Understanding breast cancer

MARCELLE RUTH
CANCER CENTRE & SPECIALIST HOSPITAL

The Marcelle Ruth Cancer Centre & Specialist Hospital is the first comprehensive healthcare centre of its kind in Nigeria and indeed West Africa.

> Our promise

In everything we do, we believe that compassion and care make all the difference.

With vast experience and understanding, our specialist team uses the very latest technology and treatments to deliver the best outcomes possible.

From screening and diagnosis to treatment and ongoing support, we are committed to providing outstanding care to those in need.

About this booklet

We understand it can be overwhelming for anyone to undergo cancer care, but we are here to provide you with help and support.

The focus of this leaflet is to help you and your family understand more about breast cancer.

Breast cancer

Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing, making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells. There are tests that will be done including blood and imaging tests to know the general state of the body and the extent of the disease.

Breast cancer is the most common cancer among women worldwide. It is usually located in the breast and sometimes in the armpit. Breast cancer can start in different parts of the breast. The most common type of breast cancer starts in the ducts. The ducts are tubes in the breast that carry breast milk to the nipple. Sometimes cancer can start in the lobules. The lobules are glands that produce milk for breastfeeding. Breast cancer mainly affects older women. Most breast cancers (80%) occur in women over the age of 50, and the older you are, the higher your risk. Men can also get breast cancer, but this is rare. Most men who get breast cancer are over 60.

Breast cancer is caused by a combination of our genes, environment and lifestyles. The exact cause of breast cancer is unknown, but certain things can increase the chance of developing it. These are called risk factors. Having one or more risk factors does not mean you will definitely get cancer. And if you do not have any risk factors, it does not mean you will not get breast cancer. Breast cancer is likely to be caused by a combination of different risk factors, rather than just one. Risk factors include family history, genetic abnormality, early menarche, late menopause, late age before first full term birth, oral contraceptive pills, radiation and chemotherapy.

Common breast cancer signs and symptoms include:

- a lump or swelling in the breast, upper chest or armpit – you might feel the lump but not see it
- a change to the skin, such as puckering or dimpling
- a change in the colour of the breast – the breast may look red or inflamed
- a change to the nipple, for example it has become pulled in (inverted)
- rash or crusting around the nipple
- any unusual liquid (discharge) from either nipple
- changes in size or shape of the breast.

On its own, pain in the breasts is not usually a sign of breast cancer but pain that's there all or most of the time should be investigated well.

Noticing an unusual change doesn't necessarily mean there is breast cancer, and most breast changes are not because of cancer. Men can also develop breast cancer but it is very rare.

The tests for breast cancer include biopsy. This involves taking some tissue from the breast to be examined with microscopes and usually confirms the presence of cancer cells in the breast, and without it there cannot be a diagnosis of breast cancer. Imaging investigations – including CT scan, mammogram, breast and abdominopelvic ultrasound scan – are used to determine the extent of the cancer in the body.

There are different subtypes of breast cancer with different treatment options and outcomes. These subtypes can be positive or negative to hormone receptors and Human Epidermal Growth Factor Receptor (HER-2).

The stages of breast cancer

The extent of the breast cancer in the body is the stage. There are usually stage I to 4, with the earliest being the stage 1 and most advanced being stage 4.

0	Abnormal cells are present but have not spread to nearby tissue.
1	Early stage: Cancer has spread to other tissue in small areas.
2	Localised: Tumour is between 20–50mm and some lymph nodes are involved, or a tumour larger than 50mm with no lymph nodes involved.
3	Regional spread: Tumour is larger than 50mm, with some lymph nodes involved across a wider region. In some cases, there is no tumour present at all. Cancer may have spread to skin or chest wall.
4	Distant spread: Cancer has spread beyond the breast to other parts of the body.

Disease in an early stage can have a curative treatment while stage 4 will receive palliative treatment where the chance of cure is no longer feasible.

Secondary breast cancer occurs when breast cancer cells spread from the primary (first) cancer in the breast to other parts of the body. This may happen through the lymphatic system or the blood.

Secondary breast cancer may be referred to as:

- metastatic breast cancer
- metastases
- advanced breast cancer
- secondary tumours
- secondaries
- stage 4 breast cancer.

The most common areas that breast cancer spreads to are:

- bones
- lungs
- liver
- brain.

Sometimes other parts of the body, such as the skin or abdomen (belly), are affected.

Where it spreads and to how many sites varies with different types of breast cancer and in different people.

When breast cancer spreads to the bones, for example, it's called secondary or metastatic breast cancer in the bone. The cancer cells in the bone are breast cancer cells.

Treatment

Treatment options include surgery, chemotherapy, hormonal therapy, radiotherapy and targeted therapy. The types of treatment also depend on the individual patient's circumstances.

Chemotherapy

Chemotherapy involves using drugs to treat cancer. The drugs can be used either before or after surgery and also for patients with secondary breast cancer.

Radiotherapy

Radiotherapy has to do with using ionizing radiations to treat cancer. Radiotherapy can be given alone or combined with other treatment options like surgery and chemotherapy. It can also be for patients where the cancer has either spread to distant parts of the body or is inoperable. In this case, its aim is palliation and the purpose is to improve the symptoms and quality of life.

Hormone treatment

Hormone treatment is commonly used for 5–10 years following initial treatment to prevent disease from coming back, for patients prior to surgery, for patients with inoperable or secondary breast cancer or for patients with secondary breast cancer.

Some patients may only require one type of treatment and some may require all types of treatment.

The treatment decision can be made at the multidisciplinary board, which comprises the clinical oncologist, surgeons, radiologist, chemotherapy nurses, clinical psychologist, patient navigators etc.

How to check your breasts

Checking your breasts only takes a few minutes. There's no special technique and you don't need training to check your breasts.

Check the whole breast area, including your upper chest and armpits.

Do this regularly to check for changes.

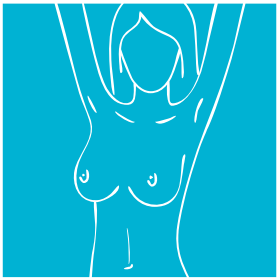
It's as simple as TLC: Touch Look Check.

- Touch your breasts: can you feel anything unusual?
- Look for changes: does anything look different?
- Check any changes with our doctors.

Have you felt or seen anything unusual? If so, make sure you get checked out by our doctors as soon as possible. If your doctor thinks you need any further testing, they will refer you to a breast clinic to see a specialist.

Breast screening uses a breast X-ray, called a mammogram, for women that are 40 years and above and a breast ultrasound scan for women that are below 40 years of age, to look for breast cancers that may be too small to see or feel. The sooner it's diagnosed, the more effective treatment is likely to be. Screening can pick up cancers earlier, before there are any signs or symptoms.

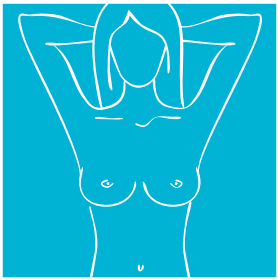
Self examination of your breasts



Step 1

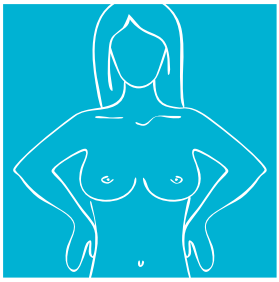
Stand before a mirror. Inspect both breasts for anything unusual, such as any discharge from the nipples, puckering, dimpling or scaling of the skin.

The next two steps are designed to emphasise any change in the shape or contour of your breasts. You should be able to feel your chest muscles tighten while doing these steps.



Step 2

Watching closely in the mirror, clasp hands behind your head and press hands forward.



Step 3

Next, press hands firmly on hips and bow slightly toward your mirror as you pull your elbows and shoulders forward.

Some women do steps 4 and 5 in the shower. Fingers glide over soapy skin, making it easy to concentrate on the texture underneath.

Step 4

Raise your left arm. Use three or four fingers of your right hand to explore your left breast firmly, carefully and thoroughly. Beginning at the outer edge, press the flat part of fingers in small circles, moving the circle slowly around the breast. Gradually, work toward the nipple. Be sure to cover the entire breast. Pay special attention to the area between the breast and the armpit, including the armpit itself. Feel for any unusual lump or mass under the skin. Repeat the exam on your right side.

Step 5

Gently squeeze each nipple and look for discharge.

Step 6

Steps 4 and 5 should be repeated lying down. Lie flat on your back, right arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to examine. Use the same circular motion described earlier. Repeat on your right breast.

Sources

University College London Hospitals/Macmillan Cancer Centre and patient information booklets

www.beatson.scot.nhs.uk

www.christie.nhs.uk

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