



UNDERSTANDING CANCER

# Breast Cancer Te Matepukupuku o ngā Ū



A guide for women with breast cancer



Copyright © 2011 Cancer Society of New Zealand Inc  
PO Box 12700, Wellington 6011.

Fifth Edition 2011  
ISBN 0-908933-91-6

#### **Publications Statement**

The Cancer Society's aim is to provide easy-to-understand and accurate information on cancer and its treatments.

Our *Understanding Cancer* information booklets are reviewed every four years by cancer doctors, specialist nurses, and other relevant health professionals to ensure the information is reliable, evidence-based, and up-to-date. The booklets are also reviewed by consumers to ensure they meet the needs of people affected by cancer.

This edition of *Breast Cancer/Te Matepukupuku o ngā Ū* includes new features in response to suggestions from those who review our booklets, and to meet the needs of our readers. Our key messages and important sections have been translated into te Reo Māori. Our translations have been provided by Hohepa MacDougall of Wharetuna Māori Consultancy Services.

#### **Other titles from the Cancer Society of New Zealand/Te Kāhui Matepukupuku o Aotearoa**

##### **Booklets**

Advanced Cancer/Matepukupuku Maukaha  
Bowel Cancer/Matepukupuku Puku Hamuti  
Bowel cancer and bowel function: Practical advice  
Breast Cancer in Men: From one man to another  
Cancer Clinical Trials  
Cancer in the Family: Talking to your children  
Chemotherapy/Hahau  
Complementary and Alternative Medicine  
Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku  
Emotions and Cancer  
Got Water?/He Wai?  
Kanesa o le susu/Breast Cancer (Samoan)  
Lung Cancer/Matepukupuku Pūkahukahu  
Melanoma/Tonapuku  
Prostate Cancer/Matepukupuku Repeure  
Radiation Treatment/Haumanu Iraruke  
Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū  
Sexuality and Cancer/Hōkakatanga me te Matepukupuku  
Understanding Grief/Te Mate Pāmamae

##### **Brochures**

Being Active When You Have Cancer  
Being Breast Aware  
Bowel Cancer Awareness  
Gynaecological Cancers  
Questions You May Wish To Ask  
Talking to a Friend with Cancer  
Thermography

## Breast cancer

This booklet has been prepared to provide you with information about cancer of the breast. It gives information about diagnosis, treatment, practical support, and the emotional impact of cancer.

A specific booklet covering secondary breast cancer is available from your local Cancer Society, or by phoning the **Cancer Information Helpline 0800 CANCER (226 237)**.

In the past, breast cancer surgery was quite extensive and women feared not only the disease but also the treatment. Today, with early detection methods and the trend towards smaller operations, breast cancer can be treated successfully with better cosmetic results.

We can't advise about the best treatment for you personally. You need to discuss this with your own doctors who are familiar with your full medical history. However, we hope this information will answer some of your questions and help you think about the questions you may want to ask your doctors.

If you find this booklet helpful, you may like to pass it on to your family and friends who might also find it useful. The words in **bold** are explained in the glossary at the end of this booklet.



## Te matepukupuku o ngā ū

Ko te kaupapa o tēnei puka, he āwhina i te iwi kia puta whānui ngā māramatanga mō tēnei mate te matepukupuku o ngā ū. He pārongo kei roto mō te whakatau mate, te maimoatanga, ngā āwhina i ngā pānga o te mate nei ki te taha kikokiko, ki te taha wairua.

I tua atu, ka taea te tonono i tētahi puka anō mō te matepukupuku tuarua o ngā ū mai i te tari o te Kāhui Matepukupuku tata ki a koe, waea rānei ki **Waeaāwhina Pārongo Matepukupuku 0800 CANCER (236 237)**.

Hei ngā rā ki mua, he āhua whārahi tonu ngā pokanga matepukupuku ū, me te kaha matakū o ngā wāhine ki te mate nei, tae noa ki ngā maimoatanga. I ēnei rā, nā runga i ngā huarahi kite moata me te ia kia iti ake ngā pokanga, ka angitu ake te maimoatanga me te pai ake o ngā huanga whakanako.

Kāore e taea e mātou te tohutohu i a koe e pa ana ki ngā maimoatanga pai mōu. Me kōrero kē koe ki ō rata, ina rā kei a rātou ngā kōrero e pā ana ki tō mate. Hāunga tērā, ko te tūmanako, mā tēnei puka ka taea ētahi o ō pātai te whakautu, me te āwhina i a koe ki te whakaaro ake ki ētahi pātai hei pātai māu ki tō rata.

Mehemea i whai āwhina koe i te puka nei, me tuku ki tō whānau me ō hoa, tērā pea he āwhina kei roto mā rātou. Ka taea ngā whakamārama mō ngā kupu miramira i te rārangi kupu kei te pito o te puka.

## Contents

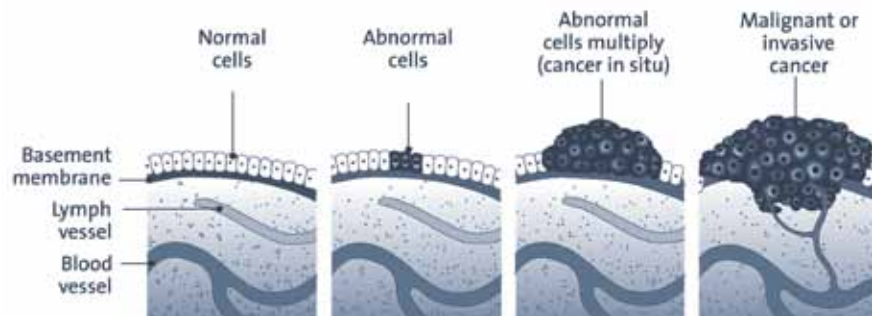
What is cancer?	4
Your breasts	7
What is breast cancer?	9
Diagnosis	14
Planning treatment	20
Treatment	23
Making decisions about treatment	55
After treatment	62
Support	68
What can I do to help myself?	80
Relationships and sexuality	88
Questions you may wish to ask	91
Glossary	95
Suggested reading and websites	99
Feedback	105

# What is cancer?

Cancer is a disease of the body's **cells**. Our bodies are always making new cells to replace worn-out cells, or to heal damaged cells after an injury. This process is controlled by certain **genes**: the codes that tell our cells how to grow and behave. Cancers are caused by damage to these genes. This damage usually happens during our lifetime, particularly as we get older. A small number of people inherit a damaged gene from a parent.

Normally, cells grow and multiply in an orderly way. However, damaged genes can cause them to behave abnormally. They may grow into a lump, which is called a **tumour**. Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread to other parts of the body.

The beginnings of cancer



Malignant tumours invade into the surrounding tissues, and may form a **secondary** cancer or **metastasis** in another part of the body.

For a cancer to grow bigger than the head of a pin, it must grow its own blood vessels. This is called angiogenesis.

Sometimes, cells break away from the original (**primary**) cancer and spread to other organs. When these cells reach a new site they may form a new tumour. This is called secondary cancer or metastasis. So, for example, if breast cancer spreads to the bones, it is called a breast cancer secondary in the bone. It is not considered to be bone cancer, which is a separate disease.

## He aha te matepukupuku?

He mate te matepukupuku ka pa ki ngā pūtau o te tinana. E kore e mutu te mahi a te tinana ki te hanga pūtau hou hei whakahou i ngā putau kua ruha, ki te whakaora hoki i ngā pūtau kua hē i ngā wharahanga noa. Whakahaerehia ai tēnei mahi e ētahi ira: ara ko ngā tohu ka whakarite i te ahua tipu a ngā putau, tae noa ki tōna whanonga. Ka puta te matepukupuku nā runga i ngā wharanga ki ēnei momo ira. Ka pā ēnei wharahanga puta noa i te koiora o te tangata, ina koa, ka kaha ake te pā ka pakeketia ana. Tērā ētahi tāngata torutoru nei, ka whānau mai ki te ao me tētahi ira hē i heke mai i tētahi o ō rātou mātua.

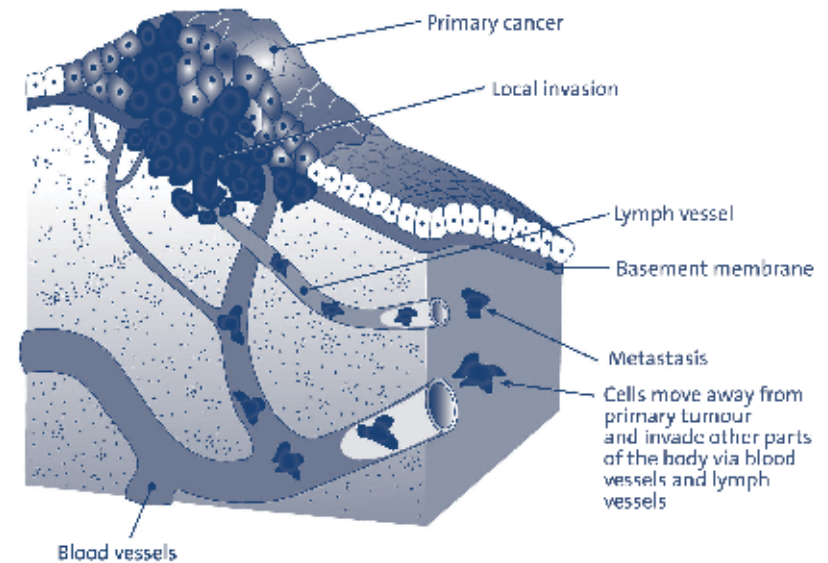
Ko te tikanga, ka tipu pai, ka rahi haere ngā pūtau. Heoi, ka tareka e te ira hē te whakararu i te mahi a ngā pūtau. Tērā pea ka tipu hei puku, ā, kīia hoki tēnei, he puku. Ko ētahi puku he mārire (kore matepukupuku), ko ētahi he marere (kawe matepukupuku). Kaore ngā puku mārire e hōrapa ki ētahi atu wāhi o te tinana.

Ka whakaeke ngā puku marere ki roto i te kikokiko e karapoti ana, ā, tērā pea ka tipu mai he matepukupuku tuarua, ka kīia he **metastasis** ki wāhi kē o te tinana.

Kia tipu ai te matepukupuku kia nui ake i te kōhao o te ngira, me whakatipu ano ia i ētahi ia toto. Kīia ai tēnei ko te angiogenesis.

Hei ētahi wā ka maunu mai ētahi pūtau i te wāhi tipu taketake (matua) o te matepukupuku ka hōrapa ki ētahi atu whēkau. Ka tau ana ēnei pūtau ki tētahi wāhi hou, tērā pea ka tipu mai he puku hou. Kīia ai tēnei ko te matepukupuku tuarua, ko te metastasis rānei. Hei tauira, ki te hōrapa atu te matepukupuku i te ū ki ngā kōiwi, kīia ai ko te matepukupuku tuarua i te kōiwi. Ehara tēnei i te matepukupuku ki ngā kōiwi, he mate atu anō tērā.

## How cancer spreads



## Your breasts

Your breasts are designed to make milk after pregnancy. The breast tissue extends almost to the collar bone at the top and to the armpit at the side. Lying beneath the breasts are the chest muscles and ribs.

Breast tissue is made up of milk **glands**, connective tissue, and fat. The milk glands consist of **milk sacs** (lobules) where milk is made, and **ducts** which take the milk to the nipple.

In your breast area and armpit there are **lymph glands** or **nodes** which are connected by a system of lymph ducts. These glands and ducts are part of the lymphatic system, which helps your body to fight infection.

Your breasts do not stay the same throughout your adult life. Your monthly period, pregnancy, age, and weight changes can all alter their shape. Some women find their breasts feel more tender and lumpy before their period. This tenderness and lumpiness disappears after the period ends. This is quite normal.

## Ō ū

Ko te mahi a ngā ū, he waihanga waiū whai muri i te hapūtanga o te wahine. Ka toro te kikokiko o ngā ū ki te tāhei ki runga, ki ngā kēkē i ngā taha. Kei raro iho i ngā ū ko ngā uaua o te uma, ko ngā rara.

Hangaia ai ngā kikokiko ū mai i ngā repe waiū, ngā pānga kikokiko me te mōmona. He kahu waiū (lobules) ngā repe waiū, he wāhi mahitia ai te waiū, ko te wāhi hoki noho ai ngā ngongo kawē i te waiū ki ngā kōmata o ngā ū.

Ehara i te mea ka rite te āhua o ngā ū puta noa i te wa o tō pakeketanga. Ka panoni ngā ū o te wahine nā te rere o te toto ia marama, nā te hapūtanga, nā te hipanga o ngā tau, nā te piki me te heke hoki o te taumahatangā. Hei mua i te rerenga o te toto ia marama, ka ngohengohe ka pupuke ngā ū o ētahi wāhine. Mutu ana te rere o te toto, kua kore haere te ngohengohe me te pupuketanga. He mea puta i ngā wa katoa.

## What is breast cancer?

Breast cancer is a malignant tumour that starts in the breast tissue. The majority of breast cancers begin in the milk ducts (ductal cancers). A small number start in the milk sacs or lobules (lobular cancers). Within these two groups there are different subtypes of breast cancer. Some grow very slowly. Others develop more rapidly.

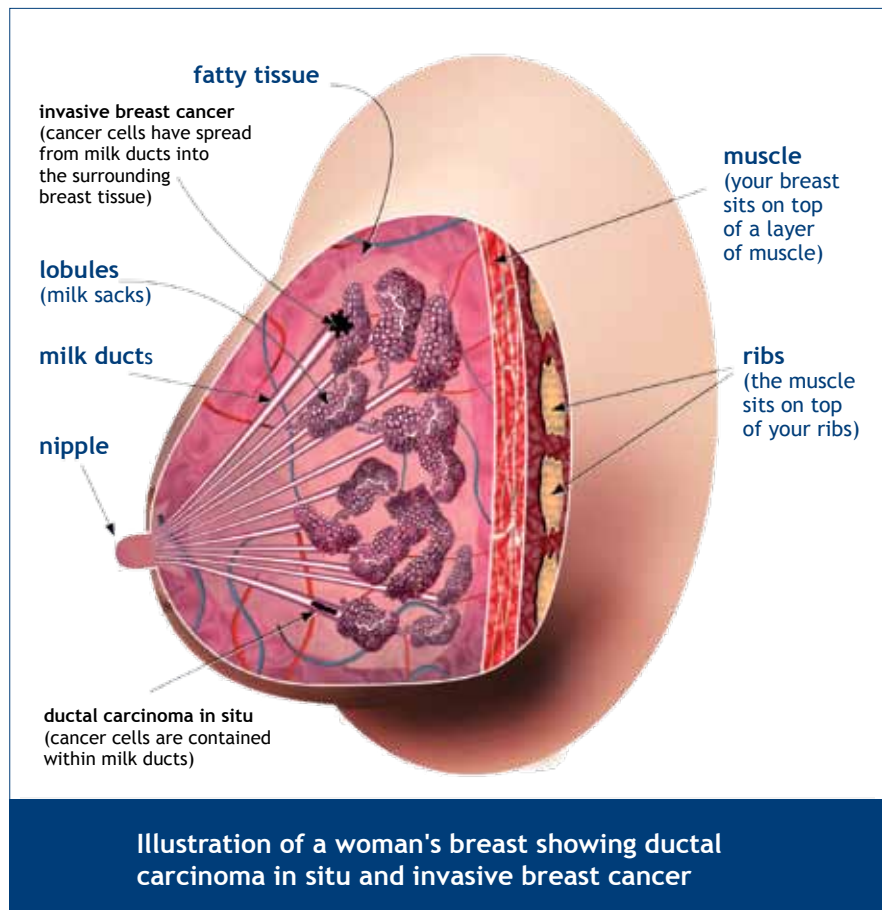
Breast cancer can spread to the lymph glands and to other parts of the body, most commonly the lung, bones, and liver.

## He aha te matepukupuku o ngā ū?

He puku marere te matepukupuku o ngā ū ka tīmata ki roto i te kikokiko ū. Ka tipu te nuinga o ngā matepukupuku o te ū ki ngā ngongo waiū (kīia ai he matepukupuku ki te ngongo waiū). Ruarua noa ngā matepukupuku o te ū ka tipu i ngā ngongo waiū, ki ngā lobules (matepukupuku lobular). Kei roto i ēnei mate e rua nei, ētahi atu momo matepukupuku o ngā ū. He pōturi te tipu o ētahi o ngā momo matepukupuku ū, he kakama te tipu o ētahi atu.

Tērā pea ka hōrapa te matepukupuku o ngā ū ki ngā repe waitinana me ētahi atu wāhi o te tinana, tae noa ki ngā pūkahukahu, ki ngā kōiwi me te ate.





*This diagram is reproduced with permission from the National Breast and Ovarian Cancer Centre.*

## How common is breast cancer?

Breast cancer is the most common cancer in New Zealand women. Approximately 2,500 women are diagnosed each year. Breast cancer can occur at any age but is most common in women between the ages of 50 to 70 years. Although it is very unusual, men can develop breast cancer (approximately 1 percent of all breast cancer). For information on male breast cancer contact your local Cancer Society, phone the **Cancer Information Helpline 0800 CANCER (226 237)** for a copy of our booklet *Breast Cancer in Men: From one man to another*. This booklet can also be viewed on the Cancer Society's website ([www.cancernz.org.nz](http://www.cancernz.org.nz)) under "Cancer Information".

## Pēhea te hōrapa o te matepukupuku o nga ū?

Ko te matepukupuku o ngā ū te matepukupuku nui rawa ka pā ki ngā wāhine o Aotearoa. Āwhiwhiwhi ki te 2500 ngā wahine ka whakataungia ia tau. Ka pā te mate nei ki te wahine ahakoa he aha te pakeke; heoi, ka kaha rawa te tipu i ngā wāhine e 50–70 tau te pakeke. Ahakoa te rerekē, ka pā anō te matepukupuku ū e ki te tāne (tata ki te 1 ōrau o ngā matepukupuku katoa). Mō te roanga ake o ngā kōrero mo te matepukupuku ū o ngā tāne, whakapā atu ki te Kāhui Matepukupuku kei tō rohe, me waea atu rānei ki te Waeaāwhina Pārongo Matepukupuku **0800 CANCER (226 237)** mō tētahi kape o tā mātou puka *Breast Cancer in Men: From one man to another*. Ka taea hoki te pānui i tēnei puka i runga i te paetukutuku a te Kāhui Matepukupuku ([www.cancernz.org.nz](http://www.cancernz.org.nz)) i raro i "Cancer Information".

## What causes breast cancer?

The causes of breast cancer are not clear, so there is no certain way to prevent it. There are some clues, or risk factors, about who is more likely to develop the disease. The risk factors include:

- age—a woman’s chances of developing breast cancer increase as she gets older
- previous breast cancer
- **atypical hyperplasia** (increased number of abnormal cells) can be seen in breast **biopsy**
- a family history of breast cancer
- having a faulty BRCA gene. The BRCA1 gene when working normally helps to repair DNA
- having an altered gene that is associated with the risk of breast cancer
- hormone replacement therapy
- alcohol consumption
- obesity.

The risk from family history depends on:

- the number of relatives affected
- whether they are close relatives
- the age of the relative(s) when their breast cancer was found.

However, a family history of breast cancer does not necessarily mean a woman will develop breast cancer.

Women who are shown to have inherited one of the faulty genes (for example BRCA) associated with breast cancer do have an increased risk. If it seems possible that you may be a member of a family at increased risk, you will be referred to a family cancer genetic clinic.

**Most women who develop breast cancer have no family history of the disease.**

### Nā te aha te matepukupuku o ngā ū?

Kāore i te mārāma ngā takenga o te matepukupuku o ngā ū, nā reira, kāore he tikanga kaupare hāngai rawa atu. Ka puta he tīwhiri, he ahuataga mōrearea rānei mō ngā tāngata tērā pea ka whakahiato i te mate nei. Ko ngā ahuatanga mōrea ko ēnei:

- te pakeke – ka pakeke haere te wahine, ka nui atu te tūponotanga ka tipu te matepukupuku o ngā ū
- te pānga o te matepukupuku o ngā ū i mua
- **atypical hyperplasia** (kua piki te tipu o ngā pūtau tino rerekē) kitea ai i roto i ngā biopsy ū
- kua pā kē te matepukupuku o ngā ū ki te whānau
- te whai ira BRCA muhu (mena kai te mahi tika te ira BRCA1, ka āwhina ia i ngā mahi whakatikatika i te pūtau ira (DNA)
- te whai ira rerekē kua whakahāngaitia ki te mōrea o te puta o te matepukupuku ū



- haumanu taiaki whakahoki
- te kai waipiro
- te tino mōmona.

Ka hāngai te mōrea ka ahu mai i te whakapapa ki ēnei āhuetanga:

- te nui o ngā whanaunga i pāngia ki tēnei mate
- mehemea he whanaunga pātata
- te pakeke o ngā whanaunga i te wā i kitea te matepukupuku.

Oti rā, ehara i te mea ka puta te matepukupuku ki te wahine mēnā kei roto i tōna whakapapa. Heoi anō rā, mēnā kua heke iho te ira hē e hāngai ki te matepukupuku ū, pērā ki te BRCA, ka piki te mōrea. Mehemea nō tētahi whānau koe e kawea ana i taua mōrea, ka tohua koe ki te haere ki tētahi whare haumanu ira matepukupuku ā-whānau.

**Ko te maha o ngā wāhine ka puta te matepukupuku ū, kāore he whakapapa o te mate ki roto i te whānau.**

## Diagnosis

### Symptoms

Breasts undergo changes throughout a woman's life, particularly the normal changes experienced during the menstrual cycle.

“When I was diagnosed I felt totally shocked. I couldn't remember much after I heard the word 'cancer'. I was so pleased I had my partner there to write down what was said.” **Mayuri**

Some breast changes may be early signs of breast cancer, including:

- a lump or lumpiness
- thickening of the tissue
- nipple changes; for example a blood-stained discharge from one nipple, an inverted nipple (unless the nipple has always been turned in), and a rash on a nipple
- skin dimpling
- a change in shape
- a painful area
- a rash or red marks which appear only on the breast.

Although these changes do not necessarily mean you have breast cancer, any breast change should be checked by a doctor.

## Whakatau mate

### Ngā tohumate

Ka panoni ngā ū puta noa i te koiara o te wahine, tae atu ki ngā panonitanga i te wā ka heke ōna toto.

Tērā pea ko he tohu ētahi o ngā panonitanga ki ngā ū, i tētahi tohu ipu haere o te matepukupuku o ngā ū pērā i:

- tētahi puku, pupuketanga ranei
- te mātotoru haere o ngā kikokiko ū
- te panoni o ngā kōmata, hei tauira, te rere o te toto i tētahi o ngā ū, he kōmata kua huri kōaro rānei (i puta kē rānei tēnei āhua i te whānautanga mai) he kōpukupuku i runga i tētahi o ngā kōmata
- te komekome o te kiri
- te rerekē o te āhua hanga
- te mamae ki tētahi wāhi
- he kōpukupuku, he waitohu whero rānei ka puta ki ngā ū.

Ehara i te mea he tohu ēnei kua pāngia koe i te matepukupuku o ngā ū; engari me tirohia ngā rereketanga kua puta ki ngā ū e te Rata.

Mehemea kua rerekē te āhua o ō ū, tērā pea ka whakahaerehia ētahi whakamātautau. Mā tō rata ake ēnei whakamātautau hei whakarite, mā te mātanga ū rānei.

If you have a change in your breast, you may have several tests. Your general practitioner may arrange these tests or you may be referred directly to a breast specialist.

### Physical examination

The doctor will take your medical history and examine your breasts.

### Diagnostic imaging

A **mammogram** is a breast X-ray. It will give your doctor more information about any lump or other change noticed.

Occasionally, a lump that can be felt is not seen on a mammogram. Such a lump should not be ignored. Other tests will need to be done.

An **ultrasound** is a test using high frequency sound waves to help detect lumps or other changes.

An **MRI** scan is a scan that uses magnetic resonance to detect abnormalities in the breast. Occasionally, an MRI is recommended in young women when their breast tissue is very dense. This type of scan is sometimes used in lobular carcinomas to make sure there is not more than one cancer present, and it can check the other breast. It can also be used to check the breast if a mammogram is negative but the specialist is still concerned about the lump or changes in the breast.

## Fine needle aspiration

A fine needle aspiration can be done in your specialist's rooms, in a hospital outpatient department, or at a laboratory by a pathologist. A very narrow needle is used to take some cells from the lump. These cells are then sent to a laboratory for examination. A fine needle aspiration may cause a little discomfort but is not usually any more painful than a blood test. Results from this test may be available immediately or take some time, depending upon where it is done.

## Biopsy

Often, a biopsy will be necessary. A biopsy is the removal of a sample of a lump or the entire lump for examination under a microscope.

### Unuhanga (Biopsy)

I te nuinga o te wa, me whakahaerehia he unuhanga.  
Ko te tikanga o te unuhanga, ka tangohia he wāhanga,  
te katoa rānei o te pupuketanga kia āta mātaitia raro i te  
karuwhakarahi.

## Core biopsy

A larger needle than that used for fine needle aspiration is used to obtain a sliver of tissue from the lump. This is done with a local anaesthetic. It can be done by a radiologist under ultrasound guidance or in a mammogram machine (**stereotactic core biopsy**). Sometimes, it is done by palpation (feeling) of the lump by the specialist.

## Open biopsy

Sometimes, a surgical or open biopsy is necessary to remove the whole lump. This small operation is usually done under general anaesthetic, although occasionally a local anaesthetic is all that is needed. To have an open biopsy, you may need to stay in hospital overnight.

## Hook wire biopsy

If the abnormality in the breast can only be detected by the mammogram (your doctor cannot feel your lump), a fine guide wire may be inserted in the breast to mark the area of the breast to be removed. This takes place in the radiology department under local anaesthetic. The abnormality is then removed, as in an open biopsy, under general anaesthetic and sent to the laboratory for testing.

## Further tests

If the lump is a cancer, **hormone receptor tests** will be done using immuno-histochemistry (IHC) on the sample that was removed. These tests show whether the cancer cells have special 'markers' on them called **hormone receptors** (oestrogen/progesterone). If these markers are present, the cancer is described as 'hormone receptor positive', and the cancer is more likely to respond to hormone treatment if this is needed later.

## HER2 tests

HER2 is a growth factor protein which tells breast cancer cells to grow. Approximately one in five breast cancers makes too much of this protein, which means that the cancer is more aggressive. This is often called HER2 positive breast cancer.

Two tests are available to check HER2—IHC and FISH. IHC is used first and if it is not a clear result then the FISH test is used.

If tests show that you have HER2 positive cancer, this will influence future choices of chemotherapy, hormones, or monoclonal antibodies. The most commonly used monoclonal antibody drug is called trastuzumab (Herceptin) which targets the growth factor protein. A diagnosis of breast cancer (see page 14) can be very stressful (see page 74 for information on the support available).

## Planning treatment

Before any treatment begins, make sure that you have discussed the choices with your doctor. Your doctor may advise that one method of treatment is better than another. The treatment choices you are offered will be based on all the information the doctor has about your cancer and what is right for you. These include:

- the size of the cancer
- the grade of the tumour (how the cancer looks under the microscope. Aggressive cancers have a special appearance that tells doctors they are more likely to spread)

- the number of lymph nodes under your arm that contain cancer cells
- whether the cancer was growing into the blood or lymphatic vessels. (This is described as lymphatic vascular invasion (LVI).)
- whether the cancer cells have hormone receptors (oestrogen/progesterone) on them
- whether there were cancer cells present at the edges of the tissue removed (also called positive margins)
- HER2 receptor test results (see page 20).
- your general health.

Breast cancer is treated by several different methods: surgery, radiation treatment, chemotherapy, hormone treatment, and monoclonal antibody therapy.

You may find it useful to have your husband, partner, or a friend with you when you talk to the doctor. You may also find it helpful to make a list of questions before your visit (refer to the list of questions at the end of this booklet and take notes during your discussion). The Cancer Society also has a booklet titled *Questions You May Wish To Ask* that you can receive from your local Cancer Society, by viewing it on our website, or by phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Make sure you understand the reasons for your doctor's advice. Ask for a second opinion if you want one.

## Te Mahere maimoatanga

I mua i te tīmatatanga o ētahi maimoatanga, me matua kōrero ki tō rata e pā ana ki ngā kōwhiringa. Tērā pea ka kī tō rata he pai ake tētahi huarahi maimoatanga ki tētahi atu. Ko ngā kōwhiringa maimoatanga katoa ka whakaatunga ki a koe, ka hāngai ki ngā pārongo e pupuri ana tō rata e pā ana ki tō matepukupuku, me ngā ahutanga e tika ana mōu.

He maha ngā huarahi maimoatanga mō te matepukupuku o ngā ū: ko te hāparapara, ko te haumanu iraruke, ko te hahau, ko te taiaki, ko te haumanu paturopi monoclonal.

He pai anō pea kia whai tō tāne, tō hoa rangatira rānei, tētahi o ō hoa rānei i a koe ki te kōrero ki te rata. Tērā pea ka whakaaro koe mō ētahi pātai i mua i tō haerenga (titiro ki ngā pātai kei te pito mutunga o te puka nei; tango tuhituhinga i te wā o te hui me te rata). He puka tā te Kāhui Matepukupuku e kīia ana, ko 'Ngā pātai e hiahia ana koe ki te tuku', ka taea te tono kia tukuna atu ki a koe, ka taea rānei te mātakitaki i runga i tō mātou paetukutuku, mā te waea atu rānei ki te Waeaāwhina Pārongo Matepukupuku.

Kia mārama koe ki te take o ngā tohutohu a tō rata. Ki te hiahia koe, me tono i ngā whakaaro tuarua a tētahi atu rata.

## Treatment

### The treatment team

From the time that you are first diagnosed with breast cancer you will be cared for by one or more of a team of health professionals including:

- your family doctor
- breast care nurses, who specialise in the care of women with breast cancer
- a breast surgeon, who specialises in breast diseases, and, sometimes, a (plastic) reconstructive surgeon
- a pathologist, a doctor who diagnoses disease by studying cells and tissues under a microscope
- a radiation oncologist, a doctor who specialises in the use of radiation in the treatment of cancer
- a medical oncologist, a doctor who specialises in the use of drug treatments for cancer
- radiation therapists, who prepare you and give you your radiation treatment
- oncology nurses who give chemotherapy and monoclonal antibody treatments, and support you through your treatment
- dietitians, who will recommend the most suitable foods to eat



- social workers, counsellors, physiotherapists, and occupational therapists, who will advise you on the support services available, and help you get back to normal activities.

Ideally, your hospital should have all available means of diagnosis and treatment, although this will not be the case in some areas.

## Surgery

The first treatment for breast cancer is usually surgery. This includes surgery on the breast and, for most women, some of the glands in the armpit (the axillary lymph nodes) are removed. Examination of the cancer and the lymph glands by the pathologist will indicate whether further treatment should be considered after the surgery.

The aim of surgery is to remove all of the cancer. The type of surgery depends on a number of factors including the size of the cancer, the size of the breast, the position of the cancer in the breast, and the patient's choice. Surgery will remove the cancer and a margin of healthy breast tissue around it (wide local excision) or the whole breast (**mastectomy**). At the same time, some of the lymph glands in the armpit are also removed.

Studies have shown that women who have a wide local excision followed by radiation treatment (breast-conserving surgery) have the same survival rates as women who have a mastectomy. For more information see the section titled "Breast-conserving treatment (wide local excision)".

## Hāparapara

Hei te nuinga o te wā, ko te hāparapara te huarahi maimoatanga tuatahi mō te matepukupuku ū. Ka mahia te hāparapara ki te ū, ka mutu, mō te nuinga o ngā wāhine, ka tangohia ētahi o ngā repe i te kēkē (ngā tīpona waitinana kēkē). Waihoki, whai muri i te tātari a te pathologist i te matepukupuku me ngā repe waitinana, e tohu mēnā ka haere tonu ētahi maimoatanga whai muri i te hāparapara.

E ai ki ngā akoranga tiro whānui, he ōrite te oranga o ngā wāhine ka whai tapahitanga whānui me te whai o te maimoatanga iraruke (hāparapara pena-ū) ki era ka whai mastectomy. Mō te roanga o ngā kōrero, titiro ki te wāhanga e kīia ko te "Hāparapara pena-ū (tapahitanga ā-rohe whānui)".

## Staging breast cancer

Staging is a process of assessing the extent of a tumour. Other tests may also be necessary if cancer is diagnosed. These include blood tests and a chest X-ray.

In some situations a **bone scan** and a **CT scan** of the chest, abdomen and pelvis may be done.

The complete results from the biopsy and any further tests will help to determine the best treatment for you.

With this information your doctors will know if you have an early breast cancer, locally advanced breast cancer, or metastatic (secondary) breast cancer.

### Te tātari i te matepukupuku o ngā ū

He hātepe te mahi tātari hei aromatawai i te whārahi o te puku. Tērā pea ka whai atu ētahi atu whakamatautau mēnā kua whakataungia he matepukupuku, pērā ki ngā whakamatautau toto me ngā whakaata roto o te uma.

Mā ngā putanga o te unuhanga me ētahi atu whakamātautau e tohu ko tēhea te huarahi maimoatanga ka tika mōu.

Mā ēnei pārongo ka mārāma ō rata mehemea kua pāngia koe ki tētahi matepukupuku tōmua o ngā ū rānei, te matepukupuku maukaha o ngā ū rānei, te matepukupuku tuarua o ngā ū (metastatic) rānei.

The following table sets out the breast cancer stages.

### Stages of breast cancer

	T	N	M
<b>Early Breast Cancer</b> Stage 1 or 2	T1-2 Tumour up to 5cm	No – None N1 – Up to 3 involved nodes	No metastases
<b>Locally Advanced</b> Stage 3	(Any size)	N2 – 4 or more nodes, or fixed nodes N3 – Nodes other than in axilla	No metastases
	T3 – More than 5cm T4 – Fixed to skin or chest wall	(Any nodes)	No metastases
<b>Metastatic</b> Stage 4	(Any size)	(Any nodes)	Metastases

Specialists treat Stages 1 and 2 and early Stage 3 in the same way: an operation, or operation as well as radiation, then possibly other treatments, such as chemotherapy, hormone therapy, or monoclonal antibody therapy, according to the woman's cancer. When the tumour is too large to remove by surgery, chemotherapy may be used. This is to shrink the cancer so it can be more easily removed by surgery.

## TNM is an international staging system

T = tumour (numbered 1 to 4 to indicate the size and extent of the tumour).

N = node (whether or not lymph nodes are affected by cancer).

M = metastases (the spread of cancer from the breast to other parts of the body).

## Grading breast cancer

The pathologist (the doctor who looks at cancers in the laboratory) 'grades' the cancer according to the way the cancer cells look. The grades are numbered from 1 to 3.

The cells of a Grade 1 breast cancer look more like normal breast cells whereas the cells of a Grade 3 breast cancer look very abnormal, indicating a faster growing cancer.

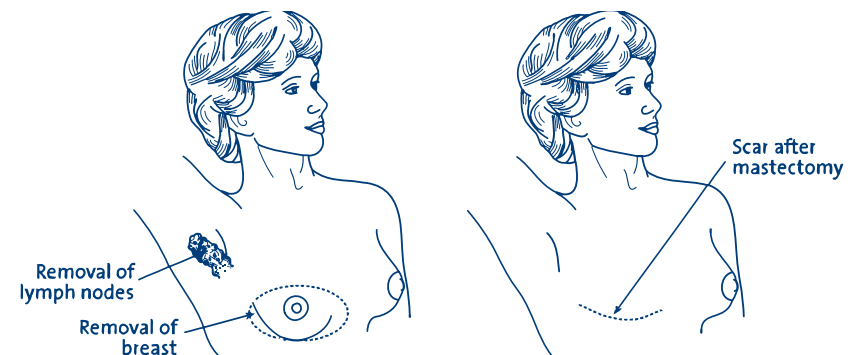
## Mastectomy

Mastectomy is the removal of the whole breast including some of the skin and the nipple. The chest muscles are not removed. Some lymph glands in the armpit are also removed during the operation.

Usually, the lymph nodes are removed through the same incision during this operation. This is called axillary node clearance (or dissection).

Mastectomy is less disfiguring than the radical mastectomy of the past. The new type of mastectomy performed today allows for easier breast reconstruction. After mastectomy, most women will have a horizontal scar across their chest. Breast reconstruction can be performed for women having mastectomy. This can be done at the same time as mastectomy (immediate reconstruction) or after all the treatments for the cancer are completed as a separate operation (delayed reconstruction).

## Mastectomy

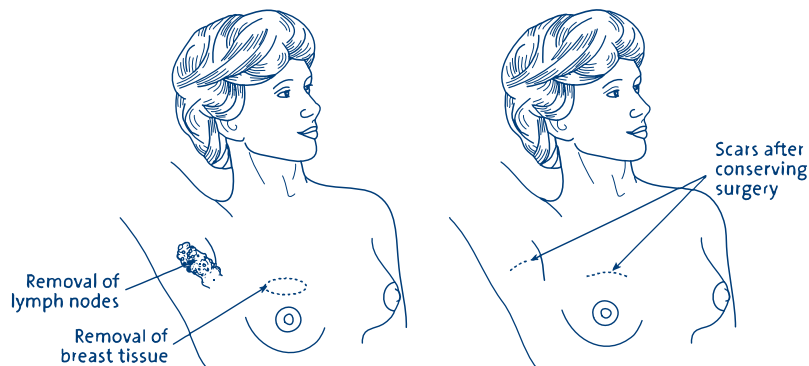


## Breast-conserving treatment (wide local excision)

For many women it is now possible to have smaller operations, such as partial mastectomy (wide local excision).

A breast-conserving operation involves removing the breast lump with some surrounding normal breast tissue to ensure a good clearance. Surgery is then followed by radiation treatment to the remaining part of the breast. This is usually six to eight weeks after surgery. Often, if chemotherapy is also needed, radiation treatment will be delayed until after chemotherapy treatment is finished. This significantly reduces the risk of cancer recurring in the remaining breast tissue.

### Breast-conserving treatment



Lymph glands are also removed for examination in these smaller operations and this is often through a separate incision (cut) in the armpit.

Breast-conserving operations have been routinely performed now for many years. Breast-conserving surgery followed by radiation treatment is as effective as mastectomy for most women with early breast cancer. However, with breast-conserving surgery followed by radiation treatment there is a higher chance that the cancer could come back in the breast area. This is called local **recurrence** and does not increase the chance of cancer spreading to other parts of the body. Checking for local recurrence is one of the reasons why follow-up tests are important after treatment for breast cancer.

### Checking the lymph nodes under the arm

Women with early breast cancer will have their lymph nodes in their armpit checked for spread of breast cancer cells. This is usually done by **sentinel node** biopsy or lymph node dissection.

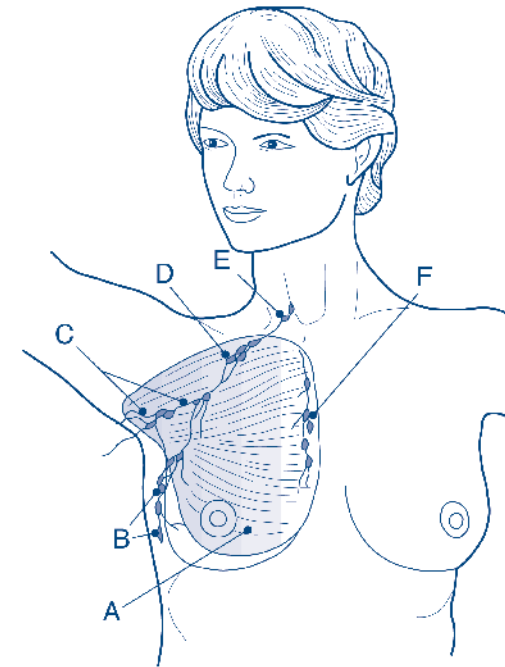
## Sentinel node biopsy

A sentinel node biopsy locates the first lymph node(s) that drains from the area where the breast cancer developed. This node(s) is detected after injecting a blue dye and a radioactive tracer into the breast tissue where the cancer was found. The node(s) is then removed surgically so that the tissue can be examined. It is thought that removing this node(s) alone may avoid larger operations in the armpit (called axillary clearance). This will reduce the likelihood of surgical side effects (for example **lymphoedema**). It is also an accurate way of checking if cancer has spread to the lymph nodes.

If the sentinel node shows cancer cells, the surgeon will need to remove further lymph nodes from the armpit, usually 10 to 20 nodes (axillary clearance). This may be done at the same time or in a separate operation.

Sentinel node biopsy is not always possible if there is a larger cancer (greater than 3cm) or more than one cancer (known as multifocal) in the breast.

Lymph node dissection (axillary clearance) is the removal of lymph nodes in the armpit that could drain breast tissue. There are usually more than 10 glands removed and care is taken to avoid damage to nerves and blood vessels. There is usually a plastic tube, called a drain, left in the armpit after axillary clearance. The drain is removed when fluid reduces to a very small amount after surgery. Side effects of axillary clearance include shoulder stiffness, nerve pain or numbness in the upper arm, and lymphoedema.



**Lymph node areas adjacent to breast area**

- A** Pectoralis major muscle
- B** Axillary lymph nodes: level I
- C** Axillary lymph nodes: level II
- D** Axillary lymph nodes: level III
- E** Supraclavicular lymph nodes
- F** Internal mammary lymph nodes





## Unu tīpona sentinel

Ko te mahi a te unuhanga tīpona sentinel, he rapu i te tīpona waitinana tuatahi e rere ana i te wāhi tīmata ai te matepukupuku o ngā ū. Ka kitea tēnei tīpona mā te wero i te tae kikorangi me tētahi mātai iraruke ki te wāhi o te ū i kitea ai te matepukupuku. Ka tapahia te tīpona kia taea taua wāhi o te ū te tātari. Ko te whakapae, ka tangohia te tīpona kia kore ai e pokaina te kēkē. Mā tēnei, ka iti ake ngā pānga o te pokanga ka puta ki te taha, pērā ki te pupuhitanga (lymphoedema). He huarahi tika hei tiroiro mehemea kua hōrapa te matepukupuku ki ngā tīpona waitinana.

## Drainage after breast surgery

After your operation you may have one or two tubes (drains) coming from the area of your operation into small bags. These drain fluid, which if not removed can cause discomfort, delay wound healing, and may cause an infection. They are usually left in place for a few days. Many women are discharged with their drains in place. If this happens, your nurse will show you how to care for them at home. Your doctor will arrange for them to be removed at a later date or this may be managed by a district nurse. Removing the drains is quick and causes only mild discomfort. It can be done at the doctor's rooms or at the outpatients clinic.

## Advantages and disadvantages of surgical methods

While many women may want a breast-conserving operation, the choice between a mastectomy and a breast-conserving operation depends upon the size of the breast cancer and the size of the breast.

It is helpful to weigh up the advantages and disadvantages of each method for yourself.

The main advantage of the smaller operation is that the breast is saved. However, a disadvantage is that further treatment with radiation treatment is almost always needed. This can take up to six weeks. In the future, a small number of patients with small tumours may be candidates for **partial breast irradiation**.

Small-breasted women may also find that the smaller operation still leaves them with a big change in their breast shape.

An advantage of mastectomy is that radiation treatment may not be needed. However, in some cases if the tumour is large, close to the underlying muscle, or if there are many lymph nodes involved, radiation treatment is still recommended to reduce the risk of cancer recurring.





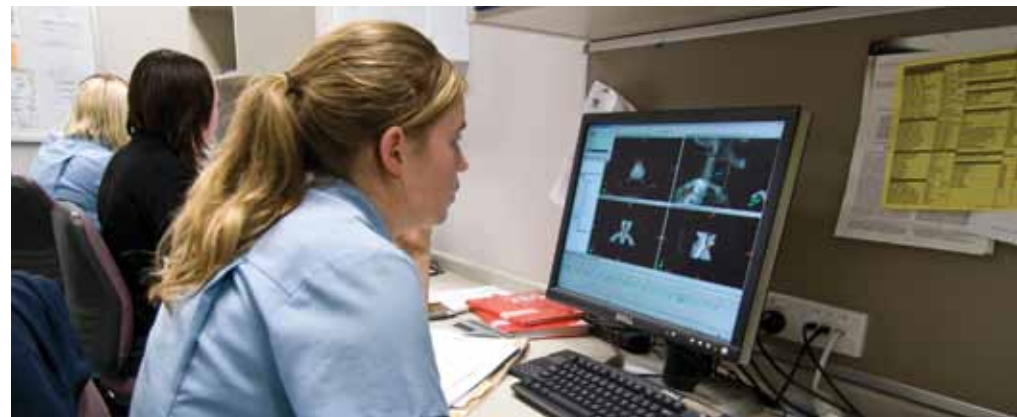
The main disadvantage of mastectomy is the loss of the breast.

Reconstruction is possible and can be carried out at the time of the mastectomy or in the future. In some small-breasted women, mastectomy and reconstruction will give a better cosmetic result than breast-conserving surgery.

### Side effects of surgery

Side effects of surgery may include:

- wound infection—the wound may feel tender, swollen, and warm to touch. There may be redness in the area and/or discharge from the wound. You may feel unwell with a fever and need antibiotics.
- bruising and haematoma (a collection of blood within the tissues surrounding the wound causing swelling, discomfort, and hardness). The body will reabsorb the blood within a few weeks.
- pain—if you have lymph glands removed you are more likely to have pain in the armpit or down the arm. You will be advised about exercises to reduce pain and improve arm movement after surgery (see the arm care section later in this booklet on page 63).
- cording—a pain like a tight cord running from your armpit, down your upper arm and through to the back of your hand. Cording is thought to be due to hardening of the lymph vessels. Cording may restrict movement and may continue for many months (physiotherapy and exercise may help).



Photographer: Louise Goossens

*Image above: Information from the planning CT scan and/or simulator is used to create an individual map of where the radiation will be delivered.*

- reduced sensitivity of the inner side or down the back of your upper arm, due to nerve damage, may sometimes occur. This is usually temporary and improves or disappears about three months after surgery.
- some women have a swelling caused by fluid build up (seroma) that may need to be drained several times over a period of days or weeks.
- swelling of the arm (lymphoedema) may occur in some women after lymph glands have been removed from the armpit. Occasionally, this swelling can extend into the chest wall or abdomen (see the arm care section on page 63).



Photographer: Louise Goossens

*Image above: The radiation therapist will explain your treatment to you.*

- reduced range of movement in the shoulder. You will be given an exercise programme to improve this after surgery. Sometimes a physiotherapist will help you with this.

Discuss possible side effects with your doctor before your operation. Report any problems that occur after surgery to your breast care nurse or doctor.

After your cancer has been removed, your surgeon will discuss your tumour with other specialists to determine what further treatment, if any, will be recommended.

For additional practical tips regarding breast surgery, phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

“My whole breast was sore, it was so uncomfortable but the nurses put on me this beautiful dressing. And I loved that dressing.” Silei

## Radiation treatment

This is the use of radiation (rays of energy called photons or little particles called electrons) to destroy cancer cells, usually using a machine called a Linear Accelerator. You will see a radiation oncologist who will discuss this treatment with you.

Treatment is carefully planned to reduce any effect on normal cells. Before you start a course of radiation you will need at least one visit to the cancer centre to work out the exact position you will lie in during treatment (this is called simulation). Simulation involves a CT scan and a computerised treatment plan.

Treatment is given four to five days a week over about four to five weeks. It is painless and only takes a few minutes for each treatment.



Photographer: Louise Goossens

*Image above: The Linear Accelerator is positioned to deliver treatment to where it is needed. (c): There is a handle to hold as well as supports under the arms so you can just lie back and relax.*

An extra radiation 'boost dose' may be given to the area where the breast cancer was located, taking the overall treatment time up to five to six weeks.

Giving radiation to part of the breast (partial breast irradiation) is currently being investigated as an alternative to giving radiation to the whole breast in certain patients. Radiation is routine if a wide local excision is carried out.

"It's like an X-ray machine. No worries. You've got a comfortable room, music going, then it's over." Milly

Sometimes, radiation is given after mastectomy and axillary surgery to reduce the likelihood of developing recurrence in/ over the chest wall or in the axillary or supraclavicular (above the collar bone) lymph nodes. This decision is usually made once the results of the surgery are available and the risks for recurrence in these sites have been assessed.

Radiation may also be used for the treatment of recurrence or cancers that cannot be removed, either in the area of the breast or in other parts of the breast. The aim is to try to control the disease or reduce symptoms. This usually requires fewer visits.

## Haumanu iraruke

Ko tā tēnei, he whakamahi i te iraruke (he hihi pūngao kīia ai he photon, he tōpata iti e ki ana he irahiko) hei patu i ngā pūtau matepukupuku, mā te whakamahi i tētahi mīhini kīia ai he Linear Accelerator. Ka kōrero tētahi kaimātai matepukupuku iraruke ki a koe mō tēnei huarahi maimoatanga.

Ka ata maheretia te maimoatanga hei whakaiti i te pānga ki ngā pūtau pai. I mua i te tīmatatanga o tētahi whakahaere iraruke, me haere koe ki te pokapū matepukupuku ki te whakarite i te takotoranga ka whai koe i te wa o tō maimoatanga (kīia ai tēnei ko te whaihanga) kei roto i te mahi whaihanga, ko matawai roro me tētahi mahere maimoatanga kua rorohikotia.

Ka whakamahia anōtia te iraruke mō ngā matepukupuku ka hoki mai ki te rohe o te uma, ki wāhi kē rānei o te uma, ā, kāore e tareka te tango. Ko te whāinga, kia tāmia te mate, kia whakaitia rānei ngā tohumate. Ko te tikanga ka iti ake ngā wa whakamahia ai.

## Side effects of radiation treatment

Early side effects of radiation treatment, most of which are short term, may include:

- general tiredness
  - some reddening or 'sunburning' of the skin
- Follow the advice of your radiation therapists on skin care and underarm hygiene.**

“I’d always been proud of having really long hair and I think I coped well. I got it cut shorter and shorter as I came up to treatment.” **June**

- your breast may feel firmer.

If you are having radiation treatment you should get extra rest and regular exercise to help cope with the tiredness.

Try to wear loose cotton clothing whenever possible to reduce any irritation to the area having the radiation. Talk with your doctor or the radiation treatment staff about any possible side effects and how to manage them. Phone your local Cancer Society for a copy of the booklet *Radiation Treatment/Haumanu Iraruke*, download the booklet from our website [www.cancernz.org.nz](http://www.cancernz.org.nz), or call the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** for a copy.

Late side effects, which develop many months or years later, may include skin changes, changes in size, shape, colour, or feel of the breast. Radiation to the lymph nodes can increase the risk of developing lymphoedema.





Photographer: Louise Goossens

If you live a long way from the nearest cancer centre, you will need to stay nearby during your radiation treatment. Oncology centres have special accommodation close by.

## Chemotherapy


This is the treatment of cancer with drugs. The aim is to destroy cancer cells while having the least possible effect on normal cells. The drugs are usually given intravenously via a drip and circulate around the body. Chemotherapy is a systemic treatment (treating the whole body) compared with surgery and radiation treatment, which are local treatments to a specific area in the body (for example, breast, chest wall, and axilla).

There are different regimens or combinations of drugs used in breast cancer. Most will contain an anthracycline drug, for example, doxorubicin (Adriamycin). If there is a greater risk of spread and, therefore, greater benefit from chemotherapy, taxanes, for example paclitaxel (Taxol) or docetaxel (Taxotere), may be used.

Treatment is often in cycles at three-weekly intervals, and may last for several months. A medical oncologist will discuss all aspects of the treatment with you.

Chemotherapy is offered to some women with early breast cancer as an additional treatment to surgery, radiation treatment, or both. This is called **adjuvant chemotherapy**. Adjuvant chemotherapy aims to destroy cancer cells that remain in the body which cannot be detected. In time, these cells will grow to form a recurrence of the breast cancer.





The purpose of adjuvant treatment is to reduce the chance of that happening.

Radiation treatment, if it is necessary, comes after chemotherapy, starting about four weeks after the last cycle of chemotherapy. Hormone therapy, if recommended, may begin either before or after the radiation treatment.

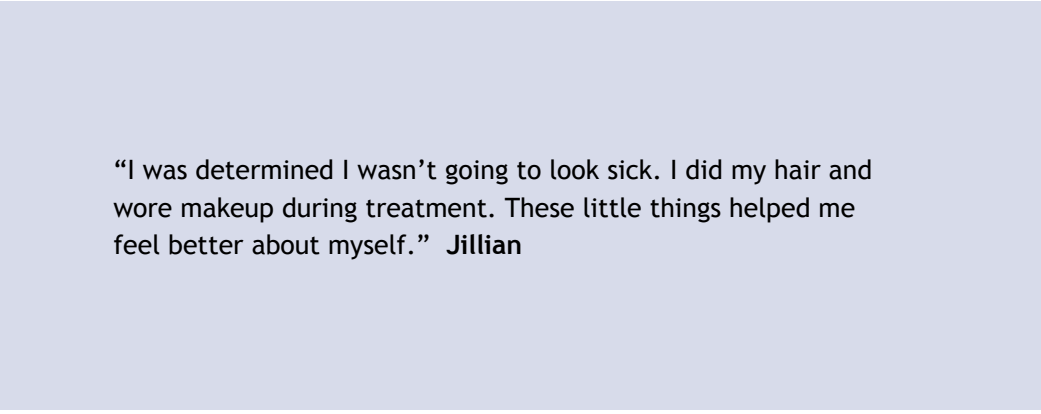
Women who will most likely benefit from chemotherapy are:

- women with cancer cells in the lymph glands in their armpit
- some women with more aggressive cancers (Grade 3) with no spread of cancer to the lymph nodes
- women who are HER2 positive (chemotherapy given with trastuzumab (Herceptin)).

In some cases of larger tumours where women wish to try to avoid mastectomy **neo-adjuvant chemotherapy** may be used.

### Chemotherapy before surgery (neo-adjuvant chemotherapy)


Women with a cancer called inflammatory breast cancer are normally offered chemotherapy before surgery. This is called neo-adjuvant chemotherapy. Neo-adjuvant chemotherapy is also used when women have tumours that are large and have to be reduced in size before successful surgery is possible.



“I was determined I wasn’t going to look sick. I did my hair and wore makeup during treatment. These little things helped me feel better about myself.” **Jillian**

### Hahau

He patu i te matepukupuku mā te rongoā te tikanga o tēnei huarahi maimoatanga. Ko te whāinga ko te patu i ngā pūtau matepukupuku, me te aro ki te tiaki i ngā pūtau pai. Ka whakaurua te rongoā mā te whāngai-ā-iaia mā tētahi turu, mā reira ka hurihuri haere i te tinana. He maimoatanga ā-pūnaha te hahau (ko te maimoa i te tinana katoa) mēnā ki te whakarite ki te pokanga me te maimoatanga iraruke, he maimoatanga ki tētahi wāhi hāngai o te tinana, pērā ki te ngā ū, te pātū uma me te axilla.



## Side effects of chemotherapy

Chemotherapy side effects vary depending on the particular drugs used. When adjuvant chemotherapy is given to women with breast cancer, side effects may include:

- infections—the drugs can lower your ability to fight infections. **If you are feverish (your temperature is 38 degrees C or more), or if you feel unwell in any way—don't wait to see what happens—take action immediately. Contact your cancer doctor or nurse, and follow the advice given.**
- sore mouth
- nausea and vomiting
- loss of appetite or taste changes
- feeling off-colour and tired
- temporary thinning or loss of hair. If you have temporary hair loss you are entitled to a benefit to buy a wig.
- weight gain. This is quite common after chemotherapy so trying to keep up regular exercise is important.
- difficulty concentrating for some. This is temporary but can take some months after chemotherapy to go away.
- loss of libido (interest in sex)
- hot flushes, vaginal dryness, mood swings, or other symptoms of menopause.


If you are still having periods, you may find that your periods become irregular or stop while you are having treatment. If you are approaching menopause, your periods may not return once the treatment has stopped.

If you are sexually active, with a male partner, you and your partner should use a reliable contraceptive, such as a diaphragm or condom, during treatment because the drugs can cause birth defects or miscarriage.

Your ability to become pregnant may be affected. Some women may be permanently infertile (unable to become pregnant). This can be very hard to cope with and it may be helpful to talk with others who have been through this; your doctor or to a counsellor or fertility expert.

Chemotherapy drugs may have particular side effects, and these will be discussed with you. Discuss any side effects with your doctor. Side effects are usually temporary and there are ways of reducing the impact of any unpleasant symptoms.

Phone your local Cancer Society for a copy of the booklet *Chemotherapy/Hahau*, download the booklet from our website [www.cancernz.org.nz](http://www.cancernz.org.nz), or phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.



## Treatment of HER2 positive breast cancer

Women with HER2 positive breast cancer are treated with a monoclonal antibody called trastuzumab (Herceptin). Trastuzumab (Herceptin) is given intravenously once every week or three weeks, and is usually well-tolerated. Monoclonal antibodies are drugs that recognise and bind to specific proteins (receptors) that are found in particular cancer cells or in the blood stream.

In New Zealand, trastuzumab may be used for up to one year in early breast cancer.

In secondary breast cancer it can be continued until the cancer is no longer responding to it. When this occurs, lapatinib (a pill taken by mouth) can be used instead to shrink the cancer, usually in combination with further chemotherapy. As of 2011, this medicine is not funded in New Zealand.

Trastuzumab may cause some problems with heart pumping function. Before starting trastuzumab treatment your doctor will check your heart using an echocardiogram or a multi-gated acquisition (MUGA) scan. Your doctor will check your heart at intervals while you are receiving treatment.

An echocardiogram will be done every 12 to 18 weeks.

**Echocardiogram:** A type of ultrasound test that looks at the size, shape, and function of the heart.

**Multi-gated acquisition (MUGA) scan:** a test that measures how well the heart pumps blood.

## Monoclonal antibodies

Monoclonal antibodies may cause other side effects. Talk to your doctor about these.

Ko ēnei rongoā ko ngā monoclonal antibodies, ka mōhio kia piri ki ngā pūmua ka kitea i ētahi pūtau matepukupuku, i te ia toto rānei.

## Hormone treatments

Many breast cancers appear to be influenced by the female hormones, oestrogen and progesterone.

Pre-menopausal women may be offered tamoxifen, a hormone treatment taken as a tablet. They may also have menopause induced to stop their own production of hormones. This can be done by four-weekly injections with goserelin (Zoladex) or by surgical removal (laparoscopic oophorectomy) of the **ovaries**. Once you stop taking goserelin your periods will usually return.

Post-menopausal women may be offered oral hormone treatments—either tamoxifen or aromatase inhibitors, for example, anastrozole (Arimidex), letrozole (Letara), or exemestane (Aromasin) which reduce the production of hormones in the body (other than from the ovaries).

Generally, women with breast cancer should not take any hormone replacement therapy or have an intrauterine device (IUD) that secretes hormones.

## Maimoatanga taiaki

Te āhua nei, ka awenga te maha o ngā matepukupuku ū e ngā taiaki wahine, arā, ko te oestrogen me te progesterone.

Tērā pea ka tāpaea te tamoxifen ki ngā wahine kāore anō i tīmata te koero. He momo maimoatanga taiaki ka kāinga ai pēnei i te pire. Tērā pea ka poapoatia te koero kia kore ai te tinana e hanga taiaki. Ka tareka tēnei mā ngā werohanga o te (goserelin) Zoladex ia whā wiki, mā te pokanga (laparoscopic oophorectomy) o ngā kiato kākano rānei. Hei te nuinga o te wā, mutu ana tō kai i te goserelin ka rere anō ō toto ia marama.

Ka tāpaea ngā rongoā taiaki ā-waha ki ngā wahine kāore anō i pā te koero – he tautawhi tamoxifen, he tautawhi aromatase rānei pērā ki te anastrozole (Arimidex), te letrozole (Letara), te exemestane (Aromasin) rānei – ka tāmi i te hanga a te tinana i te taiaki ki roto i te tinana (i tua atu i ngā kiato kākano).



## General side effects of hormone treatments

Side effects of hormone treatments may include:

- menopausal symptoms such as hot flushes, vaginal dryness, and mood swings. For suggestions on coping with these it may be helpful to talk to another woman who has been through this or to call your local Cancer Society or phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** for more information. The Cancer Society has an Information Sheet titled *Cancer and Early Menopause* which is available from our website ([www.cancernz.org.nz](http://www.cancernz.org.nz)).
- effects on fertility—if you have not reached menopause it may still be possible to become pregnant while you are taking hormone therapies. If you are sexually active, with a male partner, it is recommended that you use reliable contraception, such as a diaphragm or condom. Sometimes you may have permanent menopause as a result of your hormone therapy. (See 'infertility' in the section on 'Chemotherapy' on page 49.)
- aromatase inhibitors can cause more rapid loss of minerals from bones (osteoporosis) and fractures are slightly more common while on these medicines. It may be recommended that you have a bone density study before starting and at some time during treatment. Treatment may be given for several years.

Osteoporosis can be treated with oral bisphosphonates (bone hardening drugs).

- muscular and joint aches are common side effects of aromatase inhibitors.

Hormone drugs may cause additional side effects. Discuss these with your doctor.

## Making decisions about treatment

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast that you do not have time to think things through. It is important not to be rushed into a decision; it must be the right one for you.

While some people feel they are overwhelmed with information, others may feel that they do not have enough. Understanding your illness, the possible treatment, and side effects will help you to make your own decisions.

If you are offered a choice of treatments you will need to weigh their advantages and disadvantages. You may want to ask your doctor whether the benefits of treatment outweigh the side effects.

If only one type of treatment is recommended, ask your doctor to explain why other treatment choices have not been advised.



## Te whakatau ko tēhea maimoatanga

Hei ētahi wā he uaua te whiriwhiri ko hea te huarahi maimoatanga pai mōu. Nā te tere rawa, ka ānini te māhunga, kua kore e aro me aha. Ko te mea nui kia kaua e pōnānā i tō whakataunga, āta whiri i te huarahi tika mōu.

### Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in, and you may need to ask the same questions more than once. You always have the right to find out what a suggested treatment means for you, and the right to accept or refuse it.

Before you see the doctor, it may help to write down your questions. There is a list of questions at the end of this booklet, which may help you. Taking notes during the session can also help. You may find it helpful to take a family member or friend with you, to take part in the discussion, take notes, or simply listen. Some people find it is helpful to record the discussion.

“My only advice is to talk about it. Be very careful because some people are very forceful. If you listen to everyone the right advice may become apparent whilst the unusual advice will be the stuff you ignore.” Rita

### Te kōrero me tō rata

Tērā ka hiahia kōrero koe ki tō rata i mua i te whakatau ko hea te huarahi maimoatanga pai mōu. Me uaua ka tarea e koe ngā kōrero katoa, hei ētahi wā me hoki atu tuarua, tuatoru ō pātai. Kei a koe te tika ki te rapu he aha ngā putanga o tētahi maimoatanga mōu ake, ā, kei a koe te tika ki te kaupare i te maimoatanga ahakoa he aha taua momo maimoatanga.

### Talking with others

Once you have discussed treatment options with your doctor, you may want to talk them over with someone else, such as family or friends; specialist nurses; your family doctor; the Cancer Society; the hospital social worker or chaplain; your own religious or spiritual adviser; or another person who has had an experience of breast cancer.



Photographer: Louise Goossens

Talking it over can help you to sort out what course of action is right for you. Family and friends will often give you advice about breast cancer treatment. This can be helpful, but remember “your cancer is your own”. They may be giving you advice about a situation that is different from yours.

### **Te kōrero ki ētahi atu**

Ina oti ō whitiwhitinga kōrero me tō rata, tērā pea ka pīrangi kōrero koe ki ētahi atu pērā i tō whānau, ō hoa, ngā tapuhi, te rata o tō whānau, te Kāhui Matepukupuku, te minita te kaimahi hapori rānei i te hōhipera, tōu ake minita, pirihi, pīhopa, aha atu, tētahi atu tangata rānei kua pāngia i te matepukupuku o ngā ū.

### **A second opinion**

You may want to ask for a second opinion from another specialist. Your specialist or general practitioner can refer you to another specialist and you can ask for your records to be sent to the second doctor.

You may be interested in looking for information about breast cancer on the internet. While there are very good websites, you need to be aware that some websites provide wrong or biased information.

We recommend that you begin with the recommended websites at the end of this booklet (see page 99).

## Taking part in a clinical trial

Research into the causes of breast cancer and into ways to prevent, detect, and treat it is ongoing. Your doctor may suggest that you consider taking part in a clinical trial.

Clinical trials are a vital part of the search to find better treatments for cancer, and are conducted to test new or modified treatments and see if they are better than existing treatments. Many people all over the world have taken part in clinical trials that have resulted in improvements to cancer treatment. The decision to take part in a clinical trial is always yours.

If you are asked to take part in a clinical trial, make sure that you fully understand the reasons for the trial and what it means for your treatment. Before deciding whether or not to join the trial, you may wish to ask your doctor:

- Which treatments are being tested and why?
- What tests are involved?
- What are the possible risks or side effects?
- How long will the trial last?
- Will I need to go into hospital for treatment?
- What will I do if any problems occur?
- If the treatment I receive on the trial is successful for my cancer, is there a possibility of carrying on with the treatment after the trial?

If it is a randomised trial, you will be chosen at random to receive one treatment or the trial treatment, but either treatment should be appropriate for your condition. You won't be able to choose from the treatments offered. In clinical trials, people's health and progress are carefully monitored.

If you join a clinical trial, you have the right to withdraw at any time. Doing so will not jeopardise your treatment.

### **Te whai wāhi ki te whakamātautau haumanu**

Kei te haere tonu ngā rangahau mō te pūtake o te matepukupuku o ngā ū, tae atu ki ngā kauparetanga, ngā tūhuratanga, ngā maimoatanga hoki. Tērā pea ka whakataunaki tō rata kia kuhu koe ki tētahi whakamātautau haumanu.

He wāhi nui tā ngā whakamātautau haumanu i te rapunga oranga i te matepukupuku, ā whakahaeretia ai ki te whakamātautau haumanu hou, ki te whakamātautau i ngā maimoatanga kua whakapanoni ki te kimi mēnā he pai atu ēnei momo maimoatanga i ngā maimoatanga kei te mahia i ēnei rā. Ka hia tāngata puta noa i te ao kua whai wāhi ki ngā whakamātautau haumanu, me te aha, kua pai atu ngā maimoatanga i te matepukupuku. Oti rā, kei a koe te tikanga i ngā wā katoa ki te kuhu ki tētahi whakamātautau haumanu, ki te kore rānei.



## After treatment

Following treatment, you will find your energy will gradually come back. You may need to have extra rest for a while. Increase your exercise and general activities as you feel able. Research has shown that regular exercise during and after treatment is beneficial. The majority of women find they can do most things within a few weeks of surgery.

After the completion of your treatment, you may need to have regular check-ups. Your doctor will decide how often you will need these check-ups as everyone is different. Check-ups will gradually become less frequent if you have no further problems. Generally, women have a yearly mammogram after breast cancer treatment.

Many people worry that any pain or illness is a sign that the cancer is coming back. This is usually not the case but if you are worried about whether the cancer is going to come back, ask your doctor what to expect. You may feel less worried if you know exactly what to look for and what you do not have to worry about.

If the cancer returns, you will most likely be offered further treatment. It is important to report any new symptoms to your doctor without delay.

You might feel worried or depressed when your treatment is over and have time to realise what has happened to you. You may find it helpful to continue in or join a cancer support group to help you through the months ahead.

## Whai muri i ngā maimoatanga

Whai muri i ngā maimoatanga, me hokihoki koe kia tirohia koe. Mā tō rata e tohutohu kia hia ngā wā hokihoki ai koe ki ngā rata, i te mea he rerekē tēnā tangata, i tēnā tangata. Mehemea kei te pai te hauora, ka iti haere ngā hokinga ki ngā rata. Ko tōna tikanga, ka whai whakaata ū ā-tau ngā wāhine whai muri i ngā maimoatanga matepukupuku ū.

## Arm care and lymphoedema

Following your surgery, it may take some time to regain the full use of your arm. Your physiotherapist or breast care nurse will give you instructions for exercises.

You may be concerned that your arm will swell after your lymph glands have been removed. This is much less common today because of the better methods of surgery and radiation treatment. However, a few women will still develop problems with arm swelling (called lymphoedema). To reduce the risk of this happening, you should try to avoid injury or infection to your arm or hand.

Some simple measures may help:

- Regular exercise is helpful.
- Wear gardening gloves when gardening, an oven glove when handling hot dishes, and use a thimble for sewing.
- If you're out in the sun, protect your arm from sunburn by wearing a long-sleeved shirt. Use a good sunscreen (SPF30+) on uncovered areas.





- If you have a cut, clean it well and use an antiseptic dressing. See your doctor quickly if you think it is infected.
- Get help with heavy jobs like moving furniture or carrying heavy luggage, and avoid using heavy backpacks for any length of time.
- It is suggested that it may be beneficial to wear a support sleeve when flying.
- If possible, use the unaffected arm to have your blood pressure, injections, or blood taken from that arm.
- Be aware of swelling in the arms at any point in the future. Contact your doctor if this occurs.

Lymphoedema therapists and physiotherapists can also advise about massage techniques and the need to wear a support sleeve if swelling occurs.

### Te tiaki ringaringa me te lymphoedema

Whai muri i te hāparapara, ka roa te wā kātahi anō ka hoki mai te kaha ki tō ringa. Mā tō kairomiromi, tō tapuhi tiaki ū rānei, e hoatu tohutohu mō ngā mahi korikori tinana.


Tērā pea ka āwangawanga koe mō te pupuhi o tō ringa i te tangohanga o ngā repe waitinana. Kua kore e tino pēnā i ēnei rangi nā runga i te pai ake o ngā mahi pokanga, me ngā maimoatanga iraruke. Heoi anō rā, ka pā tonu tēnei mate pupuhi ki ngā ringa o ētahi wāhine tokoiti nei (kīia ai he lymphoedema). Kia iti ake ai te tuponotanga ka puta tēnei, me kaha te karo i ngā wharanga me ngā whakapokenga ki tō ringa.



### Breast forms

If you have had a mastectomy it's important to know about a breast form (**prosthesis**). A breast form can give a good cosmetic appearance as well as helping your balance and posture.

Many women choose to use a breast form although some women prefer not to. Breast forms are also available for women who have had lesser surgery (partial mastectomy). Immediately after surgery, temporary prostheses may be available from your local Cancer Society or breast care nurse.



About six weeks after the operation, you may choose to wear a permanent prosthesis. You are entitled to a benefit for a permanent breast form. Ask your surgeon or breast care nurse for a medical certificate of entitlement.

### Hanga Ū

Mehemea i whai mastectomy koe, he mea nui kia mōhio koe mō te hanga ū (kīia ai he prosthesis). He pai tonu te āhua whakanako o te hanga, tae noa ki tōna āwhina i a koe kia mau tō ū āwhina i te hanga ū kia pai ai tō āhua, kia pai ai hoki tō tauriterite me tō tū.

Ka whai wāhi koe ki tētahi penihana mō tētahi hanga ū pūmau. Me uiui i tō rata, ki tō tapuhi tiaki ū rānei mō tētahi tiwhikete e āhei ana koe te tono.

### Reconstruction

After a mastectomy your breast can be reconstructed either immediately or at a later date. A surgeon's decision about which method of reconstruction to recommend is based on many different factors. Reconstruction should be discussed fully with your specialist and you may be referred to a plastic (or reconstructive) surgeon. Many women do not wish to have a reconstruction. Speaking with a breast care nurse or with a woman who has had a reconstruction may be helpful. Information is available from your local Cancer Society or phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

### Possibility of recurrence

Sometimes, breast cancer can come back (known as a recurrence). This can be in the breast or in more distant parts of the body.

Most recurrences appear within five years after the initial treatment. Regular check-ups are necessary during this period. You should also regularly examine your remaining breast and mastectomy area and report any unusual breast symptoms or general symptoms to your doctor. You will need a yearly mammogram. The risk of a new breast cancer is increased once you've had breast cancer.


Treatment of recurrent breast cancer may be by surgery, radiation treatment, chemotherapy, hormone treatment (refer to pages 23 to 55), or trastuzumab (refer to page 50), or combinations of these. It aims to control the disease.

Successful treatment of recurrent breast cancer will allow many women to continue leading normal lives.

A specific book *Secondary Breast Cancer/Matepukupuku Tuarua ā-Ū* is available from your local Cancer Society, or by phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.







“I said to them, ‘Look, you just have to support me now. It’s my time.’ It was role reversal.” **Silei**


## Support

### Emotional support

Women react in different ways when they learn they have breast cancer. Feelings can be muddled and change quickly. This is quite normal and there is no right or wrong way to feel.

Some women may have particular concerns—they may be worried about the change in their appearance after surgery and how it will affect their lives and relationships. Younger women may be worried about fertility, pregnancy, and breast feeding following treatment (this should be discussed with your specialist). Other women may feel that they are not getting enough personal support to help them deal with their illness.





It may be helpful to talk about your feelings with your partner, family members; friends; or with a breast care nurse; your local Cancer Society; counsellor; social worker; psychologist; or your religious/spiritual adviser. Talking to other women with breast cancer may also help.

Sometimes, you may find your friends and family do not know what to say to you: they may have difficulty with their feelings as well. Some people may feel so uncomfortable they avoid you. They may expect you to lead the way and tell them what you need. You may prefer to ask a close family member or friend to talk to other people for you.

Anyone you tell needs time to take it in and to come back with his or her questions and fears—just like you. You can help them to adjust, just as they can help you. But remember that while you are having treatment your needs should come first. If you do not feel like talking, or you cannot cope with any more visitors, say so. If there are practical things they can do to help—let them know. Some friends are better at doing something practical to help than they are at sitting and talking. Everyone is different, and some may find it so difficult that they stop visiting for a while.

Breast cancer and its modern treatment is a huge life journey.

You may be shocked about your cancer diagnosis and you may worry about the time it is taking to decide on treatment. This is because your oncologist cannot give you detailed advice about your best choices until the pathologist has reported on your lump or breast tissue, the lymph glands, and hormone receptors.

Your oncologist's advice about which treatment is best for you is based on the size of the cancer; how abnormal it is (its grade); whether it has been completely removed; whether the lymph nodes have cancer in them or not (and if so, how many lymph nodes were involved); whether the cancer had oestrogen (ER) and progesterone (PR) receptors; and whether the HER2 receptor is positive.

That visit to discuss the pathology report is a huge step, and we suggest you take along a person to support you. Many women cope well with the first part of chemotherapy, but the length of the programme means that by the end of chemotherapy, many women are tired.

It is often when the treatment is finished that the full impact of the breast cancer diagnosis, and its treatment, 'hits home'. Many women feel vulnerable at this time. The family and friends may have 'moved on', but you may feel differently.

There may be an impact on relationships, sexuality, and the ability to work. This 'vulnerable phase' may last 6 to 12 months. The first mammogram is often 'a hurdle' as is the anniversary date of the diagnosis.

Your oncology team understands the impact of this journey and can help more if you are open and tell them of your emotional and coping concerns. For details of additional support services available, phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.



## Tautoko

### Ngā tautoko o te ngākau

He rerekē te urupare a tēnā wahine a tēnā wahine ki te pānga o te matepukupuku o ngā ū. Ka hurihuri ngā whakaaro, ka piki, ka heke. Ehara i te mea kei te hē ēnei hurihuringa, kāore e tareka te kī kei te tika tēnei, kei te hē tēnā.

Kāore e kore he āwangawanga ake ā ētahi wāhine kei te māharahara mō te rerekē o tā rātou āhua whai muri i te hāparapara, tae atu ki te pānga ki ō rātou koiora me ō rātou hononga. Tērā pea ka āwangawanga ngā wāhine rangatahi ake whai muri i te hāparapara mō ō rātou whare tangata, te hapūtanga, me te whāngai tamariki ki te waiū (me kōrero koe ki tō mātanga). Tērā pea kei te whakapae ētahi atu wāhine kāore rātou i te whiwhi āwhina e tika ana e puta ai rātou i ō rātou mate.

He mea pai pea te kōrero mō ōu kare ā-roto ki tō hoa tata, tō whānau, ō hoa, te tapuhi tiaki ū, he kaitakawaenga, he tauwhiro, te kaimātai hinengaro, tae atu ki tō kaiāwhina i te taha wairua. Tērā pea, he mea āwhina i a koe te kōrero ki ētahi atu wahine mate i te matepukupuku ū.

Tērā pea kāore ō hoa, tō whānau rānei i te mārama me pēhea te kōrero ki a koe. Nā te kaha matakū o ētahi, tērā pea ka karo haere i a koe. Kei te tatari pea rātou mōu ki te ārahi i a rātou, ki te whāki atu he aha ō hiahia.

Tērā pea ka hiahia koe ko tētahi o tō whānau, ko tētahi hoa rānei e tū hei kaikōrero mōu.

Ahakoia ko wai te tangata ka kōrero koe, me tuku he wā mōna ki te whakaaro mō tēnei take; tērā pea ka hoki mai a ia me āna pātai, āna māharahara, pērā i a koe nā. Kia maumahara i te wā o tō maimoatanga me aro koe ki a koe anō i te tuatahi. Ki te kore koe pīrangi kōrero ki ētahi tāngata, kāore rānei koe e pīrangi ki ētahi manuhiri, kōrerotia. Mēnā ka taea he āwhina i ētahi atu tāngata – kōrerotia. He pai atu ētahi hoa ki ngā mahi, tērā ki te noho ki te kōrero me koe. He rerekē tēnā tangata, tēnā tangata; nā te kaha wehi, kāore ētahi tāngata e puta ake kia kite i a koe mō tētahi wā.

### Talking with your children

How much you tell children will depend on how old they are. Young children need to know that your illness is not their fault. They also need to know that you may have to go into hospital. Slightly older children can probably understand a simple explanation of what is wrong. Adolescent children can understand much more. All children need to know what will happen to them while you are in hospital, who will look after them, and how their daily life will be affected.

Sometimes, children rebel or become quiet. Keep an eye on them or get someone else to, and get help if you need it; for example, from the school, a counsellor or a hospital social worker.



The Cancer Society has a booklet, *Cancer in the Family*, written to support parents and carers in the difficult task of talking with your child or children about cancer. To get a copy of this booklet, contact your local Cancer Society, phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** or download it from our website at [www.cancernz.org.nz](http://www.cancernz.org.nz).

### **Cancer Society Volunteering, Information, and Supportive Care Services**

Your local Cancer Society provides confidential information and support.

The Cancer Information Helpline is a Cancer Society service where you can talk about your concerns and needs with trained nurses. Call your local Cancer Society and speak to supportive care services staff or phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

Local Cancer Society centres offer a range of support services for people with breast cancer and their families. These may include:

- volunteer drivers providing transport to treatment
- accommodation
- support and education groups
- contact with other women who have had breast cancer
- the Look Good...Feel Better workshop. Contact your local Cancer Society about attending this workshop.



You may be interested in Cancer Connect NZ, which arranges telephone peer support calls for people living with cancer and their caregivers. For more information call the Cancer Information Helpline (**0800 CANCER (226 237)**). Cancer Chat is an online/support and information forum (**www.cancerchatnz.org.nz**).

The range of services offered differs in each region so contact your local centre to find out what is available in your area. If you are having treatment at a private hospital ask your treatment team what services you may be eligible for.

### **Ngā Mahi Tūao, Ngā Pārongo me ngā Manaaki Tautoko a Te Kāhui Matepukupuku**

Whakarato ai tō Kāhui Matepukupuku ā-rohe i ngā pūrongo matatapu me te tautoko.

He ratonga te Ratonga Parongo Matepukupuku nā te Kāhui Matepukupuku; ka taea te noho me te kōrero i ō āwangawanga ki ētahi tapuhi matatau ki tō mate. Waea atu ki te Kāhui Matepukupuku i tō rohe ka kōrero ki ngā kaimahi, waea rānei ki Waeaāwhina Pārongo Matepukupuku **0800 CANCER (226 237)**.

Kei ngā pokapū Kāhui Matepukupuku ā-rohe ngā ratonga āwhina mō te hunga kua pāngia i te matepukupuku o ngā ū me ō rātou whānau. Ko ētahi o ēnei āwhina ko:

- ngā kaitaraiwa hei hari i a koe ki ngā mahi maimoatanga
- ngā kāinga noho
- ngā rōpū tautoko me ngā rōpū ako

“The Helpline nurse was great. I rang and said ‘Help! I can’t do this on my own.’” **Arthurette**

- he whakapānga ki ētahi atu wāhine kua pāngia i te matepukupuku o ngā ū
- te awheawhe Look Good...Feel Better. Whakapā ki te Kāhui Matepukupuku tata ki a koe mō tēnei kaupapa.

Tērā pea ka whakaaro koe mō Cancer Connect NZ, he rōpū whakarite kōrero tautoko ā-hoa mā te whakamahi i te waea mā te hunga noho matepukupuku me ā rātou kaitiaki. He wānanga pārongo me te tautoko ā-ipurangi a cancerchatnz.org.nz.

He rerekē ngā ratonga i tēnā rohe, i tēnā rohe, nā reira pātai ki te pokapū i tō rohe he aha ā rātou ratonga.

Mehemea kei te whai maimoatanga koe ki tētahi hōhipera tūmataiti, pātaitai tō rōpū maimoatanga, he aha ngā ratonga e māraurau ana koe ki te tono.



## Cancer support groups

Cancer support groups offer support and information to people with cancer and their families. It can help to talk to others who have gone through the same experience. Support groups can also offer many practical suggestions and ways of coping. Ask your hospital or local Cancer Society for information on cancer support groups in your area.

## Breast care nurses

A breast care nurse may be available in your hospital to provide specialist support and guidance.

## Financial assistance

Help may be available for transport and accommodation costs if you need to travel some distance to your medical and treatment appointments. Your treatment centre or local Cancer Society can advise you about what sort of help is available.

Financial help may be available through your local Work and Income office. Work and Income has pamphlets and information about financial assistance for people who are unable to work. Short-term financial help is available through the Sickness Benefit and longer-term help is provided through the Invalids Benefit. Extra help may be available; for example, accommodation supplements and assistance with medical bills.

More information is available on the Ministry of Social Development's website, [www.msd.govt.nz](http://www.msd.govt.nz) or by phoning **0800 559 009**.

## Home care

Nursing care is available at home through district nursing or your local hospital. Your doctor or hospital can arrange this.

You may be entitled to assistance with household tasks during your treatment. For information on what help is available, contact your hospital social worker or the District Nursing Service at your local hospital.

## Interpreting services

New Zealand's Health and Disability Code states that everyone has the right to have an interpreter present during a medical consultation. Family or friends may assist if you and your doctor do not speak the same language, but you can also ask your doctor to provide an interpreter if using family members is inappropriate or not possible.







“Nutrition wise, I changed from week to week. I got to the stage where I didn’t like beef anymore. I got into vegetables. I was into wholesome food. Now my cupboards don’t have any processed food.” Silei

## What can I do to help myself?

Many people feel that there is nothing they can do when they are told they have cancer. They feel out of control and helpless for a while. However, there are practical ways you can help yourself.

### He aha ngā maimoatanga ka taea e au?

He nui ngā tāngata ka pōuri rawa atu i te rangona kua pāngia rātou i te matepukupuku. Kāore rātou e aro ko hea te huringa mō rātou. Hāunga tērā, ka taea tonu e koe ngā mahi te awahi i a koe anō.



## Diet and food safety

A balanced, nutritious diet will help to keep you as well as possible and cope with any side effects of treatment. The Cancer Society's booklet called *Eating Well during Cancer Treatment/Kia Pai te Kai i te wā Maimoatanga Matepukupuku* has useful advice and recipes. Phone your local Cancer Society office for a copy of this booklet, phone the cancer information nurses at the **Cancer Information Helpline 0800 CANCER (226 237)**, or view the booklet on our website at **www.cancernz.org.nz**. The hospital will also have a dietitian who can help.

Food safety is of special concern to cancer patients, especially during treatment, which may suppress immune function.

To make food as safe as possible, we suggest you follow these guidelines:

- Wash your hands thoroughly before eating.
- Keep all areas and utensils you use for food preparation clean, including washing hands before preparing food and washing fruit and vegetables.
- Handle raw meat, fish, poultry, and eggs with care, and clean carefully any surfaces that have been in contact with these foods.
- Keep raw meats separate from cooked food.
- Cook meat, poultry, and fish well, and use pasteurised milk and juices.

- Refrigerate food quickly to reduce bacterial growth.
- When eating in restaurants, avoid foods that may be contaminated with bacteria, such as salad bars, sushi and raw or undercooked meats, fish, poultry, and eggs.
- If there is any concern about the purity of your water (for example, if you have well or tank water) have it checked for bacterial content.

### Te kai tika me te haumaruru kai

Mā te kai tika me te kai pai hei āwhina i a koe ki te noho ora me te ārai i ngā pānga kino ka whai i ngā maimoatanga. Kei roto i te pukapuka *Eating Well during Cancer Treatment / Kia Pai te Kai i te wā Maimoatanga Matepukupuku* a Te Kāhui Matepukupuku o Aotearoa, ētahi tohutohu whai kiko mō te kai, me ētahi tohutaka. Waea atu ki tō Kāhui Matepukupuku ā-Rohe mō tētahi kape o te pukapuka nei, me waea atu rānei ki a **Waeaāwhina Pārongo Matepukupuku 0800 CANCER (226 237)** mō tētahi kape, me tikiake i tō mātou paetukutuku **www.cancernz.org.nz**. Kei te hōhipera tētahi tohunga mō te kai pai, hei āwhina anō.

He mea nui te haumaruru o ngā kai mō ngā tūroro kei te pāngia i te matepukupuku, tae atu ki te wā o tō rātou maimoatanga. Ki te hē ngā kai, tērā pea ka tāmia ngā taunga kauparetanga o te tinana.

## Exercise

Many people find regular exercise helps recovery. Research has shown that people who remain active cope better with their treatment. The problem is that while too much exercise is tiring, too little exercise can also make you tired. Therefore, it is important to find your own level. Discuss with your doctor or nurse what is best for you.

New research shows exercise may be better for your immune system than any other therapy. Recent publications show that maintaining a normal weight and exercising may reduce the risk of breast cancer recurrence.

For more information on the benefits of regular physical activity for people with cancer, phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)** or contact your local Cancer Society to receive a copy of our pamphlet *Being Active When You Have Cancer*.


### Kori tinana

He tokomaha ngā tāngata e kite ana ka āwhina te korikori i te hoki anō ki te ora. E ai ki ngā rangahau, ki te rite tō korikori tinana ka pai atu koe i te wā o te maimoatanga. Ko te raruraru kē, ahakoa ka pau tō hau ki te kaha rawa tō kori tinana, ka pau rā tō hau ki te iti rawa o korikoringa. Nā reira, he mea nui kia mōhio koe he aha te korahi o te kori tinana e pai ana mōu. Kōrero ki tō rata, ki tō nēhi rānei mō te huarahi pai rawa mōu ake.



Photographer: Nicole Freeman





“When it was painful I transported myself to the market with fresh fruit at home. I went to songs that have no words that reminded me of home, like streams and natural sounds. I imagined myself at moments throughout my lifetime—special places on the beach, certain things we did as children. I took myself there.” Silei

## Relaxation techniques

Some people find relaxation or meditation helps them to feel better. The hospital social worker, nurse, or Cancer Society will know whether the hospital runs any relaxation programmes, or may be able to advise you on local community programmes.

## Complementary and alternative therapies

Complementary therapy is a term used to describe any treatment or therapy that is not part of the conventional treatment of a disease. It includes things like:

- acupuncture
- relaxation therapy/meditation

- yoga
- positive imagery
- spiritual healing/cultural healing
- art
- aromatherapy/massage.

Complementary methods are not given to cure disease, but they may help control symptoms and improve wellbeing.

Alternative therapy is a term used to describe any treatment or therapy that may be offered as an alternative to mainstream treatments. It includes things like:

- homeopathy
- naturopathy
- Chinese herbs.

Alternative treatments are sometimes promoted as cancer cures. However, they are unproven treatments, as they may not have been scientifically tested, or, if tested, they were found to be of little use. They can also be expensive.

It is important to let your doctor know if you are taking any complementary or alternative therapies because some treatments may be harmful if they are taken at the same time as conventional treatments.



### **Ngā haumanu tāpae me ētahi atu huarahi haumanu**

He mea nui te kōrero ki tō rata mēnā kei te nanao koe i ētahi atu haumanu tautoko, haumanu whiringa hoki, i te mea, tērā pea ka puta he takakino i ētahi maimoatanga ka kawea ngātahitia i te wa o ngā maimoatanga. Me whāki ki tō rata mēnā kei te nanao koe ki ētahi atu maimoatanga aronga whānui.

### **Seeking advice from health professionals**

If you feel uncomfortable or unsure about your treatment, it is important that you discuss any concerns with those involved in your care, including your general practitioner (GP).

## **Relationships and sexuality**

The anxiety and/or depression felt by some women after diagnosis or treatment can affect their sexual desire. Sometimes, women feel that they are less sexually attractive. Tiredness following an anaesthetic, major surgery, radiation treatment, or chemotherapy will also reduce sexual desire.

If you have had a mastectomy, looking at yourself in the mirror can be difficult. Sometimes women feel nervous about showing their mastectomy scar to their partners.

It helps if you are able to talk openly about your feelings so that your partner understands your fears and concerns. However, sometimes partners may be unsure of their own reactions to the breast surgery. While many partners are a great support and may adjust more quickly to the changes than you do, others have greater difficulty. They may also feel nervous about their sexual relationship with you.

If you are without a partner you may fear you may not be able to have an intimate relationship in the future. You may question how and when you will tell a new partner about your treatment.

While some women may quickly begin their usual pattern of love making, for others it may take longer. If you and your partner need to make changes, it's important to remember that sexual intercourse is only one of the ways that you can express affection for each other. Communicating and sharing your feelings can result in greater openness, sensitivity, and physical closeness between you both. A gesture of affection, gentle touches, cuddling, and fondling also set your mind at rest about your need for each other.

When you feel ready for intercourse, you may find some positions more comfortable. If you are on top or on your side, there may be less pressure on the affected side. If sexual intercourse is painful because of vaginal dryness, special creams, such as Sylk, or Replens may be useful.

Talk to someone you trust if you are experiencing ongoing problems with sexual relationships. Friends, family members, nurses, or your doctor may be able to help. The Cancer Society can also provide information about counsellors who specialise in this area. You may find the Cancer Society's booklet *Sexuality and Cancer/Hōkakatanga me te Matepukupuku* helpful. You can get a copy from your local Cancer Society, by phoning the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**, or by downloading it from our website at [www.cancernz.org.nz](http://www.cancernz.org.nz).

## Ngā hononga me te hōkakatanga

Nā te māharahara me te pōuri ka rongō ētahi wāhine whai muri i te whakataunga mate, te maimoatanga rānei, ka puta he pānga ki tō rātou hiahia onioni. I ētahi wa, ka whakaaro ētahi wahine kua kore rātou e hiahiatia. Nā te ngenge ka puta i te rehu tokitoki, i te hāparapara nui, i te haumanu iraruke, i te hahau, ka heke te kaha hiahia onioni.

Kāore noa iho e roa ka hoki ētahi wāhine ki ngā aitanga o mua. Mō ētahi atu wāhine, he roa atu te wā katahi anō rātou ka tau.

Mehemea me huri kōrua ko tō hoa ki te kimi panoni, he mea nui ki te mahara ake, ehara ko te onioni anake te whakaputanga o te aroha ki waenganui i a kōrua. Mā te tuwhera o ngā kōrero me te ngākau, ka nui atu tā kōrua aroha, tā kōrua piringa. Ko te awhiawhi, te mirimiri, te pā o te ringa ngā tohu ki te hōhonutanga o ngā whakaaro a tētahi ki tētahi.

## Questions you may wish to ask

### General questions

1. What type of cancer do I have?
2. How extensive is my cancer? What stage is it?
3. What treatment do you advise for my cancer and why?
4. Are there other treatment choices for me?
5. What are the risks and possible side effects of each treatment?
6. How long will the treatment take?
7. I would like to have a second opinion. Can you refer me to someone else? It is your right to do so.
8. Is there any cost for treatment?
9. If I choose not to have treatment either now or in the future, what services are available to help me?
10. Is my cancer hereditary?
11. Can you suggest any books I can read on breast cancer?

### If you are going to have surgery

12. What will the scar look like?
13. Can I have breast reconstruction?
14. When can I drive again?
15. How much does a prosthesis cost and will I be eligible for a free prosthesis?
16. Is there a risk of lymphoedema?



## Seeing the oncologist

17. If I need further treatment, what will it be like and when will it begin?
18. Will I still be able to have children?
19. Will I go through menopause? What are the effects of menopause?
20. Will the treatment affect my sexual relationships?
21. When can I return to work?
22. How frequent will my check-ups be and what will they involve?

### If you receive answers you do not understand, feel comfortable saying:

- “Can you explain that again?”
- “I am not sure what you mean.” or
- “Would you draw a diagram, or write it down?”

## Ngā pātai tērā pea ka hiahia koe ki te tuku

1. He aha taku momo matepukupuku?
2. Pēhea te kaha whārahi o taku matepukupuku? Kei tēhea wāhanga?
3. He aha tō whakaaro mō te maimoatanga me whai au? He aha ai i tohungia e koe tēnei maimoatanga?
4. He maimoatanga atu anō hei whiringa māku?
5. He aha ngā tūponotanga mōrea me ngā putanga kētanga i te taha o tēnā me tēnā maimoatanga?
6. Ka hia te roa o ngā mahi maimoatanga?
7. E hiahia ana au ki te whai whakaaro tuarua mai i tētahi atu. Ka taea e koe te tuku i a au ki tētahi atu? Kei i a koe te tikanga ki te whai i tēnei.
8. He utu anō mō ngā maimoatanga?
9. Ki te whakatau au me whai maimoatanga au i nāianei, a ko ake rānei, he aha ngā ratonga e wātea ki te āwhina i a au?
10. He mea tuku iho ki a au taku matepukupuku?
11. Kei te mōhio koe ki ētahi pukapuka ka taea e au te pānui e pā ana ki te matepukupuku o ngā ū?
12. Ka pēhea te āhua o te mātānawe?
13. E āhei ana au ki te whai hanganga hou mō ngā ū
14. Ā hea au āhei ki te taraiwa waka anō?
15. E hia te utu mō tētahi prosthesis, he māraurau anō au mō te prosthesis kore utu?
16. Ka puta anō he mōrea mō te lymphoedema?

17. Ki te hoki au ki ngā mahi maimoatanga, whakamārama mai he aha te āhua o aua mahi, hei āhea ka tīmata?
18. Ka taea tonu taku whakawhānau tamariki?
19. Ka tau mai te koero ki ahau? He aha ngā putanga i te taha o te koero?
20. Ka puta anō he pānga ki aku mahi onioni?
21. Āhea au hoki ai ki te mahi?
22. Ka pēhea te auau o ngā arowhi i a au, he aha ngā mahi ka puta.

Ki te kore e pai ki a koe ngā whakautu ki ō pātai, kua e māharahara ki te kī atu:

- “Tēnā whakamārama mai anō?”
- “Kāore au i te mārama ki ō kōrero.”
- “Tēnā homai he tauira, me tuhi ranei?”

## Glossary

**adjuvant chemotherapy**—treatment of cancer with drugs to aid or assist another treatment.

**atypical hyperplasia**—the milk ducts contain increased numbers of abnormal cells.

**benign**—a tumour that is not malignant, not cancerous, and won't spread to another part of your body.

**biopsy**—when the specialists remove a small amount of cells or tissue from your body, so that it can then be examined under a microscope.


**bone scan**—a picture of the bones that can show cancers, other abnormalities such as arthritis, and infection. When a mildly radioactive substance is injected, cancerous areas in the bone pick up more of the substance than normal bone.

**cells**—the ‘building blocks’ of the body. A human is made of millions of cells, which are adapted for different functions. Cells are able to reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.

**CT scan**—a scan done with X-rays to create a detailed image of the body and its organs.

**ducts**—a small tube in the body. In the breast, the milk ducts carry milk from the milk sacs to the nipple.

**genes**—a biological unit of DNA able to pass on a single characteristic from parent to offspring. Genes are found in every cell of the body.



**glands**—an organ or group of organs that make certain fluids.

**hormone receptors**—indicators on the surface of some cancer cells that suggest the cancer depends on hormones to help it grow, and it may thus respond to hormone treatment.

**hormone receptor tests**—laboratory tests that are done on a sample of tissue, to find out whether the cancer is likely to respond to hormone treatment. Hormone blood tests are also done to see if women are post-menopausal.

**lymph glands or nodes**—small kidney bean-shaped sacs scattered along the lymphatic system. The lymph nodes filter the lymph fluid to remove bacteria and other harmful agents, such as cancer cells. There are lymph nodes throughout your body, including in your abdomen, neck, armpit, and groin.

**lymphoedema**—swelling caused by a build-up of lymph in the tissues. It is caused by an obstruction of the lymph flow—usually following surgery or other cancer treatment, such as radiation treatment.

**malignant**—a tumour that is cancerous and likely to spread if it is not treated.

**mammogram**—an X-ray of the breast that can be used to examine a breast lump. Mammograms are also used for women without any breast changes because they may detect a breast cancer before a lump can be felt.

**mastectomy**—the surgical removal of the breast.

**metastasis (plural = metastases)**—a cancer that has grown in a different part of the body because of spread of cancer cells from the original site. For example, someone with breast cancer may have metastases in their bones—also called secondary cancer.

**milk sacs**—the glands in a woman that produce milk. Each breast consists of a number of lobes (divisions) which contain milk sacs where the milk is produced.

**MRI**—a scan that uses magnetic resonance to detect abnormalities in the breasts, or of other body parts.


**neo-adjuvant chemotherapy**—chemotherapy given before surgery to improve the effectiveness of the treatment.

**ovaries**—a woman has two ovaries, which produce the female sex hormone oestrogen and, once a month, release an egg (ovum).

**partial breast irradiation**—irradiation technique under development covering the site of the (removed) tumour and margin of normal breast; given by a number of techniques.

**primary**—a malignant tumour starts in one site of the body where it is known as the primary tumour.

**prosthesis**—an artificial substitute for a missing part of the body such as a breast. It may help with balance and improve appearance.



**recurrence**—when a disease comes back again after what seemed to be a cure. This may be a local recurrence in the original site, or be distant metastases.

**secondary**—the same as metastasis.

**sentinel node**—this is the first lymph node to receive lymphatic drainage (and, potentially, cancer cells) from a tumour.

**stereotactic core biopsy**—a technique that uses three-dimensional X-ray to pinpoint a specific target area. It is used in conjunction with needle biopsy on non-palpable breast abnormalities.

**tumour**—a swelling or lump. Tumours can be benign (not cancerous) or malignant (cancerous).

**ultrasound**—sound waves of a very high frequency used to examine structures within the body.

## Suggested reading and websites

### Book

Dr Susan Love's Breast Book – Susan M. Love. MD. 5th ed. Da Capo Press, Cambridge, USA. 2010.

For further suggestions phone the cancer information nurses on the **Cancer Information Helpline 0800 CANCER (226 237)**.

### Websites

Cancer Society of New Zealand [www.cancernz.org.nz](http://www.cancernz.org.nz)

Cancer Australia [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

Breast Cancer Care (UK) [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

The suggested websites, not including the Society's, are not maintained by the Cancer Society of New Zealand. We only suggest sites we believe offer credible and responsible information, but we cannot guarantee that the information on such websites is correct, up-to-date, or evidence-based medical information.

We suggest you discuss any information you find with your cancer care health professionals.

This booklet, *Breast Cancer/Te Matepukupuku o ngā Ū*, is part of a series titled *Understanding Cancer*, which is published by the Cancer Society. These booklets and booklets from the *Living with Cancer* series can be viewed and downloaded from our website, [www.cancernz.org.nz](http://www.cancernz.org.nz).





## Notes

You may wish to use this space to write down any questions for, or advice given by your doctors, nurses, or health providers at your next appointment.

Tērā pea ka pirangi koe ki te whakamahi i tēnei wāhi wātea hei tuhi pātai e hiahia ana koe ki te pātai i tō rata, ngā tapuhi, ngā kaiwhakarato hauora rānei mō tō hokinga atu ki te kite anō i a rātou.

## Notes





## Notes

### Cancer Society of New Zealand Inc. Te Kāhui Matepukupuku o Aotearoa

#### **National Office**

PO Box 12700, Wellington 6011  
Telephone: (04) 494-7270

#### **Auckland Division**

PO Box 1724, Auckland 1023  
Telephone: (09) 308-0160  
Covering: Northland

#### **Waikato/Bay of Plenty Division**

PO Box 134, Hamilton 3216  
Telephone: (07) 838-2027  
Covering: Tauranga, Rotorua, Taupo,  
Thames, and Waikato

#### **Central Districts Division**

PO Box 5096, Palmerston North 4410  
Telephone: (06) 364-8989  
Covering: Taranaki, Wanganui, Manawatu,  
Hawke's Bay, and Gisborne/East Coast

## Wellington Division

52–62 Riddiford Street, Wellington 6021

Telephone: (04) 389-8421

Covering: Marlborough, Nelson,  
Wairarapa, and Wellington

## Canterbury/West Coast Division

PO Box 13450, Christchurch 8011

Telephone: (03) 379-5835

Covering: South Canterbury, West Coast, and Ashburton

## Otago/Southland Division

PO Box 6258, Dunedin 9016

Telephone: (03) 477-7447

Covering: Urban and rural Otago and Southland

## Cancer Information Helpline

**0800 CANCER (226 237)**

**[www.cancernz.org.nz](http://www.cancernz.org.nz)**

## Feedback

### Breast Cancer/Te Matepukupuku o ngā Ū

We would like to read what you thought of this booklet: whether you found it helpful or not. If you would like to give us your feedback please fill out this questionnaire, cut it out, and send it to the Information Manager at the address at the bottom of the following page.

1. Did you find this booklet helpful?

Yes  No

Please give reason(s) for your answer.

---

---

---

2. Did you find the booklet easy to understand?

Yes  No

Please give reason(s) for your answer.

---

---

---

3. Did you have any questions not answered in the booklet?

Yes  No

If yes, what were they?

---

---

---

4. What did you like the most about the booklet?

---

---

---

5. What did you like the least about the booklet?

---

---

---

6. Any other comments?

---

---

---

Personal information (optional)

Are you a person with cancer, or a friend/relative/whānau?

---

Gender: Female  Male  Age \_\_\_\_\_

Ethnicity (please specify): \_\_\_\_\_

Thank you for helping us review this booklet. The Editorial Team will record your feedback when it arrives, and consider it when this booklet is reviewed for its next edition.

Please return to: The Information Manager, Cancer Society of New Zealand, PO Box 12700, Wellington 6011.

## Whakahoki Kōrero

### Te Matepukupuku o ngā Ū

E hiahia ana mātou ki te pānui i ōu whakaaro e pā ana ki te pukapuka nei: Mehemea i pai ki a koe ngā awhina ō roto, i kore rānei. Mena e pīrangī ana koe ki te whakahoki kōrero, whakakīia tēnei rārangi pātai, tapahia mai, ka tuku mai ki te Kaiwhakahaere Pārongo ki te wāhi tau kei te mutunga o te whārangi ka whai i tēnei.

1. He āwhina i roto i tēnei puka?

Āe  Kāo

He aha te take i whakautu pēnei ai koe:

---

---

---

2. I mārāma ki a koe ngā kōrero o te puka nei?

Āe  Kāo

Homai he kōrero mō te take i whakautu pēnei ai koe.

---

---

---

3. He pātai anō āu kāore i whakautua i roto i te puka nei?

Āe  Kāo

Mena ai, he aha aua pātai?

---

---

4. He aha te mea pai rawa atu o te puka nei?

---

---

---

5. He aha tētahi mea koretake rawa e pā ana ki te puka nei?

---

---

---

6. He kōrero atu anō?

---

---

---

Pārongo Whaiaro (kei i a koe te tikanga ki te whakautu).  
He tangata whai matepukupuku koe, he hoa/whanaunga/  
whānau rānei?

Ira Tangata: Wahine  Tāne ranei

Tō pakeke (ō tau): \_\_\_\_\_

Momo iwi (kōrerohia mai): \_\_\_\_\_

Ngā mihi nui ki a koe mō tō arotake i te puka nei. Ka pūrongohia  
ō whakahoki kōrero ka tae mai ana, ā, ka tirohia anō i te wā ka  
arotakenga anō te puka mō tana whakaputanga anō.

Tēnā koa whakahokia mai ki: Te Kaiwhakahaere Pārongo,  
Te Kāhui Matepukupuku o Aotearoa, Pouaka Poutāpeta  
12700, Te Whanganui a Tara 6011.

#### **Information, support, and research**

The Cancer Society of New Zealand offers information and support services to people with cancer and their families. Printed materials are available on specific cancers and treatments. Information on living with cancer is also available.

The Cancer Society is a major funder of cancer research in New Zealand. The aim of research is to determine the causes, prevention, and effective methods of treating various types of cancer. The Society also undertakes health promotion through programmes such as those encouraging SunSmart behaviour, eating well, being physically active, and discouraging smoking.

#### **We appreciate your support**

The Cancer Society receives no direct financial support from Government. Funding comes only from donations, legacies, and bequests. You can make a donation by phoning 0900 31 111, through our website, or by contacting your local Cancer Society.

#### **Acknowledgements**

This booklet has been adapted for New Zealand from the Cancer Council of Victoria's publication *Breast Cancer*. The Cancer Society of New Zealand gratefully acknowledges the Council's assistance.

#### **The Cancer Society would like to thank for their reviews, advice, and contributions:**

##### **Dr Birgit Dijkstra**

Breast Surgeon, Department of Surgery, Christchurch Hospital

##### **Dr Carol Johnson**

Radiation Oncologist, Blood and Cancer Centre, Wellington Hospital

##### **Professor Bridget Robinson**

Medical Oncology Service, Christchurch Hospital and School of Medicine in Christchurch

##### **Dr David Porter**

Medical Oncologist, Lead Clinician, Medical Oncology Breast Team, Auckland Regional Cancer and Blood Services

##### **Janice Wood**

Breast Nurse Specialist, Waitemata DHB Breast Service, Auckland

##### **Associate Professor Chris Atkinson**

Oncologist, St George's Hospital, Christchurch and the Cancer Society of New Zealand's Medical Director

##### **Meg Biggs, Julie Holt, and Michelle Gundersen-Reid**

Cancer Society Information Nurses

##### **Sarah Stacy-Baynes**

Information Manager

We also thank the women who have experienced cancer, reviewed editions, and offered many valuable suggestions.

We also thank the Cancer Society volunteers who agreed to be photographed for our booklet.

#### **Photography**

Cancer affects New Zealanders from all walks of life, and all regions of our beautiful country. This cover photo of New Zealand Bush Clematis flowers (*Clematis Paniculata*); Puawananga was taken by Rob Suisted.

#### **Cancer Society of New Zealand Inc. (2011)**

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the publisher.

# ANY QUESTION, ANY CANCER 0800 CANCER (226 237) Cancer Information Helpline

