



dedicated to
curing



**BREAST
CANCER**



CANCER CARE
OF WESTERN NEW YORK

When you are diagnosed with breast cancer, you need a team of specialists who will share their knowledge of breast disease and the latest treatments available. At Cancer Care of Western New York, we will work closely with your doctor, your surgeon, and other experienced specialists to develop an overall treatment plan that is best for you. ■

We believe you are the most important member of your breast health team, and have designed our facilities with you and your family in mind. From comfortable surroundings and state-of-the-art diagnostic



equipment to the personal attention of our Patient Advocates, our staff and physicians are dedicated to delivering the highest quality in breast cancer education, treatment and care. ■

About Breast Cancer

Breast cancer is the most common cancer in women. The good news is, many breast cancers can be cured. Cancer Care of Western New York offers advanced radiation treatment techniques that maximize your chance of being cured, while minimizing your risk of possible side effects. Our doctors have successfully treated hundreds of women with breast cancer. Now, we want to help you continue to have a healthy, productive life. ■



HDR

HORMONE
THERAPY

MASTECTOMY

BREAST
CANCER

WHOLE
BREAST
RADIATION

LUMPECTOMY

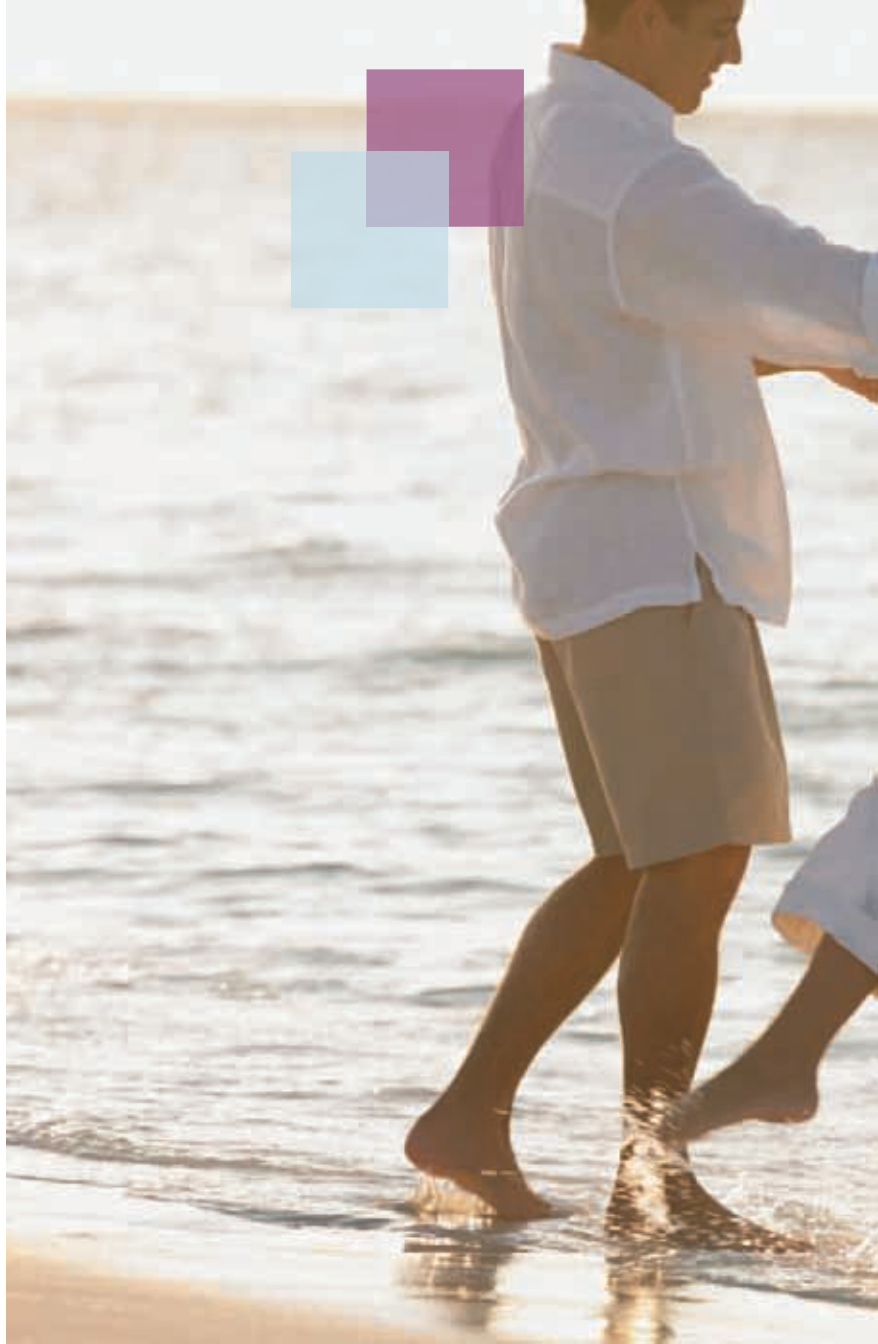
Signs and Symptoms

Most breast cancers are discovered at an early stage. Symptoms include:

- An abnormal mammogram
- A new lump in your breast or underarm
- Nipple discharge
- Pain in the nipple area
- Changes in the appearance of the nipple
- Changes in the skin of the breast, including thickening, swelling, irritation or dimpling

Screening and Diagnosis

Breast cancer is often found through a mammogram, a breast examination by a physician, or a self-breast exam. If your physician thinks you may have breast cancer, you may be sent for ultrasonography, an MRI scan or a breast biopsy, which can offer a definitive diagnosis.





YOUR TREATMENT OPTIONS

Surgery. There are two main surgical techniques for breast cancer—a mastectomy and a lumpectomy. If you have a mastectomy, a surgeon will remove your breast tissue down to the chest wall, including the nipple and area around the nipple. If you have a lumpectomy, the surgeon will only remove the abnormal area of tissue from your breast, along with some of the normal tissue that surrounds it.

Radiation Therapy Treatment. At Cancer Care of Western New York, we are proud to offer the latest radiation treatment techniques, including advanced High-Dose-Rate (HDR) Brachytherapy. Our goal is to deliver a high dose of radiation to the specific area, without harming the surrounding healthy tissues. With state-of-the-art technology, we can maximize the destruction of cancer cells and your potential for a cure, while minimizing your risk of side effects and chance of a recurrence. The first step is to develop a customized radiation treatment plan just for you. This plan will include either whole breast radiation, or partial breast radiation.

- Whole breast radiation—Whole breast radiation involves a machine that directs radiation beams to treat the entire breast, and (in some cases) the nearby lymph node chains. This type of external beam radiation is used for patients who have had a lumpectomy; a similar technique is used for patients who require radiation after a mastectomy, to treat the chest wall and nearby lymph nodes. Whole breast radiation is safe and painless, with limited side effects, which means you can usually keep up your daily activities. You simply come in for approximately 10 minutes each day, Monday through Friday, for a total of five to seven weeks.

- Partial breast radiation—Partial breast radiation may be an option if you plan to have a lumpectomy. The benefit to partial breast radiation is that it may reduce your risk of side effects, and also has a shorter treatment time. If you choose partial breast radiation after your lumpectomy, your surgeon will insert a small device in your breast with a small tube that will extend from the side of your breast. This device is easily removed in our office once your treatment sessions are complete.

During each treatment session, the tube extending from your breast will be attached to a special HDR radiation machine. This machine will put a radioactive “seed” into the device inside your breast for 10 or 15 minutes, then return it to the machine. The treatment is not painful, and you are not radioactive after the treatment.

Partial breast radiation treatments are delivered twice a day, for five days. Typically, there is a four- to six-hour break between the two daily treatments. You are free to leave the office during these breaks, and you should be able to go to work or do whatever you usually do during the day.

Treatment side effects may include a temporary skin reaction, fatigue, a small risk of infection, and a slight change in the size and shape of the breast (due to scar tissue formation).

Chemotherapy. Chemotherapy is treatment with cancer-killing drugs that may be given intravenously (injected into a vein) or by mouth. Usually lasting for a few months, chemotherapy is given in cycles, with each period of treatment followed by a recovery period.

There are several situations when chemotherapy may be recommended as part of your breast cancer treatment. Adjuvant chemotherapy, given to patients after surgery when there is no evidence that the cancer has spread, reduces the risk of breast cancer coming back.

Chemotherapy given before surgery is called neoadjuvant chemotherapy. This treatment can shrink large cancers so they are small enough for your doctor to remove by lumpectomy versus mastectomy.

Possible side effects include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Increase of infections
- Easy bruising or bleeding
- Fatigue

These side effects are usually short-term and go away after treatment is finished.





Continuing Your Care

Perhaps more than any other disease, breast cancer requires a team approach to help ensure the highest quality care. At Cancer Care of Western New York, we partner with leading providers throughout the region to make sure you and your family receive the information, treatment, and follow-up services to give you many productive and healthy years.

Some of the most common services include:

- Mammograms
- Ultrasounds
- Breast biopsies
- Sentinel lymph node biopsies
- Genetic testing and counseling
- Massage
- Physical therapy
- Lymphedema treatment

Mammograms. If you have had surgical or radiation treatment for breast cancer, it is important to continue having mammograms of the affected breast, as well as the opposite breast.

Your surgeon and radiation oncologist will determine when to schedule a follow-up mammogram of the treated breast after radiation treatment is complete. Radiation and chemotherapy both cause changes in the skin and breast tissues, which show up on the mammogram and make it harder to read. Your mammogram at this time establishes a new baseline for the affected breast. Future mammograms will be compared to this one to follow healing and check for recurrence.

If you have had a mastectomy, you should continue mammograms on the unaffected breast each year. This is very important, since women who have had one breast cancer are at higher risk of developing a new cancer of the other breast.

Ultrasounds. Ultrasound, also known as sonography, is a procedure that uses sound waves to outline a part of the body. For this test, a specialist will place a small, microphone-like instrument called a transducer on your skin (which is often first lubricated with ultrasound gel). The transducer emits sound waves and picks up the echoes as they bounce off body tissues, which are then converted by a computer into a black and white image that is displayed on a computer screen. This test is painless, and does not expose you to radiation.

Usually used to target a specific area of concern found on the mammogram, ultrasound helps distinguish between cysts (fluid-filled sacs) and solid masses, and between benign and cancerous tumors.



Breast biopsies. There are two main types of biopsies used to diagnose breast cancer: core needle biopsies and surgical biopsies. Typically, a core needle biopsy is done first. In a core needle biopsy, your doctor uses a thin, hollow needle to remove tissue samples from the suspicious area. A pathologist will look at the biopsy tissues or fluid under a microscope to find out if it is cancer.

If necessary, a surgical biopsy will be done. In this procedure, your surgeon will remove the entire tumor (excisional biopsy) or section of the tumor (incisional biopsy) from the breast. Surgical biopsies are the most accurate biopsy method.

Sentinel lymph node biopsies. A sentinel lymph node biopsy injection is an injection of a blue dye or a radioactive solution near the tumor or near the nipple. The injected material travels to one or two of the lymph nodes under your arm where the cancer is most likely to spread. The surgeon can identify and remove these lymph nodes during the operation and they can be tested while you are still asleep. If cancer cells are found in these sentinel lymph nodes the surgeon can remove other lymph nodes, which might harbor cancer cells maximizing your chance of cure. Depending on your stage of disease your surgeon may remove most of these lymph nodes without doing a sentinel lymph node biopsy.

Genetic testing and counseling. A woman with a significant family history of breast cancer has a higher risk of getting that cancer herself. You have a significant family history if:

- You have two or more close family members who have had breast and/or ovarian cancer, and/or
- The breast cancer in the family members has been found before the age of 50.

Talk with your doctor or specially-trained health counselors about your family history. They can help you determine if you have a significant family history of breast cancer. This information may help you learn about your cancer risk and help you decide if genetic testing is right for you.

If you do decide to get testing, genetic counselors will help you and your family better understand the results, and help make decisions about appropriate prevention or treatment measures.

Massage. To improve your quality of life—and relieve some of the pain and discomfort you may be feeling as a result of your symptoms or treatment—you may want to consider massage in addition to your standard medical treatment. Our partners will introduce you to various types of massage—both during and after your treatment—that will improve your well being and reduce anxiety.

Physical therapy. If you were on bed rest for a significant time during your breast cancer treatment, it is normal for your fitness, endurance, and muscle strength to decline slightly. Physical therapy can help you restore and maintain strength and range of motion in your muscles, particularly your shoulders.

Your physical therapy program can also be designed to prevent lymphedema, which is a side effect seen in some women following surgery.

Lymphedema treatment. Lymphedema, a build-up of lymph fluid in the fatty tissues just under your skin, results in a swelling of the arm on the same side of the body as the affected breast. It is seen most often in women who have dissection of axillary lymph nodes as part of their cancer surgery.

If you are diagnosed with lymphedema, there are treatments to reduce the swelling, keep it from getting worse, and decrease the risk of infection. We partner with expert therapists who will help you with skin care, massage, special bandaging, exercises, and fitting for a compression sleeve.



Breast Cancer Treatment Details

	Inpatient or Outpatient	Length of Treatment	Recovery Time
Lumpectomy Surgery	Outpatient hospital	1 day	1–2 weeks
Mastectomy Surgery	Inpatient hospital	1–2 days in hospital	Several weeks, depending on type
External Beam Radiation/IMRT	Doctor's office (performed at CCWNY)	15 minutes per day for 5–7 weeks	None
HDR Brachytherapy	Doctor's office (performed at CCWNY)	2 hours per day for 1 week	Return to work in 1 week
Chemotherapy	Doctor's office or Outpatient hospital	4–6 months	1–2 weeks
Hormone Therapy (Anti-Estrogen)	Home	5+ years	None

Osteoporosis

After fighting breast cancer, you may be predisposed to osteoporosis, but bone loss is not inevitable. In the aftermath of breast cancer, you should do your best to consume enough calcium and Vitamin D, continue to monitor your bone density and discuss other potential preventive measures, including prescription medication, with your physician. After having made it through breast cancer, you owe it to yourself to take care of your bones and secure your health for the years ahead.



Serving Cancer Patients Throughout Western New York

Many different types of cancers can be treated successfully with state-of-the-art radiation therapy offered at Cancer Care of Western New York. In addition to breast, central nervous system and prostate cancer, we also offer treatment for bladder cancer, cervical cancer, colorectal cancer, gastrointestinal—or GI—cancer, head and neck cancer, lung cancer, lymphomas—including Hodgkin's and non-Hodgkin's—metastatic cancers that have spread to other parts of your body, ovarian cancer, sarcomas—cancer in bones, muscles and other connective tissue—skin cancer, testicular cancer and thyroid cancer.

About Cancer Care of Western New York

DEDICATED TO PROVIDING THE BEST CANCER CARE.

At Cancer Care of Western New York, we are dedicated to offering state-of-the-art technology that can increase cure rates and minimize side effects. For example, we were among the first to offer RapidArc intensity modulated radiation therapy, and we continue to provide advanced treatment options such as High-Dose-Rate (HDR) Brachytherapy. We believe this commitment to technology, coupled with our highly skilled and compassionate team of professionals, makes a measurable difference in the quality of care we provide.

For patients with kidney stones, urinary incontinence, and other urological issues—including prostate cancer and elevated PSA for men—we work side-by-side with our partners at Western New York Urology Associates. These specialists treat all urological conditions in men, women and children.

RADIATION
THERAPY

PARTIAL
BREAST
RADIATION

SURGERY

HDR

CHEMOTHERAPY



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