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## B01 Invasive Breast Cancer (Treatment Options)

Expires end of November 2023

## Write questions or notes here:

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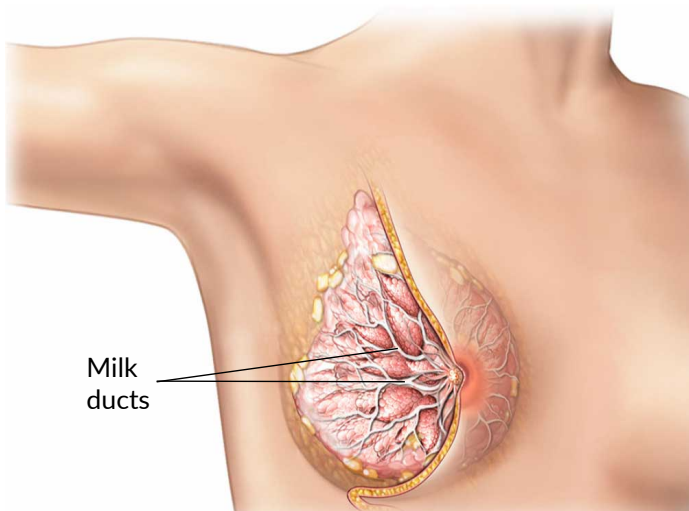
You have been told that you have invasive breast cancer. We know that you will be distressed by this news and may not have been able to take in everything that your doctor or specialist nurse has told you.

This document will give you information about breast cancer and will reinforce what your doctor or breast care nurse has told you. If there is anything you do not understand, please ask your doctor or the breast cancer team.

You are now being looked after by a team of specialists dedicated to providing care for people with breast cancer. Their aim is to make sure you receive the best treatment to meet your needs. The breast cancer team will take account of your views on the treatment you want to have, and will fully involve you in making decisions about your treatment.

## What is breast cancer?

The breast is made up of glandular and fatty tissue. There are many lobules and ducts (tubes) that make up the glandular tissue in women. Men have a small amount of breast tissue behind their nipples.



Cross-section of a right breast

Breast cancer is a malignant growth that starts in the glandular tissue of your breast.

It is not known why most breast cancers develop. Only 1 in 20 breast cancers in women and 1 in 10 in men happen because it runs in the family.

Most small breast cancers do not cause any symptoms and can be found only by having a mammogram (breast x-ray or breast screening), or an ultrasound scan. Larger cancers may be found during a physical examination of your breast.

As the cancer gets larger it can cause a lump, dimpling of your skin, ulcers (where your skin breaks down and does not heal) or a change in the shape of your breast.

Non-invasive cancer (ductal carcinoma in situ or DCIS) is where the cancer is contained within the milk ducts. Invasive cancer is cancer that has grown through the ducts to the surrounding breast tissue. Invasive cancer may spread to lymph nodes (glands) in your armpit, your chest wall and to other areas of your body such as your liver, lungs or bones. Some people with invasive cancer have non-invasive cancer (DCIS) too.

For most people treatment is aimed at you being free of breast cancer. If you cannot be cured, you can be given treatment to control the cancer.

## How can invasive breast cancer be treated?

There are several different options for treating invasive breast cancer. Your treatment will depend on the size of the cancer and the level of risk that cells have spread to other areas of your body.

- Surgery to remove the cancer. Your surgeon will give you advice about suitable types of breast surgery and breast reconstruction if you need it.
- Radiotherapy to shrink the cancer and kill off cancer cells or, after surgery, to reduce the risk of the cancer coming back in the same area.
- Hormone therapy can be given to control (reduce growth and risk of spread) breast cancer. After surgery it is given to reduce the risk of the cancer spreading or coming back. Sometimes hormone therapy is given before surgery to shrink the cancer and destroy cancer cells. Only some tumours (called oestrogen receptor positive breast cancer) respond to these treatments.

- Chemotherapy to reduce the risk of the cancer spreading or coming back. Sometimes chemotherapy is given before surgery to shrink the cancer and kill off cancer cells.
- Biological (targeted) therapy (treatment with Herceptin or other drugs) to reduce the risk of the cancer spreading or coming back. Only some tumours respond to these treatments.

Your doctor or specialist nurse will help you to decide which treatment, or combination of treatments, is best for you.

## How do I know what is the best treatment for me?

Removing the cancer by surgery gives you the best chance of being free of early breast cancer. For most people, combining surgery with other treatments will further improve the chance of you being free of early breast cancer.

If the cancer has spread to a large area of your breast or is of a certain type, your doctor may recommend chemotherapy or hormone therapy before you have surgery. These treatments may shrink the cancer and may allow your surgeon to remove only the cancer, with a rim of tissue around the cancer, through a small cut, instead of having to remove all your breast (mastectomy).

If you have an advanced breast cancer, where the cancer has spread to other areas of your body, it is unlikely that surgery will lead to you being cured. However, treatment may control the cancer for a long time and improve your quality of life.

Some people who have other medical problems may not be strong enough to have surgery and so non-surgical treatments may be offered.

You will already have had some tests to diagnose the cancer. These usually include a mammogram, a breast ultrasound, a fine needle aspiration (FNA) to remove cells, or a core biopsy to remove small pieces of tissue, and sometimes a breast MRI scan.

You may also need to have a number of routine blood tests. Depending on your symptoms and the type of cancer you have, you may need to have further tests to check other areas of your body.

The tumour may be sent for testing to find out how it might react to certain medication.

Once all the information is available, your doctor will discuss the results at a team meeting with the other specialists involved in your care.

- Breast surgeons – Surgeons who specialise in breast surgery and reconstruction.
- Oncologists – Doctors who specialise in treating cancer with medication and radiotherapy.
- Radiologists – Doctors who specialise in x-rays and scans.
- Histopathologists – Doctors who examine tissue to confirm the diagnosis.
- Breast care nurses – Specialist nurses trained to support patients through cancer diagnosis and treatment.

The team may also include other specialist nurses, radiographers, physiotherapists and psychologists.

The team will recommend the best treatment for you. Your doctor or specialist nurse will discuss the recommendation with you and give you further written information to help you to decide what to do. Your breast-care nurse will also give you advice and support.

Sometimes there are research trials that you could choose to take part in. Your healthcare team will let you know if there is something you are suitable for and give you written information.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

## **Acknowledgements**

### **Reviewer**

Peter Gregory (MS, FRACS)

### **Illustrator**

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