

Frequently Asked Questions

ABOUT TREATMENT FOR EARLY-STAGE BREAST CANCER

Finding out you have breast cancer can be overwhelming. This document is intended to provide general educational information for you to use in your discussions with your doctor. This document is not intended to provide medical advice. It is important to discuss diagnosis and treatment options with your doctors, as they will consider many factors specific to the type of cancer you have before making a treatment recommendation. Here are answers to some questions you may have about early breast cancer treatment options.

What is early-stage breast cancer?

Breast cancer starts when healthy cells in the body become unhealthy, grow too fast, and group together to form a mass or tumor in the breast. In early-stage breast cancer, the tumor is in the breast and sometimes in nearby glands called **lymph nodes**. The tumor cells have not traveled to distant parts of the body.

HOW MEDICINES AND SURGERY ARE USED TO TREAT EARLY-STAGE BREAST CANCER



Medicine before surgery

(called neoadjuvant therapy/preoperative therapy)

What is neoadjuvant therapy?

Neoadjuvant therapy is treatment given before surgery. Some of these treatments are systemic therapies (medicines) that travel throughout the body to kill cancer cells. Your doctor may also refer to neoadjuvant therapy as preoperative therapy.

Chemotherapy, hormonal therapy, and targeted therapy all may be used. (See definitions found on page 2.)

What are the goals of neoadjuvant therapy?

To shrink tumors, help get rid of cancer cells, and to possibly lower the risk tumors will grow back.

- Shrinking the tumor may make it easier to remove during surgery
- It may also increase the chance of being able to get a lumpectomy, or breast-conserving surgery, and less invasive lymph node surgery



Surgery

What is surgery?

Surgery involves taking out tumors in your breast or lymph nodes.

What are the goals of surgery?

Remove cancer from the breast.

- In some women, the breast can be preserved; in others, a mastectomy is necessary
- If mastectomy is performed, breast reconstruction may begin at the same time as cancer surgery

Will I need surgery if the medicine I may have received before surgery makes the cancer go away completely?

You will need surgery no matter how the cancer responds to neoadjuvant therapy. But in some cases, you may be able to have less surgery.

How will the surgeon find the area to remove if the cancer goes away completely?

Before you receive neoadjuvant therapy, your surgeon will place a small metal clip called a marker in the tumor. This will guide the surgeon where to remove any cancer that may remain at the time of surgery.



Treatment after surgery

(called adjuvant therapy)

What is adjuvant therapy?

Adjuvant therapy is treatment given after surgery. Chemotherapy, hormonal therapy, targeted therapy, and radiation therapy all may be given after surgery.

Will I need further treatments after surgery? How will the doctors recommend further treatment?

Depending on the type of breast cancer you have, your oncologist may prescribe treatments after your surgery to get rid of any cancer cells that may not be seen. This may help reduce your risk of the cancer returning.

What are the goals of adjuvant therapy?

To help get rid of breast cancer cells, and to possibly lower the risk of tumors growing back.

More questions about early-stage breast cancer treatment options (cont'd)

DETERMINING IF NEOADJUVANT THERAPY IS RIGHT FOR YOU

What tests help my doctors decide to recommend neoadjuvant treatment?



All your treatment options are based on the traits of the cancer, such as its size, how quickly it grows, and how it looks under a microscope. Your doctors consider many factors from a variety of tests before making any treatment recommendations.

What are the different types of breast cancer?

The type of neoadjuvant treatment you may receive depends on the type of cancer you have.

- **HER2 (human epidermal growth factor receptor 2)** is a protein found on the surface of cells. It plays an important role in how cells grow. Doctors can test if breast cancer is HER2-positive or HER2-negative. About 20 percent of people with breast cancer have tumors that test positive for HER2
- Two hormones naturally made by the body are called estrogen and progesterone. One type of breast cancer grows when estrogen, progesterone, or both attach to hormone receptors on the tumor. This is called **hormone receptor-positive breast cancer**. It is more common than hormone receptor-negative breast cancer
- **Triple-negative breast cancer** is when the tumor tests negative for HER2 and hormone receptors. It is called triple-negative because tumor growth is not caused by HER2, estrogen, or progesterone. Between 10 and 17 percent of breast cancers are triple-negative

What types of neoadjuvant treatment are available?

Chemotherapy, hormonal therapies, and targeted therapy may all be given before surgery. Depending on the type of breast cancer you have, you may receive:



- **Chemotherapy:** Medicines that kill cells that grow and divide quickly; these can include cancer cells and healthy cells (such as those that grow hair and nails)



- **Hormonal therapy:** Medicine that helps stop growth of tumors that rely on hormones like estrogen or progesterone



- **Targeted therapy:** Medicine that attacks specific cancer cells, but can also affect healthy cells

There are different types of breast cancer that respond to specific treatments; your doctors should explain the differences when they review your lab reports with you.

Where can I get more information about neoadjuvant treatment?

Some resources on neoadjuvant therapy include LBBC.ORG, cancer.gov, and breastcancer.org. Search these websites for “neoadjuvant therapy.” Always speak with your healthcare team about anything you read online. Your healthcare providers can help you understand the impact of treatment decisions on your care.

What are some of the benefits of neoadjuvant therapy?

Neoadjuvant treatment may:

- Shrink the tumor and give you more options for the type of surgery you can have
- Allow your healthcare team to see how the tumor responds to therapy
- Help achieve a pathological complete response, which means that there is no evidence of cancer cells in your breast and lymph nodes at the time of surgery

What are some disadvantages or limitations of neoadjuvant treatment?

- If your cancer responds well to neoadjuvant therapy, it may be hard for your doctor to determine your initial staging
- Not every cancer responds to neoadjuvant therapy
- Depending on your specific breast cancer, you and your surgeon may decide that you need a mastectomy even if neoadjuvant therapy works well
- Neoadjuvant therapy may be more expensive because this treatment option may require more visits with your doctors and tests to monitor how the cancer responds to the treatment
- You may experience side effects from the medications selected for neoadjuvant treatment

More questions about early-stage breast cancer treatment options (cont'd)

WHAT TO KNOW IF YOU RECEIVE NEOADJUVANT THERAPY

Why would I wait to have surgery?

Surgery alone may not get rid of the cancer and that's why medicine may be given before surgery, after surgery or sometimes both before and after surgery. Neoadjuvant therapy may help to shrink tumors, help get rid of cancer cells, and to possibly lower the risk tumors will grow back.

- Shrinking the tumor may make it easier to remove during surgery
- It may also increase the chance of being able to get a lumpectomy, or breast-conserving surgery, and less invasive lymph node surgery

How and when will I receive neoadjuvant treatment?



If you can receive neoadjuvant treatment you will be referred to a medical oncologist, a doctor who prescribes cancer medicines. Your doctor will discuss the safety, benefits, risks, and side effects of the treatment with you. They will want to begin neoadjuvant treatment promptly and before you have your breast surgery.

How will my doctors monitor whether the treatment is working against the cancer?



Your doctor may perform breast exams and order imaging tests to see if the tumor is shrinking. You may even be able to feel the tumor shrink over time.

If the cancer does not get smaller or go away during neoadjuvant treatment, what are my options?



Your doctors may recommend that you have surgery sooner. They will consider the tumor's response to the neoadjuvant therapy when choosing your additional treatments.

OTHER ISSUES TO CONSIDER BEFORE STARTING NEOADJUVANT THERAPY

How will neoadjuvant treatment affect the ability to reconstruct my breasts in the future?

In some cases, neoadjuvant therapy may allow people who would need a mastectomy to instead get a lumpectomy. It can also reduce the amount of breast tissue the surgeon needs to remove in a lumpectomy. Mastectomy with breast reconstruction following neoadjuvant therapy is still an option if you need to or choose to have a mastectomy.

How will neoadjuvant treatment affect my future fertility?

If you are interested in having children in the future, speak with your doctors about the possible effects of treatment on your fertility. They may recommend you visit a specialist before you begin neoadjuvant treatment.

More questions about early-stage breast cancer treatment options (cont'd)

NEOADJUVANT TREATMENT AND EARLY-STAGE BREAST CANCER

Am I able to take part in a clinical trial of neoadjuvant treatment?



Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new medicines or new combinations of medicines, new surgical procedures or devices, or new ways to use existing treatments. The goal of clinical trials is to find out if a new test or treatment works and is safe. For more information on clinical trials, speak with your doctor or visit clinicaltrials.gov.

How can I find someone to talk to who has had neoadjuvant treatment?



Consider speaking with your healthcare team about whether they can connect you with someone who has had neoadjuvant therapy. Some organizations have helplines that can match you with another person who shares your experience. These include the LBBC Breast Cancer Helpline at (888) 753-LBBC (5222); SHARE's Helpline at (844) 275-7427; and the ABCD Helpline at (800) 977-4121.

What resources can help me find out whether my insurance will cover the costs?

We encourage you to talk openly with your healthcare team about the costs of your care and ways to find resources for assistance. LBBC.org has links to programs and a Guide to Understanding Financial Concerns, which can direct you to resources that may help you offset treatment costs.

No matter what your stage of breast cancer or treatment plan, managing medical and living expenses may seem overwhelming when you are feeling anxious about your health.