MACMILLAN
CANCER SUPPORT

Breast cancer: English

Breast cancer

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

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.

There is more cancer information in other languages at
macmillan.org.uk/translations

This information is about:

- The breasts
- Breast cancer
- How treatment is planned
- Talking to your cancer team
- Questions to ask about your treatment
- Treatments for breast cancer
- Possible side effects of your treatment
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- Getting the right care and support for you
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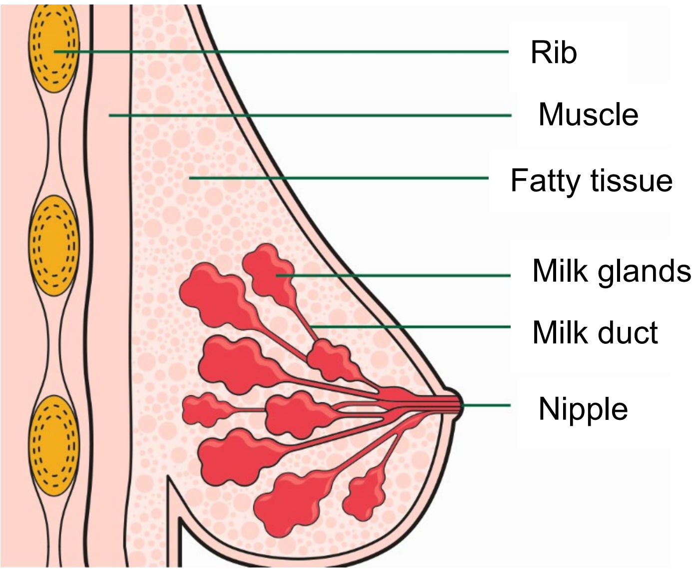
The breasts

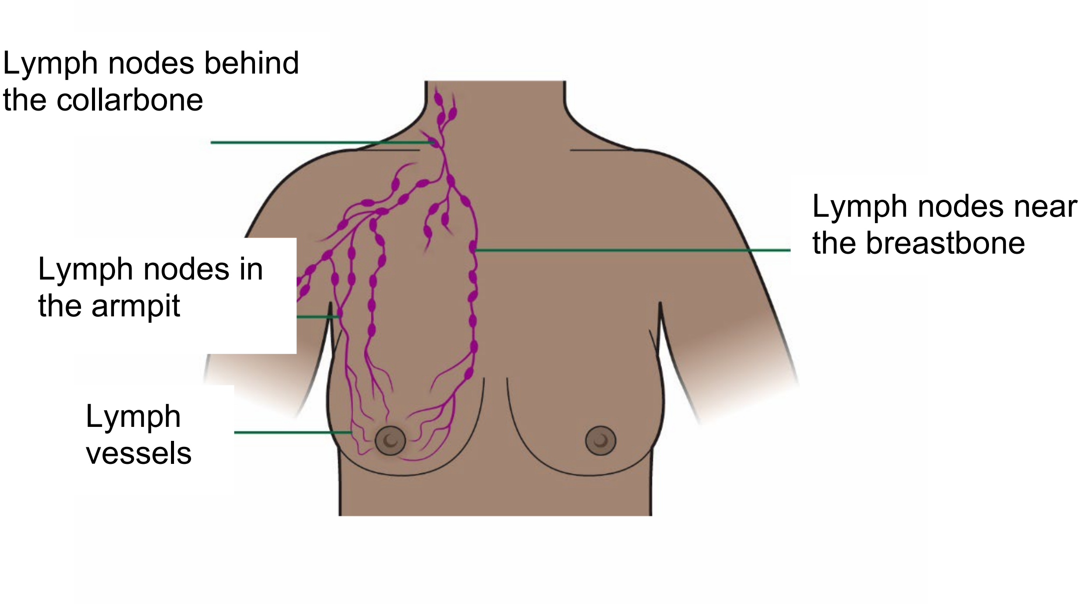
The breasts are made of fat and tissue. They also have milk glands, which are where breast milk is made. The milk glands are connected to the nipple by fine tubes called milk ducts. Men have a small amount of breast tissue behind the nipple.

There is breast tissue in the armpits, and also lymph nodes. The lymph nodes are glands that are part of the lymphatic system, a network of vessels and glands throughout the body that helps to fight infection. 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 and organs are 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.

The place where the cancer first begins to grow is the primary cancer. The primary cancer is named after the place in the body where it started, for example breast cancer.

Sometimes, breast cancer cells spread to other parts of the body through the blood and lymphatic system. This is called secondary breast 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 means how quickly the cancer may grow.

Receptors

Some breast cancer cells have receptors. These allow hormones or proteins to affect the cell. They 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 treatment 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 breast cancers (20%) are 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. After talking with you, your doctor will usually ask you to sign a form to show that you understand what the treatment means and that you agree to having it. 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 your 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. You may also have treatments such as chemotherapy or targeted therapy before or after an operation.

If you have triple negative breast cancer you may be offered treatment called immunotherapy. Immunotherapy treatments are drugs that help the immune system to treat cancer.

An operation

An operation 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 and some healthy beast tissue around it (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 the different ways of doing this.

If you do not have reconstruction, your nurse can give you an artificial breast (prosthesis) to put inside your bra. The prosthesis comes in different sizes and skin tones.

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. The lymph nodes are checked to see if they have cancer in them. It 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 lymph nodes contain cancer, you may be offered an operation to remove the remaining lymph nodes. Or you may be offered radiotherapy to the lymph nodes instead of surgery.

We have more information in your 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. Radiotherapy 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 having the whole breast removed. Radiotherapy for breast cancer is usually given every day for 5 days. Sometimes it is given over 15 days.

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

We have more information in your 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 help to 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 may mean 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 - passing more stool (poo) than usual, or loose or watery stool
- constipation – not able to pass stool (poo) as often as usual
- 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 your 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. When used to treat breast cancer, 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 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. The drugs you have depend 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

The menopause is when a woman’s body stops producing hormones and her menstrual periods stop (monthly discharge of blood and tissue from the womb).

If you have not been through the menopause, stopping your ovaries from working is another way to lower your oestrogen levels. The ovaries are the organs where oestrogen is made. 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.

Targeted therapy

If the cancer is HER2 positive, your doctor may give you trastuzumab. This belongs to a group of drugs called targeted therapies. These are drugs that attack cancer cells. 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.

You may have trastuzumab with another targeted therapy drug called pertuzumab (Perjeta®) and chemotherapy.

There are also other types of targeted therapy that may sometimes be given.

The side effects are usually mild. They may be different depending on which drug you are taking. Common side effects include:

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

Occasionally, trastuzumab and pertuzumab 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. An early menopause 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 your 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 visible 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) - this is the level of protection in sunscreen products. Sunscreen with at least SPF 30 is best. Ask your nurse or doctor for more advice.

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

Lymphoedema

Lymphoedema is 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. Tell your nurse if you have swelling in your arm or hand. 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 (a picture of the inside of your body) 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 side effect 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. Steroids are drugs that can help chemotherapy work better and control side effects. 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.

Your doctor can tell you if your treatment for breast cancer could lead to a late side effect. They can tell you how to help manage any late effects. They can also 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 (drugs or devices that prevent pregnancy) that contains hormones. This includes 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.

If you are taking tamoxifen you must not get pregnant. This is because it may harm a developing baby. Talk to your cancer doctor before you stop taking any medicines.

If you are taking hormonal therapy after treatment and want to get pregnant, talk to your cancer doctor or nurse. They can talk through your options with you.

Hormone replacement therapy

Hormone replacement therapy (HRT) is treatment that replaces hormones when the body does not make enough. Doctors do not recommend 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. Sometimes, instead of routine appointments, you will be asked to contact your specialist if there is anything you are worried about. Your breast cancer nurse will explain your follow up to you.

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.

Getting the right care and support for you

If you have cancer and do not speak English, you may be worried that this will affect your cancer treatment and care. But your healthcare team should offer you care, support and information that meets your needs.

We know that sometimes people may face extra challenges in getting the right support. For example, if you work or have a family it can be hard to find time to go to hospital appointments. You might also have worries about money and transport costs. All of this can be stressful and hard to cope with.

We also offer Macmillan Grants to people with cancer. These are one-off payments that can be used for things like hospital parking, travel costs, childcare or heating bills.

Our free support line **0808 808 00 00** can offer advice, in your language, about your situation. You can speak to nurses, financial guides, welfare rights advisers and work support advisers.

How Macmillan can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Macmillan Support Line
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 help with medical questions, give you information about financial support, or be there to listen if you need someone to talk to. The free, confidential phone line is open 7 days a week, 8am to 8pm. Call us on **0808 808 00 00**.

Macmillan website
Our website has lots of information in English about cancer. There is also more information in other languages at **macmillan.org.uk/translations**

We can also arrange translations just for you. Email us at **cancerinformationteam@macmillan.org.uk** to tell us what you need.

Information centres
Our information and support centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Local support groups
At a support group, you can talk to other people affected by cancer. Find out about support groups in your area at **macmillan.org.uk/supportgroups** or call us on **0808 808 00 00**.

Macmillan Online Community
You can also talk to other people affected by cancer online at **macmillan.org.uk/community** You can access it at any time of day or night. You can share your experiences, ask questions, or just read through people's posts.

More information in your language

We have information in your language about these topics:

Coping with cancer

- Cancer and coronavirus
- Cancer care in the UK
- Claiming benefits when you have cancer
- Eating problems and cancer
- End of life
- Healthcare for refugees and people seeking asylum
- Healthy eating
- Help with costs when you have cancer
- If you are diagnosed with cancer
- LGBTQ+ people and cancer
- Sepsis and cancer
- Side effects of cancer treatment
- Tiredness (fatigue) and cancer

Types of cancer

- Breast cancer
- Cervical cancer
- Large bowel cancer
- Lung cancer
- Prostate cancer

Treatments

- Chemotherapy
- Radiotherapy
- Surgery

To see this information, go to **macmillan.org.uk/translations**

References and thanks

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

The information included is based on our breast content available in English on our website.

This information has been reviewed by relevant experts and approved by members of Macmillan's Centre of Clinical Expertise.

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**

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