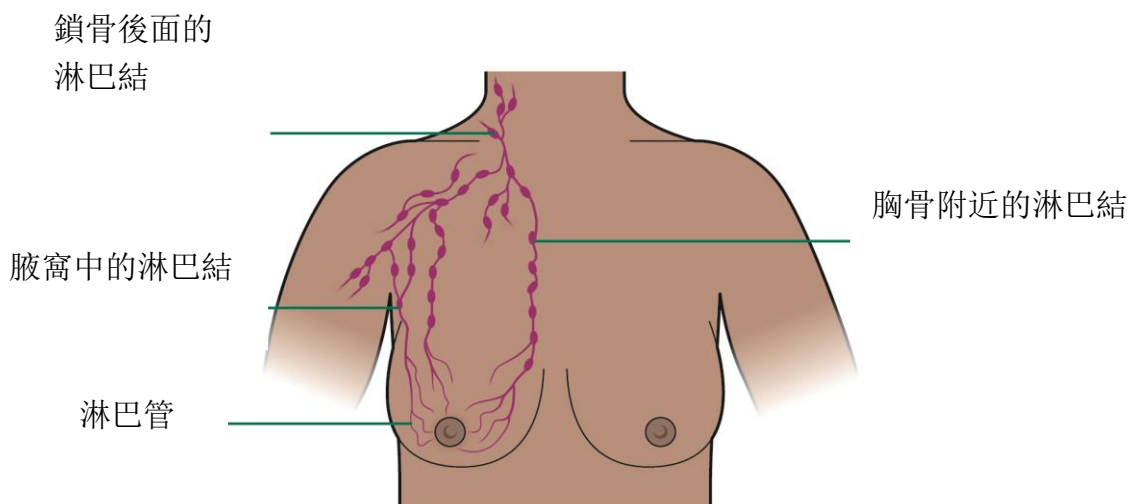
乳房由脂肪和纖維組織等構成，其中亦包括分泌母乳的乳腺。乳腺透過乳管網絡的微細管道連接到乳頭。男性的乳頭後方僅有少量的乳房組織。

腋窩也有乳房組織和淋巴結（腺體）。淋巴結是淋巴系統的一部份。胸骨附近以及鎖骨後方也有淋巴結。

乳房側視圖



乳腺附近的淋巴結



乳腺癌

身體組織由微小的細胞組成。當乳腺細胞以不受控制的方式生長並形成稱為腫瘤（原發性癌症）的腫塊時就會變成乳腺癌。癌細胞有時會透過血液或淋巴系統傳播到身體的其他部位，這稱為繼發性癌症。

乳腺癌有幾種不同的類型，但它們的治療方式類似。乳腺癌主要影響女性。男性亦有可能會患上，但機率非常小。

乳腺癌不具有傳染性，不會傳染給他人。

乳腺癌的分期和分級

- 癌症的分期是指腫瘤的大小，以及是否已經擴散。
- 癌症的分級是指腫瘤的生長速度。

受體

一些乳腺癌細胞的受體會讓荷爾蒙或蛋白質依附到癌細胞上，導致腫瘤持續生長。

- **荷爾蒙** — 一些乳腺癌具有雌激素荷爾蒙受體，這種情況被稱為雌激素受體陽性（ER 陽性）乳腺癌。稱為激素療法的治療方案對 ER 陽性乳腺癌非常有效。乳腺癌也可能有荷爾蒙黃體酮的受體。
- **蛋白質** — 有些乳腺癌在癌細胞的表面含有過多的蛋白質 HER2。這種情況被稱為 HER2 陽性乳腺癌。您的醫生可能會使用曲妥珠單抗（trastuzumab）來治療這種癌症，這屬於靶向治療藥物之一。

三陰性乳腺癌

不具有荷爾蒙或蛋白質受體的乳腺癌被稱為三陰性乳腺癌。

五分之一的乳腺癌女性患者（20%）均患有三陰性乳腺癌。該情況在年輕女性中更為常見。您的醫生或護士可以告訴您相關的詳情。

如何規劃治療

您的醫療團隊將開會，為您規劃最好的治療方法。您的醫生或護士會就這方面與您交談：

- 癌症的分期和分級
- 腫瘤是否具有荷爾蒙或蛋白質受體
- 您的整體健康狀況
- 治療方法和可能的副作用
- 您對可選治療方法的看法。

與您的醫療團隊交談

與您的醫生討論治療方法非常重要，這有助於讓您明白相關的詳情。與您交談後，您的醫生通常會要求您簽署同意書，表示您理解並同意接受治療，這稱為給予知情同意。只有同意後，才會對您進行治療。

最好由會講中文和英語的人陪同。或者由醫院為您安排口譯員，若需要口譯員，請告知您的護士。

有關您治療的問題

- 我的診斷是什麼意思？
- 癌症的分期和分級是甚麼？
- 我的治療將是甚麼？
- 每次治療會帶來哪些益處、風險及副作用？
- 治療是否會影響我的日常生活？
- 我可以與誰談談我的感受？

我們有更多關於被診斷患有癌症後的繁體中文資訊。

乳腺癌治療

乳腺癌的治療方法包括：

- 手術治療
- 藥物（化療、激素治療、靶向治療）
- 放療。

很多人都會進行不止一種的治療方式，如手術後進行放療，或者在手術之前或之後進行化療。

手術

透過手術移除腫瘤是治療乳腺癌的常用方法。醫生將切除腫瘤及其周圍的一些健康組織。您將接受的手術治療取決於腫瘤的大小、在乳房中所在的位置以及您的選擇。

醫生可能會與您討論通過手術切除：

- 腫瘤（廣泛的局部切除）
- 整個乳房（乳房切除術）。

有些人還會在手術期間接受乳房重建整形手術（乳房重建術），也有人選擇以後再這樣做。您可向您的醫生查詢詳情，以及不同的做法。若您沒有進行重建整形手術，您的護士可以給您一個人造乳房（義肢）放進您的胸罩中。

檢查淋巴結

在手術中，醫生通常會去除一些淋巴結，這些淋巴結將從腫瘤一側的腋下部位取出。這是為了檢查淋巴結中是否有癌細胞，並有助於醫生決定是否需要進一步的治療。醫生或護士將解釋如何切除淋巴結。

若淋巴結含有癌細胞，您可能需要做手術來切除剩餘的這些淋巴結。一些女性可能會對淋巴結進行放療，而非進行手術。

關於手術計劃以及手術後會出現的情況，我們有更多以繁體中文編寫的資訊。

放療

放療是指使用高能量的 X 射線摧毀癌細胞的療法。它也會損害正常細胞，但它們通常會在治療完成後恢復。

一旦手術後傷口癒合，通常便會開始進行放療，這可以減低癌症復發的機率。在進行廣泛的局部切除手術後，通常會對剩餘的乳房組織進行放療。而在乳房切除術後，偶爾也會需要進行放療。

您亦可能需要接受對腋窩下方進行放療，以治療任何剩餘的淋巴結。

關於放療的進行方式，以及它的一些副作用，我們有更多以繁體中文編寫的資訊。

化療

化療是指使用抗癌藥物破壞癌細胞。通常會將藥物注射到靜脈中或者服用藥片。化療可以降低乳腺癌復發的風險。

若存在以下情況，您的醫生可能會建議您進行化療：

- 腫瘤很大
- 癌症已經擴散到淋巴結
- 癌症的分級較高
- 您患有三陰性乳腺癌
- 您患有 **HER2** 陽性乳腺癌。

有些人亦會在手術前進行化療，以縮小腫瘤的大小。這樣通常僅需要一個小手術。

化療藥物可能會引發令您不適的副作用，而不同藥物會引發不同的副作用，包括：

- 增加您受感染的可能性
- 感覺疲憊
- 感覺噁心或想吐
- 腹瀉或便秘
- 口腔潰瘍
- 掉髮。

您的醫生可以向您解釋您可能出現的副作用，以及控制方法。大部份的副作用都可以用藥物來控制。化療結束後大部份的副作用便會消失。

關於化療的進行方式，以及它的一些副作用，我們有更多以繁體中文編寫的資訊。

激素治療

若您患有雌激素受體陽性（**ER** 陽性）癌症，您通常會需要接受激素治療。激素治療會減少身體中雌激素的水平或者避免雌激素依附到癌細胞上。通常在手術或化療後會開始激素治療，且治療需持續數年時間。

激素治療有助於減低乳腺癌復發的風險。它亦有助於減低另一側乳房發生乳腺癌的風險。有時在手術前會使用激素治療藥物來縮小腫瘤大小，從而避免乳房切除術。您可能服用不同的藥物，如它莫西芬（**tamoxifen**）、來曲唑（**letrozole**）或阿那曲唑（**anastrozole**）。這將取決於：

- 您是否處於更年期
- 癌症復發的風險
- 副作用可能對您的影響。

激素治療的副作用包括：

- 潮熱和盜汗
- 關節疼痛
- 性欲下降。

使卵巢停止工作

若您尚未絕經，使卵巢停止工作是降低雌激素水平的另一種方法。有兩種治療方法可以做到這一點：

- 卵巢抑制，使卵巢停止產生雌激素，這將會導致暫時性絕經
- 卵巢切除，將卵巢切除，這將會導致永久性絕經。

您通常需要接受激素治療以及上述兩種治療方法中的一種。

若您需要接受這兩種治療方法之一來使卵巢停止工作，您的醫生會為您提供更多資訊，並回答您可能有的任何疑問。

若您擔心自己的生育能力，請在治療開始之前向您的醫生諮詢。

曲妥珠單抗

若癌症屬於 **HER2** 陽性，您的醫生會為您開曲妥珠單抗處方。這屬於靶向治療藥物之一。曲妥珠單抗可阻止 **HER2** 蛋白質令癌細胞生長。您通常需要每三週接受一次曲妥珠單抗，並持續一年。它可能與化療聯合使用，也可能單獨使用。曲妥珠單抗可以在手術和放療之前或者之後使用。

其副作用通常都比較輕微，但可能會包括：

- 頭痛
- 高體溫（發燒）和寒顫
- 感覺不適。

您可能需要接受曲妥珠單抗和另一種稱為帕妥珠單抗 (**Perjeta®**) 的靶向治療藥物以及一種化療藥物聯合用藥。若癌症復發的風險很高，可能會在手術前使用這些藥物。

曲妥珠單抗偶爾可能會給心臟帶來一些影響。治療之前及治療期間，您將需要接受心臟檢查。

雙膦酸鹽

雙膦酸鹽是可能會用於早期乳腺癌的藥物，它可以：

- 有助於保護您的骨骼不受治療的影響
- 減低乳腺癌復發的風險。

一些激素治療藥物和化療藥物可能會導致更年期提前，從而增加骨質疏鬆（骨質疏鬆症）的風險。若您有骨質疏鬆的風險，或者您已患骨質疏鬆，您的醫生可能會開雙膦酸鹽。

若您患有早期乳腺癌，雙膦酸鹽有時可以減低癌症擴散到骨骼的風險。您需要接受 **3 至 5 年** 的雙膦酸鹽治療。若您的癌症復發風險較高，通常會採取這種治療方法。您的醫生或護士可以給您提供更多的資訊。

治療可能產生的副作用

我們有更多關於常見化療、放療和手術治療副作用的繁體中文資訊。

以下是您在乳腺癌治療期間和之後可能會有一些其他副作用。

乳房的變化

乳房在手術治療和放療後可能會發生一些變化，包括：

- 乳房的外觀和感覺
- 乳房和手臂下方疼痛
- 接受治療的身體一側手臂和肩膀的移動幅度。

手術後會有一道疤痕，該疤痕通常會隨著時間而變得不那麼明顯，伸展和按摩該處可以令情況得以改善。

放療後，您乳房的皮膚可能會變得顏色更深及更敏感。在該部位塗上高防曬係數 (**SPF**) 的防曬霜非常重要（最少 **SPF 30**）。您可向您的護士或醫生徵求更多建議。

若您注意到乳房的外觀或感覺的變化，最好讓您的醫生或專業護士檢查一下。

淋巴水腫

淋巴水腫是由於身體中的液體積聚而產生的腫脹，有些人在乳腺癌手術後可能會出現這樣的情況，並最有可能影響手臂。運動、特殊的繃帶和按摩可以減少腫脹。若您的手臂或手部腫脹，請告訴您的護士。淋巴水腫治療得越早，就越容易控制。

減少出現淋巴水腫的風險：

- 照管好皮膚。使用護膚霜，避免割傷或擦傷。
- 保持活躍和多運動。這可幫助淋巴液流動到身體的每一處。
- 保持健康的體重。

骨骼變化

有些激素療法可能會令骨頭變得薄弱。您的醫生可能會用掃描來檢查您的骨骼。在此之後，您可能需要接受治療以保護您的骨骼。

注意力和記憶力問題

乳腺癌治療後，您可能會覺得難以集中注意力。這種情況通常都比較輕微，並且會在完成治療的一年內得以改善。若您擔心這一點，您可以與您的醫生或護士交談。

體重增加

乳腺癌治療後，您的體重可能會增加。這可能是因為治療中所採用的激素治療或類固醇。有些治療可能會令更年期就此開始，這種情況也會導致體重增加。您的護士或醫生可以給您一些有關於健康飲食和運動的建議。

後期副作用

有時，人們會在乳腺癌治療結束數月或數年後出現副作用。這些被稱為後期副作用。大多數人不會出現後期副作用。

您的醫生可以告訴您，您的乳腺癌治療是否會引發後期副作用。若您有所擔心，他們會告訴您需要留意的體征和症狀以及應對方法。

其他資訊

避孕

在乳腺癌治療後的兩年內，您應該避免懷孕。您的醫生會建議您不要使用包含荷爾蒙的避孕法，包括避孕藥和避孕環。

您可以使用不含激素的避孕環和隔離形式的避孕措施，如避孕套或避孕帽。您的護士可以為您提供有關於此的建議。

激素替代療法

醫生不推薦患有乳腺癌後進行激素替代療法 (HRT)，因為 HRT 含有的雌激素會幫助乳腺癌細胞生長。

但若您的更年期症狀很嚴重，而其他方法都無法緩解，您的醫生則可能會採用該療法。您的醫生會向您講解存在的風險。

後續復診

治療結束後，您需要進行定期檢查和乳房 X 光檢查，一開始會是每隔幾個月一次，之後可能只需要一年檢查一次。有時候，除了常規預約，您在感到擔憂時可以聯絡您的專家。

您的感覺

當您被告知患有癌症時，會感到不知所措，您可能出現很多不同的情緒。感受沒有對錯之分。而應對的方法亦有很多種，與親朋好友交談可能會有所幫助，或者向您的醫生或護士尋求協助。

麥克米倫（Macmillan）如何給予協助

麥克米倫（Macmillan）致力於協助您和您的家人。您可透過下列方式獲得援助：

- **麥克米倫（Macmillan）援助熱線 (0808 808 00 00)**。我們有口譯員，所以您可以使用中文與我們溝通。您只需用英語告訴我們您希望使用何種語言即可。我們可以回答有關醫療的問題、提供有關資金援助的資訊或與您討論您的感受。熱線服務時間為每日上午 8 時至晚上 8 時。
- **麥克米倫（Macmillan）網站 (macmillan.org.uk)**。我們的網站提供許多有關癌症和癌症病患生活的英文資訊。欲瞭解其他語言的更多資訊，請瀏覽 **macmillan.org.uk/translations**
- **資訊與支援服務**。您可通過資訊與支援服務中心向癌症援助專家諮詢並獲得書面資訊。瀏覽 **macmillan.org.uk/informationcentres** 尋找離您最近的諮詢中心或致電我們。您的醫院可能設有資訊中心。
- **本地支援團體** – 您可以在支援團體中與其他受癌症影響的人交流。瀏覽 **macmillan.org.uk/supportgroups** 尋找離您最近的當地支援團體或致電我們。
- **麥克米倫（Macmillan）網路社群** – 您亦可以前往 **macmillan.org.uk/community** 與其他受癌症影響的人士交流。

詞語清單

詞語 (目標語言)	英語	如何用英語說 (英語單詞的音譯)	意思
乳房重建	Breast reconstruction	布來斯特 瑞肯斯查 克星	醫生重建乳房的形狀。
細胞	Cells	塞奧斯	構成我們身體器官及組織的微小組成部分。
化療	Chemotherapy	奇莫塞熱批	使用藥物殺死癌細胞的癌症治療方法。
避孕	Contraception	空出塞普星	避免懷孕的藥物或措施。
診斷	Diagnosis	達艾格諾司斯	找出您是否患病的過程。
腺體	Gland	格蘭德	負責分泌如荷爾蒙、汗水或母乳等幫助身體正常運作的物質的器官。
激素治療	Hormonal therapies	荷爾蒙勞 塞熱批斯	改變體內荷爾蒙的分泌或活動的治療。
荷爾蒙	Hormones	荷爾蒙	體內產生並控制器官如何運作的物質。
激素替代療法 (HRT)	Hormone replacement therapy (HRT)	荷爾蒙 瑞普萊斯蒙 特 塞熱批 (艾吹 啊 提)	當身體未能產生足夠的荷爾蒙時，替代天然荷爾蒙的治療。
淋巴結	Lymph node	淋姆夫 諾德	淋巴系統當中的其中一個腺體。
淋巴系統	Lymphatic system	淋巴提克 西斯特姆	整個身體的淋巴管和腺體網路，幫助對抗感染。
乳房 X 光檢查	Mammogram	曼麼格萊姆	乳房的 X 光片。
更年期 (絕經期)	Menopause	曼訥泡斯	當女性身體停止產生荷爾蒙，並停經。
月經	Menstrual period	曼斯初爾 皮爾瑞爾 德	每月從子宮內排出血液和組織。
卵巢	Ovaries	歐弗瑞斯	產生雌激素的腺體。

原發性癌症	Primary cancer	普萊麼瑞 坎色	在體內生長的第一個腫瘤。
蛋白質	Protein	普若廷	由身體產生的物質，蛋白質可以令細胞生長，包括癌細胞。
放療	Radiotherapy	瑞迪歐塞熱批	使用高能 X 射線殺死癌細胞的癌症治療方法。
受體	Receptor	瑞塞普特	細胞上允許蛋白質或荷爾蒙影響細胞的物質。
掃描	Scan	斯甘	身體內部拍攝的照片。
副作用	Side effects	薩艾德 伊法克特	癌症治療引起的問題，如噁心或疲憊。
類固醇	Steroids	斯迪爾若艾茲	可以幫助化療更有效的藥物和控制副作用的藥物。
防曬係數 (SPF)	Sun protection factor (SPF)	桑 普若坦克星 發克特 (艾斯 批 艾夫)	防曬產品的防護等級。
手術治療	Surgery	瑟基爾瑞	進行手術。
靶向治療	Targeted therapy	塔給提德 塞熱批	攻擊癌細胞但對正常細胞損害較小的藥物。
腫瘤	Tumour	特由麼	以異常方式生長的細胞群。異常細胞不斷繁殖並形成腫塊。

更多繁體中文版資訊

我們提供更多有關下列主題的繁體中文資訊：

癌症類型	應對癌症
<ul style="list-style-type: none">• 乳腺癌• 大腸癌• 肺癌• 前列腺癌	<ul style="list-style-type: none">• 若您被診斷患有癌症 – 快速指南• 飲食問題與癌症• 生命的終點• 經濟援助 – 福利救濟金• 經濟援助 – 財務協助• 健康飲食• 疲憊（疲勞）與癌症• 癌症治療的副作用• 您可以做些什麼來幫助自己
治療 <ul style="list-style-type: none">• 化療• 放療• 手術治療	

欲查看該資訊，請前往 [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

以中文與我們溝通

您可以撥打麥克米倫（Macmillan）免費電話 **0808 808 00 00** 通過口譯員以中文與我們交談。您可以同我們討論您的憂慮和醫療問題。當您致電我們時，只需用英語說出「中文」即可（請說出「釵尼斯」）。

熱線服務時間為每日上午 8 時至晚上 8 時。

參考文獻與致謝

本資訊由麥克米倫癌症援助機構（Macmillan Cancer Support）癌症資訊開發團隊編寫和編輯。由翻譯公司提供繁體中文的翻譯版本。

內含資訊是基於一份更詳細的資訊而編寫，我們可以將詳細資料單發送給您，或者您可以選擇在網上閱讀。該份詳細資料單只提供英文版本。

本資訊經有關專家審查，並獲得我們的首席醫療編輯蒂姆·艾弗森博士、醫學腫瘤學顧問及麥克米倫（Macmillan）首席醫療編輯的批准。

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同時感謝審閱本資訊的癌症患者。

我們所有的資料都依據可獲得的最佳證據。關於我們所用資源的更多資訊，請通過 cancerinformationteam@macmillan.org.uk 聯絡我們。

MAC15135_Traditional Chinese



內容審閱日期：2018 年

計畫下次審閱日期：2021 年

我們盡最大努力確保我們提供的資訊準確無誤，但其並不能反映最新的醫學研究情況，因為這是不斷變化的。若您擔心您的健康狀況，則應諮詢您的醫生。麥克米倫（Macmillan）對由於此資訊或第三方資訊（如我們所連結到的網站上的資訊）的任何不準確所造成的任何損失或損害不承擔任何責任。

我們希望這些資訊對您有幫助。若您有任何疑問，我們可使用中文在電話中提供資訊和支援。我們的服務是免費的。您只需致電：0808 808 00 00（每日上午 8 時至晚上 8 時），並以英語說出您選定的語言。

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MAC15135_Traditional Chinese

Breast cancer

This information is about breast cancer and treatments for breast cancer.

Any words that are underlined are explained in the word list at the end. The word list also includes the pronunciation of the words in English.

If you have any questions about this information, ask your doctor or nurse at the hospital where you are having treatment.

You can also call Macmillan Cancer Support on freephone **0808 808 00 00**, 7 days a week, 8am to 8pm. We have interpreters, so you can speak to us in your own language. When you call us, please tell us in English which language you need (say “xxxxx”).

There is more cancer information in [LANGUAGE] at macmillan.org.uk/translations

This information is about:

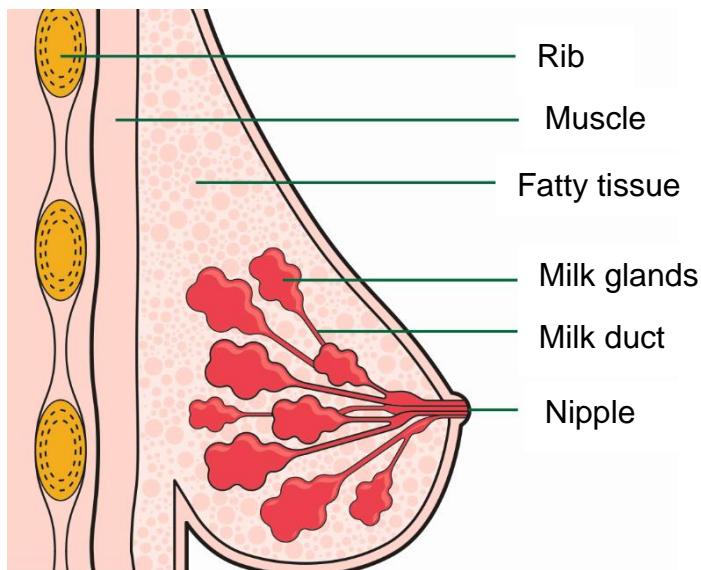
- The breasts
- Breast cancer
- How treatment is planned
- Talking to your healthcare team
- Questions to ask about your treatment
- Treatments for breast cancer
- Possible side effects of your treatment
- Other information
- Follow up
- How Macmillan can help you
- Word list
- More information in [language]
- References and thanks

The breasts

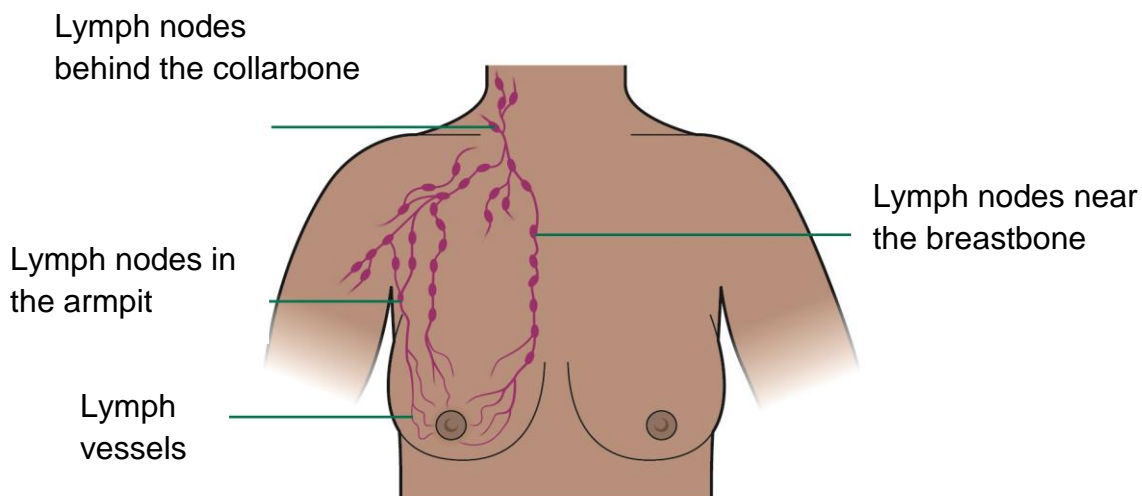
The breasts are made of fat and tissue. They also have glands where breast milk is made. The glands are connected to the nipple by fine tubes called milk ducts. Men have a small amount of breast tissue behind the nipple.

There is breast tissue and lymph nodes (glands) in the armpits. The lymph nodes are part of the lymphatic system. There are also lymph nodes near the breastbone and behind the collarbones.

Side view of the breast



The lymph nodes near the breasts



Breast cancer

Body tissue is made up of tiny cells. Breast cancer happens when cells in the breast grow in an uncontrolled way and form a lump called a tumour (primary cancer). Sometimes, cancer cells spread to other parts of the body through the blood and lymphatic system. This is called secondary cancer.

There are different types of breast cancer, but they are treated in similar ways. Breast cancer mainly affects women. Men can also have it, but this is rare.

Breast cancer is not infectious and cannot be passed on to other people.

Stages and grades of breast cancer

- The stage of a cancer means how big it is and if it has spread.
- The grade of a cancer is how quickly the cancer may grow.

Receptors

Some breast cancer cells have receptors that hormones or proteins can attach to. These can make the cancer grow.

- **Hormones** – some breast cancers have receptors for the hormone oestrogen. These are called oestrogen-receptor positive (ER positive) breast cancers. Treatments called hormonal therapies work well for ER positive breast cancer. Breast cancers may also have receptors for the hormone progesterone.
- **Proteins** – some breast cancers have too much of the protein HER2 on the surface of the cells. They are called HER2 positive breast cancers. Your doctor may give you trastuzumab for this type of cancer. This belongs to a group of drugs called targeted therapies.

Triple negative breast cancer

Breast cancer that does not have receptors for hormones or proteins is called triple negative breast cancer.

1 in 5 women with breast cancer (20%) have triple negative breast cancer. It is more common in younger women. Your doctor or nurse can tell you more about this.

How treatment is planned

Your healthcare team will meet to plan the best treatment for you. Your doctor or nurse will then talk to you about:

- the stage and grade of the cancer
- if the cancer has hormone or protein receptors
- your general health
- the treatments and possible side effects
- what you think about the available treatments.

Talking to your healthcare team

It is important to talk about any treatment with your doctor, so that you understand what it means. After talking with you, your doctor will usually ask you to sign a form to show that you understand and agree to the treatment. This is called giving your consent. You will not be given treatment unless you have agreed to it.

It is a good idea to take someone with you who can speak both [language] and English. Or your hospital can arrange an interpreter for you. Let your nurse know if you need one.

Questions to ask about your treatment

- What does my diagnosis mean?
- What is the stage and grade of the cancer?
- What will my treatment be?
- What are the benefits, risks and side effects of each treatment?
- Will the treatment affect my daily life?
- Who can I talk to about how I am feeling?

We have more information in your language about being diagnosed with cancer.

Treatments for breast cancer

Treatments for breast cancer include:

- an operation (surgery)
- drugs (chemotherapy, hormonal therapy, targeted therapy)
- radiotherapy.

Many people have more than one type of treatment, such as an operation and then radiotherapy. Or you may have chemotherapy before or after an operation.

An operation

An operation (surgery) to remove the cancer is a common treatment for breast cancer. The doctor removes the cancer and some healthy tissue around it. The operation you have depends on the size of the cancer, where it is in the breast and what you prefer.

The doctor may talk to you about having an operation to remove:

- the cancer (wide local excision)
- the whole breast (mastectomy).

Some people also have surgery to make a new breast shape (breast reconstruction) during the operation. Others choose to have this done at a later time. You can speak to your doctor about this and the different ways of doing it. If you do not have reconstruction, your nurse can give you an artificial breast (prosthesis) to put inside your bra.

Checking the lymph nodes

During the operation, the doctor will usually remove some lymph nodes. They remove them from under your arm on the side of the cancer. This is to check if there is cancer in the lymph nodes. This helps the doctor decide if you need more treatment. The doctor or nurse will explain how the lymph nodes are removed.

If any of the nodes contain cancer, you may be offered an operation to remove the remaining lymph nodes. Some women may have radiotherapy to the lymph nodes instead of surgery.

We have more information in [language] about how surgery is planned and what to expect after the operation.

Radiotherapy

Radiotherapy uses high-energy x-rays to destroy the cancer cells. It can damage normal cells too, but these usually repair when treatment ends.

You often have radiotherapy after an operation once the wound has healed. This can reduce the risk of the cancer coming back. After a wide local excision, you usually have radiotherapy to the remaining breast tissue. Occasionally, you may have radiotherapy after a mastectomy.

You may also have radiotherapy to the armpit to treat any remaining lymph nodes.

We have more information in [language] about radiotherapy and some of the side effects you may have.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. The drugs are usually given into a vein or taken as a tablet. Having chemotherapy can reduce the risk of breast cancer coming back.

Your doctor may advise you to have chemotherapy if:

- the cancer is large
- the cancer has spread to the lymph nodes
- the cancer is a higher grade
- you have triple negative breast cancer
- you have HER2 positive breast cancer.

Some people may also have chemotherapy before surgery to shrink a cancer. This usually means a smaller operation is needed.

Chemotherapy drugs can cause side effects that make you feel unwell. Different drugs can cause different side effects, including:

- being more likely to get an infection
- feeling tired
- feeling sick or being sick
- diarrhoea or constipation
- a sore mouth
- hair loss.

Your doctor can talk to you about the side effects you may have and how to manage them. Most side effects can be controlled with drugs. Most side effects go away when chemotherapy is over.

We have more information in [language] about chemotherapy and some of the side effects you may have.

Hormonal therapy

If you have an oestrogen-receptor positive (ER positive) cancer you will usually have hormonal therapy. Hormonal therapies lower the level of oestrogen or stop it attaching to the cancer cells. You usually start hormonal therapy after surgery or chemotherapy and have it for a few years.

Hormonal therapy helps to reduce the risk of the breast cancer coming back. It also helps reduce the risk of getting a new breast cancer in your other breast. Sometimes hormonal therapy drugs are given before surgery to shrink a cancer and avoid a mastectomy. You may have different drugs, such as tamoxifen, letrozole or anastrozole. This depends on:

- whether you have been through the menopause
- the risk of the cancer coming back
- how the side effects are likely to affect you.

Side effects of hormonal therapy include:

- hot flushes and sweats
- joint pain
- low sex drive.

Stopping the ovaries from working

If you have not been through the menopause, stopping your ovaries from working is another way to lower your oestrogen levels. There are two treatments that can do this:

- ovarian suppression, which stops the ovaries making oestrogen and causes a temporary menopause
- ovarian ablation, which removes the ovaries and causes a permanent menopause.

You will usually have hormonal therapy with one of these treatments.

If you are offered either of these treatments to stop your ovaries working, your doctor will give you more information and answer any questions you may have.

If you are worried about your fertility, talk with your doctor before you start treatment.

Trastuzumab

If the cancer is HER2 positive, your doctor may give you trastuzumab. This belongs to a group of drugs called targeted therapies. Trastuzumab stops the HER2 protein from making the cancer cells grow. You usually have trastuzumab every three weeks for a year. It may be given with chemotherapy, or on its own. This can be before or after surgery and radiotherapy.

The side effects are usually mild, but can include:

- a headache
- a high temperature (fever) and chills
- feeling sick.

You may have trastuzumab in combination with another targeted therapy drug called pertuzumab (Perjeta®) and a chemotherapy drug. These drugs may be given before an operation if there is a high risk of the cancer coming back.

Occasionally, trastuzumab can affect the heart. You will have tests to check your heart before and during treatment.

Bisphosphonates

Bisphosphonates are drugs that may be used in early breast cancer to:

- help protect your bones from the effects of treatments
- reduce the risk of breast cancer coming back.

Some hormonal therapy and chemotherapy drugs can cause an early menopause, which increases the risk of bone thinning (osteoporosis). Your doctor may prescribe bisphosphonates if you are at risk of bone thinning, or if you already have thinning bones.

If you have early breast cancer, bisphosphonates can sometimes lower the risk of it spreading to the bone. You have bisphosphonates for 3 to 5 years. This treatment is usually given if you have a higher risk of the cancer coming back. Your doctor or nurse can give you more information.

Possible side effects of your treatment

We have more information in [language] about common side effects of chemotherapy, radiotherapy and surgery.

Here are some other side effects that you may have during and after breast cancer treatment.

Changes to the breast

Surgery and radiotherapy to the breast can cause changes, including:

- how the breast looks and feels
- pain in the breast and under the arm
- how much you can move the arm and shoulder on the treated side.

After an operation, there will be a scar. This will usually become less obvious over time. Stretching and massaging the scar can improve this.

After radiotherapy, the skin of your breast may be darker and more sensitive. It is important to cover the area and use sunscreen with a high Sun Protection Factor (SPF) (at least SPF 30). Ask your nurse or doctor for further advice.

If you notice changes to the appearance or feel of your breast, it is best to have them checked by your doctor or specialist nurse.

Lymphoedema

Lymphoedema is a swelling caused by fluid building up in the body. Some people may have this after an operation for breast cancer. It is most likely to affect an arm. The swelling can be reduced by exercise, special bandages and massage. If you have swelling in your arm or hand, tell your nurse. The earlier lymphoedema is diagnosed, the easier it is to treat.

To reduce the risk of lymphoedema:

- Look after your skin. Use a skin cream and avoid cuts or scratches.
- Keep active and exercise. This helps lymph fluid move around the body.
- Keep to a healthy weight.

Bone changes

Some hormonal therapies can thin the bones. Your doctor may use a scan to check your bones. After this, you may be given treatment to protect your bones.

Concentration and memory problems

After breast cancer treatment, you may find it harder to concentrate and remember things. This is usually mild and often gets better within a year of finishing treatment. Talk to your doctor or nurse if you are worried about this.

Weight gain

After breast cancer treatment, you might gain weight. This may be because of treatments like hormonal therapy or steroids. Some treatments can start the menopause which can also cause weight gain. Your nurse or doctor can give you advice about healthy eating and exercise.

Late side effects

Sometimes people get side effects from breast cancer treatment that occur months or years after their treatment has ended. These are called late side effects. Most people will never have late side effects.

Your doctor can tell you if your treatment for breast cancer could lead to a late side effect. They can tell you what signs and symptoms to look for and what to do if you have any worries.

Other information

Contraception

You may be advised to avoid getting pregnant for 2 years after breast cancer treatment. Your doctor will advise you not to use contraception that contains hormones, including the pill and some coils.

You can use coils that do not contain hormones and barrier contraception such as condoms or the cap. Your nurse can give you advice about this.

Hormone replacement therapy

Doctors do not recommend hormone replacement therapy (HRT) after having breast cancer. HRT contains oestrogen which could encourage breast cancer cells to grow.

But if you have severe symptoms of the menopause and nothing else has helped, your doctor may prescribe it. Your doctor will talk to you about the possible risks.

Follow up

After your treatment has finished, you may have regular check-ups and mammograms. These will be every few months at first. Eventually you may only have them once a year. Sometimes, instead of routine appointments, you will be asked to contact your specialist if there is anything you are worried about.

Your feelings

You may feel overwhelmed when you are told you have cancer. You may have many different emotions. There is no right or wrong way to feel. There are many ways to cope with this. Talking to a close friend or relative may help. Your doctor or nurse can help too.

How Macmillan can help you

Macmillan is here to help you and your family. You can get support from:

- **The Macmillan Support Line (0808 808 00 00)**. We have interpreters, so you can speak to us in your language. Just tell us, in English, the language you want to use. We can answer medical questions, give you information about financial support, or talk to you about your feelings. The phone line is open 7 days a week, 8am to 8pm.
- **The Macmillan website (macmillan.org.uk)**. Our site has lots of English information about cancer and living with cancer. There is more information in other languages at macmillan.org.uk/translations
- **Information and support services**. At an information and support service, you can talk to a cancer support specialist and get written information. Find your nearest centre at macmillan.org.uk/informationcentres or call us. Your hospital might have a centre.
- **Local support groups** – At a support group you can talk to other people affected by cancer. Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community** – You can also talk to other people affected by cancer online at macmillan.org.uk/community

Word list

Word (target language)	In English	How to say in English (transliteration of English word)	Meaning
	Breast reconstruction		When doctors rebuild the shape of the breast.
	Cells		The tiny building blocks that make up the organs and tissues of our body.
	Chemotherapy		A cancer treatment that uses drugs to kill cancer cells.
	Contraception		Drugs or devices that prevent pregnancy.
	Diagnosis		Finding out whether you have an illness or not.
	Gland		An organ that makes substances that help the body work properly, such as hormones, sweat or milk.
	Hormonal therapies		Treatment that changes the production or activity of hormones in the body.
	Hormones		Substance made by the body that controls how organs work.
	Hormone replacement therapy (HRT)		Treatment that replaces natural hormones when the body does not make enough.
	Lymph node		A gland that is part of the <u>lymphatic system</u> .
	Lymphatic system		A network of vessels and glands throughout the body that helps to fight infection.
	Mammogram		An x-ray of the breast.

	Menopause		When a woman's body stops producing hormones and her <u>menstrual periods</u> stop.
	Menstrual period		Monthly discharge of blood and tissue from the womb.
	Ovaries		Glands where oestrogen is made.
	Primary cancer		The first tumour to grow in the body.
	Protein		Substance that is made by the body. Proteins can make cells grow, including cancer cells.
	Radiotherapy		A cancer treatment that uses high-energy x-rays to kill cancer cells.
	Receptor		Substance on a cell that allows <u>proteins</u> or <u>hormones</u> to affect the cell.
	Scan		A picture of the inside of your body.
	Side effects		Problem caused by the cancer treatment, such as sickness or tiredness.
	Steroids		Drugs that can help chemotherapy work better and control side effects.
	Sun protection factor (SPF)		The level of protection in sunscreen products.
	Surgery		Having an operation.
	Targeted therapy		Drugs that attack cancer cells and do less harm to normal cells.
	Tumour		A group of cells that are growing in an abnormal way. The abnormal cells keep multiplying and form a lump.

More information in [language]

We have information in [language] about these topics:

<p>Types of cancer</p> <ul style="list-style-type: none">• Breast cancer• Large bowel cancer• Lung cancer• Prostate cancer <p>Treatments</p> <ul style="list-style-type: none">• Chemotherapy• Radiotherapy• Surgery	<p>Coping with cancer</p> <ul style="list-style-type: none">• If you are diagnosed with cancer – a quick guide• Eating problems and cancer• End of life• Financial support – benefits• Financial support – help with costs• Healthy eating• Tiredness (fatigue) and cancer• Side effects of cancer treatment• What you can do to help yourself
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To see this information, go to [macmillan.org.uk/translations](https://www.macmillan.org.uk/translations)

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in [language] through an interpreter. You can talk to us about your worries and medical questions. Just say [language] in English when you call (say “xxxxx”).

We are open 7 days a week, 8am to 8pm.

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team. It has been translated into [language] by a translation company.

The information included is based on more detailed information which we can send you or you can read online. The more detailed information is only available in English.

This information has been reviewed by relevant experts and approved by our Chief Medical Editor, Dr Tim Iveson, Consultant Medical Oncologist and Macmillan Chief Medical Editor.

With thanks to: Morven Angus, Lead Breast Nurse, Colchester Hospital University NHS Foundation Trust, Rachel King, Breast Care Specialist CNS Worcester Breast Unit, Joanna Rowley, Lead Macmillan Breast Specialist Nurse, Cambridge Breast Unit.

Thanks also to the people affected by cancer who reviewed this information.

All our information is based on the best evidence available. For more information about the sources we use, please contact us at **cancerinformationteam@macmillan.org.uk**

MAC15135_Language



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