Early invasive breast cancer

Your treatment options. Your second opinion.

What is Early invasive breast cancer

You may be affected by a disease called early invasive breast cancer, which is cancer that has spread beyond the site where it started in your breast, but is still contained within the breast. It may form a lump and may have spread to lymph nodes in your armpit. Advanced breast cancer is when cancer has spread to another part of the body (metastasis).

One in eight women (and 1 in 688 men) in Australia are diagnosed with breast cancer before the age of 85. It can occur at any age, but is most common in over 50 year olds. The known risks for breast cancer include factors such as a strong family history and inheriting a faulty gene.

Treatment options

Treatment aims to remove your breast cancer and any cancer cells that may be left in your breast, armpit or any other parts of the body that can't be detected, to reduce the risk of cancer coming back, spreading and causing death. In general, treatment may often be successful and most women won't die from early invasive breast cancer.

The main treatment options include: surgery, chemotherapy, radiotherapy, hormone therapies and targeted (biological) therapies. Surgery may often be the first treatment suggested for early invasive breast cancer and often more than one treatment is provided, most commonly after surgery, though sometimes before.

Treatment decisions

Everyone is different and treatments suitable for one woman may not be for another. A key factor that determines the treatments that may be suitable for you is the pathology test, which involves testing and looking at tissue taken from your cancer. Your pathology test results show the type and size of your cancer and other features of the cancer cells themselves.

In particular, the pathology test may measure the risk of your cancer coming back, spreading and causing death. This may be defined in different ways such as: low, intermediate or high risk based on how many lymph nodes have cancer cells in them and the 'grade' of your cancer, which shows how fast the cells are growing, with more active cells indicating it may be more likely to have spread to other parts of your body.

All treatments have potential benefits, but also risks of side effects. Treatments suggested to you aim for the best chances of success, while reducing the side effects as much as possible. Your own preferences in terms of your personal life may often also help you decide which treatments to have.

Surgery

The two types of surgery are:

- Mastectomy: Removes your whole breast and usually also one or more lymph nodes (glands that connect tiny vessels that drain out liquid and waste products back into the veins) in your armpit and/or lower neck. Reconstructive surgery may be suggested afterwards.
- Breast conserving surgery: Removes your cancer and a small area of tissue around it.

Mastectomy, for example, may be suggested if your breast cancer is very large, your cancer is large relative to the size of your breast or you have cancer in more than one area of the breast.

Chemotherapy

If there's a risk after surgery that cancer may come back or spread to other parts of your body, chemotherapy may be suggested to you. It may be provided for two treatment aims:

- Prophylactic. As preventive treatment to reduce your risk of cancer coming back or spreading when no cancer cells are known to be present, but there is suspicion they may be there.
- Therapeutic: When it's known that cancer cells are present and need to be removed.

Chemotherapy involves using one or more drugs that to kill cancer cells that may have spread outside the breast and armpit area to other parts of the body but can't be detected. It targets cells that are rapidly dividing, which includes cancer cells but also other normal cells in the body such as in your mouth, stomach, bowel, skin, hair and bone marrow.

The most common way to receive chemotherapy is injection into a vein (intravenous chemotherapy) as an outpatient, with no need to stay overnight. It is usually given in cycles, with each cycle involving a short period of treatment followed by a rest period for recovery, which may last overall for 3-6 months.

Chemotherapy after surgery and medical research

When evaluating you for chemotherapy after mastectomy for early invasive breast cancer, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that chemotherapy for women who have surgery for early breast cancer that has an increased risk of cancer coming back or spreading based on pathology test results, may often be effective for stopping cancer coming back or spreading or causing death.

However the research also shows that the reduction of death (increased chances of survival) may be modest in some women and the gain may need to be balanced against the risk of side effects and complications.

Chemotherapy after surgery and risks

The potential side effects and complications of chemotherapy make a long list, however you may be unlikely to have many or all of them. The common side effects may include nausea, vomiting, tiredness, hair loss, diarrhoea, constipation, weight gain or loss, depression, menopausal symptoms, sexual difficulties, mouth ulcers and skin or nail changes. Less common side effects include infection, heart failure and bone marrow problems.

Understanding these risks is important, particularly given that you may need to weigh up the gain of reducing your risk of death against the side effects and complications.

Chemotherapy after surgery and early invasive breast cancer – the main points

> If there's a risk after surgery that cancer may come back or spread to other parts of your body, you should discuss with your doctor whether you need chemotherapy.

> If chemotherapy is suggested to you, take into account your risk of cancer coming back, spreading and causing death, which may be defined as: low, intermediate or high.

> If chemotherapy is suggested, also take into account the medical studies that have found that the reduction of death (increased chances of survival) may be modest in some women and the gain may need to be balanced against the risk of side effects and complications.

Radiotherapy

If there's a risk after surgery that undetected cancer cells in your breast, chest wall or nodal region (the area where lymph nodes are located in the armpit and/or lower neck) may cause your cancer to come back, radiotherapy may be suggested to you. It is usually suggested after breast conserving surgery, however only sometimes after a mastectomy.

Radiotherapy involves using x-rays to destroy the undetected cancer cells. The dosage aims to be effective, while also limiting damage to nearby normal tissues. Treatments are usually given once a day, five days a week for 3-6 weeks.

Radiotherapy after mastectomy and medical research

When evaluating you for radiotherapy after mastectomy in particular for early invasive breast cancer, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found, for example, that radiotherapy to the chest wall and/or nodal region after mastectomy in women who have a low risk of cancer coming back and causing death, may often be no more effective than not having radiotherapy.

However, for women who have a high risk of cancer coming back and causing death, the research shows that radiotherapy to the chest wall and/or nodal region after mastectomy may often be more effective than no radiotherapy.

For women with intermediate risk of cancer coming back and causing death, however, the research may be less certain about whether radiotherapy is more effective than not having radiotherapy.

Radiotherapy after mastectomy and risks

Side effects of radiotherapy may include skin darkening, redness and/or blisters, tiredness, aches, tenderness, breast size changes, visible blood vessels and, very rarely, pneumonitis (lung inflammation condition) and rib pain.

Understanding these risks is important, particularly given the possibility that radiotherapy after mastectomy may not be effective for reducing the risk of cancer coming back and causing death.

Radiotherapy after mastectomy and early invasive breast cancer – the main points

> If there's a risk after a mastectomy in particular that undetected cancer cells in your breast, chest wall or nodal region may cause your cancer to come back, you should discuss with your doctor whether you need radiotherapy.

> If radiotherapy is suggested to you, take into account your risk of cancer coming back and causing death, which may be defined as: low, intermediate or high.

> If radiotherapy is suggested, also take into account the medical studies that have found for women with a low risk of cancer coming back and causing death, radiotherapy to the chest wall and/or nodal region may often be no more effective than not having radiotherapy.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au

Advice on making the right decisions for you

> You need time, information and support to make fully informed decisions about treatment, however the right amount may vary for each woman.

> It may be difficult for your doctors to judge this, so let them know what's right for you.

> If you feel distressed and anxious, you may find it difficult to take in all the information you're given. If you don't understand something, ask for an explanation and keep asking until you're sure you understand.

> Equally, if you would prefer not to know, you should not be bombarded by information you don't want.Always consult a medical expert before commencing a course of treatment for any medical condition.

GPS²

General Practitioner's Specialist Service
Navigating Treatment Pathways