

Newly diagnosed with breast cancer: what to do

Dr Cattleya Gaspar explains how to understand your breast cancer type, how it may be managed – bringing you that much needed peace of mind when newly diagnosed.



Breast cancer is one of the most common types of cancer worldwide. It can affect women of all ages and races. In South Africa, the lifetime risk of developing breast cancer is 1 in 27.¹ Even men can develop breast cancer, albeit low, it was noted that 1% of all breast cancers are found in men.²

Being diagnosed with breast cancer is an overwhelming experience. It takes some time to process the news and you may feel as if you have an endless number of questions. This brings about a whole lot of uncertainty and anxiety.

Every person may deal with their diagnosis differently but gathering the correct information prior to starting treatment will ensure that you choose the most appropriate treatment plan.

PATHOLOGY AND STAGING

Pathology

The majority of breast cancers develop within the *ducts* or within the *lobules* of the breast and can either be *invasive* or *non-invasive*.

Invasive cancers are aggressive and have the potential to infiltrate into the surrounding breast tissue, lymph nodes, and can spread to other organs, such as the liver, lungs, and bone.

About 15% of breast cancers diagnosed are non-invasive. *Non-invasive breast cancer*, also known as ductal carcinoma in situ (DCIS), can eventually transform into an invasive cancer, if left untreated.

Depending on their behaviour, breast cancers may either be *hormone (oestrogen and/or progesterone) sensitive* or *hormone negative/triple-negative*. Some breast cancer cells have a higher level of a protein called, *human epidermal growth factor receptor 2 (HER2)*. This protein promotes further growth of cancer cells.

It's also important to know the *grade* of the breast cancer as well as how *fast* the breast cancer cells are growing. A low-grade number (grade 1 or well differentiated) usually means the cancer is slower growing. A high-grade number (grade 3 or poorly differentiated) means a faster-growing cancer.

The *rate* at which your cancer cells grow (proliferate) can be described as a *Ki-67* percentage. A low Ki-67 (between 2–5%) signifies a low proliferation rate. A Ki-67 of over 30% signifies a high proliferation rate. Tumour cells with higher proliferation rates tend to grow faster and may spread to other areas at a faster rate.

Following your mammogram and ultrasound-guided breast biopsy, a specialist pathologist will analyse your breast cancer cells under the microscope. The pathologist will then be able to describe the important characteristics mentioned above, in order for your oncologist to establish the most appropriate treatment plan for you.

Staging

Once you have been diagnosed, your oncologist will send you for *staging investigations*.

Once the disease has been staged, you will know *where* the disease burden lies. This will also influence your treatment plan. Disease can be found locally within the breast tissue and/or lymph nodes within your axilla (underarm) or it can be found in organs outside of the breast.

In broad terms, Stage 1 describes a localised cancer whereas Stage 4 disease would indicate that the cancer cells have moved beyond the breast and into other organs.

STAGING INVESTIGATIONS

Following a physical examination, your oncologist will send you for the following tests:

Blood tests

Each blood test requested will give your oncologist an idea of how the cancer has affected the various metabolic processes or

organs of your body. The bloodwork will also give your oncologist an idea of your baseline function and if you would be fit for chemotherapy, should that be a treatment option.

The most common blood tests ordered include:

- Full blood count to check your haemoglobin, white blood cells, and platelets
- Kidney function and electrolytes
- Liver function tests
- Calcium, magnesium and phosphate levels
- Tumour markers (CA 15-3)

Scans

A *CT scan* is a type of scan that uses X-ray techniques to create detailed images of the organs in your body. A CT scan with contrast of your head, neck, chest, abdomen, and pelvis will be performed. This scan will work through each system of your body to visualise the cancer and where it has spread to.

A *bone scan* (bone scintigraphy) can also be performed. It's a nuclear medicine imaging technique of the bone. It can indicate if the cancer cell has spread to the bones.

An *echocardiogram* is used to look at the heart, its function as well as the surrounding blood vessels. Should you require chemotherapy or targeted therapy, your oncologist will send you for a baseline echocardiogram and will repeat it during and after your chemotherapy has been completed.

An *MRI scan* uses magnetic fields and radio waves to create detailed images of each organ investigated. It's not routinely used when staging a patient with breast cancer, unless the oncologist would need to review a specific organ system for treatment planning.

A *PET/CT scan* is another nuclear medicine imaging that can establish in which organs cancer cells are found. It too is not routinely used unless specifically indicated by an oncologist.

THE WAY FORWARD

Once your breast cancer has been reviewed and staged, your case should be discussed by a *multi-disciplinary team (MDT)* where a combination of healthcare professionals, including your

oncologist and surgeon, as well as a radiologist and pathologist to name a few, come together to plan and co-ordinate your tailored management plan.

In general, the plan will depend on the pathology and staging of the breast cancer. Treatment options vary but broadly consist of surgery, systemic therapy (chemotherapy, hormonal-, targeted therapy or immunotherapy), and radiotherapy.

Other important role players in your management include a psychologist, social worker, oncology nurse, your general practitioner, dietitian, physiotherapist, orthotist prosthetist, occupational therapist, and if you haven't yet completed your family, a fertility specialist.

Being diagnosed with breast cancer can bring about anxiety and fear of the unknown. The correct mindset will go a long way. Bring about peace of mind by getting to know the breast cancer you have and how it's going to be managed. Ask as many questions as you feel needed and take one day at a time. You've got this.💪

To view reference, visit buddiesforlife.co.za



Meet the expert

Dr Cattleya Gaspar is a radiation oncologist and practices at the Groenkloof Radiation Oncology and Muelmed Radiation Oncology Centres. Her special areas of interest include gynaecological-, gastro-intestinal-, genito-urinary- and breast cancers.

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