



**NATIONAL BREAST
AND OVARIAN
CANCER CENTRE**

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Information for women with early breast cancer

Information for women with early breast cancer was prepared and produced by:
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Introduction

This booklet aims to give information to women with early breast cancer, their partners, family and friends. The booklet will help you make decisions about your treatment and care, but it is not a substitute for your doctor's advice.

If you have recently been diagnosed with breast cancer you are probably feeling overwhelmed, angry, scared, anxious or upset. These are all very normal responses. During the first week or two after your diagnosis, you will probably be asked to make decisions about treatment. Ask your doctors for as much information as you feel you need to make decisions. You might also find it helpful to talk about your treatment options with your family and friends.

Every woman's situation and needs are different. Not all of the information in this booklet will be relevant to you and your current situation.

If you have trouble understanding your doctors, you can get an interpreter to help you. To arrange an interpreter to be with you during your appointment, you can:

- talk to your doctor about your hospital's interpreting services
- phone the **Cancer Helpline** on **13 11 20** for information about services in your area
- phone the **Translating and Interpreting Service** on **13 14 50**.

This booklet is based on evidence about best clinical practice. New methods for the detection and treatment of cancer are continually being developed and might be introduced in the future. If you hear about new treatments or technologies that are not included in this booklet, ask your doctors for more information.

1 About early breast cancer

More than 11,800 women are diagnosed with breast cancer each year in Australia.

Breast cancer can occur at any age. The average age of women when they are diagnosed with breast cancer is 64 years. However, around one-quarter of women diagnosed with breast cancer are younger than 50 years.

Breast cancer can also develop in men, although this is rare. Male breast cancer accounts for about 1% of all breast cancer.

Early breast cancer can be treated successfully, and most women diagnosed and treated for early breast cancer will not die from the disease.

What is early breast cancer?

Breast cancer starts in the lobules and ducts of the breasts. The lobules produce milk when a woman breastfeeds and the ducts take the milk to the nipple.

What does my breast look like on the inside?

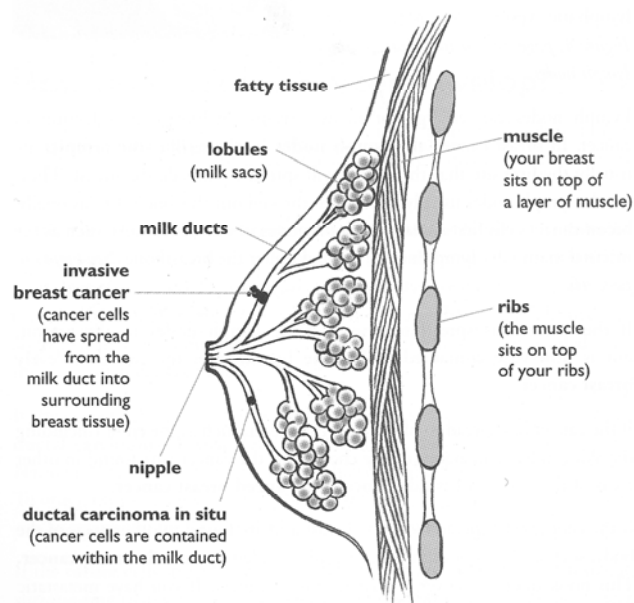


Figure 1: A woman's breast, showing invasive breast cancer

If the cancer cells are contained within the ducts of the breast this is called **ductal carcinoma in situ** (DCIS). If you have DCIS, ask your doctor for a copy of the National Breast Cancer Centre* book *Ductal carcinoma in situ: understanding your diagnosis and treatment* (available in English only) or call the National Breast Cancer Centre* on 1800 624 973.

If the cancer has spread outside the ducts into the breast tissue, but is still contained within the breast, this is called **early breast cancer**. Early breast cancer may also have spread to the lymph nodes in the armpit.

If the cancer has spread to places near the breast, such as the chest (including the skin, muscles or bones of the chest), but the cancer isn't found in other areas of the body, this is called **locally advanced breast cancer**.

If the cancer has spread outside the breast and is found in other areas of the body, such as the bones or the lungs, this is called **metastatic breast cancer**. If you have metastatic breast cancer, ask your doctor for a copy of the National Breast Cancer Centre* book *A guide for women with metastatic breast cancer* (available in English only) or call the National Breast Cancer Centre* on 1800 624 973.

2 Treatment for early breast cancer

The aim of treatment for early breast cancer is to:

- remove the breast cancer
- destroy any cancer cells that might be left in the breast or armpit area
- destroy any cancer cells that may have spread outside the breast and armpit area, but cannot be detected.

Early breast cancer is usually treated with surgery, with or without radiotherapy. Hormonal therapy and chemotherapy may also be used.

The different types of treatment are explained in later chapters.

Deciding about your treatment

Your treatment team

During your treatment for early breast cancer you will meet a number of doctors and other health care professionals. The people involved in your care may meet or talk with each other to plan your treatment and care. Together, the team will consider which treatment options are suitable for your situation. Your team may include some or all of the following:

- your **general practitioner (GP)** or **family doctor** who provides ongoing care and refers you to specialists
- a **surgeon** who does breast surgery
- a **pathologist** who examines tissue that is removed from your breast
- a **radiologist** who reads X-rays, such as mammograms

- a **radiation oncologist** who specialises in radiotherapy
- a **medical oncologist** who specialises in chemotherapy and hormonal therapy
- a **breast care nurse** who provides care and support for women with breast diseases
- an **oncology nurse** who provides care for people with cancer.

Other health care professionals who may be involved in your care include:

- a **counsellor, psychologist or psychiatrist** who provides emotional support and/or helps manage anxiety and depression
- a **social worker** who provides support and practical information, for example about financial assistance, child care and help in the home
- a **physiotherapist** or **occupational therapist** who advises on exercises you can do following treatment
- a **plastic surgeon** who does breast reconstruction for women who have a mastectomy.

Although you may see a range of doctors and other health care professionals, there will usually be one person who is your main point of contact.

You should feel comfortable with your treatment team. It's important to tell your treatment team about any particular concerns and priorities you may have.

Your involvement in treatment decisions

Every woman's situation is different. Treatment that is suitable for one woman may not be suitable for another. You are entitled to choose the treatment that best suits you. Before you make a decision, it's recommended that you discuss your treatment options with your doctor(s), family members and/or friends.

Ask your doctors as many questions as you need, even if you have asked them before, and encourage your family to do the same.

Taking a week or two to decide about treatment will not affect the outcome of your treatment. However, it is *not* wise to take months to decide.

If you are unhappy with the advice you are given or want to talk to another doctor at any stage, you have the right to get a second opinion.

3 Breast surgery

Breast surgery involves removal of *part* of the breast (breast conserving surgery) or *all* of the breast (mastectomy). In most cases, breast surgery also involves removal of one or more lymph nodes from the armpit. **Breast conserving surgery**

Breast conserving surgery might be suitable for you if the cancer is small compared to the size of your breast.

Breast conserving surgery usually involves:

- removal of the cancer and a small area of healthy tissue around it
- removal of one or more lymph nodes from the armpit
- after surgery, radiotherapy to the breast in which the cancer was found (see section 4).

Mastectomy

Mastectomy is considered an option if:

- the cancer is large compared to the size of your breast or the cancer is in more than one area of your breast
- you have previously had breast conserving surgery and the doctors think that not all of the cancer has been removed
- the cancer has come back in your breast
- it is your preference.

Mastectomy usually involves:

- removal of the entire breast (usually including the nipple)
- removal of one or more lymph nodes from the armpit.

Surgery to remove lymph nodes

The lymph nodes in the armpit are often the first place breast cancer cells will spread to outside the breast. To test whether cancer has spread to the lymph nodes, one or more nodes are removed during surgery and examined by the pathologist under a microscope. This information will help your doctors decide whether to recommend additional treatments such as chemotherapy and hormonal therapy, which work on the whole body to kill cancer cells and prevent more cancer cells from developing.

If lymph nodes have been removed, you will usually have one or more drains (plastic tubes) from your armpit, which are usually removed a few days after surgery.

After surgery

Your stay in hospital could be anywhere between one day and one week. This will depend on the type of surgery you have, your progress in hospital and whether or not community support is available when you leave the hospital.

After breast conserving surgery, you will be left with a scar on your breast, which will improve with time. Your breast will not look the same as it did before surgery. You will usually not need to wear a breast prosthesis or consider breast reconstruction.

If you have had a mastectomy you will have a scar that runs across your chest, which will improve with time. You can wear a soft **temporary breast prosthesis** (false breast) while your wound is healing. After this time, you can be fitted for a **permanent breast prosthesis**. You may choose to have breast reconstruction, which can sometimes be done at the same time as the mastectomy, or can be done later (see below).

Breast prostheses

After mastectomy a false breast, called an **external breast prosthesis** or **breast form**, can be worn inside your bra to give shape to your clothes. It's designed to match the skin tone, size and shape of your other breast. A breast prosthesis is specially weighted so that it feels and moves like your other breast, restores your balance and helps prevent any posture problems. You can also get a special swimming costume with a breast prosthesis.

It's important that you are fitted correctly for a breast prosthesis. To find out where you can get a properly fitted prosthesis ask your doctor or contact the **Cancer Helpline** on **13 11 20**.

Breast reconstruction

Breast reconstruction after a mastectomy involves rebuilding a breast shape, using an implant or tissue from another part of your body.

Sometimes reconstruction is done immediately after a mastectomy operation (that is, while you're still in surgery), and sometimes you may have additional operations later on.

Although breast reconstruction aims to rebuild your breast so that it's as 'lifelike' as possible, your reconstructed breast will not look and feel the same as before your initial surgery.

Breast reconstruction can involve implants (usually made from silicone gel), or use tissue from another part of your body. The surgeon who performs your mastectomy may also be able to do your breast reconstruction or may work with, or refer you to, a surgeon who specialises in breast reconstruction.

There is no evidence that breast reconstruction makes breast cancer more likely to come back or that breast reconstruction prevents breast cancer from being diagnosed if it does come back.

Side effects of surgery

Each woman is different in how long she takes to recover from surgery. During the first few weeks, your wounds will be sensitive and need extra care. They will continue to heal and become stronger over time. You may have some pain, discomfort or numbness in your breast and/or armpit while the wounds are healing – this usually settles in a few weeks.

Many women continue to feel tired and need a lot of rest, even when their wounds seem to have healed. You may find you're ready to return to work and/or your regular activities after 2 or 3 weeks, or you may need longer to recover.

Some women develop lymphoedema after surgery. For more information, see Section 9.

Talk to your doctor about any side effects you're concerned about, or think you're developing. Most side effects can be managed with medical care.

Your physical recovery is important, but you will also need time to recover emotionally. It is common for women to feel a sense of loss after breast surgery, and to experience some sexual and self-esteem difficulties. For more information see Section 10.

4 Radiotherapy

Radiotherapy uses X-rays (controlled doses of radiation) to destroy any cancer cells that may be left in the breast or chest after surgery.

- After breast conserving surgery: radiotherapy to the breast is usually recommended
- After mastectomy: radiotherapy to the chest is *sometimes* recommended
- After either type of breast surgery: radiotherapy to the lymph nodes in the armpit and/or lower neck is *occasionally* recommended.

Usually you will start radiotherapy 3–6 weeks after surgery, depending on the availability of services, and how quickly you recover from surgery. If you also have chemotherapy (see Section 6), you will probably have radiotherapy *after* the chemotherapy has finished (although the order in which you have treatments depends on your situation).

Once you start treatment, you will usually have radiotherapy once a day, 5 days a week, for 5 or 6 weeks.

Receiving radiotherapy is painless. However, you may find that you have some discomfort or pain afterwards. Some of the most common side effects during or after radiotherapy include:

- your skin on and around the treated area can become red and dry, much like sunburn
- you will probably feel more tired than usual
- your skin can start to look darker than usual.

These side effects will improve with time.

Some women develop lymphoedema after radiotherapy. For more information, see Section 9.

Talk to your radiation oncologist, radiotherapist or nurse about how to take care of your skin during radiotherapy and about any side effects you are worried about, or think you may be developing.

5 Hormonal therapy

Hormonal therapy may be used in addition to surgery and radiotherapy to help destroy any breast cancer cells in your breast, or any cancer cells that may have spread to other parts of your body but cannot be detected. Hormonal therapies may also reduce the risk of a new breast cancer developing in either breast.

Hormonal therapies are only recommended for women who have hormone receptors on their cancer cells. They work by changing the way that female hormones (typically estrogen) work in the body.

Hormonal therapies include:

- **anti-estrogens** (eg tamoxifen): these work by stopping cancer cells from getting estrogen; they can be used by women of all ages who have hormone receptors on their cancer cells
- **ovarian treatments**: these work by stopping the ovaries from producing estrogen (eg by surgery, radiotherapy or drugs); they can be used by women who have not yet reached menopause
- **aromatase inhibitors**: these work by stopping estrogen from being produced; these newer drugs are sometimes used as an alternative to anti-estrogens for women with early breast cancer who have already experienced menopause.

Different types of hormonal therapies have different side effects. For more information about the side effects of hormonal therapies see Section 9. Each woman is different in how she responds to a particular hormonal therapy. A **medical oncologist** will tell you which hormonal therapies could be useful in the treatment of your breast cancer and let you know about any risks. Alternatively your surgeon, radiation oncologist or GP might manage your hormonal therapy.

It is important to weigh up the benefits and side effects of the different hormonal therapies for your situation.

6 Chemotherapy

Chemotherapy involves taking drugs that destroy any breast cancer cells in your breast, or any cancer cells that may have spread to other parts of your body, but cannot be detected.

Chemotherapy may be used in addition to breast surgery (with or without radiotherapy and hormonal therapies).

The decision about whether to have chemotherapy and which type to have will depend on the type of breast cancer you have, other treatments you have received, your general health and your preference.

It's important to weigh up the benefits and side effects of chemotherapy for your situation.

A **medical oncologist** will explain to you which chemotherapy drugs are recommended for your situation, the possible side effects, how long you may need to take chemotherapy drugs, and where you can have chemotherapy. Usually you can have chemotherapy in a hospital or special clinic, without needing to stay overnight. If you live in an area where there is no medical oncologist (such as a rural area), your GP or surgeon may manage your treatment.

The most common way of having chemotherapy is by injection through a 'drip' into your hand or arm. Some chemotherapy drugs are taken as tablets.

Chemotherapy is usually given in 'cycles' over a 3-6 month period. This means you have a short period of treatment, followed by a rest period, followed by another period of treatment, and so on. The length of your treatment and rest periods will depend on the type of breast cancer you have and the type of chemotherapy drugs you're receiving. Each treatment can take between 30 minutes and a few hours.

Side effects

In addition to destroying cancer cells, chemotherapy can also damage some normal cells. The areas that are usually affected include the mouth, stomach and bowel, skin, hair and bone marrow. The damage to normal cells causes the side effects of chemotherapy. However, normal cells repair damage more efficiently than cancer cells, and the normal cells can recover.

Possible side effects include nausea, mouth ulcers, skin problems, weight gain or loss, tiredness and hair loss. Most side effects can be managed with medical care.

Not all chemotherapy drugs cause hair loss. If you do lose some of your hair, it will usually grow back within weeks or months of ending chemotherapy. You might want to wear a scarf, hat, turban or wig to cover your head while your hair grows back. For information about options call the **Cancer Helpline** on **13 11 20**.

Women who haven't yet reached menopause may have menopausal symptoms during chemotherapy. Some chemotherapy drugs may cause permanent menopause. See Section 9 for further information about menopausal symptoms, fertility and pregnancy after treatment.

If you're feeling anxious or upset about your treatment you can talk to a counsellor, psychologist or psychiatrist (see Section 10).

Talk to your doctor(s) about the side effects of the treatments recommended for you and about how best to manage these.

7 Clinical trials

During the course of your treatment, you may be asked whether you would like to take part in a clinical trial. Clinical trials try to find out whether promising new approaches to cancer prevention, diagnosis and treatment are safe and effective.

The advantage of taking part in a clinical trial is that you may receive newer treatments that are not yet available to the general public. These treatments *may* be more effective than the treatments currently recommended. By participating in a clinical trial you will also be helping other women who are diagnosed with breast cancer in the future.

The disadvantage of taking part in a clinical trial is that the newer treatments might not be more effective than standard treatments, and might have more side effects. Or you may be assigned to a group that is not receiving the newer treatment.

If you're interested, ask your doctors about any clinical trials that are suitable for you.

8 Complementary and alternative therapies

You may find that complementary and alternative therapies – such as acupuncture, meditation, yoga, tai chi, music, massage, aromatherapy, dietary therapies, herbs and homeopathy – are helpful for you. However, it's important to remember that many complementary and alternative therapies have not been tested for side effects, or for their interactions with conventional treatments.

There is *no* evidence that complementary and alternative therapies can remove breast cancer, prevent it from coming back, or prevent it from spreading to other parts of the body.

Some complementary therapies can increase your wellbeing and reduce anxiety (eg relaxation therapy and guided imagery). Some complementary and alternative therapies may be harmful if taken at the same time as conventional treatments.

Talk with your doctor about any complementary or alternative therapies you are taking, involved in or considering.

9 After treatment

Lymphoedema

Some women develop lymphoedema after surgery for breast cancer and/or radiotherapy to the armpit. Lymphoedema is a swelling in an area of the body due to blockage of the lymphatic vessels. It can be very mild or quite severe. Lymphoedema can develop months, or even years, after treatment. It can develop in the arm, breast, or remaining breast tissue.

If lymphoedema develops, it cannot be cured. However, there are some things you can do to help reduce the swelling and avoid infection.

Tell your doctors promptly about any swelling, tightness or pain in the arm or breast that develops after treatment, so that it can be managed.

Menopausal symptoms

Menopausal symptoms are a common side effect of hormonal therapies and some chemotherapy drugs. Sometimes the menopause is temporary and sometimes it's permanent. The closer you are to the age of natural menopause when you are treated, the more likely it is that the menopause will be permanent. If your menopause is permanent, speak to your doctor about your risk of osteoporosis (frail bones).

Regardless of whether your menopause is temporary or permanent, you may experience some or all of the following symptoms:

- hot flushes
- sleep disturbance
- vaginal dryness and/or discharge

- a decrease in libido
- no menstrual periods, or irregular menstrual periods.

Some women have menopausal symptoms for only a few months, while other women have them for much longer. A range of medical treatments, lifestyle changes and complementary therapies are used by women to manage their menopausal symptoms.

Tell your doctor if you're experiencing any menopausal symptoms, so that they can be managed.

Fertility and pregnancy

Treatments for early breast cancer may affect your ability to become pregnant. Some effects are only temporary while others are permanent.

If you have not yet reached menopause and you are considering having children in the future, discuss the risk of infertility with your doctor *before* you start any treatment.

Ask your doctor if there are other treatments that are less likely to make you infertile (and if so, how effective they are for your situation) or you might consider freezing some embryos *before* treatment, so that you might be able to fall pregnant in the future.

Pregnancy after treatment

There is *no* evidence to suggest that it is unsafe for you or your baby if you fall pregnant after treatment for breast cancer, or that pregnancy after treatment for breast cancer will make the breast cancer more likely to come back.

Breastfeeding after treatment

Most women who have had radiotherapy following breast surgery find they are permanently unable to breastfeed from the *treated breast*. Usually the treated breast does not produce milk.

If you are able to breastfeed from the treated breast, there is *no* evidence to suggest that this is unsafe for you or your baby. You can safely breastfeed from your *untreated breast* if you have had radiotherapy.

Follow-up

Regular follow-up is essential after treatment for early breast cancer.

After your treatment you should have regular appointments with your GP, surgeon, radiation oncologist or medical oncologist. Regular follow-up makes sure that if breast cancer comes back in the breast, breast tissue, or the other breast, it is promptly treated. Regular follow-up also allows your doctor to check for, and manage, any side effects from treatment that might develop after you have finished treatment. Speak to your doctor about your follow-up schedule.

Appropriate follow-up involves regular examinations and mammograms. It does not involve chest X-rays, bone scans or blood tests unless there is a problem that shows they are needed.

See your GP or specialist as soon as possible if you:

- feel a lump in either breast, or in the breast tissue left on your chest after mastectomy
- have any other symptoms in either breast, such as nipple discharge
- develop any other symptoms that concern you.

Do not wait until your regular appointment if you notice any new or unusual changes.

If you change doctors at any time, ask your new doctor to request your medical records from your previous doctor.

10 Coping and support

The experience of being diagnosed and treated for early breast cancer is different for every woman. Support is available to help you, your family and friends cope with any difficult times.

Looking after your emotional wellbeing is a very important part of your ongoing care. While you may experience different emotions at different stages of the treatment and recovery process, most women do cope with the changes caused by their experience with breast cancer. Some women feel anxious or depressed for several years, particularly about the possibility of the cancer coming back. Talk with your doctors or other health care professionals about any worries you may have. If you feel you'd like more support, ask to be referred to a specialist such as a counsellor, psychologist or psychiatrist.

Your feelings

The diagnosis and treatment of breast cancer causes changes in your life, and can change how you think and feel about things. These changes and their effects will not be the same for all women, but it can be reassuring to know that other women share some of the same feelings and experiences.

Some of the feelings that you *may* experience include shock, anger, feeling like 'just a number' or 'just a breast', isolation and loneliness, self-blame, sadness or depression, anxiety or fear.

Sharing your thoughts and feelings with others, even painful feelings, can help you cope with your diagnosis.

Every woman is different in how she copes with difficult feelings to do with breast cancer. Support is possible from a great variety of people and organisations. Some women express and cope with their feelings through family, friends and community activities. Others ask for professional help – from their GP, or other health professionals. The important thing to remember is that **you don't have to cope alone**. There are many different ways to find support and help for coping with your feelings about your diagnosis and treatment.

As well as any support you get from family and friends, you can find support from:

- members of your treatment team, particularly a breast care nurse, who provides support and information for women with breast cancer
- cancer support services and groups – call the **Cancer Helpline: 13 11 20** or ask your doctor or hospital for details of support groups available in your area

- a professional counsellor
- the Breast Cancer Network Australia, which provides information and support to women affected by breast cancer.

The impact on your partner, family and friends

Your breast cancer diagnosis and treatment will affect others in your life, such as your partner or husband, your family and close friends. They may feel worried, powerless or not know what to say. They could have similar emotions to you, such as shock, sadness, depression, fear, anxiety and anger. Every person is different and will have his or her own way of coping with your breast cancer.

For coping with your breast cancer and resolving any problems, good communication between yourself and others is important.

Your children are likely to be affected by your diagnosis. Depending on their age, children may know that something is wrong without you even telling them. You may want to talk to your children about your situation so they understand what is going on. Answer their questions as honestly as possible in words they can understand. What they imagine to be happening is possibly more upsetting to them than the reality will be, once it's explained.

The effect of your diagnosis on your child may be reflected in your child's behaviour. If you're concerned about your child's behaviour at school, you could choose to tell the teacher about your breast cancer, so that he or she understands the reasons for any changes in behaviour.

If you're worried about your children, you can ask your doctor to refer them to a counsellor, psychologist or psychiatrist, or some or all of the family can see a family therapist.

The impact on your sexuality

Breast surgery, radiotherapy, hormonal therapy and chemotherapy often have a significant effect on how women feel about themselves and their attractiveness. This can happen to any woman, whether or not she has a partner.

The changes to your body, how much energy you have, and your mood will affect how you feel about yourself. This includes your sexual desire and ability to be sexual with others.

If you have concerns you could talk to your doctor, nurse or other health care professional. There are also trained specialists who can provide advice for you and/or your partner.

Returning to work or some regular activity

If you were employed or involved in a regular activity when your breast cancer was diagnosed, you may find it helpful to return to this job or activity shortly after treatment. This could make you feel valued and give you the comfort of being around people you're familiar with. Talk to your employer or organisation about making your hours more flexible for a period before, during and after treatment.

You may find it difficult to talk with your colleagues or friends about your experience of being diagnosed with breast cancer. If you want to, you can share your experience with just a few close friends or colleagues. Sharing your feelings could lead to valuable support.

Financial and practical support

Talk to your doctor about the likely costs of medical tests, treatment and support services.

Your costs will depend on: whether you have treatment in the public or private system; whether you're working and need to take time off for treatment; and whether you live in a rural area and need to travel for treatment.

If you need to have treatment such as surgery or radiotherapy in a centre or hospital that is far from where you live accommodation may be available for you and your family at a reduced fee or you may be able to get some financial assistance with travel costs.

Depending on your situation and where you live, financial and practical help may also be available for child care, meals or general home help. You could also be eligible for a sickness allowance while you're having, and recovering from, treatment.

To find out about financial assistance, ask your hospital or community **social worker, breast care nurse or community nurse** or contact the **Cancer Helpline** on **13 11 20**.

11 Getting more information

It's important that you feel you have enough information to make decisions about your treatment.

For information about treatment, support services, financial help and practical issues, phone the **Cancer Helpline** on **13 11 20**. In some states there are bilingual counsellors or information officers who can direct you to information in your language.

Other sources of further information (in English) about breast cancer:

National Breast Cancer Centre*

Telephone: 1800 624 973

Website: www.nbocc.org.au

Breast Cancer Network Australia

Telephone: 1800 500 258

Website: www.bcna.org.au

Professional interpreters

Interpreters help women who are not fluent in English to understand everything the doctors say. To find an interpreter you can:

- talk to your doctor about your hospital's interpreting services

- phone the **Cancer Helpline** on **13 11 20**
- phone the **Translating and Interpreting Service** on **13 14 50**.

12 Questions you may wish to ask

Don't be afraid to ask your doctors questions to get all the information you need. Some of the questions you may want to ask are listed below.

- Where is my breast cancer?
- Can I die from breast cancer?
- Where can I go for support?
- Will my daughters get breast cancer?
- What treatment do you recommend? Why?
- What are the benefits and risks of each treatment?
- What are the side effects of each treatment?
- What are the chances of the breast cancer coming back after treatment?
- What are the chances of the breast cancer spreading to other parts of my body after treatment?
- How will I look and feel during and after treatment?
- I'd like a couple of weeks to make a decision – will that make any difference?
- How long will I take to recover?
- How long will I need to be off work?
- Where do I go for treatment?
- Will treatment affect my ability to have children?
- Is it safe to have treatment if I am pregnant?
- Can I breastfeed during/after my treatment for breast cancer?
- If I have surgery, is breast reconstruction an option?
- Where and when can I get a breast prosthesis?
- How can I speak with other women who have been treated for breast cancer?
- Are there any clinical trials suitable for me?
- Are there complementary treatments that might help me?
- Can I have complementary treatments at the same time as my treatment?
- Can I get financial assistance to help me?
- What follow-up tests will I have after treatment?

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