Breast cancer
INDIVIDUAL SURGICAL FOLLOW-UP INFORMATION

This booklet contains information for you and your family/whānau about your breast cancer diagnosis and individual treatment programme.
Having a breast cancer or ductal carcinoma-in-situ (DCIS) diagnosis is a different journey for every person. Once treatment is complete some people find it hard to remember what happened, and what their doctors have told them about their diagnosis.

There is a lot of information to take in, and many people have questions about what happens next for them. Many people with breast cancer or DCIS are very likely to be cured, and can resume a healthy life. A few have more worrying disease, or disease that can no longer be cured. Whatever your individual situation is, we want you to have good information about your diagnosis, treatment and follow-up.

We believe it is important for people to be involved in discussing what follow-up would be best for them, and being informed about how best to look after their own health once their treatment is complete. The hospital is here to help should further treatment be needed, but most people who are well, will no longer need to be a hospital patient and can follow-up with their general practitioner (GP).

This booklet is designed to help record details of your cancer, the treatment you have had and what your individual follow-up plan will be.

You can take your booklet with you to keep for your records. You may wish to share it with your family/whānau and GP. If you have any questions about anything in your booklet, please ask your surgeon, the cancer nurse or your GP.

**SUPPORT IS AVAILABLE**

For most people, the first port of call if they have health concerns, is their GP or Iwi health provider. Your GP can contact your surgeon or oncologist if you need to be seen in clinic again.

Some people have difficulty adjusting psychologically to having a cancer diagnosis and experience distress which affects their wellbeing. There is a cancer psychology support and counselling service available. Please let your GP, surgeon, oncologist or oncology nurse know if you would like to be referred.

The oncology nurses at the hospital also provide support. Their direct dial number is **06 348 1289**. If you need to speak with the oncology social worker, please phone **06 348 3007**.

For general support and advice, the Cancer Society can help. The Cancer Society can be contacted on **0800 226 237** (Wanganui Centre Office: **06 348 7402**) or visit their website: **www.cancernz.org.nz**.

The New Zealand Breast Cancer Foundation can also provide support. Phone them on **0800 902 732** or for more information visit **www.nzbcf.org.nz**.

*To you and your family/whānau who are walking this journey, kia kaha – stay strong.*
## INDIVIDUAL TREATMENT SUMMARY

*This section records the treatment you have had for your breast cancer.*

### Pre-operative treatment

- [ ] No pre-op treatment needed
- [ ] Chemotherapy
- [ ] Radiotherapy (radiation)

### Operation/s

#### Left side

1. **Date:**
   - [ ] Wide local excision
   - [ ] Sentinel lymph node biopsy (SLNB)
   - [ ] Mastectomy
   - [ ] Axillary lymph node dissection (ALND)
2. **Date:**
   - [ ] Cavity shave
   - [ ] Other:

#### Right side

1. **Date:**
   - [ ] Wide local excision
   - [ ] Sentinel lymph node biopsy (SLNB)
   - [ ] Mastectomy
   - [ ] Axillary lymph node dissection (ALND)
2. **Date:**
   - [ ] Cavity shave
   - [ ] Other:

### Complications:

### Post-operative treatment

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Radiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herceptin</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Hormonal medication:

<table>
<thead>
<tr>
<th>Hormonal treatment</th>
<th>Yes</th>
<th>No</th>
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### Specialists

<table>
<thead>
<tr>
<th>Surgeon:</th>
<th>Aiono</th>
<th>Bonnet</th>
<th>Lill</th>
<th>Skavysh</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical oncologist:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
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<tr>
<td>Radiation oncologist:</td>
<td></td>
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<td>N/A</td>
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Follow-up in surgical clinic is usually within six weeks of surgery, then at one year. After that, most people can be followed-up by their GP and referred back to surgical clinic as needed.

Your one year follow-up due (*approx date*):
INDIVIDUAL BREAST CANCER HISTOLOGY

Histology is the laboratory report on the cells seen in your breast cancer. This gives information about how your cancer might behave and what treatments might help.

Cancer type
- Ductal
- Lobular
- DCIS (no invasive cancer)
- Other: ______________

Grade
- I
- II
- III
- Left
- Right

T - Tumour
- T1 (<2cm)
- T2 (2-5cm)
- T3 (>5cm)
- T4 (invades skin or muscle)
- Multifocal (more than one tumour)

Size: __________ mm

Sentinel node
- Not needed
- Negative
- Positive

N - Nodes
- with cancer
- total nodes found
- N0 (no nodes)
- N1 (1-3 nodes)
- N2 (4-9 nodes)
- N3 (>10 nodes)

M - Metastasis
- M0 (none)
- M1 (metastasis)
- Mx (not yet known)

Location: ______________

Lymphovascular invasion
- No
- Yes

Hormone status
- Estrogen receptor (ER)
- Progesterone receptor (PR)

C-erb (HER-2):
- Absent
- Present

Stage
- 1
- 2
- 3
- 4

Other histological information

Final diagnosis
Stage: __________
T ______ N ______ M ______
IS MY BREAST CANCER LOW OR HIGH RISK?

The chance of long-term survival (at least five years) depends on how advanced your cancer is at diagnosis (the tumour stage), as well as your age and how good your general health is. Most recurrences occur in the first five years. Patients who survive five years are generally considered cured, although late recurrences can occur.

Five year survival is estimated (based on observational studies) as follows:

<table>
<thead>
<tr>
<th>Cancer stage</th>
<th>5 year survival rate</th>
<th>Tumour size/spread</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ductal Carcinoma-in-situ (DCIS)</td>
<td>&gt;97%</td>
<td>No invasive cancer</td>
</tr>
<tr>
<td>Stage 1 (T1, N0 or microscopic node involvement only)</td>
<td>95%</td>
<td>Smallest, no significant nodes</td>
</tr>
<tr>
<td>Stage 2 (T1-2, N1 or T3, N0)</td>
<td>70-85%</td>
<td>Small, with 1-3 nodes or medium, no nodes</td>
</tr>
<tr>
<td>Stage 3 (T1-2, N2 or T3, N1-2 or T4)</td>
<td>48-52%</td>
<td>More than 4 nodes or invading skin/muscle</td>
</tr>
<tr>
<td>Stage 4 (Any T, any N, M1)</td>
<td>18%</td>
<td>Metastatic disease</td>
</tr>
</tbody>
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More accurate personal calculations of risk, including the impact of treatments such as chemotherapy can be done using online tools such as adjuvant! online. Your oncologist may have discussed your personal risk with you at the time of recommending treatment.

If breast cancer recurs, the most common patterns are local recurrence (tumour regrowth on the chest wall), spread to lymph nodes e.g. in the neck, armpit or chest, or distant spread to lung, bone or brain. Local recurrences may be treatable with surgery and/or radiation, depending on what structures are involved. Distant metastases are frequently not curable, however with chemotherapy, radiation and/or hormone treatments survival for many years is often possible.

Should incurable metastatic disease develop, then early referral to hospice for symptom treatment and support is recommended. Research shows early contact with hospice actually lengthens survival as well as improving quality of life for people with metastatic disease. Wanganui Hospice can be contacted on 06 349 0080 or for more information visit www.hospicewanganui.org.nz.

A list of Iwi Health Providers can be found on the WDHB website at wdhb.org.nz under the ‘Our Community’ tab or ask your oncology nurse (phone 06 348 1289) to send you a list.
SYMPTOMS TO REPORT

Breast cancer will usually be cured with surgery, with or without chemotherapy or radiation. Should a recurrence, metastatic disease or a new cancer occur, then more treatment is often possible with surgery and chemotherapy. For many patients long-term survival is still possible.

Symptoms to report to your GP include:
- new lump or mass in breast or scar
- nipple discharge or blood from the nipple
- skin puckering or dimpling
- extreme fatigue
- persistent bone aches keeping you awake
- new nipple inversion
- rash on the nipple that doesn’t heal
- change in the shape of the breast
- unintentional weight loss
- arm swelling (lymphoedema)

Often symptoms are not due to cancer, but should still be checked with your GP. If your GP is concerned about a new symptom or finding on examination, they will refer you to Surgical Services.

GENETICS (FAMILY HISTORY)

Sometimes breast cancer can run in the family due to a cancer gene shared between relatives. If other family members have been, or are, affected by breast, ovarian or stomach cancer, particularly if young (under 40 years old), have bilateral (both sides), or more than one breast cancer, or if men in the family have breast cancer, then see your GP, as a referral for genetic testing may be needed. Most breast cancers are not caused by a cancer gene.

Relatives of family members develop breast cancer at a young age, or where two or more close relatives have breast cancer (or a related cancer - as listed in the previous paragraph) should discuss the possibility of surveillance mammography with their GP.

Other family members affected by cancer – see GP to discuss if more cancers develop:

<table>
<thead>
<tr>
<th>Relative</th>
<th>Cancer type</th>
<th>Diagnosis age</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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More information on breast cancer genetics (family history risk calculator) can be found at www.nbocc.org.au/fraboc.
FOLLOW-UP FOR BREAST CANCER

Women who have had a breast cancer are at higher risk of developing a second cancer. Detecting new cancers is the main reason for surveillance, as well as identifying local recurrence or metastatic disease in need of treatment.

Follow-up for breast cancer usually includes:

1. Yearly follow-up with your GP to report symptoms, examine breasts, operation site/scar, lymph nodes and lymphoedema check with additional appointments as required e.g. if new breast symptoms occur.

2. Yearly mammography for 10 years (depending on your age). The aim is to detect new cancers should they develop. Your surgeon may recommend other scans such as MRI if needed.

3. DEXA (bone density) scan every two years for women taking an aromatase inhibitor (AI, e.g. Arimidex) and those with early menopause (under 45 years old) to detect signs of osteoporosis.

4. Lifestyle changes if needed e.g. stop smoking, maintain healthy weight, healthy diet and exercise.

5. Consideration of breast reconstruction in eligible women (less than 70 years of age, non-smokers, BMI of less than 30, at least two years post-operation with no recurrence).

6. If lymphoedema (arm swelling) develops, referral to physiotherapy for massage and a compression sleeve.

For people who do not wish to consider further treatment if the cancer returns or a new cancer develops, it is reasonable to decide not to have these checks. While noticable breast cancers in the elderly can be treated with surgery and/or hormonal therapy to control symptoms, finding small cancers may lead to worry and treatments that are not of benefit. Many small breast cancers in elderly women will not grow large enough to cause health problems. If you are over 80 or have significant health problems, breast cancer surveillance might not be in your best interests. You may wish to discuss the risks and benefits of surveillance with your GP.

Please book your own GP appointments for breast cancer follow-up, or ask your GP if they can set up a recall.

INDIVIDUAL CHECKLIST

<table>
<thead>
<tr>
<th>Histology discussed</th>
<th>☐ Yes ☐ No</th>
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<tbody>
<tr>
<td>Follow-up plan created</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Yearly mammography requested</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Breast prosthesis requested (mastectomy)</td>
<td>☐ Yes ☐ No ☐ N/A</td>
</tr>
<tr>
<td>Genetics referral done</td>
<td>☐ Yes ☐ Not needed currently</td>
</tr>
<tr>
<td>Cancer psychology referral done</td>
<td>☐ Yes ☐ Not needed currently</td>
</tr>
<tr>
<td>Cancer Society referral</td>
<td>☐ Yes ☐ Not needed currently</td>
</tr>
<tr>
<td>Iwi health provider resource given</td>
<td>☐ Yes ☐ No</td>
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INDIVIDUAL FOLLOW-UP PLAN

No active follow-up planned (report symptoms as needed)

Yes  No  Yearly clinical examination by GP (breasts, scar, lymph nodes, review any symptoms) until not wanted or health deteriorates.

Yearly mammography *(referred for yearly recall, see GP for result)*

Yes  No  Yearly mammography for _____ years

After that:  Return to breast screening programme  or

Cease mammography

Hormone treatment:

Yes  No  Yes  No  Tamoxifen  or  Aromatase Inhibitor

For:  5 years  or  10 years

Discuss change of medicine with specialist after 2 years or when through menopause (women taking tamoxifen).

Yearly Breast MRI *(hospital specialist will request, with result to GP)*

Yes  No  5 years  or  until age 50  or  until menopause  or

Other:

Two-yearly DEXA scan to check bone density *(GP to request)*

Yes  No  DEXA scan baseline result  Next due:

Alternative follow-up arranged as per clinic letter dated: