Breast cancer

Summary

- Breast cancer affects one in eight Australian women.
- It is important for all women to get to know the normal look and feel of their breasts.
- Although most breast changes aren’t caused by breast cancer, you should always consult your doctor if you notice an ‘unusual’ change.
- Treatment for breast cancer may include surgery, radiotherapy, chemotherapy and hormone therapy.

Breast cancer affects one in eight Australian women. It is the most common cancer for Victorian women, with almost 3,700 diagnoses in 2012.

Breast cancer can occur at any age, but it is most common in women over the age of 60. Around one quarter of women who are diagnosed with breast cancer are younger than 50.

Men can also develop breast cancer, although this is extremely rare. Each year, about 25 men are diagnosed in Victoria. It is treated in the same way as breast cancer in women.

There are different types of breast cancer, but they all begin in the milk ducts or the milk lobules (or both). Some breast cancers are found when they are ‘in situ’. This means that they have not spread outside the milk duct or lobule where the cancer began.

Most breast cancers are found when they are ‘invasive’. This means the cancers have grown beyond the duct or lobule, where they began, into other breast tissue, or spread to other parts of the body. Breast cancer that spreads out of the breast may spread to lymph nodes in the armpit nearest the breast affected by cancer (axillary lymph nodes). It can also spread to other parts of the body, such as the bones, lungs and liver.

Risks and causes of breast cancer

The exact cause of breast cancer is unknown, but factors that seem to increase risk include:

- gender – being a woman
- getting older – women over 50 years of age are invited to take part in yearly mammograms to screen for breast cancer (women from the age of 40 are also able to access yearly mammograms)
- heredity – having several close family members (mother, sister or daughter) who have had breast cancer
- previous history of breast cancer – women who have had breast cancer have a greater risk of developing it again
- certain breast diseases – some types of breast disease that are found through mammograms indicate an increased risk.

Other risk factors for breast cancer

Other factors that seem to increase risk include:

- not having children or having children after the age of 30
- early age at first period
- later age of natural menopause (55 years or older)
- alcohol intake (more than one standard drink per day)
- obesity or gaining a lot of weight after menopause
- using the contraceptive pill – the risk is higher while taking the pill and for about ten years after stopping use.
• using hormone replacement therapy (HRT) – also known as hormone therapy (HT) – the risk increases the longer you take it, but disappears within about two years of stopping use.

Having some of these risk factors does not mean that you will get breast cancer. Most women with breast cancer have no known risk factors, aside from getting older. More research needs to be done before we can be definite about risk factors.

In men, the main risk factor is abnormal enlargement of the breasts (gynaecomastia) due to drug, chemical or hormone treatments. Men with Klinefelter’s syndrome (a sex chromosome disorder) can also be at risk. A man’s risk increases where there is a family history of male breast cancer or a strong family history of breast cancer.

The risk of breast cancer for transgender individuals varies depending on their situation. Transwomens’ risk factors are the same as for men, unless they have had or are having hormonal supplements, in which case, their risk of developing breast cancer is the same as the general population of Australian women. Transmens’ risk factors remain the same as for the general population of Australian women, unless they have had a mastectomy and then their risk is reduced.

Check your breasts
Breasts undergo many changes during a woman’s life. These changes can be due to puberty, the menstrual cycle, pregnancy, breastfeeding or changes in weight or ageing. It is important for all women to get to know the normal look and feel of their breasts.

By regularly checking your breasts, you may be able to recognise changes that could be a sign of breast cancer. Such changes include:

• thickening of the tissue
• a lump or lumpiness
• discharge from the nipple
• an inverted or ‘turned-in nipple’ (unless the nipple has always been turned in)
• puckering or dimpling of the skin
• a change in the shape of the breast or nipple
• a painful area
• anything that is not ‘usual’ for you.

Some of these symptoms can occur without any serious disease being present. Nine out of 10 breast changes are not breast cancer. However, just to be sure, your doctor should check any unusual breast change.

Screening mammography
Screening mammography is provided as a free service for women aged 50 to 74 through the BreastScreen Australia program. It is used to detect breast cancer early, when you are well and have no obvious breast symptoms. Screening mammograms can detect breast cancers that are too small to be felt by you or your doctor.

Mammograms taken at different times can later be compared to show changes in breast tissue over time. Screening is open to women from the age of 40 and can continue after the age of 74, however reminders are only sent to those who are between the ages of 50 and 74 years).

Diagnosis of breast cancer
Breast changes are investigated through a series of tests organised by your doctor or specialist. Most breast changes are diagnosed as benign (non-cancerous). If your tests show that you may have cancer, your doctor will refer you to a specialist who will advise you about treatment options.

Initial tests you may have include:

• physical examination – breasts and armpits are examined
• diagnostic mammogram – an x-ray of the breast tissue
• ultrasound – a device that uses sound waves to scan the breast.
If further tests are required, one or more procedures may be used, including:

- Fine needle aspiration – a very narrow needle is used to withdraw cells from the testing area.
- Core biopsy – a larger needle is used to take a tissue sample for testing.
- Open biopsy – surgery is performed under general anaesthetic to remove the whole area for testing.
- Hormone tests – if a cancer is found, it can be checked for special markers called hormone receptors to see if it will respond to hormone treatment.
- Ductogram (also known as a galactogram) or discharge test – this is for breast cancers that are causing a discharge from the nipple.

Other tests may include blood tests, bone scans and chest x-rays. Test results can take a few days to come back. It is very natural to feel anxious while waiting to get your results. It can help to talk to a close friend or relative about how you are feeling. You can also contact the Cancer Council Helpline on 13 11 20 and speak with a cancer nurse.

**Treatment for breast cancer**

Treatment options for breast cancer include surgery, radiotherapy, chemotherapy and hormone therapy. Usually, more than one is used. Treatment for breast cancer in men is similar to (and as effective as) the treatment for breast cancer in women.

Treatment depends on several factors, including:

- whether you have had your menopause
- the type of breast cancer you have
- the size of your breast tumour in relation to your breast
- the stage of your breast cancer (whether or not the cancer is confined to the breast or has spread to other parts of the body)
- the grade of your cancer cells
- the results of tests on your cancer cells
- your age, general health and personal preferences.

**Surgery for breast cancer**

An operation to remove the cancer, surrounding breast tissue and often, the nearby lymph nodes, is usually the preferred first treatment.

Surgery options include:

- Breast-conserving surgery – a small operation removes the cancer and some of the surrounding tissue, and usually some lymph nodes, leaving the bulk of the breast intact.
- Mastectomy – the entire breast is removed, along with lymph nodes from the armpit. Extra cancer treatment such as chemotherapy or radiotherapy is often unnecessary.
- Breast reconstruction surgery – women who have a mastectomy may choose to have reconstruction surgery (at the time of the mastectomy or later). Options include silicone gel or saline-filled implants, or the use of your own muscle and skin to create a breast-like shape. If you don’t choose reconstruction, you may use a breast form or prostheses. These are pads that are worn inside your bra. They help to restore balance and are designed to look like a normal breast under clothes.

All surgery has some risks. Possible side effects of breast surgery include infection, bleeding, blood clots in the leg (deep vein thrombosis), nerve damage and swelling of the arm. These side effects are not common, but you need to understand the risks.

**Other treatment for breast cancer**

Depending on the cancer, other treatment options can include:

- Radiotherapy – use x-rays (radiation) to kill any remaining cancer cells. Women who have had breast-conserving surgery often have a course of radiotherapy. Side effects can include a short-term reddening of the skin, which looks like sunburn, or longer-term thickening of skin.

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• Chemotherapy – cancer-killing medication is given intravenously (directly into a vein). Chemotherapy can be offered to women with early breast cancer as an extra treatment to surgery, radiotherapy or both. Chemotherapy has side effects that will depend on the type of medication you have, but can include nausea, vomiting and hair loss.

• Hormone treatments – many breast cancers are influenced by the sex hormones oestrogen and progesterone. Hormone treatment can reduce the chances of breast cancer developing again.

• Biological therapies (also called immunotherapies) – strengthen the immune system to fight cancer. Several types of biological therapies are now used to treat breast cancer. Research is continuing and various types of therapies are being tested in clinical trials.

• Complementary and alternative therapies – when used alongside your conventional cancer treatment, some of these therapies can make you feel better and improve quality of life. Others may not be so helpful and in some cases may be harmful. The Cancer Council Victoria booklet called Understanding complementary therapies can be a useful resource.

All treatments can cause side effects. Many of these are only temporary, but some may be permanent. Your medical team will discuss these with you before you begin treatment.

Research into breast cancer

Early detection and better treatment have improved survival for people with breast cancer. Research for breast cancer is ongoing. The Cancer Research UK website has information about research into breast cancer.

Clinical trials can test the effectiveness of promising new treatments or new ways of combining cancer treatments. Always discuss treatment options with your doctor.

Breast cancer and your sexuality

Having breast cancer and its treatment can affect the way you feel about your body, who you are, your relationships, the way you express yourself sexually and your sexual feelings (your ‘sexuality’). These changes can be very upsetting.

Your medical team should discuss these issues with you before and during your treatment. If you feel you would like to discuss things further, ask your doctor for a referral to a counsellor or speak to a cancer nurse on the Cancer Council Information and Support Service (13 11 20). The Cancer Council Victoria booklet called Sexuality, intimacy and cancer may also be helpful to read.

Cancer Council Victoria also provides cancer patients with a psychosexual counselling service, for those with concerns about body image, intimacy, sexual confidence or relationships after cancer. The free sessions are held with an experienced medical practitioner with a speciality in psychosexual oncology.

Caring for someone with breast cancer

Caring for someone with breast cancer can be a difficult and emotional time. If you or someone you know is caring for someone with breast cancer, there is support available. The Cancer Council Victoria booklet called Caring for someone with cancer may also be helpful to read.

When a cure for breast cancer isn't possible

If breast cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms (this is called ‘palliative’ treatment) with medication to relieve pain, nausea and vomiting. The Cancer Council Victoria booklet called Advanced Cancer: Living with Advanced Cancer may be helpful to read.

Where to get help

• Your GP (doctor)
• Breast cancer specialist (medical oncologist)
• Radiation oncologist
• Surgeon (specialist in breast surgery), including reconstruction surgeon
• Breast care nurse or cancer nurse

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• Breast cancer support groups
• **Cancer Council Victoria, Information and Support Service** Tel. 13 11 20
• **Multilingual Cancer Information Line**, Victoria Tel. 13 14 50
• **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

This page has been produced in consultation with and approved by:

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