Surgery

Most have surgery to remove the cancer. Forms of surgery include:

1. Breast – conserving surgery
   - Lumpectomy or Wide Local Excision – removal of the cancer and a small amount of surrounding tissue
   - Quadrantectomy – removal of more surrounding tissue than a lumpectomy. For a quadrantectomy, one-quarter of the breast is removed.
2. Mastectomy – removal of the whole breast.

During both of the above breast surgeries, some of the lymph nodes under the same armpit will also be removed for examination.

Systemic therapy

- Chemotherapy
- Anti Cancer Hormone Therapy
- Targeted Chemotherapy

Radiotherapy

Radiotherapy uses high-energy rays to target and kill cancer cells. The goal is to kill any cancer that might be left in or around the breast.

Radiotherapy is vital after a breast-conserving surgery like lumpectomy, since much of the breast tissue is left intact. It will lower the chances of the cancer returning in the breast.

Most women who have a mastectomy do not need radiotherapy. However, in some cases, it is used to treat the chest wall and the lymph nodes in the armpit, if the risk of local recurrence is determined to be high enough based on size and margin.

Rehabilitation

Physical rehabilitation includes:

- Shoulder exercises after surgery
- Arm care to avoid lymphoedema
- Balanced nutrition and lifestyle adaptation to enhance recovery

Mental rehabilitation involves:

- Close support of spouse, family, friends and support groups
- A woman may feel reassured by knowing her chances of survival
- Attending doctor reviews regularly

What is The Best Approach to Care?

The development of a treatment plan by a multi-disciplinary team – breast surgeons, pathologists, radiologists, medical and radiation oncologists, social workers and breast care nurses to diagnose, treat and manage the condition has shown to improve the outcome for patients with cancer.

What Kind of Support is Available?

CanHOPE is a non-profit cancer counselling and support service provided by Parkway Cancer Centre, Singapore. CanHOPE consists of an experienced, knowledgeable and caring support team with access to comprehensive information on a wide range of topics in education and guidelines in cancer treatment.

CanHOPE provides:

- Up-to-date cancer information for patients including ways to prevent cancer, symptoms, risks, screening tests, diagnosis, current treatments and research available.
- Referrals to cancer-related services, such as screening and investigational facilities, treatment centres and appropriate specialist consultation.
- Cancer counselling and advice on strategies to manage side effects of treatments, coping with cancer, diet and nutrition.
- Emotional and psychosocial support to people with cancer and those who care for them.
- Support group activities, focusing on knowledge, skills and supportive activities to educate and create awareness for patients and caregivers.
- Resources for rehabilitative and supportive services
- Palliative care services to improve quality of life of patients with advanced cancer.

The CanHOPE team will journey with patients to provide support and personalised care, as they strive to share a little hope with every person encountered.

canHOPE

CanHOPE Counsellors contact:
Cancer counselling hotline:
(65) 6738 9333
Email: enquiry@canhope.org
www.canhope.org

PCC
PARKWAY CANCER CENTRE

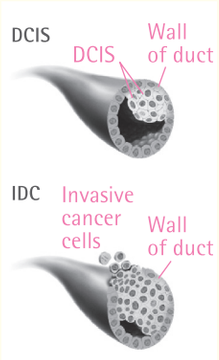
Breast Cancer

A disease in which malignant (cancer) cells are detected in the tissues of the breast

What is Breast Cancer?

Breast Cancer is a disease in which malignant (cancer) cells are detected in the tissues of the breast. These cells usually arise from the ducts or the lobules in the breast. These cancer cells can then spread within the tissue or organ and to other parts of the body.

Anatomy of the breast



How Common is Breast Cancer?

Breast cancer is the most commonly occurring cancer in women and the second most common cancer overall. The highest incidence is in the 55 - 59 years age group. The risk of breast cancer increases with age. The good news is that more women are surviving the disease as a result of earlier detection and improved treatment.

What Causes It?

The triggering factors of this cancer are unknown. It could be attributed to a family history of breast cancer, early menarche or other possible risk factors. As it is difficult to ascertain, any one of us can be at risk, especially when we are aged 40 and above. While the factors are unknown, a complete cure is possible with early detection through regular breast checks.

What are The Warning Signs of Breast Cancer?

- painless lump in the breast
- persistent itch and rash around the nipple
- bleeding or unusual discharge from the nipple
- skin over the breast is swollen and thickened
- skin over the breast is dimpled or puckered
- nipple is pulled in or retracted

What are The Guidelines on Breast Screening?

39 years and below	• monthly breast self examination
40 to 49 years	• monthly breast self examination • annual screening mammography
50 years and above	• monthly breast self examination • two yearly screening mammography

Diagnosis

- Clinical Examination: Especially if a lump, nipple discharge or an unusual breast change is detected.
- Mammogram: This may detect changes such as abnormal densities or calcium deposits.
- Ultrasound Scan: This is used to target a specific area of concern found on the mammogram or may be used to detect abnormalities that are not well seen on the mammogram. An ultrasound scan can distinguish between a solid mass, which may be a cancer, and a fluid-filled cyst, which is usually not cancer.
- Magnetic Resonance Imaging (MRI): In some cases, patients go for a MRI scan to better screen or examine suspicious areas. This is particularly useful for younger women because younger women have an increased breast tissue density and conventional imaging tests such as mammogram or ultrasound are less sensitive and specific for detecting breast cancer.

What is Biopsy?

To confirm breast cancer, a biopsy will have to be performed in which cells or a piece of tissue is removed for examination under a microscope.

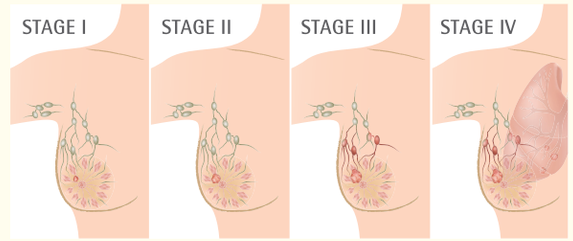
Common biopsy techniques:

- Fine Needle Aspiration (FNA)
- Core Needle or Tru-cut Biopsy
- Excision Biopsy

How is Breast Cancer Assessed?

Stages / Extent of Spread

Stages	Extent of Spread	Average 5-Year Survival Rate (%)
0	Non invasive cancer	99
I	Small invasive cancer (less than 2cm without spreading to the axillary lymph nodes)	90
II	Invasive cancer (between 2-5cm or/with lymph nodes invasion)	70
III	Large invasive cancer (more than 5cm with skin invasion or spread to multiple lymph nodes)	40
IV	Widespread or metastatic cancer	20



Characteristics of Breast Cancer that Impacts on Relapse and Survival

- Tumour Size: In general, the larger the size of tumour the greater the chance of breast cancer reoccurring.
- Tumour Grade: Histologic Grade: This refers to how much the tumour cells resemble normal cells when viewed under the microscope; the grading scale is 1 to 3. Grade 3 tumours contain rapidly growing cancer cells. The higher the histologic grade, the greater the chance of breast cancer relapsing.
- Lymph Nodes: The number of lymph nodes that is in the armpit, on the same side of the affected breast, is an important indicator. A higher number of positive nodes is associated with a worse outcome and warrants more aggressive treatments.
- ER/PR: About two-thirds of all breast cancers contain significant levels of estrogen and/or progesterone receptors. They are referred to as estrogen receptor positive (ER+) tumours. ER-positive tumours tend to grow less aggressively and may respond favorably to treatment with hormones.
- HER2/erbB2: HER2 is a protein found on the surface of certain cancer cells. A tumour is described as being HER2-positive when it has a lot more HER2 receptors than others. About 20-25% of all breast cancers have tumours labelled HER2-positive. Tumours that are HER2-positive tend to grow more quickly than other types of breast cancer.

  By knowing if a cancer is HER2-positive can affect the choice of treatment because women with such tumour can benefit from anti Her2 targeted therapy.

Treatment

Treatment options and prognosis (chance of recovery) depends on the stage of the cancer (whether it is in the breast only or has spread to other places in the body), the type of breast cancer, certain characteristics of the cancer cells and whether the cancer is found in the other breast. A woman's age, menopausal status (whether a woman still has menstrual periods) and her general health can also affect treatment options and prognosis.