

4 ABOUT BREAST CANCER

What Causes Breast Cancer?

Nobody knows for certain why some women develop breast cancer and others do not. What is known:

- You should not feel guilty. You have not done anything “wrong” in your life that caused breast cancer.
- You CANNOT “catch” breast cancer from other women who have the disease.
- Breast cancer is NOT caused by stress or by an injury to the breast.
- Most women who develop breast cancer DO NOT have any known risk factors or a history of the disease in their families.
- Getting older DOES increase your risk of getting breast cancer, starting at the age of 40 and continuing into your 80s.

Who Gets Breast Cancer?

Breast cancer is the most common cancer diagnosed in women today. It even occurs in a small number of men.

- In California alone, close to 20,000 women are diagnosed with breast cancer each year.
- In the United States, close to 200,000 women are diagnosed with breast cancer each year.
- All ages and races are affected: 1 in 9 white, 1 in 11 African-American, and 1 in 20 Hispanic and Asian women will develop breast cancer during their lifetimes.

You have more choices for treatment when breast cancer is found early. Also, treatments have changed. Today, many women who are diagnosed with breast cancer DO NOT have to lose a breast. Even when breast cancer is

not found early, you still have choices. Because there are new ways to treat breast cancer, it is more important than ever for you to learn all you can. Working with a team of specialists, you play a key role in choosing your treatment.

Staging of Breast Cancer

Breast cancer is a complex disease. There is no right treatment for all women. Your breast cancer will be placed into one of 5 stages. The chart on the next page explains each stage for you. How your cancer is staged and your treatment choices will depend on:

- How small or large your tumor is and where it is found in your breast.
- If cancer is found in the lymph nodes in your armpit.
- If cancer is found in other parts of your body.

The following words and information also can help you understand how your cancer is “staged.”

- **Benign** means that your lump or other problem was NOT cancer.
- **Malignant** means that your tissue DOES contain cancer cells.
- **In situ or noninvasive cancer** is a very early cancer or a precancer that has NOT SPREAD beyond the breast, to the lymph nodes in the armpit, or to other parts of the body. This type of cell is still totally contained in the milk ducts or lobules of the breast.
- **Invasive cancer** HAS SPREAD to surrounding tissue in the breast and MAY HAVE SPREAD to the lymph nodes in the armpit or to other parts of the body. All breast cancers, except in situ cancer, are invasive.
- **Metastasized cancer** HAS SPREAD to other parts of the body, such as the bones, lungs, liver, or brain.

STAGING OF BREAST CANCER

- Stage 0**
- Very early breast cancer or preinvasive cancer. This type of cancer has NOT spread within or outside of your breast (also called in situ or noninvasive cancer).

- Stage I**
- Tumor smaller than 2 cm. (1 inch*). No cancer is found in lymph nodes in the armpit, or outside the breast.

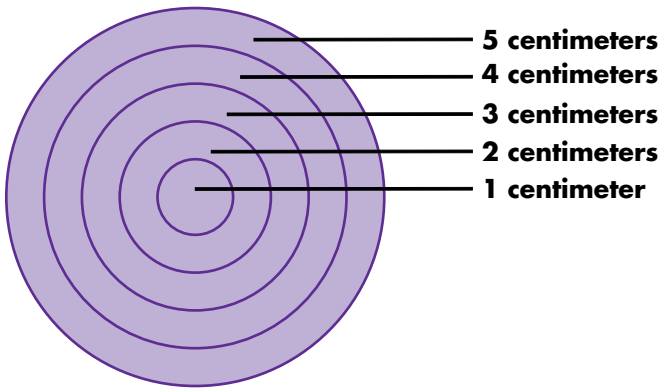
- Stage II**
- Tumor smaller than 2 cm. (1 inch). Cancer is found in the lymph nodes in the armpit,
OR
 - Tumor between 2 and 5 cm. (1 and 2 inches). Cancer may or may not be found in the lymph nodes in the armpit,
OR
 - Tumor larger than 5 cm. (2 inches). Cancer is not found in the lymph nodes in the armpit.

- Stage III**
- Tumor smaller than 5 cm. (2 inches) with cancer also in the lymph nodes that are stuck together,
OR
 - Tumor larger than 5 cm. (2 inches), OR cancer is attached to other parts of the breast area including the chest wall, ribs, and muscles,
OR
 - Inflammatory breast cancer. In this rare type of cancer, the skin of the breast is red and swollen.

- Stage IV**
- Tumor has spread to other parts of the body, such as the bones, lungs, liver, or brain.

* Cm. means centimeters. One inch equals 2.5 centimeters. Inches listed above are not exact measurements.

Tumor Sizes



One inch equals
2.5 centimeters.

Survival Rates

When cancer is detected early, five-year survival rates are very high. Almost all women with Stage 0 cancer will have a normal lifespan. Five-year survival rates are as high as 95% when the cancers in Stage 1 are smaller than one centimeter. Even when a cancer falls into a Stage II category, five-year survival rates are close to 70%.

Risk Factors for Recurrence

Some women are at higher risk for the spread and return of breast cancer. Remember, the risk factors for recurrence are complex. They ARE NOT absolute forecasts of what your future will be. The factors are:

- **Tumor size.** The larger your tumor, the higher your risk.
- **Lymph nodes.** The more lymph nodes in your armpit that have cancer, the higher your risk.
- **Cell studies.** New tests can measure the growth rate and aggressiveness of the tumor cells. The cancer cells that show the most rapid growth are linked to higher risk for the return of cancer.

Questions to Ask Your Doctor

- What stage of breast cancer do I have?
- Do I have a type of cancer that should be treated at a specialized center?
- Will a pathologist with experience in diagnosing in situ “cancer” read my slide? Does the doctor read a high volume of breast cancer slides?
- For in situ “cancer,” do you think my biopsy slides should be reread? Why or why not?
- What are the chances that my cancer has spread beyond the breast?

In Situ “Cancers”

Because of the success of x-ray mammography, tiny growths are being discovered that raise concerns about a woman’s risk of developing breast cancer. These growths are called carcinoma in situ or noninvasive cancer. Today 15% to 20% of breast “cancers” fall into this category. Two types exist:

- **Ductal carcinoma in situ (DCIS)** is noninvasive, which means it is limited to the milk ducts of the breast. It has NOT spread beyond the breast, to the lymph nodes in the armpit, or to other parts of the body. However, there are several types of DCIS. If it is not removed, some types may in time change and develop into an invasive cancer. Some may NEVER progress to an invasive cancer.
- **Lobular carcinoma in situ (LCIS)** is a noninvasive growth limited to the milk lobules of the breast. It is NOT cancer, only a warning sign of increased risk of developing cancer, according to the National Cancer Institute. Women with LCIS have about a 1% risk of developing invasive breast cancer equally in either breast per year. At 20 years, this risk is about 18%.

To be sure that you have the right diagnosis, have your slides read by an experienced pathologist. If you still have questions, the National Cancer Institute suggests that your biopsy slides be reread. You can have them reread at a university hospital, cancer center, a second opinion service, or at the Armed Forces Institute of Pathology in Washington, D.C. This step is important because of the difficulty today in making an accurate diagnosis. Treatment choices vary from close follow-up, to removing only the affected tissue, to removing both breasts.

For more information on in situ “cancers”:

- Talk to your doctor.
- Call **1-800-4-CANCER** (the National Cancer Institute’s hotline).

Your Treatment Team

If your lump does contain cancer cells, you will need a team of medical experts. No one doctor is able to provide all the services you may need. Here are some of the experts you may need.

- **Anesthesiologist:** a doctor who gives medications that keep you comfortable during surgery.
- **Clinical Nurse Specialist:** a nurse with special training who can help answer questions and provide information on resources and support services.
- **Oncologist:** a doctor who uses chemotherapy or hormone therapy to treat cancer.
- **Pathologist:** a doctor who examines tissue and cells under a microscope to decide if they are normal or cancer.
- **Physical Therapist:** a medical professional who teaches exercises that help restore arm and shoulder movements after surgery.
- **Plastic Surgeon:** a doctor who can rebuild (**reconstruct**) your “breast.”
- **Radiation Oncologist:** a doctor who uses radiation therapy to treat cancer.
- **Radiologist:** a doctor who reads mammograms and performs other tests, such as x rays or ultrasound.
- **Social Worker:** a professional who can talk with you about your emotional or physical needs.
- **Surgeon:** a doctor who performs biopsies and other surgical procedures such as the removal of your lump (**lumpectomy**) or your breast (**mastectomy**).

Second Opinions

Second opinions are your right and are commonly asked for today. Get a second opinion if you:

- Want to confirm your diagnosis or treatment.
- Have concerns about your treatment plan.
- Feel uncomfortable with your doctor.

To get a second opinion:

- Ask your doctor to refer you to another breast cancer specialist who is outside his or her treatment team.
- Call the National Cancer Institute’s hotline: **1-800-4-CANCER.**
- Call local or national medical associations.
- Talk to women in breast cancer organizations or to women who have been through the same experience.