



INFORMATION ABOUT

Locally advanced breast cancer

WHAT IS LOCALLY ADVANCED BREAST CANCER?

Locally advanced breast cancer is breast cancer that has one or more of the following features:

- may be large (typically bigger than 5cm)
- may have spread to several lymph nodes in the armpit (axilla) or other areas near the breast
- may have spread to other tissues around the breast such as the skin, muscle or ribs.

However, there are no signs that the cancer has spread beyond the breast region or to other parts of the body.

About 13,000 women and 100 men are diagnosed with breast cancer each year in Australia. About 10–20 per cent of these cases are locally advanced breast cancer.

WHAT ARE THE SIGNS AND SYMPTOMS?

Signs of locally advanced breast cancer may include:

- skin that is thickened and looks dimpled like an orange peel
- ulcers on the skin of the breast
- a lump in the breast that doesn't move freely but feels attached to the chest wall
- a large red, swollen breast (this is called inflammatory breast cancer)

- a lump in the armpit which is large and may not move freely away from the chest wall
- a lump at the base of the neck.

HOW IS LOCALLY ADVANCED BREAST CANCER DIAGNOSED?

The first step in investigating any breast change is for the doctor to take a medical history and do a physical examination of both breasts. Locally advanced breast cancer is often diagnosed by physical examination.

A number of tests will then be done to confirm the diagnosis and to check whether the cancer has spread. These usually include:

- an ultrasound of both breasts and a mammogram (an X-ray of the breast) if possible
- removal of cells or tissue from the breast, lymph nodes and any other abnormal areas for examination under a microscope; this is called a biopsy and may be done under a local or general anaesthetic
- tests to check whether the cancer has spread to other parts of the body, which may include blood tests, bone scans, ultrasounds or CT scans; this is known as 'staging' and the results will affect the types of treatment recommended.

The results of the biopsy are recorded on a pathology report. You may find it useful to keep a copy of the pathology report and other test results so that you can refer to them in the future.

WHAT TREATMENT OPTIONS ARE AVAILABLE?

Treatment for locally advanced breast cancer will usually involve a combination of treatments (chemotherapy, surgery and/or radiotherapy). Every patient is different and the treatments recommended, and the order in which they are used, may vary according to individual circumstances. Talk to your doctors to find out what options are available to you. It is important that you ask as many questions as you need to about the treatments recommended for you.

Treatment will often start with **chemotherapy**, which involves using drugs to kill cancer cells. The aim of giving chemotherapy first is to make the breast cancer smaller, and to destroy any cancer cells that may be elsewhere in

the body, but cannot be detected using routine tests. The drugs are usually administered through a drip in the arm, though some are taken in tablet form. Chemotherapy is usually given in cycles.

Surgery may be recommended for some but not all patients with locally advanced breast cancer. Most people who do have surgery will have the breast removed completely (a mastectomy). Women who have a mastectomy may be able to have a breast reconstruction – typically once treatment has been completed. Talk to your breast surgeon to find out what options are available for you.

Radiotherapy may be used before or after surgery to treat locally advanced breast cancer. Radiotherapy uses X-rays (controlled doses of radiation) to destroy cancer cells in the breast, armpit, neck or surrounding areas. Radiotherapy is usually given once a day, 5 days a week for 5–6 weeks.

Targeted therapies are treatments that work by targeting breast cancer cells with specific receptors on them. The pathology report shows whether there are specific receptors on the breast cancer cells that have been removed.

- **Hormonal therapy**, such as tamoxifen or an aromatase inhibitor, may be recommended if the cancer cells have **hormone receptors** on them. Hormonal therapies are taken as a tablet once a day for at least 5 years.
- Patients who have another type of receptor, called the **HER2 receptor**, on their breast cancer cells may benefit from treatment with a drug called **trastuzumab** (Herceptin®). Overall, about one quarter of patients with breast cancer have HER2 receptors on their cancer cells.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF VARIOUS TREATMENTS?

All treatments for breast cancer carry some risk of side effects. Most side effects can be managed and will improve with time. It is important to consider the benefits of treatment along with possible side effects when making decisions about treatment. Talk to your doctor about any side effects that concern you.

Side effects of surgery may include pain, discomfort and or numbness in the chest area or in the armpit (axilla). Some people who have surgery and/or radiotherapy to the armpit may develop lymphoedema (swelling in the arm).

continued overleaf

Side effects of radiotherapy may include tenderness or a feeling of tightness in the treated breast, and changes to the skin of the breast such as redness or swelling.

The side effects of chemotherapy and hormonal therapies will depend on which drugs are used.

WHAT FOLLOW-UP CARE CAN BE EXPECTED?

Once treatment is finished, regular follow-up appointments with your specialist or general practitioner are recommended. Follow-up after treatment for breast cancer usually involves a regular physical examination and an annual mammogram with or without an ultrasound. Other tests such as blood tests or bone scans are not required during routine follow-up unless there is concern that the cancer has spread outside the breast.

SUPPORT DURING AND AFTER TREATMENT

The experience of a diagnosis of breast cancer is different for everyone. It is usual to feel anxious, frightened or confused. Sharing thoughts and feelings with others can be helpful. Members of your treatment team, friends and family can provide emotional, psychological and practical help. Breast care nurses specialise in caring for women with breast cancer and can be a valuable source of information and support. Talk to doctors, your breast care nurse or other members of the treatment team about any fears or concerns you may have.

The Cancer Helpline (13 11 20) can advise on the huge range of support available throughout Australia.

The My Journey Kit is a comprehensive package of information for women newly diagnosed with breast cancer. You can order a free Kit on 1300 78 55 62 or via www.bcna.org.au

For more information about treatments for breast cancer, side effects of treatment, and living with cancer, visit www.breasthealth.com.au.

QUESTIONS TO ASK THE DOCTOR

Some people want to know everything possible about their breast cancer and treatment. Others don't want to know as much. Ask your doctors as many questions as you need to – you may find it useful to write questions down before your next visit. A guide to questions you might want to ask your doctors is available at <http://www.breasthealth.com.au/treatment/questions.html>.

GLOSSARY OF TERMS

For a glossary of all the terms used in breast cancer care, go to <http://www.breasthealth.com.au/glossary.html>.

Membership of the NBCC Consumer Information Working Group

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