

Treatment Choices for Early Breast Cancer — An Overview

Choosing your treatment

Step 1: Learn all you can

Take time to learn all you can about your breast cancer and treatment options. Try not to let anyone pressure you into treatment decisions before you are ready. Ask your doctor(s) any questions you have so you can understand your options.

Step 2: Get a second opinion

It is common to get a second or even a third opinion from other doctors. Some insurance companies may even require you to get a second opinion. Your doctor will not be offended that you want a second opinion and should encourage you to get one.

Step 3: Get a medical team

Finding good doctors is the best way to decide what treatments are right for you. Combining information from different sources can help you make an informed decision. Many large hospitals and insurance plans have directories to help you find doctors. The American Medical Association has information at www.ama-assn.org about the doctors in your area. Most women with breast cancer will need to make many treatment decisions. All women with breast cancer should talk with a medical oncologist to discuss their specific treatment needs and a treatment plan. They should also find someone who will speak for them should they be unable to speak for themselves.

Types of treatment

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

Local treatment

Surgery and radiation therapy are called *local treatments*. They are designed to remove the cancer from a limited (local) area, such as the breast, chest wall and lymph nodes in the underarm (axillary nodes). The goal is to make sure the cancer does not recur (come back) to that area.

- **Surgery**

Lumpectomy (also called *breast conserving surgery*) is the surgical removal of the tumor and some normal tissue around the tumor. Most often, the general shape of the breast and the nipple area are preserved. Some lymph nodes from the underarm (axillary nodes) may also be removed. They are checked to see if they contain cancer. An overnight stay in the hospital may not be needed. Overall survival with lumpectomy plus radiation is the same as with mastectomy.

Mastectomy is the surgical removal of the entire breast. Axillary lymph nodes may be removed. Breast reconstruction can help restore the look and feel of the breast after a mastectomy. It may be done at the time of the mastectomy or later. Mastectomy requires a short stay in the hospital.

Side effects from surgery can include soreness, loss of arm movement, numbness and if lymph nodes were removed, lymphedema (a fluid build-up that causes swelling in the arm, hand or other areas).

- **Radiation therapy** uses high energy X-rays to kill cancer cells that may be left in or around the breast after surgery. This lowers the chances of cancer coming back (recurrence). Radiation is almost always given after lumpectomy and sometimes after mastectomy.

Side effects, such as fatigue, may begin within a few weeks of starting treatment and go away after it ends. The treated breast may be rough to the touch, red (like a sunburn), swollen and sore. In some cases, there can be longer term effects such as lymphedema.

Systemic treatment

Chemotherapy, hormone therapy and targeted therapies are called *systemic treatments*. They are given to get rid of cancer cells that may have spread from the breast to other parts of the body. They can be given before or after surgery.

- **Chemotherapy** uses drugs to kill cancer cells. The schedule depends on the drugs and combination of drugs used for treatment. It is often given in cycles, with days or weeks off between treatments. This gives your body a chance to recover. A full treatment course can last three to six months.

Side effects can include hair loss, nausea and vomiting, fingernail and toenail weakness, mouth sores, fatigue and lowered blood cell counts. Long-term side effects include early menopause, weight gain and problems with memory and concentration (sometimes called “chemobrain”).

- **Hormone therapy** uses drugs to slow or stop the growth of hormone receptor-positive tumors. It prevents the cancer cells from getting the hormones they need to grow. Hormone therapy drugs (tamoxifen and aromatase inhibitors) are taken in pill form, every day for five years or longer.

Side effects are most often menopausal symptoms such as hot flashes (and with aromatase inhibitors, joint aches).

- **Targeted therapy** attacks cancer cells that have a protein called Her2/neu on their surface. The targeted therapy trastuzumab (Herceptin) is given through an IV, weekly (or every three weeks) for one year.

Side effects include heart problems, diarrhea, rash, mouth sores, low white blood cell count, nausea, vomiting, fatigue and dry skin.

The *Questions to Ask the Doctor About Breast Cancer* series includes 17 topic cards on a variety of breast cancer issues. You can download and print the “About Treatment Choices” card from komen.org.

Note

Some of the treatments used to treat early breast cancer may also be used to treat breast cancer at later stages.

Related fact sheets in this series:

- Axillary Lymph Nodes
- Breast Cancer Surgery
- Chemotherapy and Side Effects
- Hormone Therapy for Breast Cancer Treatment
- Lymphedema
- Radiation Therapy and Side Effects
- Targeted Therapies