

## Choosing your treatment

### Step 1: Learn all you can

Take time to learn all you can about your breast cancer and your treatment options. Try not to let anyone pressure you into making a decision about your treatment before you are ready. Your breast cancer took a long time to develop and it is not going to get worse overnight. You have time to get the information you need to make the right decision. Visit the library, search trusted Internet sites, request pamphlets or fact sheets like this one from your doctor. Ask your doctor(s) all your questions so you may understand your options.

### Step 2: Get a second opinion

It is very common to seek a second, or even a third opinion from other specialists. Some insurance companies and HMOs even require you to get a second opinion. Most doctors will not be offended that you want a second opinion. After all, it can only add to your knowledge about your breast cancer.

### Step 3: Get a medical team

Finding good doctors is the best way to decide what treatments are right for you. Most insurance plans will provide you with a list of doctors. Call the local office of the American Medical Association or go online at [www.ama-assn.org](http://www.ama-assn.org) to find out more about the doctors in your area. Most women with breast cancer need to make decisions about what type of breast surgery to undergo; whether to undergo radiation, chemotherapy, hormone or targeted therapy; and whether or not to undergo breast reconstruction. All women with breast cancer should talk with a medical oncologist to discuss their specific treatment needs, a treatment plan and identify who will speak for them should they be unable to speak for themselves.



## Questions to ask your doctor

These are just a few of the questions that you should ask. For more questions to ask your doctor, visit [www.komen.org/questions](http://www.komen.org/questions).

- How long do I have to make a treatment decision?
- What procedures will my insurance cover?
- Which form of treatment offers me the best chance of survival?
- Where will my surgical scars be and what will they look like?
- What is my prognosis (expected outcome)?
- Will I need a blood transfusion? Can I donate my own blood?
- What side effects can I expect during each stage of treatment? How can they be managed?
- How long will I have to stay in the hospital?
- How much work will I miss?
- How many of my axillary nodes are involved?
- Will I need radiation, chemotherapy, hormone or targeted therapy? Why or why not?

## Types of treatment

There are two main types of breast cancer treatment: *local* and *systemic*.

### Local treatment

**Surgery and radiation therapy** are *local treatments* because they treat a small area of the body.

- **Lumpectomy** is the surgical removal of only the cancerous area of the breast and some surrounding normal tissue. This procedure is also called *breast conserving surgery*. Usually, underarm (axillary) lymph nodes are also removed. Lumpectomy is a less invasive procedure that removes the least amount of breast tissue. An overnight stay in the hospital may not be needed. Side effects can include temporary loss of arm movement, numbness and lymphedema (fluid build-up that causes swelling in the arm and hand on the surgery side). There is a chance that not all the cancer will be removed so radiation therapy is generally required. This will decrease the chances of cancer returning (recurrence).
- **Mastectomy** involves surgical removal of the entire breast and usually some underarm (axillary) lymph nodes. Side effects may include temporary soreness, loss of arm movement, numbness and lymphedema. Mastectomy requires a short stay in the hospital and can cause lots of emotions. Radiation therapy is not often required and there are several options for reconstruction. There is a small chance that not all the cancer will be removed with a mastectomy. Studies have shown that lumpectomy and mastectomy are equal in terms of their effectiveness.
- **Radiation therapy** uses high energy X-rays to kill cancer cells in the targeted tissue. It is most often used with lumpectomy. It may also be recommended after a mastectomy for women with four or more positive lymph nodes, breast cancers over 5 centimeters in size or those with close or positive margins (cancer cells close to or at the edge of the surgically removed breast.) Side effects may include fatigue, soreness and swelling in the breast area and lymphedema that may develop later.

### Systemic treatment

Chemotherapy, hormone therapy and targeted therapies are *systemic treatments* because they treat the entire body.

- **Neoadjuvant therapy** is used *before* surgery to help shrink the size of the tumor.
- **Adjuvant therapy** is used *after* local treatment to kill any cancer cells that may have escaped from the breast and spread to other parts of a woman's body.
- **Chemotherapy** uses drugs to kill cancer cells. It is given 1 or 2 times a month for 3 to 6 months. Side effects can include hair and nail loss, nausea, fatigue, early menopause, hot flashes and lowered blood counts for a short time.
- **Hormone therapy** uses drugs to prevent your body's hormones, especially estrogen, from promoting the growth of any cancer cells that may remain after surgery. The therapy may involve taking a drug, like tamoxifen or an aromatase inhibitor, for five years.
- **Targeted therapy** uses the body's immune system to fight cancer. These therapies are newer and many are still being studied in clinical trials. Herceptin kills breast cancer cells that have high levels of a protein called HER2. Herceptin has been approved by the FDA to treat certain early stage breast cancer and metastatic breast cancers that contain high levels of HER2 (20 to 25 percent of breast cancer).

#### Related fact sheets in this series:

- Axillary Lymph Nodes
- Breast Surgery
- Chemotherapy and Side Effects
- Hormone Therapy
- Lymphedema
- Radiation Therapy and Side Effects
- Targeted Therapy