

乳癌

本資訊主要介紹乳癌及其治療方法。

帶下劃線的辭彙在本文最後所附的辭彙表中均有說明。

若您有任何疑問，可以詢問您正在其中接受治療的醫院的醫生及護士。

若您有任何疑問或想與某人溝通，您可於週一至週五上午 9 時至晚上 8 時，致電麥克米倫癌症援助機構 (Macmillan Cancer Support) 熱線 0808 808 00 00。我們有口譯員，所以您可以使用您的語言與我們溝通。您只需用英語告訴我們您希望使用甚麼語言即可。

我們提供更多關於不同類型癌症、治療和癌症病患生活的繁體中文版資訊。

請瀏覽 macmillan.org.uk/translations 或致電 0808 808 00 00。

本資料單內容：

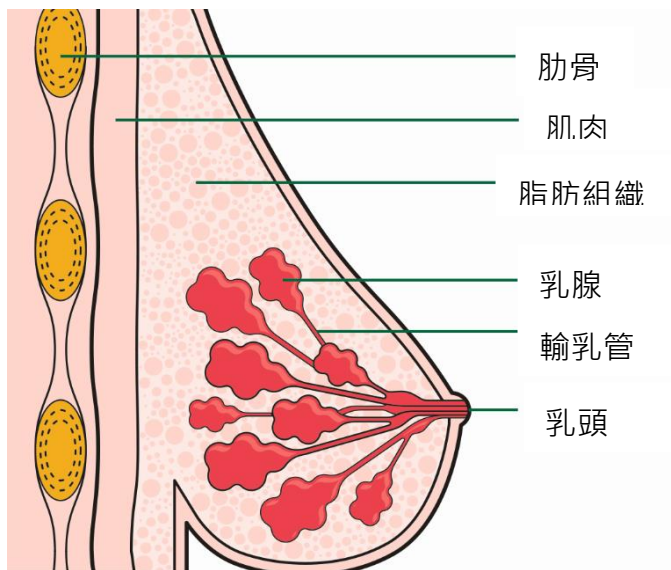
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乳房

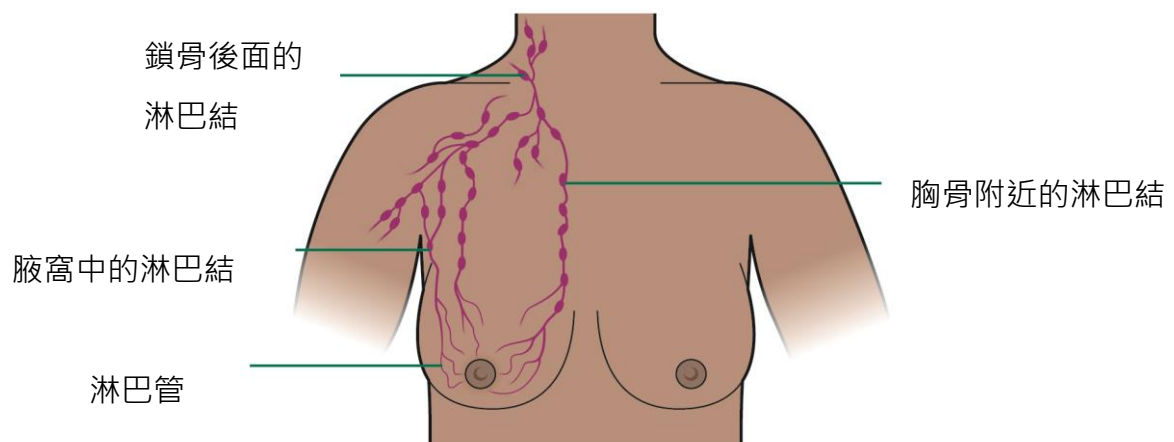
乳房由脂肪和纖維組織等構成，構成部份亦包括分泌母乳的乳腺。乳腺透過乳管網絡的微細管道連接到乳頭。男性的乳頭後方僅有少量的乳房組織。

腋窩包含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。

乳房的側視圖



乳房附近的淋巴結



乳癌

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。

乳癌有幾種不同的類型，但它們的治療方式類似。乳癌的主要影響者為女性。男性亦有可能會患上，但機率非常小。

乳癌不具有傳染性，不會傳染給他人。

乳癌的分期和分級

- 癌症的分期指的是腫瘤大小，以及它是否已經擴散。
- 癌症的分級指的是腫瘤的生長速度。

受體

一些乳癌細胞的受體允許荷爾蒙或蛋白質依附到癌細胞上，這些都會令腫瘤持續生長。

- **荷爾蒙** - 一些乳癌具有荷爾蒙雌激素受體，這種情況被稱為雌激素受體陽性（ER 陽性）乳癌。激素治療對 ER 陽性乳癌非常有效。
- **蛋白質** - 一些乳癌包含 HER2 蛋白質受體。這種情況被稱為 HER2 陽性乳癌。您的醫生可能會使用曲妥珠單抗來治療這種癌症，這屬於靶向治療藥物之一。

三陰性乳癌

不具有荷爾蒙或蛋白質受體的乳癌被稱為三陰性乳癌。

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

如何計劃治療方案

您的醫療團隊將開會，為您計劃最好的治療方法。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
- 您的總體健康狀況
- 治療方法和可能的副作用
- 您對可選治療方法的看法。

與您的醫療團隊溝通

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，以表明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。

最好是有既會講您的語言又會講英語的人隨行。或者由醫院為您安排口譯員，如果需要口譯員，請告知您的護士。

有關您治療的問題

- 我的診斷是甚麼意思？
- 癌症的分期和分級是甚麼？
- 我的治療將是甚麼？
- 每種療法的好處、風險和副作用是什麼？
- 治療是否會影響我的日常生活？
- 我能與誰談論我的感受？

我們有更多關於被診斷患有癌症後的中文資訊。

乳癌治療

乳癌的治療方法包括：

- 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及其在乳房中的位置。

醫生可能會切除：

- 腫瘤（廣泛的局部切除）
- 整個乳房（乳房切除術）。

有些切除了整個乳房（乳房切除術）的人可以進行乳房重建整形手術，這個手術可以在同一時間或以後完成。您可向您的醫生查詢詳情，以及不同的做法。如果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，外科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。

如果有淋巴結包含癌細胞，則您可能需要做手術來切除所有這些淋巴結。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。化療可以降低乳癌復發的風險。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會出現的副作用，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

如果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 5 至 10 年時間。

進行激素治療的時間：

- 在手術前縮小腫瘤大小
- 在手術後減低乳癌復發的風險。

您可能會服用不同的藥物，如它莫西芬、來曲唑或阿那曲唑。這將取決於：

- 您是否處於絕經期
- 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（卵巢切除）

降低雌激素水平的另一種方法是使卵巢停止工作，這稱為卵巢切除。藥物或手術可以阻止卵巢分泌雌激素，而在極少的情況下，可能會使用放療。

這將會導致永久性絕經。在對抗乳癌的同時還面臨絕經可能會讓人非常難過。我們在第 10 頁將提供有關於如何獲得支援的資訊。

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（赫賽汀®）

如果癌症屬於 HER2 陽性，您的醫生會為您開曲妥珠單抗（赫賽汀®）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。

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。

有些人也可能會在接受曲妥珠單抗的同時使用名為帕妥珠單抗（賀疾妥®）的藥物。在手術前使用這些藥物可以縮小腫瘤的大小。

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。

治療可能產生的副作用

我們有更多關於常見癌症治療副作用的繁體中文資訊。

以下是您在乳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，拉伸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。

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。如果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。

其他資訊

避孕

在乳癌治療後的兩年內，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

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

但如果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。感覺沒有對錯之分。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。

麥克米倫如何給予幫助

麥克米倫致力於幫助您和您的家人。有幾種方法可以獲得援助：

- **麥克米倫援助熱線 (0808 808 00 00)**。我們有口譯員，所以您可以使用您的語言與我們溝通。您只需用英語告訴我們您希望使用甚麼語言即可。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。我們的電話接聽時間是週一至週五上午 9 時至晚上 8 時。
- **麥克米倫網站 (macmillan.org.uk)**。我們的網站有很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
- **資訊中心**。您可透過資訊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。
- **當地援助團體**。瀏覽 macmillan.org.uk/supportgroups 尋找離您最近的當地援助小組或致電我們。
- **麥克米倫網絡社群**。前往 macmillan.org.uk/community 與處境相似的其他患者溝通

辭彙表

Breast reconstruction	[布類斯托·瑞空素托拉庫式噢]	乳房重建	醫生重建乳房的形狀
Cells	[悉爾思]	細胞	構成身體器官和組織的微小結構單元。
Chemotherapy	[科莫賽日皮]	化療	使用藥物殺死癌細胞的癌症治療方法。
Contraception	[控托拉瑟普式恩]	避孕	避免懷孕的藥物或措施。
Diagnosis	[戴意格諾斯斯]	診斷	找出您是否患病的過程。
Gland	[古蘭得]	腺體	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。
Hormonal therapies	[厚莫諾·瑟喇皮斯]	激素治療	改變體內荷爾蒙的分泌或活動的治療
Hormone	[厚莫諾]	荷爾蒙	體內產生並控制器官如何運作的物質。
Hormone replacement therapy (HRT)	[厚莫諾·瑞普類斯門特·瑟喇皮 (HRT)]	激素替代療法 (HRT)	當身體未能產生足夠的荷爾蒙時，替代天然荷爾蒙的治療。
Lymph node	[力木法·諾得]	淋巴結	淋巴系統當中的其中一個腺體。
Lymphatic system	[力木法提克·西斯特]	淋巴系統	整個身體的淋巴管和腺體網路，幫助對抗感染。
Mammogram	[瑪莫古拉姆]	乳房 X 光檢查	乳房的 X 光片。
Menopause	[門歐頗斯]	更年期 (絕經期)	當女性身體停止產生荷爾蒙，並 <u>停經</u> 。
Menstrual period	[門素特瑞歐·皮利歐得]	月經	每月從子宮內排出血液和組織。
Ovaries	[歐瓦瑞斯]	卵巢	產生雌激素的腺體。
Primary cancer	[普拉瑪瑞·堪撒]	原發性癌症	在體內生長的第一個腫瘤。
Protein	[普若提恩]	蛋白質	由身體產生的物質，蛋白質可以令細胞生長，包括癌細胞。
Radiotherapy	[瑞迪歐賽熱皮]	放療	使用高能 X 射線殺死癌細胞的癌症治療方法。

Receptor	[瑞瑟普塔]	受體	細胞上允許蛋白質或荷爾蒙影響細胞的物質。
Scan	[斯堪]	掃描	身體內部拍攝的照片。
Side effects	[賽德•意菲克特思]	副作用	癌症治療引起的問題，如噁心或疲憊。
Steroids	[斯塔若得斯]	類固醇	可以幫助化療更有效的藥物和控制副作用的藥物。
Sun Protection Factor (SPF)	[撒恩•普若特克式恩•法克塔 (SPF)]	防曬係數 (SPF)	防曬產品的防護等級。
Surgery	[瑟覺銳]	手術治療	進行手術。
Targeted therapy	[塔隔特•瑟喇皮]	靶向治療	攻擊癌細胞但對正常細胞損害較小的藥物。
Tumour	[土莫]	腫瘤	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

關於以下主題的更多資訊繁體中文：

癌症類型	應對癌症
<ul style="list-style-type: none"> • 乳癌 • 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 • 健康飲食 • 疲憊（疲勞）與癌症 • 癌症治療的副作用 • 您可以做些甚麼來幫助自己
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

以繁體中文與我們溝通

您可撥打麥克米倫免費電話 0808 808 00 00 透過口譯員用您的母語與我們交談。您可以同我們討論您的憂慮和醫療問題。您只需用英語告訴我們您希望使用甚麼語言即可。

我們的辦公時間是週一至週五上午 9 時至晚上 8 時。

參考文獻與致謝

該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。

本資料單是基於一份更詳細的麥克米倫資訊而編寫，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。

該資訊已由相關專家審核，並獲得我們的首席醫學編輯、麥克米倫顧問腫瘤學醫師 Tim Iveson 博士的批准。

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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，請透過 cancerinformationteam@macmillan.org.uk 聯絡我們。

MAC15135_Traditional Chinese



上次審閱日期：2017 年 9 月

計畫下次審閱日期：2020 年

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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.

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

If you have any questions or want to talk to someone, you can call Macmillan Cancer Support on **0808 808 00 00**, Monday to Friday, 9am to 8pm. We have interpreters, so you can speak to us in your own language. Just tell us, in English, the language you want to use.

We have more information in [language] about different cancers, treatments and living with cancer.

Visit macmillan.org.uk/translations or call us on **0808 808 00 00**.

In this fact sheet:

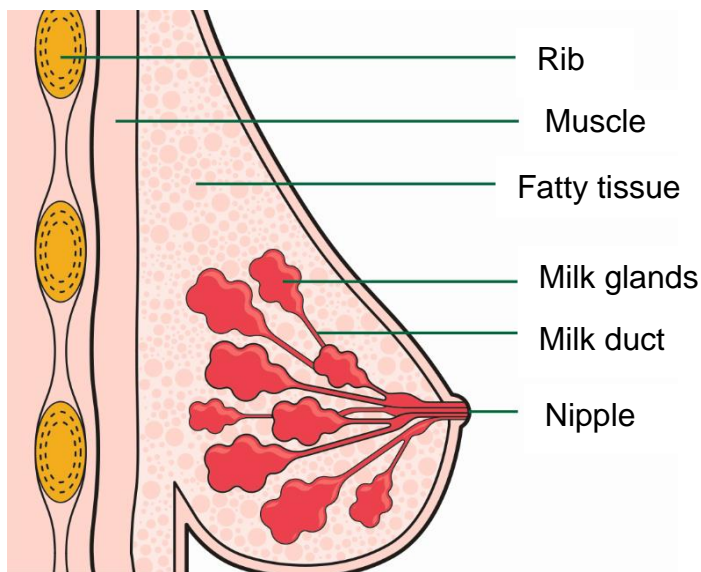
- The breasts
- Breast cancer
- How treatment is planned
- Talking to your healthcare team
- Questions to ask about your treatment
- Treatments for breast cancer
- Possible side effects of your treatment
- Other information
- Follow up
- Your feelings
- How Macmillan can help
- Word list
- More information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

The breasts

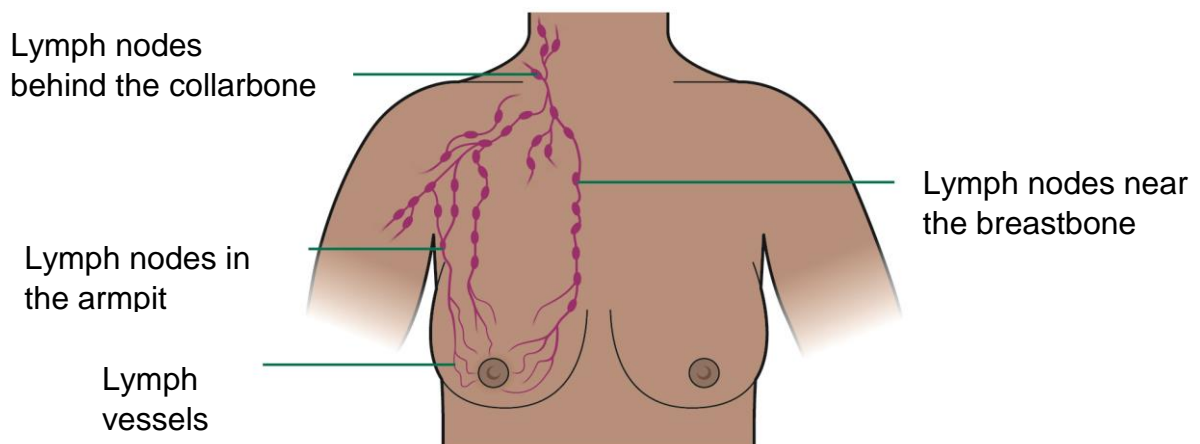
The breasts are made of fat and tissue. They also have glands where breast milk is made. The glands are connected to the nipple by fine tubes called milk ducts. Men have a small amount of breast tissue behind the nipple.

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. Hormonal therapies work well for ER positive breast cancer.
- **Proteins** – some breast cancers have receptors for the protein HER2. 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%) will have triple negative breast cancer. It is more common in younger women and in black 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 and where it is in the breast.

The doctor may remove:

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

Some people who have the whole breast removed (mastectomy) can have breast reconstruction. It can be done at the same time or later. 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 surgeon 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.

If any of the nodes contain cancer, you may need an operation to remove all the 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. Some people may also have it 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 5 to 10 years.

You may have hormonal therapy:

- before surgery to shrink a cancer
- after surgery to reduce the risk of breast cancer coming back.

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 (ovarian ablation)

Another way to lower oestrogen levels is to stop the ovaries working. This is called ovarian ablation. Drugs or an operation can stop the ovaries making oestrogen. Very rarely, radiotherapy may be used.

This will cause a permanent menopause. It can be difficult to deal with the menopause when you are already dealing with breast cancer. We have information about getting support on page 10.

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

Trastuzumab (Herceptin®)

If the cancer is HER2 positive, your doctor may give you trastuzumab (Herceptin®). 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.

The side effects are usually mild, but can include:

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

Some people may also have a drug called pertuzumab (Perjeta®) with trastuzumab. These drugs may be given before an operation to shrink a cancer.

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

Possible side effects of your treatment

We have more information in [language] about common side effects of cancer treatments.

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.

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.

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

Macmillan is here to help you and your family. There are different ways you can get support:

- **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 Monday to Friday, 9am 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 centres.** At an information centre, 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.** Find a group near you at macmillan.org.uk/supportgroups or call us.
- **Macmillan Online Community.** You can talk to other people in similar situations at macmillan.org.uk/community

Word list

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

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

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• 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're diagnosed with cancer – A quick guide• Eating problems and cancer• End of life• Financial support - benefits• 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

Speak to us in [language]

You can call Macmillan free on **0808 808 00 00** and speak to us in your own language through an interpreter. You can talk to us about your worries and medical questions. Just tell us, in English, the language you want to use.

We are open Monday to Friday, 9am to 8pm.

References and thanks

This information has been written and edited by Macmillan Cancer Support's Cancer Information Development team.

This fact sheet is based on more detailed Macmillan 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, Macmillan Consultant Medical Oncologist.

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 edition.

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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We make every effort to ensure that the information we provide is accurate but it should not be relied upon to reflect the current state of medical research, which is constantly changing. If you are concerned about your health, you should consult your doctor. Macmillan cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information such as information on websites to which we link.

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