

# Wellness report

## Breast Cancer

**Understanding treatment options makes a difficult decision less stressful**



**A**n estimated 20,500 new cases of breast cancer will be diagnosed in Canada this year—the highest incidence of all cancers among Canadian women. On average, one in every nine women will develop breast cancer in her lifetime, and one in 27 is expected to die from the disease.

Although breast cancer was responsible for the deaths of over 5,000 Canadian women in 2001, survival rates are at their highest since 1950 due to significant advances in treatment options. With National Breast Cancer Awareness Month this October, and the fact that this disease touches so many lives in Canada, it's timely to review some new treatment options available to the families, friends and women living with breast cancer.

### Times have changed

In the past, women with breast cancer had few alternatives. Experts believed the best option in the treatment of breast cancer was to remove all of the breast tissue to reduce or eliminate the risk of cancer recurring. And some practitioners felt if this was beneficial, then perhaps taking even more tissue from the

area – the muscles of the chest wall – would be even better. This was the radical mastectomy that is rarely performed today—and only in the most serious cases.

### Is surgery necessary?

In most cases, some surgery is still necessary. It's usually the first treatment a woman will have once diagnosed. About 75 per cent of women with breast cancer have only the lump and an area of tissue surrounding it taken out (lumpectomy). A lumpectomy has advantages

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over mastectomy: it preserves the look of the breast and allows for easier recuperation after surgery.

With both mastectomy and lumpectomy, some lymph nodes from under the arm

are removed (axillary node dissection) for a biopsy—a test to see if cancerous cells are present. If cancer is found, it's called node positive; if not, it's node negative. A new technique called sentinel node biopsy prevents the removal of multiple nodes. Instead, dye is injected into the tumour area, and the coloured path is tracked. If the path leads into the lymph nodes, these can be removed leaving the other lymph nodes in place. This technique often results in fewer side effects, such as arm swelling and loss of sensation.

## What happens after surgery?

**Radiation therapy** is a local treatment that specifically targets the breast and surrounding tissue. It's generally used after a lumpectomy, but may be recommended after a mastectomy. It's usually given several weeks after surgery, five times a week for three to six weeks, sometimes at the same time as chemotherapy and/or hormonal treatment.

**Chemotherapy** is a systemic treatment, meaning it affects the whole body. If cancer is found in the lymph nodes, this option will probably be recommended. It helps avoid recurrence by destroying any cancer cells that have strayed from the breast or armpit. It's generally given after surgery for four to six months, but may be used beforehand to shrink a large tumour. It might be administered orally, using shots or intravenously.

**Hormonal treatment** has a different approach than chemotherapy – it decreases the effect of estrogen on cancer cells so the cells can't grow. It's often recommended after surgery if the breast cancer has certain hormone receptors (estrogen and/or progesterone), which indicate that hormones may potentially be feeding the tumour. Hormone therapy involves taking a specific pill over a long period of time.

**Tamoxifen** slows or stops the growth of some breast cancer cells by blocking their estrogen supply. It's usually given daily for five years, but studies are still exploring the best length of treatment. This drug can make it less likely that a second breast cancer will occur, and it's also helpful for women at high risk of developing breast cancer. Side effects, although common, aren't generally severe, but can include hot flashes, vaginal discharge and slight weight gain. There's a slightly increased risk of endometrial (uterine) cancer or blood clots, but if a woman/patient has invasive breast cancer, this is often less risky than chancing the cancer's recurrence.

**Aromatase inhibitors.** Many breast cancer cells are hormone sensitive and grow more rapidly in the presence of the female hormone estrogen. Aromatase inhibitors, such as anastrozole, are a newer type of hormonal medication that work by blocking the body's production of estrogen. Another drug, exemestane, interferes with the production of estrogen in the body. As a result, the amount of estrogen the tumour is exposed to is reduced, limiting the growth of the tumour. Anastrozole is currently approved in Canada for first-line treatment of advanced breast cancer in post-menopausal women.

## For more information

There are several breast cancer resources and support groups available to help answer questions and offer assistance to women living with breast cancer as well as their family members and friends.

Here are a few recommended websites courtesy of *In Stride: Breast Cancer & the Road to Recovery* (Parkhurst Publishing), a magazine for women with breast cancer. For a free subscription to *In Stride*, which provides the latest in breast cancer issues and treatment, please send your request via e-mail to [elaine@parkpub.com](mailto:elaine@parkpub.com) or mail:

### In Stride Subscriptions

c/o Parkhurst Publishing  
400 McGill Street, 3rd Floor  
Montreal, PQ H2Y 2G1

### Canadian Breast Cancer Network

The Network has a searchable database of over 300 support groups. Find one near you by checking [www.cbcn.ca](http://www.cbcn.ca)

### The Breast Care Site

[www.breastcaresite.com](http://www.breastcaresite.com)

### Breast Cancer Support Services, Inc.

[www.breastcancersupport.org](http://www.breastcancersupport.org)

### Willow Breast Cancer Support and Resource Services

[www.willow.org](http://www.willow.org)

### Gilda's Club of Greater Toronto

[www.gildasclubtoronto.org](http://www.gildasclubtoronto.org)

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## What's to come?

A fast-track study in the June 2002 issue of the peer-reviewed medical journal, *The Lancet*, suggests that certain aromatase inhibitors could be effective options for the treatment of postmenopausal women with hormone-sensitive early breast cancer. The study, known as the ATAC trial (Arimidex, Tamoxifen, Alone or in Combination), started in 1996 and completed recruitment in 2000 with an enrolment of 9,366 patients. This makes it the largest breast cancer treatment trial ever. You can view a summary of the study at [www.thelancet.com](http://www.thelancet.com) (Volume 359, Number 9324, 22 June 2002).

Doctors are increasingly recognizing a need in breast cancer research for high quality data from trials with large numbers of women participating over a long period of time. The publication of study findings in respected, peer-reviewed journals such as *The Lancet*, will help Canadian breast cancer patients and their doctors better discuss the most appropriate post surgery hormonal treatment choices for postmenopausal women with early breast cancer.

For additional copies of the *Wellness Report* go to [www.manulife.ca/Canada/GB\\_v2.nsf/Public/ebn](http://www.manulife.ca/Canada/GB_v2.nsf/Public/ebn)

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