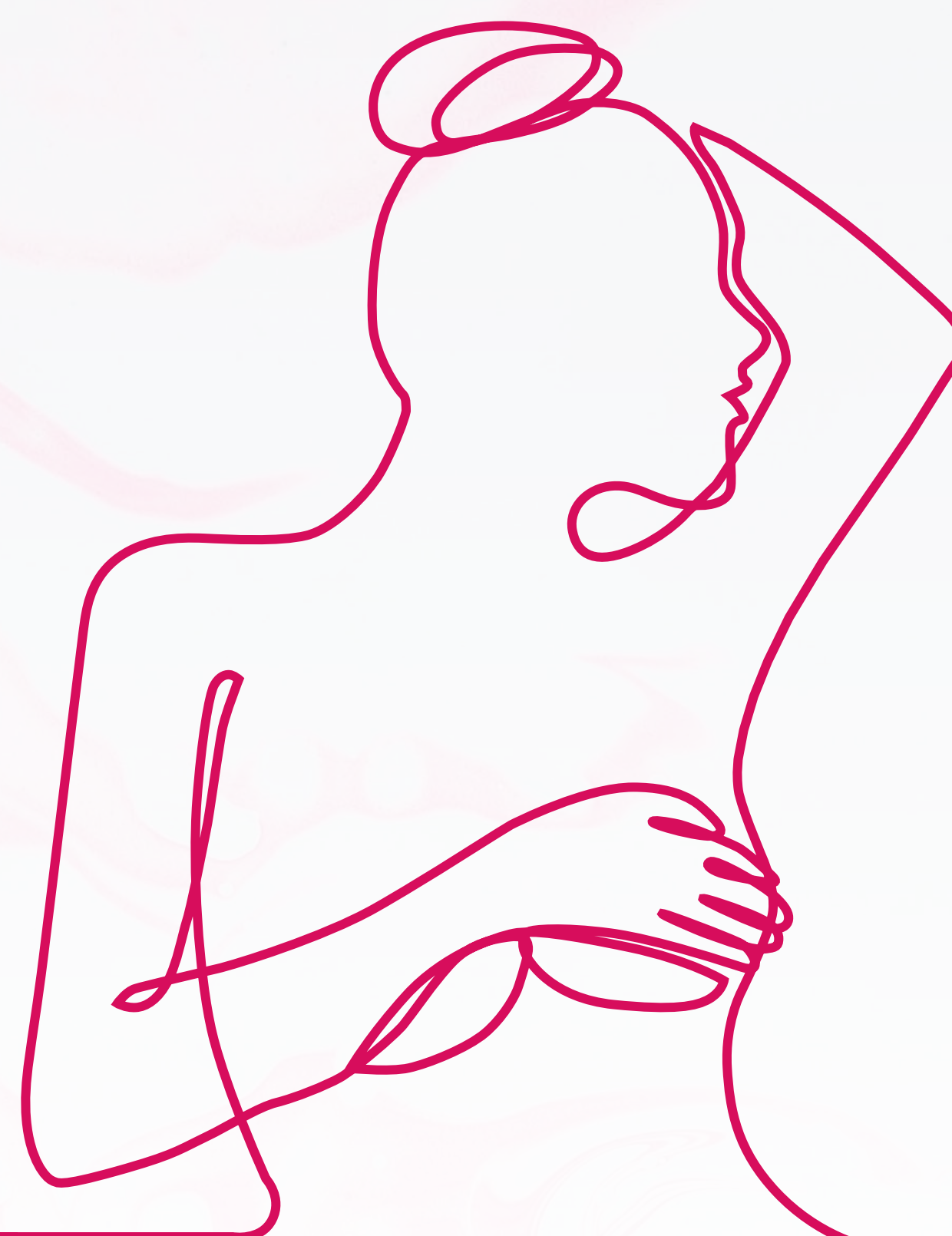


# You've Been Diagnosed with Breast Cancer.

## *Now What?*



YOUR GUIDE  
TO BREAST CANCER  
TREATMENT





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# You've Been Diagnosed with Breast Cancer. *Now What?*

A breast cancer diagnosis can leave you feeling emotionally overwhelmed, and understandably, asking a lot of questions. Whether you have an appointment with a breast cancer specialist at Virginia Oncology Associates, or you are going to receive cancer treatment somewhere else, we hope this guide will be helpful as you prepare for your first appointment with an oncologist.

Be sure to write down questions as you go through this guide so that you can take them with you to your first oncology appointment.



## Types of Doctors You May See During and After Breast Cancer

It takes a team to effectively treat breast cancer. If a suspicious mass is identified in an exam, or on breast imaging, you will likely have another mammogram called a diagnostic mammogram. If the diagnostic mammogram confirms an abnormality, a biopsy may be recommended. If cancer is confirmed, then you will need to be treated by cancer specialists called oncologists.

For many patients, a medical oncologist is the starting point for treating breast cancer. A medical oncologist will work with other

specialists to develop a treatment plan based on the information they gather about the type of breast cancer and which parts of the body are involved with cancer.

You will also be evaluated by a surgeon who specializes in breast cancer. This type of oncologist may perform surgery to remove the cancer and test lymph nodes for cancer spread.



# Typical Breast Cancer Treatment Team

## Medical Oncologist

Medical oncologists typically coordinate and direct your breast cancer treatment plan. These doctors specialize in diagnosing and treating cancer using drugs such as chemotherapy, immunotherapy, hormone therapy, and/or targeted therapy. The medical oncologists at Virginia Oncology Associates educate patients on their diagnosis, explain and make recommendations for treatment, interact with the other cancer specialists involved in the treatment process, and provide supportive care for patients and their families.



## Radiation Oncologist

A radiation oncologist is a physician who specializes in using radiation to treat cancer. If your treatment plan includes radiation therapy these physicians will work together to determine if it should be before, in-combination with or after chemotherapy. The radiation oncologist is highly trained in knowing which technologies to use, exactly how much radiation to administer, and how often for the best results. Many breast cancer patients have radiation therapy after surgery to be sure all cancer cells in the area where the tumor was located are destroyed.

## Breast Cancer Surgeon

Surgery to remove breast cancer may be a part of a patient's treatment plan. A surgeon who specializes in breast cancer surgery works closely with the oncologists to determine the best type of surgery for the patient and whether it should be completed before or after chemo and/or radiation therapy. The breast surgeon also performs the biopsy needed to stage the cancer and determine if it has spread to nearby lymph nodes.



# Typical Breast Cancer Treatment Team

## Plastic Surgeon

If breast reconstruction or implants are chosen by the patient to rebuild the shape of the breast, a plastic surgeon is added to the team. Talk to your doctors about whether breast reconstruction or implants are right for you. If you're considering breast reconstruction, you might schedule a consultation with a plastic surgeon who specializes in post-breast cancer surgeries before your cancer removal surgery is performed.



**In addition to the physicians, you also have a support team including:**

- Oncology nurses
- Nurse navigators
- Schedulers
- Financial specialist
- Registered dietitian / nutritionist
- Physical therapist
- Patient benefit representative
- Social workers who can help with financial, social, and mental health challenges during your cancer treatment.
- Genetic counselors, if you're a candidate for genetic testing.







## Who Should I Schedule an Appointment With *First?*



If you've been told you have a breast cancer diagnosis, it's best to schedule an appointment with a medical oncologist who specializes in breast cancer treatment. While some cancer patients begin seeking advice from a surgeon first, that is often not the best course of action since surgery is not always the best method of treatment initially. Large cancers, or those that grow quickly, may be treated more effectively with preoperative therapy (called neoadjuvant therapy), which can shrink the tumor and reduce the amount of tissue that needs to be removed during surgery.

When you meet with a medical oncologist first, they can help shorten your total treatment time and manage the timing of each treatment, including surgery, in a way that will most likely produce better results. When surgery is required, you will have a consultation with the breast cancer surgeon who will work closely with your medical oncologist. They will review your diagnosis and treatments planned before and after surgery.



# What Are the Different Types of Breast Cancer?

One of the first things your oncologist will do is determine the type of breast cancer. They will gather this information by looking at the unique features of the breast cancer cells. How the cells look under a microscope will determine if the cancer is invasive or noninvasive. Testing the tumor sample can also determine if the cancer is fueled by hormones. Learning more about the type of cancer you have will help your oncologist determine the most effective treatment plan.

*One of the first things your oncologist will do is determine the type of breast cancer.*

## Invasive vs Noninvasive Breast Cancer

### Noninvasive breast cancer

Noninvasive (in situ) means that the cancerous cells are still confined to the milk duct. A common type of noninvasive breast cancer is ductal carcinoma in situ (DCIS).

### Invasive breast cancer

Invasive, or infiltrating, means that cancer has spread outside of the duct, into surrounding fatty breast tissue. Two common types of invasive breast cancer are:

- 1. Invasive ductal carcinoma** - Cancerous cells that originated in the lining of the breast milk duct have invaded surrounding tissue which can include the lymph nodes. Invasive ductal carcinoma is the most common type of breast cancer, accounting for approximately 80% of all breast cancers.
- 2. Invasive lobular carcinoma** - Starts in the milk-producing glands (lobules) and can spread to surrounding tissue which can include lymph nodes. Invasive lobular carcinoma is the second most common form of breast cancer, accounting for 10-15% of breast cancer cases.

## Hormone Receptor Status

Approximately 75% of breast cancers are "hormone receptor-positive", in which case the tumor is estrogen and/or progesterone receptor-positive. Among the other cancer treatments provided, these patients also receive hormone therapy. These drugs slow or stop the hormone signaling, which inhibits tumor growth.

### HER2 Status

If a breast cancer is determined to be HER2 positive, there is an overexpression of HER2 (human epidermal growth factor receptor 2) protein that fuels tumor growth. Approximately 20% of breast cancers are HER2 positive. These patients also receive treatments that block the HER2 receptors on the cancer cells.

### Triple-Negative Breast Cancer

Triple-negative breast cancer is a type of cancer that does not have estrogen receptors, progesterone receptors, or HER2 receptors. Triple-negative breast cancer is typically treated with chemotherapy, and in some cases immunotherapy, since there is no role for hormone therapy or HER2 directed therapies. This type of cancer is currently under extensive research to find the most effective set of treatments.



# How Extensive is My Breast Cancer?

There are several things the breast cancer specialist will evaluate when determining which treatments to administer and in which order. They will look to evaluate:

## Breast Cancer Grade

Your oncologists will evaluate the grade (i.e. “aggressiveness”) of breast cancer which is referenced in a pathology report following tissue sampling. The grade helps predict your likely outcomes and influences treatment decisions.

There are three grades of breast cancer (Grade 1, Grade 2 and Grade 3). A lower grade usually means the cancer is slower-growing and less likely to spread while a higher grade means the cancer is likely to be faster-growing, and higher risk to spread.

## Breast Cancer Staging

Your oncologists will also need to know if the cancer has spread outside of the breast. If it has, they’ll need to determine the extent of spread. The most common initial site of spread is the nearby lymph nodes under the arm. Breast cancer may spread to other areas of the body as well including the chest/lungs, liver, bones and other areas.

During breast cancer surgery a lymph node biopsy is typically performed to see if cancer is present. If positive, more tests may be recommended to further evaluate the extent of disease.

## Tests for Breast Cancer Staging

Your oncologists will most likely request more testing to further evaluate your disease. These may include one or more of the following:

- **Biopsy of the breast mass**
- **Blood tests**
- **Additional mammogram scans and/or ultrasound**
- **Breast MRI**
- **Bone Scan**
- **CT Scan**
- **PET/CT Scan**
- **Chest X-Ray**





# Creating Your Breast Cancer Treatment Plan

While surgery may seem like the logical first step, some cases can benefit from a different approach. Your team will help determine the best treatment and sequence for your particular diagnosis.

Many patients have a combination of several treatments including one or more of the following:

- **Breast cancer surgery**
- **Chemotherapy**
- **Radiation therapy**
- **Hormone therapy**
- **Targeted therapy**
- **Immunotherapy**

## The Total Breast Cancer Treatment Plan

Given all of the information collected about your type of breast cancer, grade, hormone receptor/HER2 status, and stage, the oncologists will create an individual plan that usually includes 2 or more of these treatments. The recommendations are considered “standard of care” or best practices, based on decades of scientific data demonstrating best outcomes.

## Types of Surgery for Breast Cancer

Surgery is the most common treatment for breast cancer. You will consult with a breast surgeon after meeting with your medical oncologists. These physicians work closely together to determine the right timing and best type of breast cancer surgery for you.



## Breast Cancer Surgeries

Your doctor will explain each type of surgery, compare their risks and benefits, and describe how they'll change the way you look. Surgeons generally classify these procedures into breast-sparing surgeries, mastectomies and lymph node surgeries.

- **Breast-Sparing Surgery** - The most common type of breast-sparing surgery is a lumpectomy. The surgeon removes the tumor and some surrounding tissue called a "margin" to ensure a complete tumor removal. The surgeon may also remove lymph nodes to check them for the presence of cancer. In some cases, the surgeon is able to remove the entire tumor during the biopsy, which eliminates the need for further surgery.
- **Mastectomy** is the surgical removal of the entire breast. If you are interested in breast reconstruction surgery later, there are newer techniques that will allow you to preserve more of your own tissue than ever before. These are called nipple- and skin-sparing mastectomies and provide both a cosmetic and emotional benefit to many women.
- **Lymph node biopsy** - To help find out if the cancer has spread outside the breast, lymph nodes from under the arm (axillary lymph nodes) are removed and examined. At one time, the only way to do this was to remove most of the underarm lymph nodes in an operation called axillary dissection. Today, however, fewer lymph nodes can be removed through a procedure called sentinel lymph node biopsy (SLNB). If the sentinel lymph nodes are free of cancer, the remaining axillary lymph nodes will be left alone. SLNB is routinely performed at the same time the primary tumor is removed.

## Reconstructive Breast Surgery

Not every patient will opt to reconstruct their breasts after cancer surgery. But if you think you may be interested it's a good idea to speak to the plastic surgeon before your

breast cancer removal surgery. There are a few different options. Your choice of the type of reconstruction may impact what is done during the main cancer removal surgery.

There are two main techniques for reconstructing your breast:

**Implant reconstruction:** Inserting an implant that's filled with saline (salt water) or silicone gel.

**Autologous or "flap" reconstruction:** A piece of tissue containing skin, fat, blood vessels, and sometimes muscle is taken from elsewhere in a woman's body and used to rebuild the breast. This piece of tissue is called a flap. Autologous reconstruction also may include an implant.

## Radiation Therapy

Radiation is usually recommended after lumpectomy and may be indicated following mastectomy. Doctors use radiation therapy to treat the area where the breast cancer was located to address any residual microscopic cancer cells that may be left in the area.

The type of radiation therapy used will depend on the stage of cancer when it was removed.

1. **External radiation therapy:** Beams of radiation are directed at a very specific spot from a machine called a linear accelerator. Radiation treatments are given every day for several weeks in most cases, each treatment lasting only a few minutes. These are most often done at one of our outpatient clinics like those at Virginia Oncology Associates. A hospital stay isn't needed for these treatments.
2. **Internal radiation therapy (implant radiation therapy or HDR brachytherapy):** The radiation oncologist places one or more thin tubes inside the breast through a tiny incision. High-dose radiation pellets are loaded into the tubes and pointed at the area where the cancer was removed. For breast HDR, the tubes remain in place for a few days with the pellets put in for a short period of time and then removed after about 5-7 days.



## Breast Cancer Chemotherapy

Chemotherapy (chemo) drugs are designed to kill cancer cells and may be recommended when tests reveal higher risk, and/or cancer spread. Chemo is typically administered through an infusion (IV) along with other medicines to help you tolerate the chemo. It's usually administered in an outpatient setting at a cancer center and may be given before breast cancer surgery, after breast cancer surgery, or both.

If you will need chemotherapy treatments your oncologist may recommend a "port" be surgically inserted into your upper chest to facilitate administration, saving your veins from repeated needle sticks.

## Hormone Therapy for Breast Cancer Treatment

If your oncologist determines that your breast cancer is hormone receptor-positive, and is being fueled by hormones, it is typically treated with a medication called hormone therapy to reduce the hormone "fertilizer" in the body, which will reduce tumor recurrence, growth and spread. Your menopause status may influence the hormone therapy selection.

## Targeted Therapy

Some women with breast cancer may receive drugs called targeted therapy. Targeted therapy includes medications that more directly block the substances that fuel the growth of breast cancer cells. For tumors that are HER2 positive, targeted HER2 – directed antibody therapy is often administered to block the action of the HER2 growth pathway that stimulates the growth of HER2 positive breast cancer cells.

Trastuzumab (Herceptin®), pertuzumab (Perjeta), ado-trastuzumab (Kadcyla), and neratinib (Nerlynx) are HER2 targeted therapies that may be recommended to treat HER2 positive breast cancer.

## Immunotherapy

Some types of breast cancer will respond to immunotherapy which uses your own body's

immune system to slow or stop the growth of cancer cells. There is a protein on immune cells called "checkpoints" that can be turned on to attack cancer cells. Breast cancer cells can disguise themselves as healthy cells so the checkpoints on the cells don't work correctly to attack the cancer. By using an immunotherapy drug called a checkpoint inhibitor, the immune system can more effectively play a role in tumor control.



## Breast Cancer Clinical Trials

Over the years, breast cancer treatment has greatly improved due to findings from clinical trials. For going on three decades, Virginia Oncology Associates has embraced clinical research as a critical component of community-based cancer care. During this interval, we have enrolled area patients into over 100 breast cancer clinical trials for early stage (neo) adjuvant, locally advanced and metastatic disease. Data from these trials has contributed to more than 20 FDA approvals for breast cancer indications. Patients eligible to participate in a clinical trial can access them conveniently through one of VOA's multiple locations.





## Should I Get a Second Opinion?

Many patients choose to get a second opinion before beginning a treatment plan. This is a very important decision and second opinions are quite common. Our physicians at Virginia Oncology Associates routinely provide second opinions for both the diagnosis and treatment of breast cancer. Our oncologists will never be offended if you choose to get a second opinion before starting treatment at one of our cancer centers.

Insurance often covers a second opinion, but you should still contact your insurance provider to verify your coverage.

## Is My Breast Cancer Hereditary?

Breast cancer patients with immediate family members who have had or currently have breast cancer often wonder if they have an inherited gene that caused their disease. And if so, could genetic testing help their family members prevent, or at least reduce the likelihood, of getting breast cancer? While only 10% of all cancers are from a known inherited gene, breast cancer is one of the most studied in its relationship to a mutation on the *BRCA1* or *BRCA2* gene, as well as other associated genes of risk.

Genetic counselors are available at Virginia Oncology Associates. These trained experts are available to discuss your family history of breast cancer and other types of cancer to see if you might qualify for genetic testing.

The actual test is typically done using a blood or saliva sample. The results will indicate if there are genetic/hereditary mutations present that are known to increase the risk for cancer. Our counseling team will review your results, and in collaboration with your treatment team, will offer recommendations for heightened screening and future cancer risk reduction.



# What to Expect During Your First Oncology Appointment

You're anxious to get a plan in place for your breast cancer treatment. Your first appointment may not be when a full plan is laid out, unless you have already completed additional testing that is needed to make these decisions. Your oncologist will discuss what they know about your particular situation and talk about what else is needed before a treatment plan is finalized. If they have all the information that is needed, a recommendation for starting treatment can be made and it might start quickly. It's best to be prepared for either scenario – a quick start to treatment or a delay while more information is collected.

You should bring a trusted family member or friend who will help you take notes and ask questions. The amount of information can be overwhelming and thus, another set of ears is always helpful.

Bring a list of your current medications and dosages, any supplements you're taking and any other information that you feel would be helpful for your oncologist.

Patients also find that keeping the information you collect during the appointment in a binder or folder is helpful, especially when family members ask questions afterwards. Jot down your questions and bring them with you to your appointment.

You may also visit with the financial counselor during this visit who will be sure they have your insurance information and can help explain the financial management of your treatment. Once they know your specific treatment plan a more thorough explanation of your insurance benefits will be reviewed.





# Day to Day Life During Breast Cancer Treatment

This is a time in your life when you're going to need some help. For a lot of women this is hard because they're used to being active, independent and not reliant on others for what seems like "simple things." However, as a breast cancer patient you're going to need to give your body time to restore itself after surgery and other cancer treatments.

*This is a time in your life when you're going to need some help.*

## Getting Exercise

**Research strongly suggests that exercise is a wonderful way cancer patients can care for themselves.** During this time, plan on getting some exercise as often as you can to help stay strong and battle fatigue. Before starting any exercise regimen, however, be sure to get the ok from your oncologist.

## Loss of Hair

Not every cancer treatment will cause hair loss. Still, it's a good idea to talk with your oncologist so you can be prepared for the possibility. Knowing that your specific type of cancer treatment could result in hair loss allows you to have a plan that may include buying extra hats, scarves, or even a wig.

## Help with Daily Activities

This is the time to lean on your closest friends and family for assistance with meals, cleaning, and other regular chores that seem easy otherwise. You'll probably want rides to and from chemo appointments and may need assistance with shopping. Talk to them and try to create a plan once you know your treatment schedule.

## Support Groups

Sometimes it can be hard to talk to friends and family who don't truly understand what you're going through. Support groups are often led by cancer survivors, oncology nurses or other people who know exactly what you're going through. This can be a great way to ask questions, get tips for things that work for others and just vent your feelings.

After COVID-19, most support groups moved to an online format. However, they are still available. You should look at the [American Cancer Society website](https://www.americancancer.org) for local support groups as well as talk to your cancer care team to explore resources within your treatment clinic and in the community. For a complete, up-to-date list of all of VOA's local support groups, visit [Cancer Support Groups \(virginiacancer.com\)](https://www.virginiacancer.com).



# Notes

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