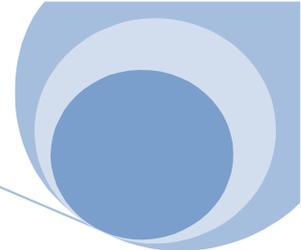


BREAST CANCER UNIT

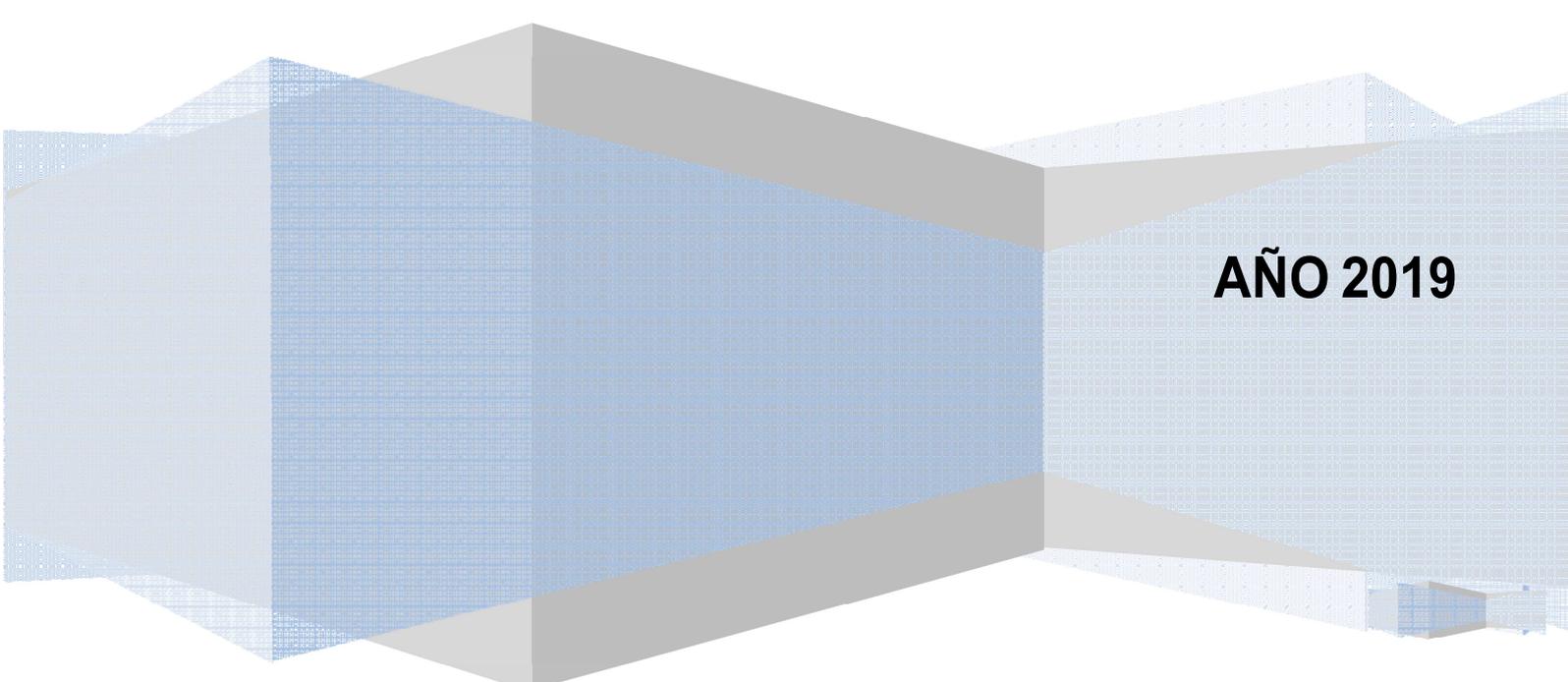


"I CAN DECIDE"

DECISION TOOL

JC Maañón Di Ieo

AJ Rohde Calleja



AÑO 2019

This document will help you think about the choice between two treatments.

This document was adapted from Improving Breast Cancer Surgical Treatment Decision Making: The iCanDecide Randomized Clinical Trial Clin Oncol 36:659-666. © 2018 by American Society of Clinical Oncology

By now, you have already talked with a surgeon about treatment for early stage breast cancer. Your doctor will probably recommend one of two options:

- Lumpectomy with radiation
 - This is when only the cancer (tumor) is removed, but the rest of the breast is not removed.
 - It is also called "breast conserving surgery" because it tries to save as much of the natural breast as possible.
- Mastectomy
 - This is when the entire breast with cancer is removed.
 - Sometimes there are reasons for women to decide to have both the breast with the cancer and the other breast removed. This is called double or bilateral mastectomy. This document is mainly about removing only one breast (single mastectomy), but in certain parts we will give more information about double mastectomy.
 - We'll also talk about breast reconstruction after mastectomy. It's not a treatment for breast cancer, but it's an option for women who have a mastectomy.

We want to simplify the information for you.

Which treatment for early stage breast cancer has the longest survival?

- There is no difference in overall survival between women who have lumpectomy plus radiation and those who have mastectomy. Survival depends on the specific characteristics of the breast cancer a woman has – NOT on the type of surgery she chooses.
- With treatment, overall survival from early stage breast cancer is very good. Most women diagnosed with early stage breast cancer will not die from breast cancer. The survival rate (or the likelihood of being alive) varies (from about 80% to 100%) depending on the specific characteristics of each cancer.

- How quickly do I have to choose a surgery?
- For most women, it's ok to take some time to decide which surgery to have. Even a few weeks will not make a difference. You can talk to your doctors, family, and friends. You can do some reading and checking on your own. Just make sure you stick to reliable sources. The goal is for you to have the information you need and your questions answered so you feel good about your choice.

What is recurrence?

BREAST CANCER UNIT 2019

Cancer "recurrence" means the cancer returns, usually within 5 to 6 years after surgery. It is not the same as getting a

new cancer, which is very uncommon. After 6 to 8 years, the chance of breast cancer coming back is about the same as the chance of getting a new cancer.

Recurrence can happen in several ways:

1. Local recurrence: The cancer returns to the same, or "primary" tumor location. This could be in the same breast or in the chest wall.
2. Regional recurrence: The cancer comes back in the lymph nodes near the breast, such as the armpit or collarbone area.
3. Distant recurrence, or metastasis: The cancer comes back in a different spot. This means cancer has spread somewhere else in your body. The most common places are the liver, lungs, or bones.

What causes recurrence?

Recurrence happens when cancer cells have broken loose from the tumor before surgery. These cells may be inactive for a long time. Usually they are too small to be found until they start growing again. It is not always clear what causes the cells to begin growing again. When drug therapy (like chemotherapy or hormonal therapy) is recommended after surgery, it is meant to try to kill any cells that may have already broken loose from the cancer.

Sometimes a new tumor grows in the same breast or the other breast. This is not recurrence - it is a new cancer.

Does the risk of recurrence differ between treatments?

- Metastasis (distant recurrence): The risk of cancer spreading to other organs is the same for lumpectomy with radiation and mastectomy.
 - The characteristics of each cancer are what determine the risk of metastasis – not the surgery you choose.
 - Metastasis is what affects survival, too. This is why survival is the same for both treatments.
- Local or regional recurrence: The risk of local or regional recurrence for either lumpectomy with radiation or mastectomy is low.
 - For most women, the risk of local recurrence is about the same for either treatment. Ask your surgeon if one surgery is better than the other for reducing your individual risk of local recurrence
 - Most studies show that for either treatment, the risk is less than 10 out of 100. This means that for every 100 women with breast cancer, fewer than 10 will get a local recurrence following either treatment.

What is radiation therapy?

- Radiation therapy is used to destroy any cancer cells that may be left in the breast or area around it after surgery.
- Radiation therapy is similar to getting an x-ray, but the radiation is stronger.
- The most common form of radiation is external beam radiation. A machine outside the body (external) focuses a beam of radiation on the area affected by the cancer. Sometimes the radiation is applied to the whole breast, and sometimes it's applied to just a part of the breast.
- Radiation can also be given internally (brachytherapy). This approach is sometimes used as a boost after external radiation. It is also being studied as the only treatment for very small tumors that have not spread.

Will I need radiation?

- With lumpectomy: Yes. Almost all women who have a lumpectomy will need radiation.
- With mastectomy: Maybe. Radiation is sometimes recommended after mastectomy. Your doctor will advise you if this may be recommended in your case.

How much time does radiation treatment take?

- Radiation usually begins about a month after surgery and is given 5 days a week for about 4 to 6 weeks. Some women are able to complete their radiation treatments in a shorter period of time.
- Appointments last about 30 minutes.

What are the side effects?

- Radiation itself is painless.
- The most common side effects are:
 - skin reaction in the treatment area (like a sunburn)
 - swelling in the treatment area
 - fatigue
- There are also some very rare but potentially serious long-term side effects of radiation that your doctor will discuss with you.
- You will not be radioactive if you have external beam radiation, which is the most common type of radiation therapy. External radiation does not stay on your body after the treatment.

You can ask your doctor about ways to make some of the side effects of radiation less bothersome.

How long will it take me to recover?

By recovery, we mean the average time most women take to get back to their usual activities. We'll compare the recovery for lumpectomy and mastectomy.

Note: This document does not talk about radiation (which is usually needed after lumpectomy), breast reconstruction, or the possible need for more surgery. We will cover those in a different section.

Here's about how long it takes most women to recover from the two types of surgery. Even though lumpectomy is usually followed by radiation, here we are just talking about the surgery itself.

	Lumpectomy	Mastectomy
Average length of surgery	45 minutes	1.5 to 2.5 hours
Nights spent in the hospital	0 to 1	1 to 2
Average recovery time	1 to 2 weeks	4 to 6 weeks

Why might a woman who has a lumpectomy be more likely to need another surgery?

When the tumor is removed during lumpectomy, the surgeon also removes the surrounding tissue (the "margin") around the tumor. After surgery, if there are cancer cells in or near the margin, the surgeon may want to remove more tissue to get cleaner margins. This requires another operation - usually another lumpectomy, but sometimes women will choose to have a mastectomy.

	Lumpectomy	Mastectomy
Number of women who need another surgery if the margins are not clear	15 to 35 out of 100	0 out of 100

Why might cancer still be in the body?

During lumpectomy, a surgeon removes the tumor and an area around the tumor (called the "margin") to make sure the cancer is removed.

The surgeon tries to take as little tissue as possible. This is done to keep as much of the breast as possible, and to make it easier to heal. Sometimes there can still be tiny cancer cells around the area that can't be seen without a microscope.

After surgery, doctors use a microscope to look at the margin. If it has cancer cells in it, another surgery may be needed.

The takeaway message

- Lumpectomy is often an easier surgery to recover from. But it may require another surgery later if it turns out that cancer cells are found in the margin.
- Mastectomy is often a harder surgery to recover from. But a woman who has mastectomy is less likely to need another surgery during her initial treatment.