

Canser y fron

Mae'r wybodaeth hon ynghylch canser y fron a thriniaethau ar gyfer canser y fron.

Ceir esboniad o'r geiriau sydd wedi eu tanlinellu yn y rhestr geiriau ar y diwedd.

Os oes gennych unrhyw gwestiynau, gallwch holi'ch meddyg neu nyrs yn yr ysbyty lle byddwch yn cael eich triniaeth.

Os oes gennych unrhyw gwestiynau neu os ydych eisiau siarad â rhywun, gallwch ffonio Cymorth Canser Macmillan ar **0808 808 00 00**, o ddydd Llun i ddydd Gwener, 9am tan 8pm. Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith eich hun. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio.

Mae gennym ragor o wybodaeth yn Gymraeg am wahanol ganserau, triniaethau a byw gyda chanser.

Ewch i macmillan.org.uk/translations neu ein ffonio ar **0808 808 00 00**.

Yn y daflen ffeithiau hon:

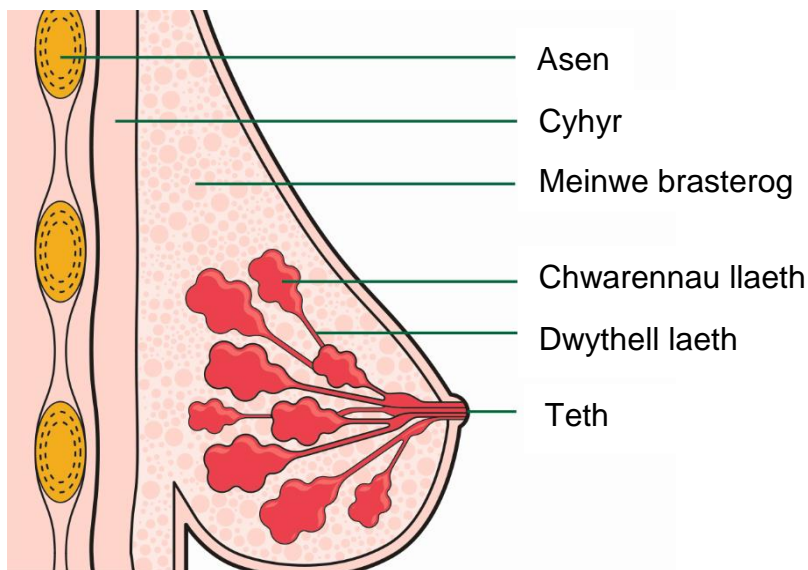
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Y bronnau

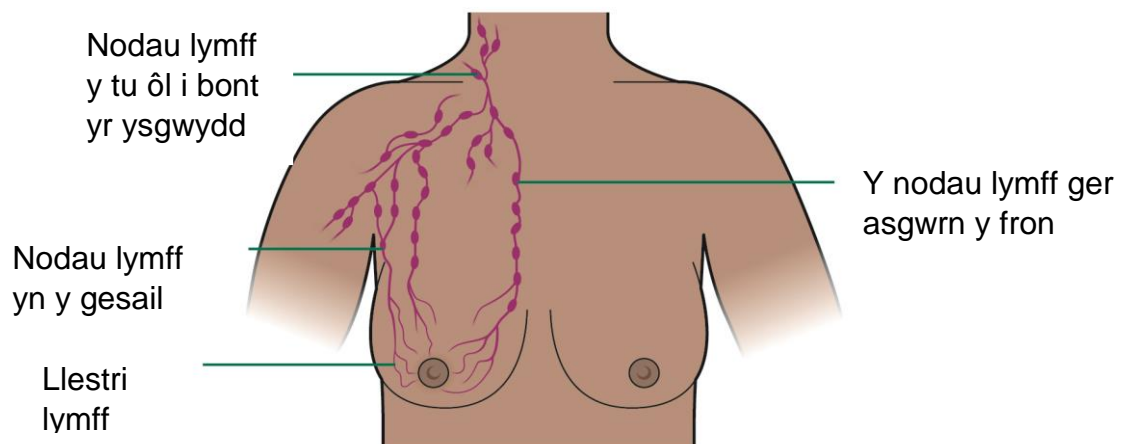
Mae'r bronnau wedi'u gwneud o fraster a meinwe. Mae ganddynt hefyd chwarennau lle gwneir llaeth y fron. Maent wedi eu cysylltu â'r deth drwy diwbiau mân a elwir yn ddwythellau llaeth. Mae gan ddynion ychydig o feinwe bron tu ôl i'r deth.

Mae meinwe'r fron a nodau lymff (chwarennau) yn y ceseiliau. Mae nodau lymff yn rhan o'r system lymffatig. Mae gennym nodau lymff hefyd ger asgwrn y fron a'r tu ôl i bont yr ysgwydd.

Golwg o'r fron o'r ochr



Y nodau lymff ger y bronnau



Canser y fron

Mae meinwe'r corff wedi'i wneud o gelloedd bach. Mae canser y fron yn digwydd pan fo'r celloedd yn y fron yn tyfu'n afreolus ac yn ffurfio lwmp a elwir yn diwmor (canser cychwynnol). Weithiau mae celloedd canser yn lledaenu i rannau eraill o'r corff trwy'r gwaed a'r system lymffatig. Gelwir hyn yn ganser eilaidd.

Mae gwahanol fathau o ganser y fron ond maent i gyd yn cael eu trin mewn ffordd debyg. Mae canser y fron yn effeithio'n bennaf ar ferched. Gall dynion ei gael hefyd, ond mae hyn yn brin.

Nid yw canser y fron yn heintus ac ni ellir ei basio i bobl eraill.

Camau a graddau canser y fron

- Mae cam y canser yn golygu pa mor fawr ydyw ac os yw wedi lledaenu.
- Gradd y canser yw pa mor gyflym y gallai'r canser dyfu.

Derbynyddion

Mae gan rai celloedd canser y fron dderbynyddion y gall hormonau neu proteinau lynu atynt. Gall y rhain wneud y canser dyfu.

- **Hormonau** – mae gan rai canserau'r fron dderbynyddion ar gyfer yr hormon oestrogen. Gelwir y rhain yn ganserau'r fron positif i dderbynyddion oestrogen (ER positif). Mae therapïau hormonaidd yn gweithio'n dda ar gyfer canser y fron ER positif.
- **Proteinau** – mae gan rai canserau'r fron dderbynyddion ar gyfer y protein HER2. Gelwir y rhain yn ganserau'r fron HER2 positif. Efallai bydd eich doctor yn rhoi trastuzumab i chi ar gyfer y math yma o ganser. Mae hwn yn perthyn i grŵp o gyffuriau a elwir yn therapïau targedig.

Canser y fron negyddol triphlyg

Gelwir canser y fron heb ddim derbynyddion ar gyfer hormonau neu proteinau yn ganser y fron negyddol triphlyg.

Bydd gan 1 ym mhob 5 o ferched â chanser y fron (20%) ganser y fron negyddol triphlyg. Mae'n fwy cyffredin ymysg merched iau ac mewn merched du. Gall eich meddyg neu nyrs ddweud mwy wrthy ch chi am hyn.

Sut caiff triniaeth ei chynllunio

Bydd eich tîm gofal iechyd yn cyfarfod i gynllunio'r driniaeth orau i chi. Bydd eich nyrs neu feddyg yn siarad â chi am:

- gam a gradd y cancer
- os oes gan y cancer dderbynyddion hormon neu brotein
- eich iechyd cyffredinol
- y triniaethau a'r sgîl-ffeithiau posibl
- yr hyn yr ydych yn ei feddwl am y triniaethau sydd ar gael.

Siarad â'ch tîm gofal iechyd

Mae'n bwysig eich bod yn trafod unrhyw driniaeth â'ch meddyg, i wneud yn siŵr eich bod yn deall beth mae'n ei olygu. Ar ôl siarad gyda chi, fel arfer bydd eich meddyg yn gofyn i chi lofnodi ffurflen i ddangos eich bod yn deall ac yn cytuno i gael y driniaeth. Gelwir hyn yn rhoi eich caniatâd. Ni fyddwch yn cael unrhyw driniaeth oni bai eich bod wedi cytuno i'w chael.

Mae'n syniad da mynd â rhywun gyda chi sy'n gallu siarad Cymraeg a Saesneg. Neu gall yr ysbyty drefnu cyfieithydd ar eich cyfer. Rhwch wybod i'ch nyrs os ydych angen un.

Cwestiynau i'w gofyn am eich triniaeth

- Beth mae fy niagnosis yn ei olygu?
- Beth yw cam a gradd y cancer?
- Beth fydd fy nhriniaeth?
- Beth yw manteision, risgiau a sgîl-ffeithiau pob triniaeth?
- A fydd y driniaeth yn effeithio ar fy mywyd dyddiol?
- Gyda phwy allaf i siarad am sut ydw i'n teimlo?

Mae gennym fwy o wybodaeth yn eich iaith ynghylch cael diagnosis o ganser.

Triniaethau ar gyfer cancer y fron

Mae'r triniaethau ar gyfer cancer y fron yn cynnwys:

- llawdriniaeth (llawfeddygaeth)
- cyffuriau (cemotherapi, therapi hormonaidd, therapi targedig)
- radiotherapi.

Mae llawer o bobl yn cael mwy nag un math o driniaeth, megis llawdriniaeth ac yna radiotherapi. Neu efallai y cewch gemotherapi cyn neu ar ôl llawdriniaeth.

Llawdriniaeth

Mae llawdriniaeth (llawfeddygaeth) i dynnu'r canser yn driniaeth gyffredin ar gyfer canser y fron. Mae'r meddyg yn tynnu'r canser ac ychydig o feinwe iach o'i amgylch. Bydd y llawdriniaeth a gewch yn dibynnu ar faint y canser a ble mae yn y fron.

Efallai bydd y meddyg yn tynnu'r

- canser (echdoriad lleol llydan)
- y fron gyfan (mastectomi).

Gall rhai pobl sy'n cael tynnu'r fron gyfan (mastectomi) gael adlunio'r fron. Gellir ei wneud ar yr un pryd neu'n ddiweddarach. Gallwch siarad â'ch meddyg ynghylch hyn a'r gwahanol ffyrdd o'i wneud. Os na chwech adlunio'r fron, gall eich nyrs roi bron artiffisial (prosthesis) i chi i'w rhoi yn eich bra.

Gwirio'r nodau lymff

Yn ystod y llawdriniaeth, bydd y llawfeddyg fel arfer yn tynnu rhai nodau lymff. Maent yn eu tynnu o dan eich braich ar yr un ochr â'r canser. Mae hyn i wirio os oes canser yn y nodau lymff. Mae hyn yn helpu'r meddyg i benderfynu os ydych angen mwy o driniaeth.

Os yw unrhyw rai o'r nodau'n cynnwys canser, efallai byddwch angen llawdriniaeth i dynnu'r nodau lymff i gyd. Gall rhai merched gael radiotherapi i'r nodau lymff yn hytrach na llawfeddygaeth.

Mae gennym ragor o wybodaeth yn Gymraeg sy'n egluro sut y mae llawdriniaeth yn cael ei chynllunio a beth i'w ddisgwyl ar ôl y llawdriniaeth.

Radiotherapi

Mae radiotherapi yn defnyddio pelydrau X ynni uchel i ddinistrio'r celloedd canser. Gall ddifrodi celloedd normal hefyd, ond fel arfer maent yn gwella ar ôl i'r driniaeth orffen.

Yn aml ceir radiotherapi ar ôl llawdriniaeth unwaith bydd y briw wedi gwella. Gall hyn leihau'r risg o'r canser yn dod yn ôl. Ar ôl echdoriad lleol llydan, fel arfer byddwch yn cael radiotherapi ar weddill meinwe'r fron. Weithiau, byddwch yn cael radiotherapi ar ôl mastectomi hefyd.

Efallai byddwch hefyd yn cael radiotherapi ar y gesail i drin unrhyw nodau lymff sy'n weddill.

Mae gennym ragor o wybodaeth yn Gymraeg am radiotherapi a rhai o'r sgîl-ffeithiau y gallwch eu profi.

Cemotherapi

Mae cemotherapi yn defnyddio cyffuriau gwrth ganser i ddinistrio celloedd cancer. Bydd y cyffuriau'n cael eu rhoi mewn i wythïen neu gellir eu rhoi fel tabled. Gall cael cemotherapi leihau'r risg y daw cancer y fron yn ôl. Efallai bydd rhai pobl hefyd yn ei gael cyn llawfeddygaeth i leihau cancer. Mae hyn fel arfer yn golygu mai llawdriniaeth lai sydd ei hangen.

Gall cyffuriau cemotherapi achosi sgîl-ffeithiau sy'n gwneud i chi deimlo'n wael. Gall gwahanol gyffuriau achosi gwahanol sgîl-ffeithiau, gan gynnwys:

- bod yn fwy tebygol o gael haint.
- teimlo'n flinedig
- teimlo'n sâl neu fod yn sâl
- dolur rhydd neu rwymedd
- ceg ddolurus
- colli gwallt.

Gall eich meddyg siarad â chi am y sgîl-ffeithiau y gallech eu cael a sut i'w rheoli. Gellir rheoli'r rhan fwyaf o sgîl-ffeithiau gyda chyffuriau. Mae'r rhan fwyaf o sgîl-ffeithiau'n diflannu pan fydd y cemotherapi wedi dod i ben.

Mae gennym ragor o wybodaeth yn Gymraeg am gemotherapi a rhai o'r sgîl-ffeithiau y gallwch eu profi.

Therapi hormonaidd

Os oes gennych ganser derbynydd- oestrogen positif (ER positif), fel arfer byddwch yn cael therapi hormonaidd. Mae therapiau hormonaidd yn lleihau lefel yr oestrogen neu ei atal rhag glynu wrth y celloedd cancer. Fel arfer byddwch yn dechrau therapi hormonaidd ar ôl llawfeddygaeth neu gemotherapi ac yn ei gael am 5 i 10 mlynedd.

Efallai y cewch therapi hormonaidd:

- cyn llawfeddygaeth i leihau cancer
- ar ôl llawfeddygaeth i leihau'r risg y daw cancer y fron yn ôl.

Efallai byddwch yn cael gwahanol gyffuriau, megis tamoxifen, letrozole neu anastrozole. Mae hyn yn dibynnu ar:

- os ydych wedi bod drwy'r cyfnewid ai peidio
- y risg y daw'r cancer yn ôl
- sut mae'r sgîl-ffeithiau'n debygol o effeithio arnoch.

Mae sgîl-ffeithiau therapi hormonaidd yn cynnwys:

- pyliau o wres a chwysu
- poen yn y cymalau
- llai o chwant am ryw.

Atal yr ofariau rhag gweithio (abladiad ofariaidd)

Ffordd arall o leihau lefelau oestrogen yw atal yr ofariau rhag gweithio. Gelwir hyn yn abladiad ofariaidd. Gall cyffuriau neu lawdriniaeth atal yr ofariau rhag gwneud oestrogen. Yn anaml iawn, efallai y defnyddir radiotherapi.

Bydd hyn yn achosi cyfnewid parhaol. Gall fod yn anodd delio â'r cyfnewid pan rydych eisoes yn delio gyda chanser y fron. Mae gennym wybodaeth ynghylch cael cefnogaeth ar dudalen 10.

Os ydych yn poeni am ffrwythlondeb, siaradwch gyda'ch meddyg cyn dechrau triniaeth.

Trastuzumab (Herceptin®)

Os yw'r canser yn HER2 positif, efallai bydd eich meddyg yn rhoi trastuzumab (Herceptin®) i chi. Mae hwn yn perthyn i grŵp o gyffuriau a elwir yn therapïau targedig. Mae Trastuzumab yn atal y protein HER2 rhag gwneud i'r celloedd canser dyfu. Fel arfer byddwch yn cael trastuzumab bob tair wythnos am flwyddyn.

Mae'r sgîl-efeithiau fel arfer yn ysgafn, ond gallant gynnwys:

- cur pen
- tymheredd uchel (gwres) ac oerfel
- teimlo'n sâl.

Efallai bydd rhai pobl yn cael cyffur o'r enw pertuzumab (Perjeta®) gyda trastuzumab. Efallai y rhoddir y cyffuriau hyn i chi cyn llawdriniaeth i leihau canser.

Weithiau gall trastuzumab effeithio ar y galon. Byddwch yn cael profion i archwilio'ch calon cyn ac yn ystod y driniaeth.

Sgîl-efeithiau posibl eich triniaeth

Mae gennym fwy o wybodaeth yn Gymraeg ynghylch sgîl-efeithiau cyffredin triniaethau canser.

Dyma rai sgîl-efeithiau eraill y gallech eu cael yn ystod ac ar ôl triniaeth am ganser y fron.

Newidiadau i'r fron

Gall llawfeddygaeth a radiotherapi ar y fron achosi newidiadau, gan gynnwys:

- sut mae'r fron yn edrych a theimlo
- poen yn y fron ac o dan y fraich
- faint y gallwch symud y fraich a'r ysgwydd ar yr ochr sy'n cael triniaeth.

Ar ôl llawdriniaeth, bydd craith. Fel arfer, daw hon yn llai amlwg dros amser. Gall ymestyn a thylino'r graith wella hyn.

Ar ôl radiotherapi, efallai bydd croen eich bron yn fwy tywyll ac yn fwy sensitif. Mae'n bwysig gorchuddio'r rhan a defnyddio eli haul gyda Ffactor Amddiffyn o'r Haul (SPF) uchel (o leiaf SPF 30). Holwch eich nyrs neu feddyg am fwy o gyngor.

Lymffoedema

Lymffoedema yw chwydd a achosir gan hylif yn cronni. Efallai bydd rhai pobl yn cael hwn ar ôl llawdriniaeth am ganser y fron. Mae fwyaf tebygol o effeithio ar fraich. Gellir lleihau'r chwydd trwy ymarfer corff, rhwymau arbennig a thylino. Os oes gennych chwydd yn eich braich neu law, dywedwch wrth eich nyrs. Y cynharaf y caiff diagnosis o lymffoedema ei wneud, yr hawsaf fydd hi i'w drin.

I leihau'r risg o lymffoedema:

- Gofalwch am eich croen. Defnyddiwch eli croen a cheisiwch osgoi doriadau neu grafiadau ar y croen.
- Cadwch yn egnïol a gwnewch ymarfer corff. Mae hyn yn helpu'r hylif lymff i symud o amgylch y corff.
- Cadwch at bwysau iach.

Newidiadau i'r esgyrn

Gall rhai therapïau hormonaidd deneuo'r esgyrn. Efallai bydd eich meddyg yn defnyddio sgan i wirio eich esgyrn. Wedi hyn, efallai byddwch yn cael triniaeth i amddiffyn eich esgyrn.

Problemau canolbwyntio a chofio

Ar ôl triniaeth am ganser y fron, efallai byddwch yn ei chanfod yn fwy anodd i ganolbwyntio a chofio pethau. Fel arfer mae hyn yn ysgafn ac yn aml mae'n gwella o fewn blwyddyn o orffen y driniaeth. Siaradwch â'ch meddyg neu nyrs os ydych chi'n poeni am hyn.

Magu pwysau

Ar ôl triniaeth am ganser y fron, efallai byddwch yn magu pwysau. Efallai bydd hyn oherwydd triniaethau fel therapi hormonaidd neu steroidau. Gall rhai triniaethau ddechrau'r cyfnewid a all hefyd achosi magu pwysau. Gall eich nyrs neu feddyg roi cyngor i chi ynghylch bwyta'n iach ac ymarfer corff.

Gwybodaeth arall

Atal Cenhedlu

Efallai y cewch eich cyngori i osgoi beichiogi am 2 flynedd ar ôl triniaeth am ganser y fron. Bydd eich meddyg yn eich cyngori i beidio â defnyddio dulliau atal cenhedlu sy'n cynnwys hormonau, gan gynnwys y bilsen a rhai coiliau.

Gallwch ddefnyddio coiliau nad ydynt yn cynnwys hormonau a dulliau atal cenhedlu rhwystr fel condomau a'r cap. Gall eich nyrs roi cyngor i chi am hyn.

Therapi amnewid hormonau

Nid yw meddygon yn argymhell therapi amnewid hormonau (HRT) ar ôl cael canser y fron. Mae HRT yn cynnwys oestrogen a allai annog celloedd canser y fron i dyfu.

Ond os oes gennych symptomau difrifol o'r cyfnewid ac nid yw unrhyw beth arall wedi helpu, efallai bydd eich meddyg yn ei ragnodi. Bydd eich meddyg yn siarad â chi am y risgiau posibl.

Dilyniant

Ar ôl i'ch triniaeth ddod i ben, efallai byddwch yn cael archwiliadau a mamogramau rheolaidd. Bydd y rhain bob ychydig o fisoedd i ddechrau. Yn y pen draw, efallai mai dim ond unwaith y flwyddyn y byddwch yn eu cael. Weithiau, yn hytrach nag apwyntiadau arferol, gofynnir i bobl gysylltu â'u meddyg neu nyrs arbenigol os ydynt yn poeni am unrhyw beth.

Eich teimladau

Efallai byddwch yn teimlo wedi eich llethu pan gewch wybod bod gennych ganser. Efallai bydd gennych sawl emosiwn gwahanol. Does dim ffordd gywir nac anghywir o ymateb. Mae yna sawl ffordd i ymdopi gyda hyn. Gallai siarad â ffrind agos neu berthynas helpu. Gall eich meddyg neu nyrs helpu hefyd.

Sut y gall Macmillan helpu

Mae Macmillan yma i'ch helpu chi a'ch teulu. Mae gwahanol ffyrdd y gallwch gael cefnogaeth:

- **Llinell Gefnogaeth Macmillan (0808 808 00 00).** Mae gennym gyfieithwyr, felly gallwch siarad gyda ni yn eich iaith. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio. Gallwn ateb cwestiynau meddygol, roi gwybodaeth am gefnogaeth ariannol neu siarad gyda chi am eich teimladau. Mae'r llinell ffôn ar agor o ddydd Llun i ddydd Gwener, 9am i 8pm.
- **Gwefan Macmillan (macmillan.org.uk).** Mae gan ein safle lawer o wybodaeth Saesneg am ganser a byw gyda chanser. Mae mwy o wybodaeth mewn ieithoedd eraill yn macmillan.org.uk/translations
- **Canolfannau gwybodaeth.** Yn y ganolfan wybodaeth, gallwch siarad gydag arbenigwr canser a chael gwybodaeth ysgrifenedig. Chwiliwch am eich canolfan agosaf yn macmillan.org.uk/informationcentres neu ffoniwch ni. Efallai y bydd gan eich ysbyty ganolfan.
- **Grwpiau cefnogi lleol.** Dewch o hyd i grŵp gerllaw yn macmillan.org.uk/supportgroups neu ffoniwch ni.
- **Cymuned Ar-lein Macmillan.** Gallwch siarad gyda phobl eraill mewn sefyllfaoedd tebyg yn macmillan.org.uk/community

Rhestr geiriau

Breast reconstruction	[Brest ri-con-stryc-shyn]	Adlunio'r fron	Pan fo meddygon yn ail-greu siâp y fron
Cells	[Séls]	Celloedd	Y blociau adeiladu bach sy'n llunio organau a meinwe ein corff.
Chemotherapy	[Cî-mo-ther- api]	Cemotherapi	Triniaeth canser sy'n defnyddio cyffuriau i ladd celloedd canser.
Contraception	[Con-tra-sep-shyn]	Atal Cenhedlu	Cyffuriau neu ddyfeisiadau sy'n atal beichiogrwydd.
Diagnosis	[Dei-ag-no-sis]	Diagnosis	Darganfod os oes gennych salwch ai peidio.
Gland	[Gland]	Chwarren	Organ sy'n gwneud sylweddau sy'n helpu'r corff i weithio'n iawn, megis hormonau, chwys neu laeth.
Hormonal therapies	[Hor-mown-yl ther-yp-îs]	Therapiau hormonaidd	Triniaethau sy'n newid cynhyrchiad neu weithgarwch hormonau yn y corff
Hormone	[Hor-mown]	Hormon	Sylwedd a wneir gan y corff sy'n rheoli sut mae'r organau yn gweithio.
Hormone replacement therapy (HRT)	[Hor-mown Ri-ples-ment ther-ypi (Eitch-Ar-Ti)]	Therapi amnewid hormonau (HRT)	Triniaeth sy'n amnewid hormonau naturiol pan nad yw'r corff yn gwneud digon ohonynt.
Lymph node	[Lumff nôd]	Nodyn lymff	Chwarren sy'n rhan o'r <u>system lymffatig</u> .
Lymphatic system	[Lum-ffat-ic sus-tem]	Y system lymffatig	Rhwydwaith o lestri a chwarennau ledled y corff sy'n helpu i ymladd haint.
Mammogram	[Mam-o-gram]	Mamogram	Pelydr X o'r fron.
Menopause	[Men-o-pôs]	Cyfnewid	Pan fo corff dynes yn stopio cynhyrchu hormonau a mae ei <u>mislif</u> yn stopio.
Menstrual period	[Men-strw-yl pir-iyd]	Mislif	Arllwysiad misol o waed a meinwe o'r groth.
Ovaries	[Of-yr-is]	Ofariau	Chwarennau lle cynhyrchir

			oestrogen.
Primary cancer	[Prai-myri can-syr]	Canser cychwynnol	Y tiwmor cyntaf i dyfu yn y corff.
Protein	[Pro-tîn]	Protein	Sylwedd a wneir gan y corff. Gall protein wneud i gelloedd dyfu, gan gynnwys celloedd cancer.
Radiotherapy	[Rei-dio ther- api]	Radiotherapi	Triniaeth sy'n defnyddio pelydrau X ynni uchel i ddinistrio celloedd cancer.
Receptor	[Res-ep-tyr]	Derbynnydd	Sylwedd ar gell sy'n caniatáu <u>proteinau</u> neu <u>hormonau</u> i effeithio ar y gell.
Scan	[Sgan]	Sgan	Darlun o du mewn eich corff.
Side effects	[Said eff-ects]	Sgîl-ffeithiau	Problem a achosir gan y driniaeth cancer, megis salwch neu flinder.
Steroids	[Ster-oids]	Steroidau	Cyffuriau a all helpu cemotherapi i weithio'n well a rheoli sgîl-ffeithiau.
Sun Protection Factor (SPF)	[Syn Prot-ec- shyn Ffacter (Es-Pi-Eff)]	Ffactor Amddiffyn rhag yr Haul (SPF)	Lefel yr amddiffyniad sydd mewn cynnyrch eli haul.
Surgery	[Syr-jy-ri]	Llawfeddygaeth	Cael llawdriniaeth.
Targeted therapy	[Tar-get-ed ther- api]	Therapi targedig	Cyffuriau sy'n ymosod ar gelloedd cancer ac yn gwneud llai o niwed i gelloedd normal.
Tumour	[Tiw-myr]	Tiwmor	Grŵp o gelloedd sy'n tyfu mewn ffordd annormal. Mae'r celloedd annormal yn lluosogi ac yn ffurfio lwmp.

Mwy o wybodaeth yn Gymraeg

Mae gennym wybodaeth yn Gymraeg am y pynciau hyn:

<p>Mathau o ganser</p> <ul style="list-style-type: none">• Canser y fron• Canser y coluddyn• Canser yr ysgyfaint• Canser y brostad <p>Triniaethau</p> <ul style="list-style-type: none">• Cemotherapi• Radiotherapi• Llawfeddygaeth	<p>Ymdopi â chanser</p> <ul style="list-style-type: none">• Os cewch ddiagnosis o ganser - Canllaw cyflym• Problemau bwyta a chanser• Diwedd oes• Cymorth ariannol - budd-daliadau• Bwyta'n iach• Blinder gyda chanser• Sgîl-ffeithiau triniaeth canser• Yr hyn y gallwch ei wneud i helpu'ch hun
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I weld yr wybodaeth hon, ewch i macmillan.org.uk/translations

Siaradwch â ni yn Gymraeg

Gallwch ffonio Macmillan am ddim ar **0808 808 00 00** a siarad â ni yn eich iaith eich hun trwy gyfieithydd. Gallwch siarad â ni am eich pryderon a'ch cwestiynau meddygol. Dywedwch wrthym, yn Saesneg, yr iaith rydych am ei defnyddio. Rydyn ni ar agor o ddydd Llun i ddydd Gwener, 9am tan 8pm.

Cyfeiriadau a diolchiadau

Mae'r wybodaeth hon wedi ei hysgrifennu a'i golygu gan dîm Datblygu Gwybodaeth Canser Cymorth Canser Macmillan.

Mae'r daflen ffeithiau hon yn seiliedig ar wybodaeth Macmillan mwy manwl, y gallwn ei hanfon atoch neu y gallwch ei darllen ar-lein. Yn Saesneg yn unig mae'r wybodaeth fwy manwl ar gael.

Mae'r wybodaeth hon wedi ei hadolygu gan arbenigwyr perthnasol a'i chymeradwyo gan ein Prif Olygydd Meddygol, Dr Tim Iveson, Oncolegydd Meddygol Ymgynghorol Macmillan.

Gyda diolch i Morven Angus, Prif Nyrs y Fron, Ymddiriedolaeth Sefydliad GIG Prifysgol Ysbyty Caer Colun, Rachel King, Gofal Arbenigol y Fron CSC Uned y Fron Caerwrangon, Joanna Rowley, Prif Nyrs Arbenigol y Fron Macmillan, Uned y Fron Caergrawnt. Diolch hefyd i'r bobl sydd wedi eu heffeithio gan ganser a adolygodd y rhifyn hwn.

Mae'r holl wybodaeth yn seiliedig ar y dystiolaeth orau sydd ar gael. Am ragor o wybodaeth am y ffynonellau a ddefnyddiwn, cysylltwch â ni yn **cancerinformationteam@macmillan.org.uk**

MAC15135_Welsh



Adolygwyd y cynnwys: Medi 2017

Adolygiad arfaethedig nesaf: 2020

Rydym yn gwneud pob ymdrech i sicrhau bod yr wybodaeth a ddarperir gennym yn gywir, ond ni ddylid dibynnu arni i adlewyrchu cyflwr presennol ymchwil feddygol, sy'n newid o hyd. Os ydych chi'n poeni am eich iechyd, siaradwch â'ch meddyg. Ni all Macmillan fod yn gyfrifol am unrhyw golled neu ddifrod sy'n deillio o unrhyw gamgymeriad yn y wybodaeth hon na gwybodaeth trydydd parti, fel gwybodaeth ar wefannau rydym yn rhoi dolenni atynt.

© Cymorth Canser Macmillan 2017. Elusen gofrestredig yng Nghymru a Lloegr (261017), Yr Alban (SC039907) ac Ynys Manaw (604). Swyddfa gofrestredig 89 Albert Embankment, Llundain, SE1 7UQ.

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:

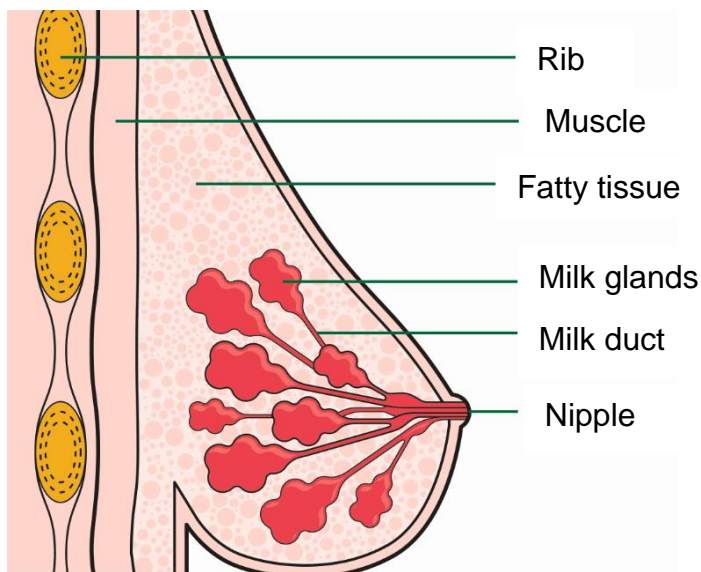
- The breasts
- Breast cancer
- How treatment is planned
- Talking to your healthcare team
- Questions to ask about your treatment
- Treatments for breast cancer
- Possible side effects of your treatment
- Other information
- Follow up
- Your feelings
- How Macmillan can help
- Word list
- More information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

The breasts

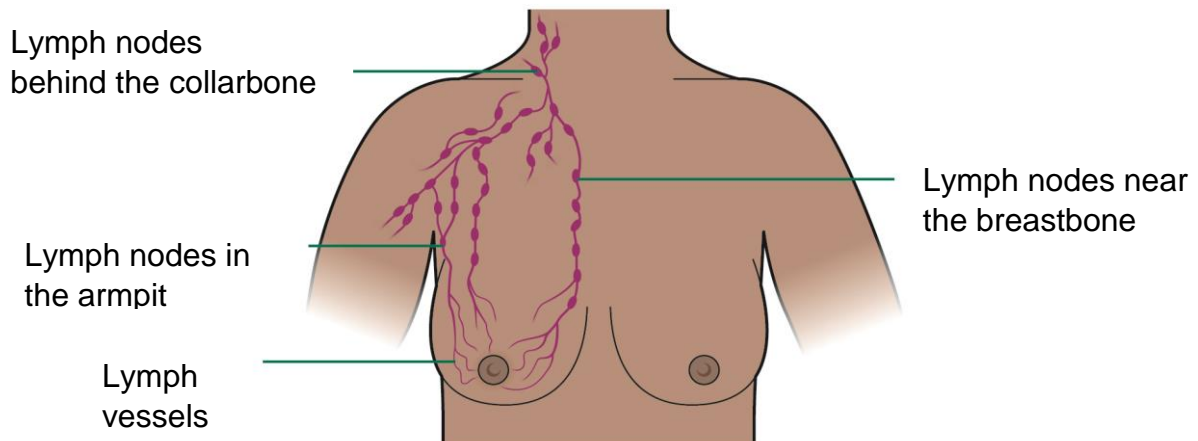
The breasts are made of fat and tissue. They also have glands where breast milk is made. The glands are connected to the nipple by fine tubes called milk ducts. Men have a small amount of breast tissue behind the nipple.

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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