

BREAST CANCER PATIENT GUIDE

WHAT YOU NEED TO KNOW



Supported by a team of experts using the latest cancer treatment options and breast cancer nurse navigators to help guide you every step of the way. We call it world-class cancer care; you call it hope and healing.



Saint Alphonus
A Member of Trinity Health

| PATIENT BREAST CANCER GUIDE

To our valued patient,

Thank you for trusting your care to Saint Alphonsus. You are a vital part of a team of physicians and caregivers who are here to help manage your care. As you begin your cancer journey, we want you to feel confident that our extremely dedicated team members are here for you and your family.

Our cancer program is an American College of Surgeons Commission on Cancer (CoC) accredited program. That means you have access to quality care close to home. Accreditation by the CoC means you receive comprehensive, patient-centered care through a multidisciplinary team-approach. You will have access to information on clinical trials and new treatment options, ongoing monitoring of care and lifelong patient follow-up, psychosocial support and survivorship care. Our program is focused on the full continuum of cancer - from prevention to survivorship and end-of-life care - while addressing both survival and quality of life.

We also have a breast cancer tumor board that meets weekly. This multidisciplinary team approach ensures that all specialty areas are involved in the treatment plan. The board includes radiologists, pathologists, surgeons, medical oncologists, radiation oncologists, nurse navigators, genetic counselors, clinical trial staff, and primary care physicians.

We believe patients do best when they are educated about their diagnosis and treatment process. That is why we encourage you to learn all you can, ask questions, and be involved as much as possible in decisions that affect your care.

Saint Alphonsus offers oncology nurse navigator services. Your nurse navigator can help you and your family find and make use of the various resources and treatment services available to receive the best care possible. Your navigator can provide you with education to help you understand your diagnosis and treatment plan, assist in scheduling appointments, and make connections to supportive services such as social work and nutrition. Navigators can be especially helpful to those who may not have the advantage of a strong family or community support system.

This book has been prepared by your nurse navigators to help guide you through your journey. Use this book in whatever way works best for you, from reading sections that pertain to your diagnosis, to making notes in the margin. We also encourage you to share the notebook with your family and friends, so they have a better sense of how to support you at home. Keep in mind it's okay to ask loved ones for help at this time; their support will assist you and they will appreciate being involved in your care.

Please feel free to contact anyone on your care team with feedback about our program. Our goal is to do whatever we can to make this journey easier for you.

Sincerely,

Your Nurse Navigator Team



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INTRODUCTION

Partnering With You on Your Journey

Together, you and your healthcare team will choose the best treatments for you and your needs. This will depend on the stage of the cancer and how fast it is growing. Your age, overall health, and personal wishes are also factors. Work closely with your team to understand all your options.

Treatments used most often for breast cancer include:

- **Surgery**, to remove cancer from part of the breast (lumpectomy) or the entire breast (mastectomy).
- **Radiation therapy**, which uses high-energy x-rays to kill cancer cells.
- **Chemotherapy**, which uses medications to kill cancer cells.
- **Hormonal therapy**, which uses medications to keep cancer cells from getting the hormones they need to grow.

The main goal of treatment is to remove as much of the cancer as possible. For this reason, surgery is usually recommended. If there is a concern that the cancer remains or will spread or return, other treatments such as radiation, chemotherapy, or hormonal therapy may also be recommended. Treatments done before surgery are called neoadjuvant therapy. Those done after surgery are called adjuvant therapy.

Be informed and involved in your care

Your healthcare team will make recommendations based on what they know about your cancer, but your preferences also matter. Be honest about your wishes and concerns. For instance, is keeping your breast important to you? Are you worried about specific risks or side effects? These are just some things you may need to consider when deciding about treatment.

Be sure to ask questions and review your options carefully. Include family and friends in these discussions if you think it will help. Also, keep in mind that you can talk with other doctors and get their opinions about treatment options, if needed.



INTRODUCTION

Understanding the Illness



A cancer diagnosis is often overwhelming and stressful. You may not remember or understand everything. This is normal. If you don't understand something, ask for clarification until you do. Health information and medical terms can be confusing – even to professionals. The following tips may help you better understand what is going on.

- Restate information or instructions in your own words:
“So, I need to have blood tests at the inpatient lab – not at the outpatient lab. Is that right?”
- Each patient and physician thinks differently – some focus on details, others on main points. Tell your doctor what and how much you want to know, and how you want the information.
- Keep a list of questions or concerns between appointments. Ask the most important questions first. Take and reread notes – even if written information is given to you.
- Bring a family member or friend to your appointments. He/she may remember important information – especially if you are nervous or not feeling well. Another person may think of good questions to ask and can remind you of “Do’s” and “Don’t s” while you are at home.
- Ask your health care team about related educational programs or materials (classes, pamphlets, books, etc.).
- Speak with members of your health care team (nurse navigator, social worker, counselor, pharmacist, dietitian, etc.) and ask for their view or clarification.

INTRODUCTION

The Impact of a Cancer Diagnosis

When you are told you have cancer, the diagnosis affects not only you but also your family and friends. You feel uncertain about what changes will take place in your life and in theirs. You may feel numb or confused. You may have difficulty listening to, understanding or remembering what people tell you during this time. This is especially true when your doctor first says you have cancer. It is common for people to shut down once they hear the word “cancer.”

Saint Alphonsus encourages all patients to bring a family member or friend to their appointments to help with this confusion. When you find out you have cancer, your personal beliefs and experiences help determine what the diagnosis means to you. As you face your own mortality and cope with the many demands of cancer, you may examine your religious beliefs, personal and family values and priorities in life.

All of these emotions and concerns can be discussed with one of our oncology social workers. Our social workers and nurse navigators have experience with oncology patients and are familiar with your questions and concerns. We are here to help.



Feelings Associated With Cancer

After a cancer diagnosis, you may feel shock, disbelief, fear, anxiety, guilt, sadness, grief, depression and anger. Each person may experience some or all these feelings, and each will handle them differently.

- **Shock:** Shock may be your first emotion because no one is ever prepared to hear they have cancer. It is not unusual for people with cancer to wonder why it happened to them or to think life has treated them unfairly. You may doubt the accuracy of the diagnosis, especially if you do not feel sick.

INTRODUCTION

Feelings Associated with Cancer *(cont'd)*

- **Anxiety:** Anxiety is a feeling of uneasiness that often overcomes you when you are going through a stressful time. It can be a feeling you have for a short period of time, but often goes away as you get used to what caused it. Anxiety includes feelings of worry, nervousness, irritability, tightness in the chest, rapid heartbeat, dizziness, restlessness or wanting to be alone.
- **Fear:** You may be fearful or anxious. While some people fear cancer itself, others may be afraid of cancer treatments and wonder how they will get through them. Fear of pain and suffering is one of the greatest fears many people with cancer and their families have.
- **Guilt:** You may feel guilty. You might ask yourself what symptoms could have been noticed earlier or wonder what behavior or action could have caused your cancer. You might question your environment at home or at work. Or you might worry other members of your family will also get cancer.
- **Sadness:** You may feel hopeless or sad if you see cancer as a roadblock to a life full of health and happiness. It is difficult to feel optimistic, especially if the outlook for the future is uncertain. Even thinking about treatment and the time it will take out of your life can be daunting. Feelings of sadness or uncertainty can be compounded by your experiences with cancer.
- **Grief:** You may experience a sense of loss linked to your cancer diagnosis and treatment. Cancer can change your sense of self, that is, how you think of your body, yourself and your future. Grief is a normal response as you give up your old ideas of yourself and begin to develop new ways to cope with your changing circumstances.

It may take time for you to recognize these losses and changes.

- **Anger or Frustration:** You might feel angry. While some people may not outwardly express their anger and frustration, others may unintentionally direct their anger toward family members, friends or health care professionals. If you are only trying to vent your feelings, let people know you know it is not their fault and you do not expect them to have solutions to your problems. Frustration may also exist. This may be because you have trouble remembering or concentrating.
- **Inability to Concentrate:** It is normal for someone who has been diagnosed with cancer to have a difficult time concentrating. You may feel numb or confused and have a difficult time listening, understanding or remembering what people tell you.

It is common to shut down and only think about the negative.

This can also be true of loved ones who are concerned about you. It can help if you share your feelings with someone close to you. If you feel uncomfortable sharing your feelings with a family member or friend, you might prefer to meet with a mental health professional, clergy member, cancer support group or an online chat group. Just as it is important to attend to pain in your body, painful feelings are also worthy of care.

- **Depression:** Everyone has days where they feel depressed. This is not the same as having depression. Depression is a medical disorder (like diabetes or high blood pressure) that affects your thoughts, feelings, physical health

INTRODUCTION

Feelings Associated with Cancer *(cont'd)*

and actions day after day. It can be a general feeling of sadness or a very worrisome feeling. Depression can be caused by life stress, certain medicines or medical conditions, drugs or alcohol. People with a family history of depression are more likely to become depressed.

Symptoms of depression include a combination of at least five of the following, lasting at least two weeks: Feeling blue or down, feelings of sadness, loss of interest in things you used to enjoy, feeling slowed down or restless and unable to sit still, feeling worthless or guilty, increase or decrease in appetite or weight, loss of energy or feeling tired all of the time, problems concentrating, thinking, remembering or making decisions, thoughts of death or suicide, trouble sleeping or sleeping too much.

If you feel sad all the time, have trouble sleeping or thoughts of suicide, these are signs professional help is needed. Other symptoms that may require treatment include feelings of panic, intense anxiety or constant crying. If you think you might need professional help, talk with your doctor, social worker or nurse navigator immediately.

Advocate For Yourself

It is easier to face the reality of a new or scary situation if you learn as much as you can about it. There is a great fear of the unknown and knowledge can help lessen the fear of the unknown. There is much to learn about each type of cancer and its treatment, possibility for recovery and rehabilitation.



Be your own advocate. Although people facing cancer cannot change their diagnosis, they can seek reliable and up-to-date information and talk to family members, friends and their health care team. Actively identifying sources of support can help people with cancer take control of their situation and make informed decisions.

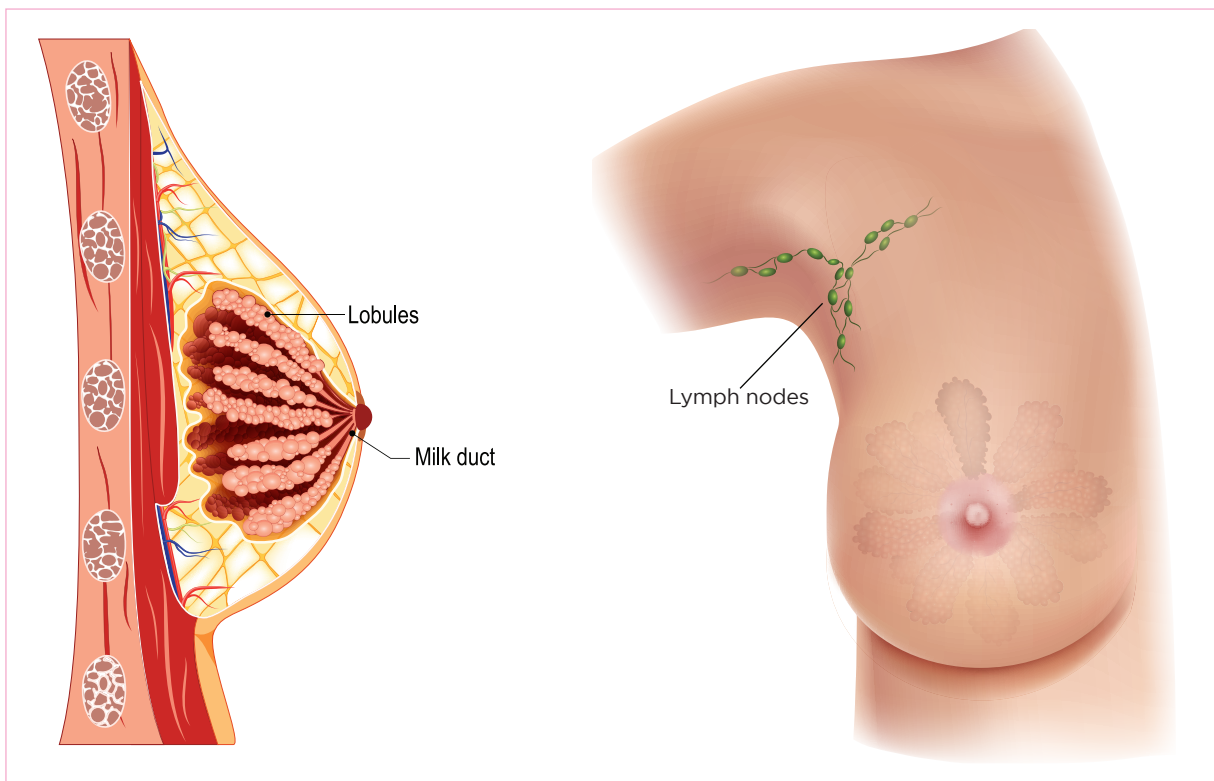
It is important to work through your feelings about cancer, because how you feel can change how you look at yourself, how you view life and what decisions you make about treatment. You will not be able to change everything in your life. Focus on what you can change in order to gain a greater sense of control over your situation.

DIAGNOSIS

DCIS and Invasive Breast Cancer

When you have breast cancer:

Your entire body is made up of tiny cells. Normal cells reproduce (divide) in a controlled way. With breast cancer, the cells may divide quickly and form a mass (tumor). They may also spread to other parts of the body.



Ductal Carcinoma in Situ

Ductal Carcinoma in Situ or DCIS refers to the proliferation of breast cells that have the potential to become invasive or malignant over time. The cells are confined to the inside of ducts of the breast. By definition, DCIS does not spread outside breast tissue. However, DCIS may develop over time into invasive cancers if not treated.

Invasive Carcinoma

The majority of breast cancers are referred to as invasive breast cancers because they have grown or "invaded" beyond the ducts or lobules of the breast into the surrounding breast tissue. Several varieties of invasive breast cancers are possible. Over time or at a certain size, an invasive cancer can spread to the lymph nodes under the armpit and then elsewhere in the body.

DIAGNOSIS

Breast Cancer Stages

Stage 0

Ductal carcinoma in situ (DCIS) is where abnormal cells have been found in the lining of the breast milk duct. In Stage 0, the atypical cells have not spread outside of the ducts or lobules into the surrounding breast tissue.

Stage I and II

Women with stage I or II breast cancer are said to have early-stage localized breast cancer. Stage I breast cancer refers to a tumor less than 2 cm (0.8 inches) in size and are node negative.

Stage II tumors have spread to the axillary lymph nodes and/or are larger than 2 cm but smaller than 5 cm (about 2 inches).

Stage III

Women with stage III tumors are referred to as having locally advanced breast cancer. These consist of large breast tumors (greater than 5 cm, or about 2 inches), those with extensive axillary nodal involvement (more than 10 lymph nodes with cancer), nodal involvement of both axillary and internal mammary nodes (behind the ribs of the breast with cancer) at diagnosis, or lymph node involvement of the soft tissues above or below the collarbone (termed the supraclavicular and infraclavicular lymph nodes, respectively).

A tumor is also designated as stage III if it extends to underlying muscles of the chest wall or the overlying skin. Inflammatory breast cancer, a rapidly growing form of cancer that makes the breast appear red and swollen, is at least stage III, even if it is small and does not involve lymph nodes.

Stage IV

Stage IV breast cancer refers to tumors that have metastasized to areas outside the breast and lymph nodes such as the bones, lungs, liver, or other organs. The primary tumor may be any size, and there may be any number of affected lymph nodes. This is referred to as metastatic breast cancer.

DIAGNOSIS

Pathology

Breast Cancer Receptors:

There are 3 proteins that a breast cancer can make. If your cancer makes any of these proteins it can indicate that you may be a candidate for certain targeted medications.

- **Hormone receptors**

Approximately 75% of breast cancers require the female hormones estrogen to grow. Hormone dependent breast cancer cells produce proteins called hormone receptors, which can be estrogen receptors (ER) and progesterone receptors (PR).

Medications such as tamoxifen and aromatase inhibitors are used to target these proteins to keep the cancer from recurring in the breast and elsewhere in the body. They are hormone blocking medications usually recommended to take daily for 5 years.

- **HER2**

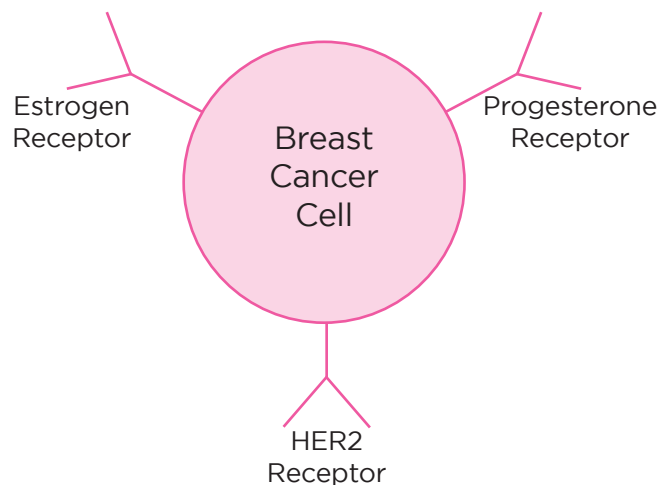
HER2 is a protein that is present in about 15 to 20 percent of invasive breast cancers. The presence of HER2 in the breast cancer identifies women who might benefit from treatments directed at HER2 protein, such as Herceptin which is usually given in combination with chemotherapy.

- **ER/PR Positive HER2 Negative:**

Depending on the size of the cancer and lymph node status after surgery, your doctor may recommend Oncotype DX testing which is done after surgery.

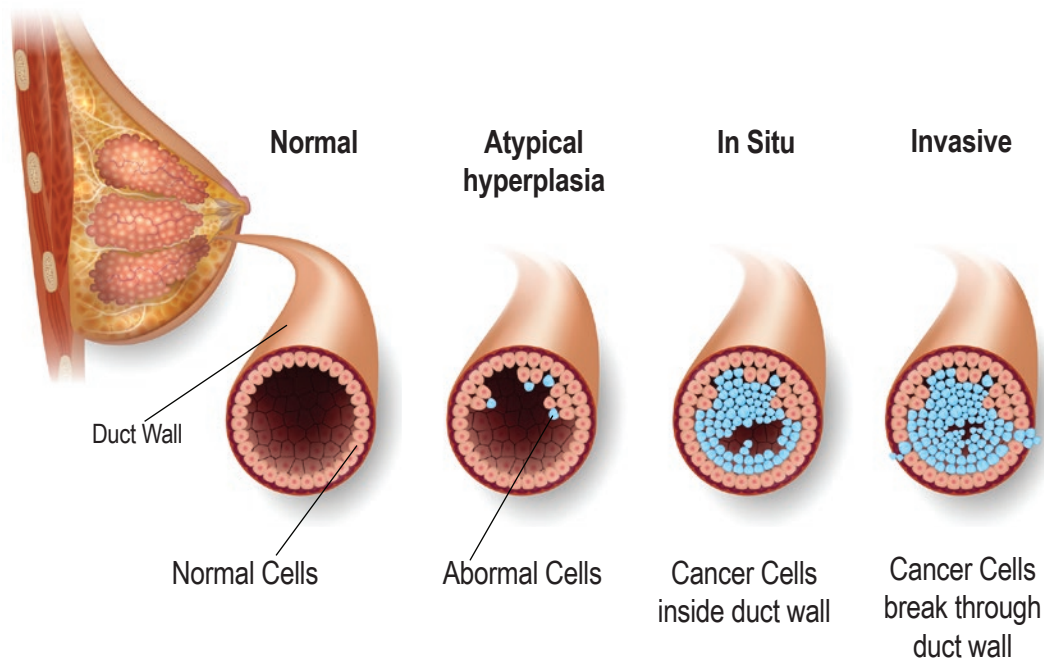
- **If HER2 Positive:**

May need to consult with medical oncology for consideration of neoadjuvant chemotherapy (that is chemotherapy that is done before surgery).



DIAGNOSIS

Pathology



Grade:

A tumor's grade describes how aggressively it grows, although this cannot be translated into a timeframe such as a month, a year, etc. Tumors are graded on a scale of 1 to 3, where 1 is the slowest and 3 is the fastest growing type of tumor.

Grade	Description
Grade 1 (Lowest)	Well-differentiated breast cells; cells generally appear normal and are not growing rapidly.
Grade 2	Moderately-differentiated breast cells; have characteristics between Grade 1 and Grade 3 tumors.
Grade 3 (Highest)	Poorly differentiated breast cells; cells do not appear normal and tend to grow and spread more aggressively.

Ki-67:

Ki-67 is a protein that increases as cells prepare to divide into new cells. A staining process can measure the percentage of tumor cells that are positive for Ki-67. The more positive cells there are, the more quickly they are dividing and forming new cells.

In breast cancer, a result of less than 10% is considered low, 10-20% is intermediate/ borderline, and more than 20% is considered high.

The Ki-67 test result is only one piece of the puzzle that your healthcare provider will use to determine your cancer prognosis.

DIAGNOSIS

Oncotype / DCIS Testing

Oncotype DX:

Your doctor may order an Oncotype DX as part of your treatment after surgery. Along with the information in your pathology report and other factors, your Oncotype DX test results can help you and your doctor determine whether chemotherapy is indicated for you based on the biology of your individual cancer.

Oncotype Dx diagnostic test is a unique diagnostic test for early-stage ER/PR positive, HER2 negative breast cancer. It measures a group of cancer related genes in your breast tumor tissue. The test gives you a recurrence score result which provides information regarding the chances of your breast cancer returning and the likelihood that chemotherapy will or will not help you.

- **If the Oncotype DX score comes back low**, then likely hormone therapy alone will be prescribed, and no chemotherapy will be needed. Hormone therapy (Aromatase Inhibitor or Tamoxifen) is prescribed by a medical oncologist and is typically recommended as a daily medication for 5 years.
- **If the Oncotype DX score comes back high**, your medical oncologist will advise if chemotherapy followed by hormone therapy is being recommended for you.



DCIS Score:

The Oncotype DX breast DCIS score is a unique diagnostic test that measures a group of cancer-related genes in your DCIS tumor. The test gives you a DCIS score result, which provides you information regarding the chance that the cancer may come back in the same breast.

You may be a candidate for the DCIS score if you have been recently diagnosed with DCIS and are making treatment decisions with your doctor.

DIAGNOSTIC IMAGING



DIAGNOSTIC IMAGING

Breast MRI

Many kinds of tests are used to help diagnose breast cancer. You had imaging tests first, such as mammography. This was followed by a breast biopsy. The biopsy showed changes in your breast tissue that indicated cancer. To evaluate the extent of disease and to formulate a plan of care, your doctor may order additional imaging after being diagnosed. These tests may include:

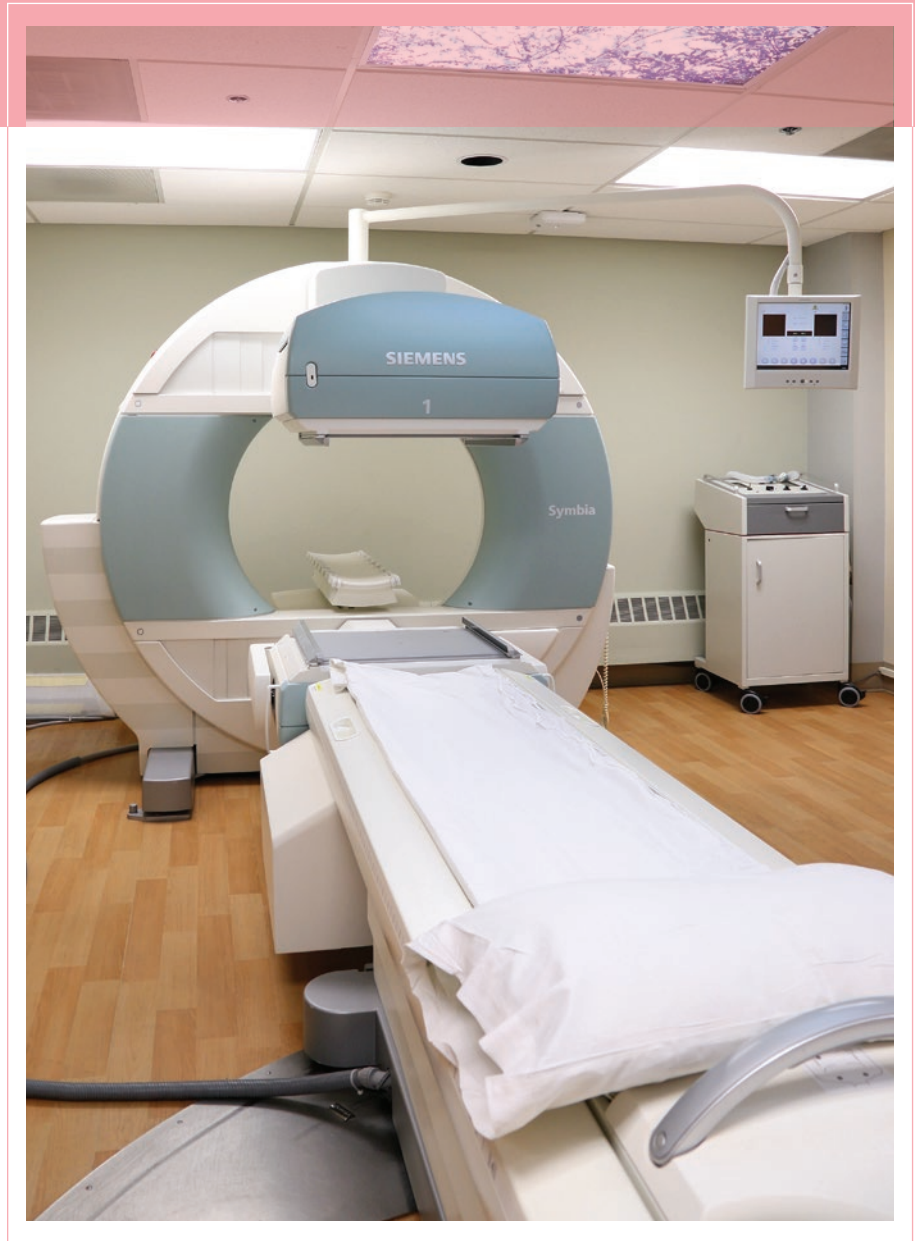
Breast MRI:

MRI offers valuable information about many breast conditions that cannot be obtained by other imaging modalities, such as mammography or ultrasound. A MRI can be utilized to determine the extent of cancer after a new diagnosis, evaluate hard to assess abnormalities seen on a previous mammogram, and following certain chemotherapy treatments. This exam does not use any ionizing radiation but does involve the use of a “high field” magnet and radio frequency.

- If you are claustrophobic or experience pain when lying on your front for up to 30 minutes, your referring physician may prescribe a relaxant or pain medication to help you through the exam. Unless you are told otherwise take all additional medications as usual. Leave your jewelry and valuables at home. You will be asked to wear a gown and scrub bottoms during the exam.
- People with various implants, body piercings or with metal in their bodies may have difficulty with an MRI. The imaging team needs to be informed of any of these potential problems.
- You will be asked questions that verify the MRI contrast (gadolinium) is safe for you. If you have a history of kidney disease, they may require a blood test to ensure that you can safely be given gadolinium. An IV will be started in the event contrast will be utilized. You will get a thorough explanation of the procedure and an opportunity to ask questions before you are asked to sign a consent for the exam.
- The MRI machine consists of a large cylinder-shaped tube with a moveable table that slides into the center of the machine. You will be asked to lie face down on the scanning table with your breast in a special device known as a coil. The coil is used to improve image quality and is designed for optimal patient comfort. You will rest your forehead on a headrest and your arms will rest above your head. The scanning table will slide your whole body in the magnet. Breast imaging is sensitive to motion and even the slightest movement can cause inaccurate findings. It is especially important that you make yourself comfortable and lay motionless until the exam is complete. During the scan you will not feel anything but will hear intermittent humming, thumping, clicking, and knocking sounds. Headphones will be provided to help mask the noise and to allow you to listen to music. When the contrast agent, gadolinium, is injected into the vein in the arm it may cause a cool sensation. The technologist is always able to see and hear you during the exam. The MRI takes approximately 20-30 minutes.

DIAGNOSTIC IMAGING

Computed Tomography



Computed Tomography (CT)

A CT scan is a painless test that uses x-rays and a computer to give very detailed information about the internal organs. A CT scan uses a donut-shaped scanner to take a series of x-rays from many different angles around your body. These images are seen on the computer screen and are also recorded as a picture that can be studied later.

A CT scan is often done using a contrast dye. The contrast, which is given through an intravenous

line (IV), can help provide a clearer, more detailed picture that shows even slight changes in the tissues of the body.

A CT scan of the abdomen may require an oral contrast that must be taken prior to the test. Your physician or the radiology department will provide this for you and give instructions prior to the test.

DIAGNOSTIC IMAGING

Nuclear Medicine & Positron Emission Tomography

Nuclear Medicine Bone Scan

A bone scan is a painless test used to study all of the bones in the body. It is used to find early bone disease or follow the progress of bone healing. In a bone scan, a radioactive tracer is injected into a vein in the arm. The tracer then travels through the body and settles in the bones. Scanning equipment records the tracer as it outlines your bones and creates a permanent picture of those findings. The bone scan itself takes about thirty minutes, but the tracer must be injected about three hours prior to the scan. It is necessary to allow at least three hours to complete the test.



Positron Emission Tomography Scan (PET Scan)

A positron emission tomography (PET) scan is an effective way to help identify a variety of conditions including cancer. It can be useful in revealing whether your cancer has spread. The PET scan uses a radioactive drug (tracer) to show both normal and abnormal metabolic activity. The tracer is most often injected into a vein within your hand or arm. The tracer will then collect into areas of your body that have higher levels of metabolic or biochemical activity, which often pinpoints the location of the disease. Cancer cells show up as bright spots on PET scans because they have a higher metabolic rate than normal cells. The PET images are typically combined with CT and are called PET-CT scans.



The PET scanner is a large machine that looks like a giant doughnut standing upright. From start to finish, the procedure takes about two hours to complete. When you arrive for your scan you may be asked to change into a hospital gown and empty your bladder. During the scan you will lie on a narrow padded table that slides into the part of the scanner that looks like a doughnut hole. During the scan you must be very still so that the images are not blurred. It takes about 30 minutes to complete a PET-CT scan. The machine makes buzzing and clicking sounds. You will get a phone call from the PET dept to schedule this exam if it is being ordered by your doctor and they will give you important instructions prior to the exam.

SURGERY



Follow your doctor's instructions after surgery . . .

Rest, Relax, Recuperate

SURGERY

Lumpectomy

Breast Surgery

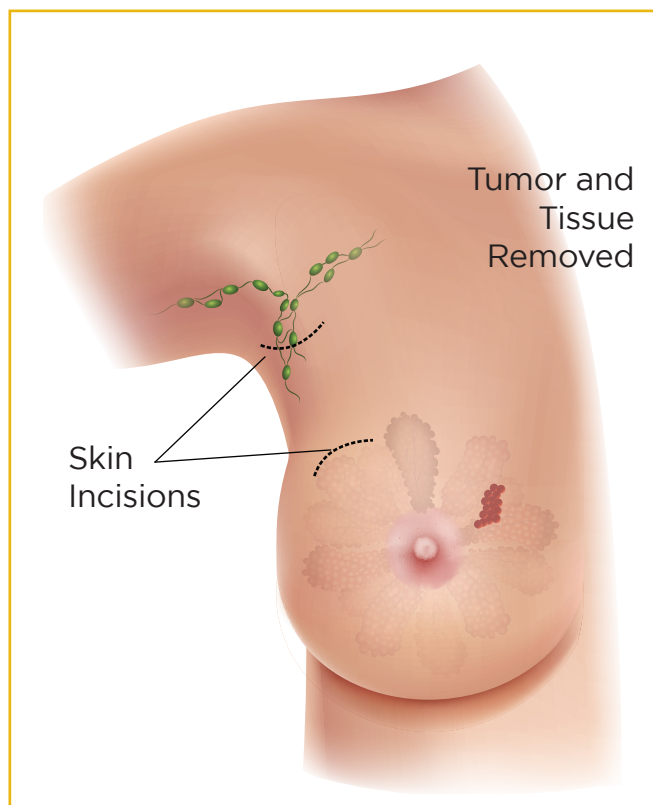
Surgery for breast cancer has two parts to the operation - removing the tumor and removing axillary lymph nodes to complete the staging for your tumor.

Lumpectomy is surgery to remove the cancerous tumor. It is a type of breast-conservation surgery. This means only the tumor and some surrounding healthy tissue (margins) are removed. The rest of the breast is left intact.

After healing from a lumpectomy surgery is complete, most women have radiation therapy.

Localization procedures with lumpectomy:

When a breast cancer is removed with a lumpectomy, sometimes a procedure needs to be done before surgery to localize the tumor if it is too small to feel. The two options are a Magseed or a wire localization.



SURGERY

Magseed Procedure



Magseed Procedure:

What is Magseed? The Magseed is a marker made of sterile surgical grade steel and is about the size of a grain of rice. It is inserted using ultrasound or mammogram guidance days to weeks before surgery into the breast cancer/DCIS to help guide the breast surgeons during your breast surgery. During your surgery the surgeon will use a handheld probe (the probe works like a metal detector) to find the location of the Magseed in the breast. The surgeon can then plan the incision and operation accurately. The Magseed is not radioactive and is removed during surgery.

During your Magseed Placement Procedure

- A technologist will first take preliminary images of the area while you are either lying on a table or in an upright position.
- The Magseed is inserted under ultrasound or mammogram guidance by a radiologist with assistance from technologist.
- A small nick is made in the skin and a hollow needle is inserted. Ultrasound or mammogram are used to guide the needle to the exact location. A plunger on the end of the needle pushes the marker into the correct area. The needle is then removed and firm pressure applied to the area to reduce bruising.
- A mammogram is then taken to check the position of the marker.

SURGERY

Wire Localization

Wire Localization Procedure

A wire localization of the breast is a procedure performed with ultrasound or mammogram that marks breast abnormalities that cannot be felt, but are visible on a mammogram or ultrasound, prior to surgical biopsy.

A radiologist performs the localization with the assistance of a mammography or ultrasound technologist. This will assist your surgeon in removing the breast tissue that contains the abnormality.

During Your Procedure

- A technologist will first take preliminary images of the area while you are either lying on a table or in an upright position.
- The radiologist will then anesthetize (numb up) your tissues and insert a localizing needle.
- Images are taken to show the needle's position in relationship to the abnormality. The needle may need to be repositioned.
- A thin wire is then inserted through the needle and the needle is withdrawn, leaving the wire in your breast.
- The wire is taped to your skin. You may feel the wire in your breast, but generally it is not painful.
- After the needle localization has been completed, you will be sent to surgery.
- The surgeon will use the wire, as a guide, to find the abnormal area in your breast.

After Your Procedure

- The Breast Care Center staff will transport you to the surgery center



SURGERY

During Surgery • After Surgery • At Home

Radiation following lumpectomy:

- **Whole breast radiation** is 5 days a week for approximately 3-7 weeks.
- **Partial breast radiation** is twice a day for 5 days.
- **Side effects:**
Most common side effects of radiation are fatigue and skin changes such as suntan or sunburn appearance.

See separate section on radiation for more detail.

During surgery:

An IV (intravenous line) will be placed in your arm or hand to deliver fluids and medications. To prevent pain during surgery, you will be given anesthesia. Depending on the type used, you may be drowsy or in a deep sleep.

An incision is made in the breast to remove the tumor and some of the normal tissue around it. One or more underarm lymph nodes may also be removed. This often requires a separate incision.

Right after surgery:

You will wake up in the room. A dressing will cover your incisions. You may also have a drain (thin tube with a bulb attached) to help collect excess fluid near the surgical site. Pain medications will be given as needed. A nurse will check your temperature, pulse, and blood pressure. You should be up and walking soon after surgery. You will likely go home the same day.

At home:

You may have some bruising and swelling for a few days. Pain medications will be prescribed. Ice packs can help ease minor soreness, bruising, and swelling. Be sure to care for your incisions (and drain, if you have one) as directed. Also, follow your doctor's advice about bathing, raising your arms, lifting objects, and exercising.

Expect to take it easy for 1-2 weeks following lumpectomy surgery.

SURGERY

Mastectomy

Mastectomy

Mastectomy is surgery to remove the entire breast. During a mastectomy, an incision is made in the skin around the nipple area. The size, shape, and location of the incision may vary. The entire breast is removed. The chest muscle is never removed. Some women may have breast reconstruction done at the time of the mastectomy. Other women opt to not do reconstruction and have a flat chest.

- **Radiation following mastectomy:**

Radiation may be recommended if the tumor is greater than 5 cm or when lymph nodes are involved (sometimes when 1-3 lymph nodes are involved and when greater than 4 lymph nodes are involved).

If a woman is a candidate for reconstruction at the time of mastectomy (immediate reconstruction) there are two variations of the mastectomy that are done to preserve skin for the reconstruction.

Nipple-sparing Mastectomy:

In a nipple-sparing mastectomy, the surgeon removes all the breast tissue, but leaves behind all of the skin. It is also termed a total skin sparing mastectomy. For you to have this operation, your cancer must not be in the nipple or tissue just underneath the nipple.

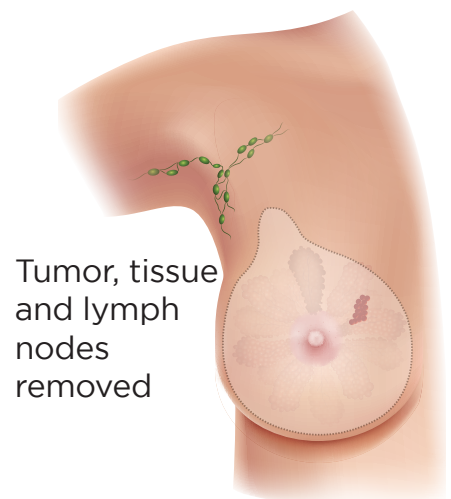
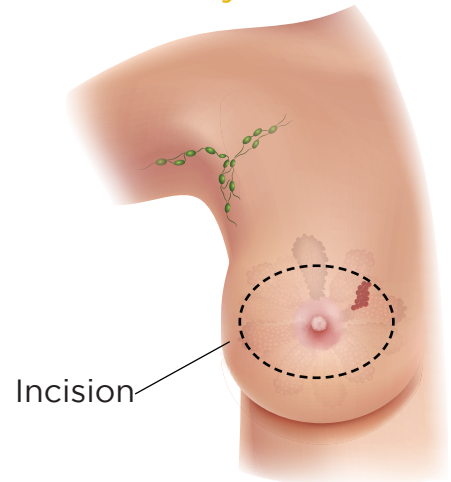
The size and shape of your breast is also taken into consideration when this type of mastectomy is considered.

Skin-sparing Mastectomy:

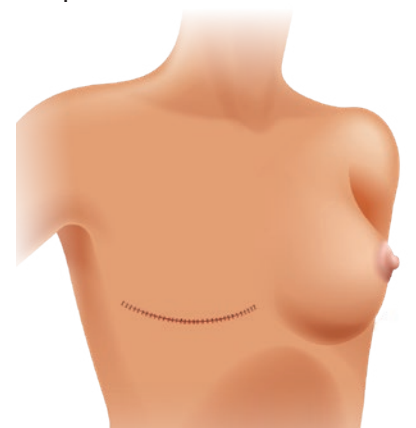
In a skin-sparing mastectomy, the surgeon removes all the breast tissue, the nipple, and the areola, but leaves in place most of the healthy breast skin. Because the nipple is removed with a skin sparing mastectomy, the nipple can be recreated after surgery by the plastic surgeon. This type of mastectomy is done if someone has cancer involving the nipple or if someone wants to have a smaller sized breast with reconstruction.

A nipple sparing or skin-sparing mastectomy is not usually performed if you've decided that you will not be having immediate breast reconstruction at the time of mastectomy.

•Mastectomy•



Healed surgical site post-procedure



SURGERY

During Surgery • After Surgery • At Home

During surgery:

An IV (intravenous line) will be placed in your arm or hand to deliver fluids and medications. To prevent pain during surgery, you will be given anesthesia. You will likely have general anesthesia, which puts you into a state like deep sleep.

When the surgery is complete, one or more drains will be placed to collect excess fluid. A drain is a thin plastic tube with a bulb attached. The incision is closed with stitches (sutures). A dressing is placed over the site.

Right after surgery:

You will wake up in the recovery room. Pain medications will be given as needed. A nurse will check your temperature, pulse, and blood pressure. Most women come home the same day after a mastectomy. You can stay overnight in the hospital if you choose. The recovery room nurses will show you how to take care of the drains.

At home:

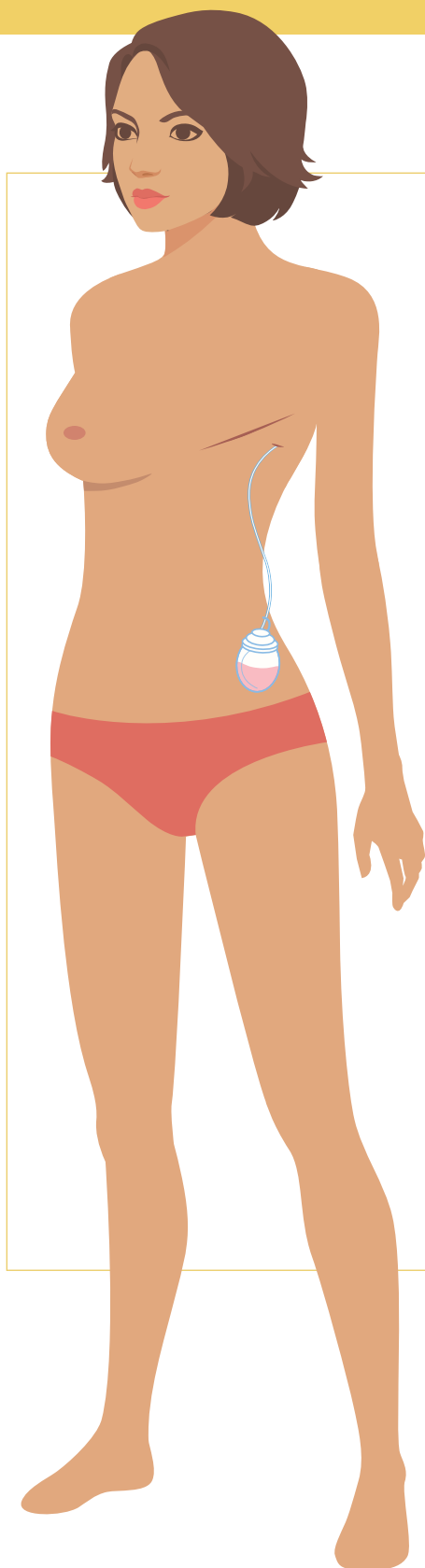
Once home, care for yourself as directed. This includes taking pain medications and caring for your incision and drains as instructed. This also includes following your doctor's advice about bathing, raising your arms, lifting objects, and exercise. You may have bruising and swelling of your breast for several days. Ice packs can help ease these symptoms.

Expect to take it easy for about 2-6 weeks following mastectomy surgery.



SURGERY

Drains



With either lumpectomy or mastectomy, you may have a drain after surgery.

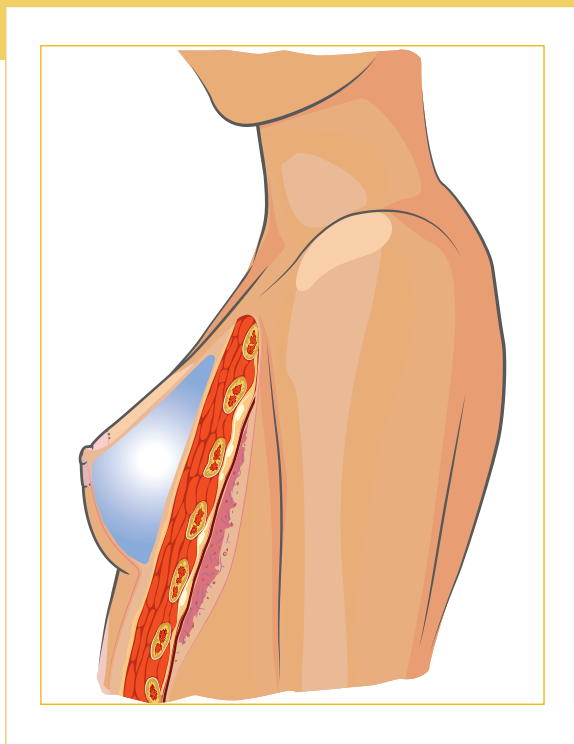
Follow the instructions you're given for caring for the drain at home. You may also be told how to watch for and manage possible complications.

A drain collects fluid from around the surgical site. Once home, you may need to strip and empty your drain about every 12 hours.

Measure the amount of fluid as directed. Write it down to show your doctor. Any drains you have will be removed by your doctor during a follow up visits.

SURGERY

Breast Reconstruction



Breast Reconstruction:

Breast reconstruction is surgery to rebuild the breast. It can be done during (immediate reconstruction) or after a mastectomy (delayed reconstruction). There are two main types of breast reconstruction. One involves a breast implant. The other uses your own tissue to rebuild the breast. If reconstruction is part of your surgery plan, work with your doctor to choose the type that is best for you.

- **Reconstruction with Implants:**

The most common type of reconstruction is implant reconstruction. Surgery is usually done in one or two stages. You and your doctor can discuss the timing and staging of your surgery and what is best for you.

- **Two-stage Reconstruction:**

With a two-stage reconstruction, a temporary expander is first used to stretch the skin and chest muscle. Later, this is replaced with a permanent implant during a second surgery. If a tissue expander is used: A tissue expander is an empty implant shell that inflates as fluid is injected. Once in place, fluid is injected into the expander every 1 to 2 weeks. This is done through a port placed under the skin. When the muscle and skin are stretched enough, the expander is replaced with an implant during surgery.

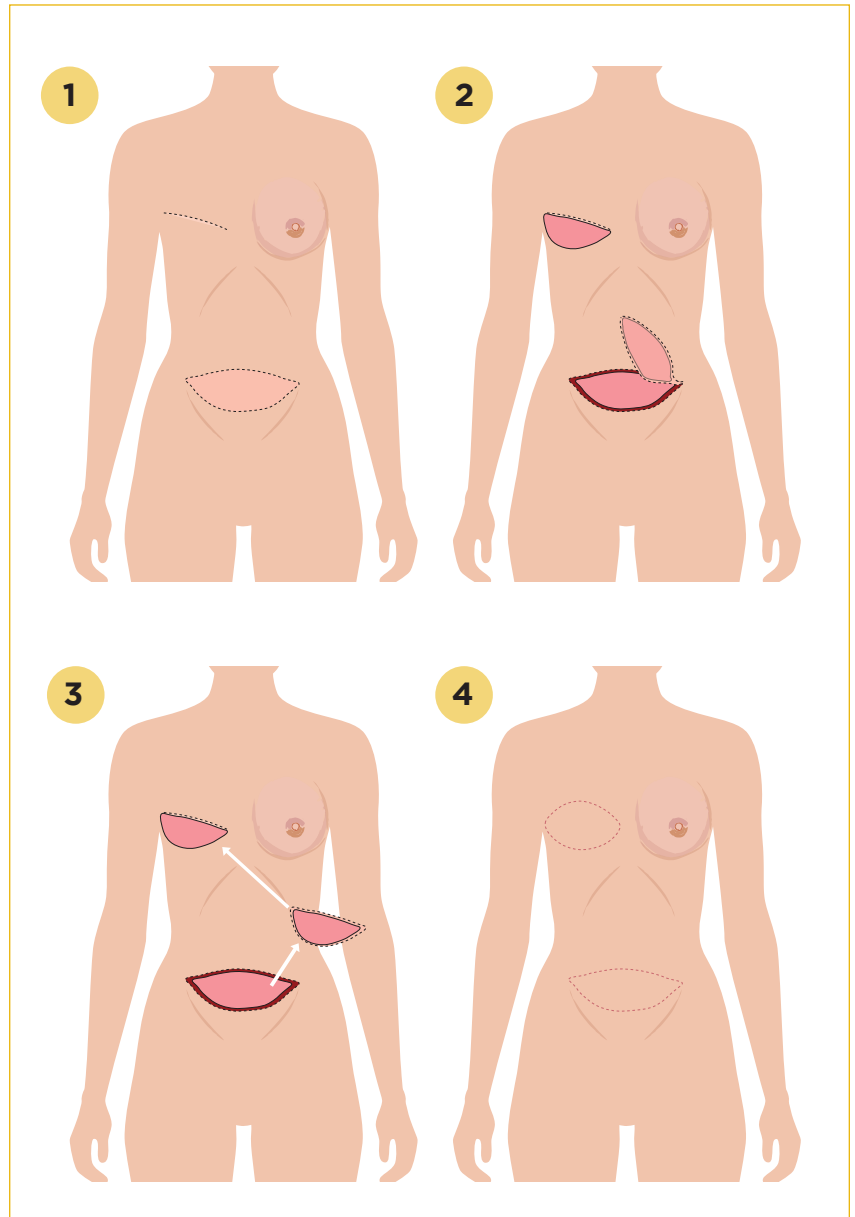
SURGERY

Flap Reconstruction

Flap Reconstruction:

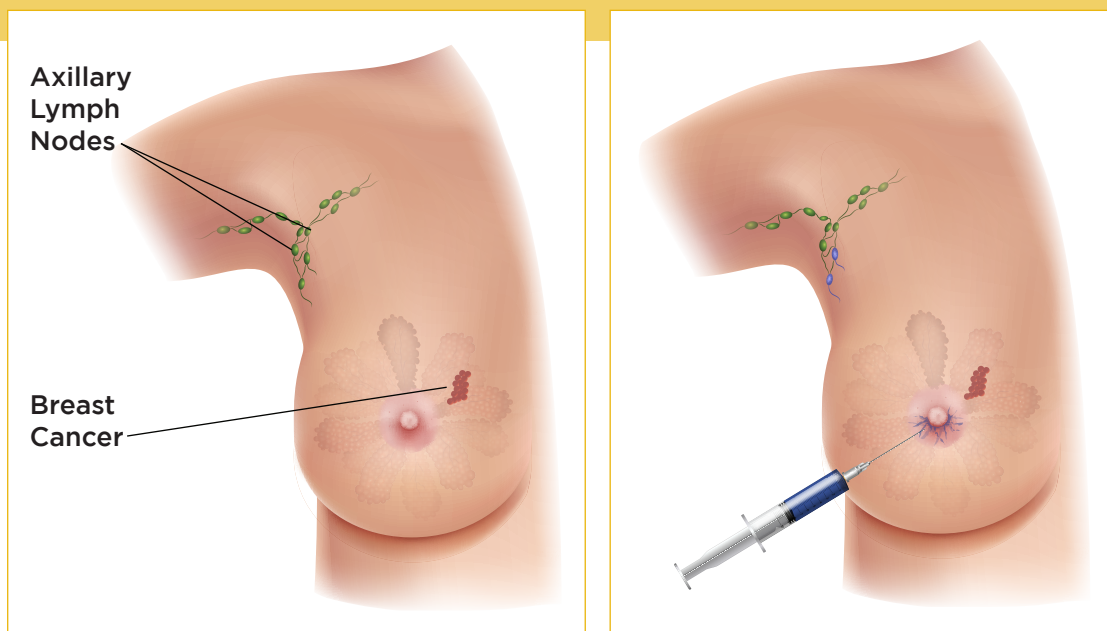
Flap reconstruction uses your own tissue to form the shape of the breast. In most cases, this new breast feels soft to the touch. Many factors are involved in choosing a flap for reconstruction. Talk with your surgeon about the option that might be best for you.

- **DIEP Flap:**
The DIEP (diep inferior epigastric perforator) flap uses fat and skin, but not muscle, from the lower belly.
- **LD Flap:**
The LD (latissimus dorsi) flap uses back muscle and fat. It is often combined with the use of an implant to provide extra coverage over and implant when someone has had radiation after mastectomy.



SURGERY

Sentinel Lymph Node Injection



Sentinel Lymph Node Injection:

When breast cancer spreads, it spreads from the breast to the lymph nodes under the armpit. There are about 20 lymph nodes under the armpit. In order to determine which lymph nodes are the first draining or sentinel nodes out of the 20-3, you undergo a mapping procedure call a sentinel node injection.

- You will be given information about where and when to arrive for your sentinel lymph node injection. It is typically done the day before surgery. Plan to be there for approximately 1 hour. After registering, you will be directed to the Medical Imaging waiting room. A nuclear technologist will escort you from the waiting room to the Nuclear Medicine Department.
- The procedure will be explained by the Nuclear Medicine technologist. Next, you will change into a patient gown, then be led to a camera room where you will be given instructions on positioning on a camera table.
- A radiology provider will perform 4 very small radioactive injections around the areola. The radioactive tracer is called lymphseek; this is a very small amount of radioactivity, in fact it is one of the smallest doses of radioactivity that is given for any nuclear medicine procedure. These injections are done just under the skin and tend to mildly sting for a few seconds after the injections. It is tolerated well by most patients.
- Following the injections, the injected area will be massaged for roughly 2 minutes to help the lymphatic system absorb the radioactivity.
- You will then be positioned under the camera with your arm(s) raised over your head. Images typically take 5-10 minutes, however in rare cases can take up to 60 mins. Once the sentinel lymph node has been visualized, the radiology provider returns and marks the skin with a permanent marker. The marks are used to help triangulate the lymph node in surgery.

SURGERY

Sentinel Lymph Node Biopsy

Sentinel Lymph Node Biopsy

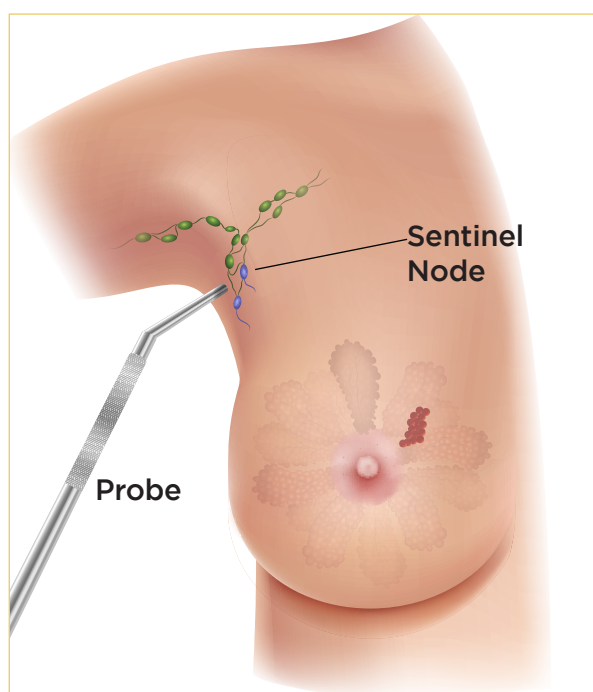
The underarm (axillary) lymph nodes drain the breast. The first lymph nodes that cancer cells may reach are called sentinel lymph nodes. Before surgery, fluid is injected that helps the provider locate the sentinel lymph nodes, refer to section on sentinel lymph node injection). In order to determine which lymph nodes are the first draining or sentinel nodes out of the approximately 20 lymph nodes, you will undergo a mapping procedure called a sentinel node injection.

During surgery, the sentinel lymph nodes are removed. The sentinel node is examined in the lab by a pathologist to see if cancer cells are in a lymph node. If the sentinel nodes are clear, then all other lymph nodes also are likely to be free of cancer. If the sentinel nodes show cancer cells are present, this information is used to help guide

the role of additional treatments after surgery. Sometimes the lymph node results can indicate the need for additional axillary surgery called an axillary dissection.

A side effect of lymph node surgery is lymphedema. The lymph nodes under the armpit drain the fluid out of the breast but also drain the fluid out of your arm. When lymph nodes are removed this can effect how the lymph fluid drains from the arm and swelling that builds up in the arm from lymph fluid is called lymphedema.

- The risk for lymphedema is approximately 5% with sentinel lymph node biopsy procedure.
- The risk for lymphedema with a full axillary dissection is approximately 20-25%.



SURGERY

Preparing for Surgery



Preparing for Surgery:

There are some things you can do to prepare for surgery so that you are able to rest and focus on healing once you get home from surgery:

- Prepare a few meals and do grocery shopping prior to surgery
- Arrange for any help in the home to do chores that you may not be able to perform such as heavy cleaning
- Have a couple of button up shirts available to wear to make dressing after surgery more comfortable
- You will be wearing a surgical bra to go home in, but some patients prefer to have a spare front closing sports bra to wear while one is being washed (*see picture to the right*).

Surgery Checklist

You will be provided with a surgery check list with instructions from your surgeon with specifics regarding your surgery schedule.

Post-surgery

Once you are home, care for yourself as directed by your surgeon. This includes taking pain medications and caring for your incision and drains, if you have drain(s), as instructed. You may have some bruising and swelling for a few days. Ice packs can help ease minor soreness, bruising, and swelling. Also, follow your doctor's advice about bathing, raising your arms, lifting objects, and exercising. You will receive post-surgery care instructions from the surgery staff when you are discharged home.

SURGERY

Preparing for Surgery



front and back with adjustable clasps that opens in the front
(provided by hospital)



(provided by hospital)



Examples of available sport bras easily purchased in stores.



ONCOLOGY

Saint Alphonus Cancer Institute



Medical Oncology

A Medical Oncologist is a doctor who has special training in diagnosing and treating cancer using chemotherapy, hormonal therapy, biological therapy, and targeted therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.

Typically your medical oncologist will be part of your care team for 5 years following a cancer diagnosis.

Hormonal therapy:

Hormonal therapy is a type of systemic therapy. It targets the whole body. This therapy is used to keep cancer cells from getting the hormones they need to grow and keep them from coming back. It is recommended for patients with tumors that are hormone receptor-positive. It does not help patients whose tumors don't have hormone receptors (these tumors are called hormone receptor-negative). A medical oncology consult will be scheduled, when appropriate, to discuss hormone therapy and your overall treatment plan.

Examples of medications:

- **Estrogen blockers (ex: Tamoxifen, Toremifene, Fulvestrant):**

Drugs that block estrogen from connecting to the cancer cells, preventing growth. It can be used to treat women with breast cancer who have or have not gone through menopause. The most common side effects are hot flashes, vaginal dryness or discharge, and changes in the menstrual cycle.

- **Aromatase inhibitors (ex: Letrozole, Anastrozole, Exemestane):**

Drugs that stop most estrogen production in the body. Before menopause, most estrogen is made by the ovaries. But in women whose ovaries aren't working, estrogen is still made in body fat. These drugs are useful for women who have gone through menopause. The most common side effects are hot flashes, vaginal dryness, bone and joint pain, and muscle pain.

During treatment:

Your medical oncologist will prescribe hormonal therapy pills to be started during or after radiation therapy is completed. You will need to take pills daily for up to 5 years or more. Treatment longer than 5 years might be offered to women whose cancers have a higher chance of coming back. During this time, your doctor will monitor your health at follow-up office visits.



Chemotherapy/Immune therapy:

Chemotherapy (chemo) usually is a type of systemic therapy. These medications are used to kill cancer cells. It is also used to help prevent breast cancer from returning anywhere in your body. Not all women with breast cancer will need chemotherapy, but there are some situations in which chemo may be recommended. It may be used before (neoadjuvant) or after surgery (adjuvant).

Neoadjuvant:

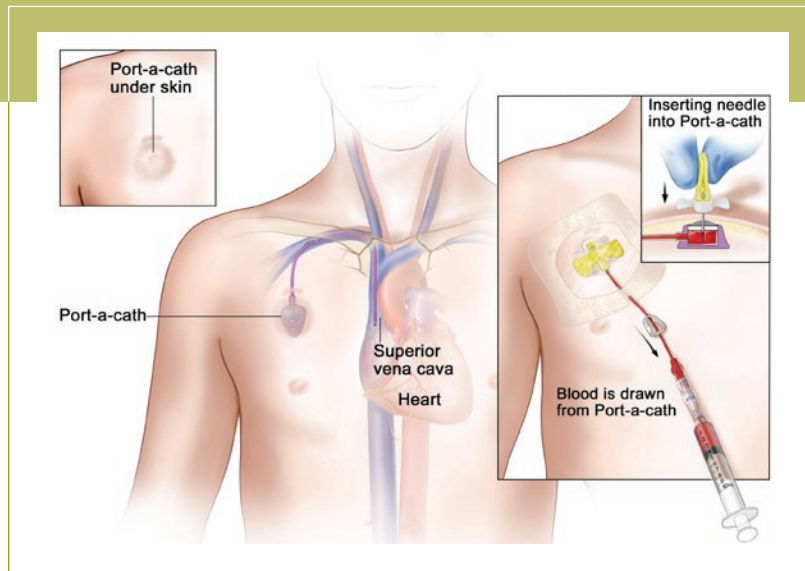
Neoadjuvant chemo might be given to try to shrink the tumor so it can be removed with less extensive surgery. By giving chemo before the tumor is removed, doctors can see how the cancer responds to it. It should also kill any cancer cells that might have spread but can't be seen by the naked eye or on imaging tests. Some people with early-stage cancer who get neoadjuvant chemo might live longer if the cancer completely goes away with that treatment. Keep in mind that not all women with breast cancer are good candidates for neoadjuvant chemo.

Adjuvant:

Adjuvant chemo might be given to try to kill any cancer cells that might have been left behind or have spread but can't be seen. Adjuvant chemo can lower the risk of breast cancer coming back. Sometimes it is not clear if chemo will be helpful. There are tests available like the Oncotype DX that can help determine which women will most likely benefit from chemo after breast surgery.

▪ **Examples of adjuvant and neoadjuvant chemo drugs:**

- Anthracyclines, such as doxorubicin (Adriamycin) and epirubicin (Ellence)
- Taxanes, such as paclitaxel (Taxol) and docetaxel (Taxotere)
- 5-fluorouracil (5-FU) or capecitabine (Xeloda)
- Cyclophosphamide (Cytoxan)
- Carboplatin (Paraplatin)



For metastatic breast cancer:

Chemo can be used as the main treatment for women whose cancer has spread outside the breast and underarm area to distant organs like the liver or lungs. The length of treatment depends on how well the chemo is working and how well you tolerate it.

How it works:

Chemotherapy is designed to kill cancer cells. It travels in the bloodstream throughout your body. Chemotherapy stops the life cycle of cancer cells. Then the cancer cells die.

Before treatment:

Your medical oncologist will likely order tests to check on your blood work and your heart function, like an echocardiogram, prior to your first infusion. You will also have a port placed, which is an indwelling catheter in which the chemo and other medications can be delivered into the blood stream. Ports can also be used to take out blood for testing. You will be scheduled for a port placement in the hospital which is an outpatient procedure.

During treatment:

Chemotherapy is usually an outpatient treatment often done in a cancer center. The medications are usually given by IV. Treatment is done in cycles, which may occur every 2 to 3 weeks. The schedule varies depending on the drugs used. Between cycles, your body has a chance to recover from the effects of the drugs. The full course of treatment may last 3 to 6 months, depending on the drugs used.

Possible side effects of chemo for breast cancer:

Chemo drugs can cause side effects, depending on the type and dose of drugs given, and the length of treatment. Some of the most common possible side effects include hair loss, nail changes, mouth sores, loss of appetite or weight changes, nausea and vomiting, diarrhea, fatigue, hot flashes and/or vaginal dryness from menopause caused by chemo and nerve damage. Chemo can also affect the blood-forming cells of the bone marrow. These side effects usually go away after treatment is finished. There are often ways to lessen these side effects. For example, drugs can be given to help prevent or reduce nausea and vomiting. Your medical oncologist will be keeping a close eye on you and helping to manage side effects.

Your medical oncologist will discuss with you what medications are recommended as part of your breast cancer treatment plan

ONCOLOGY

Radiation Oncology

A Radiation Oncologist is a doctor who has special training in treating cancer using radiation. Radiation after surgery can decrease the chance of cancer returning in the breast and improve survival. Radiation therapy involves delivering focused radiation to the breast or chest wall, and sometimes the lymph nodes, to treat cancer cells not detected or removed by surgery.

If you need radiation therapy after surgery, it is usually not started until your surgery site has healed, which often takes a month or longer. If you are getting chemotherapy as well, radiation treatments are usually delayed until chemotherapy is done. Some treatments after surgery, like hormone therapy or HER2 targeted therapy, can be given at the same time as radiation. Discuss with your radiation oncologist whether treatment with radiation is necessary.



Depending on the breast cancer's stage and other factors, radiation therapy can be used in several situations:

- After lumpectomy—to help lower the chance that the cancer will come back in the same breast or nearby lymph nodes.
- After a mastectomy—especially if the cancer was larger than 5 cm, if cancer is found in many lymph nodes, or if certain surgical margins, such as the skin or muscle, have cancer cells.
- If cancer has spread to other parts of the body, such as the bones, spinal cord, or brain.
- **Breast brachytherapy** — involves placing catheters directly into the cavity where the lump was taken out. A small, radioactive seed is guided into the catheters and is left in place for several minutes based on the treatment plan designed by your radiation oncologist. The procedure is repeated twice daily for a period of five days; then the catheters are removed and the treatment is finished.
- **External beam radiation** — is delivered in a similar way to standard whole breast radiation using a linear accelerator. However, it is more focused on the area around the surgery. The most commonly utilized regimens are delivered either a) twice daily over a one week period or b) one time per day but administered every other day over about 1.5 weeks.

Types of radiation therapy for breast cancer:

- **Whole breast external beam radiation after lumpectomy**

After lumpectomy, the usual course of radiation treats the whole breast and, if needed, nearby lymph node areas. The radiation beam comes from a linear accelerator. The radiation beam is a specialized Xray, and is painless. Each treatment is brief. The standard schedule for getting whole breast radiation is 5 days a week (Monday through Friday) for about 5 to 7 weeks. Another option is hypofractionated radiation therapy where the radiation is also given to the whole breast, but in larger daily doses (Monday through Friday) using fewer treatments (typically for only 3 to 4 weeks).

- **Accelerated partial breast irradiation after lumpectomy**

Ongoing research suggests that it may be safe to give radiation treatment to only the part of the breast that had the tumor, over a shorter period of time. There are two approaches:

- **Chest wall radiation therapy after mastectomy**

After a mastectomy, your doctor may suggest radiation therapy for the chest wall and nearby lymph node areas. Whether or not radiation therapy should be used after removal of your breast depends on several factors such as the number of lymph nodes involved, tumor size and whether or not cancer cells were found near the edge of the surgical site. Women planning to undergo reconstruction should discuss the impact of post mastectomy radiation with their surgeon and radiation oncologist. The standard schedule for getting chest wall radiation is 5 days a week (Monday through Friday) for about five to seven weeks.



Before radiation treatment:

Before beginning treatment, you will be scheduled for a planning session to map out the area to treat. This procedure is called a simulation and it involves having a CT scan. Tiny tattoo-like marks made on your skin help the radiation therapist precisely position you for daily treatment. This treatment planning ensures that the tumor site receives the maximum amount of radiation while minimizing exposure to healthy tissue and organs.

During treatment:

A machine directs radiation at the cancer site. You will hear the machine, but you will not feel anything. Radiation therapy is highly effective, and its side effects are usually mild. A week or more may pass before you have any side effects. Then, your breast and underarm may appear sunburned, or they may become swollen and tender. You may feel tired as treatments progress. These side effects should go away after treatment ends.



Possible side effects of radiation:

Short term side effects are usually temporary and typically go away after treatment ends. They may include:

- skin irritation
- breast swelling
- mild tenderness
- mild fatigue

After the short-term side effects of radiation therapy resolve, other side effects may become noticeable months or years later. They may include:

- breast firmness
- change in skin color and thickness
- scarring
- mild decreased range of motion
- hand or arm swelling

Many factors affect your risk for these side effects. Please talk to your radiation oncologist to learn more about how likely these side effects may be for you.



Oncology Support Services

Genetic Counseling Program:

Some families have cancers that show up repeatedly, such as breast, ovarian, and pancreatic. For these individuals and their families, genetic risk assessment for hereditary cancer can be beneficial in assisting them with an individualized medical management plan. Your doctor may have referred you for a genetic evaluation to discuss any genetic predisposition for which you or your family members may be at risk. They will ask you specific questions about your personal and family medical history and discuss any concerns that you may have. If you would like to request a referral for genetic evaluation let your care team know.

Supportive Care Team:

Saint Alphonus Cancer Institute has a supportive care team that offers an integrative approach to healing.

- **Dietitians** are available to provide individual nutrition counseling and to answer nutrition and diet-related questions or concerns.

- **Social workers** provide emotional care and supportive counseling. They can assist patients and their family members with a wide range of concerns including new diagnosis, active treatment issues, post-treatment, and end of life issues. They can offer information, referral, and advocacy services for those in need of additional resources related to their cancer diagnosis.
- **Financial advocates** can help those who are receiving treatment to find financial assistance options so they can focus on healing.
- **Palliative care** is specialized medical care for people with serious illnesses. The goal of care is to improve quality of life for both patients and their families, and to relieve symptoms, pain, and stress.
- **Chaplaincy** services are available to provide a non-judgmental and healing presence, to provide support in times of trauma or grief, to pray with patients, and to help find meaning and purpose.

If you are interested in services from any of the supportive care team let your care team know and they can assist in making the request or call the Cancer Institute.

Clinical Trials:

The Saint Alphonsus Cancer Institute provides patients who qualify, access to many clinical trials that seek to optimize cancer care delivery. Taking part in a clinical trial has many potential benefits. As a patient, you can take an active role in your healthcare and have access to cutting edge cancer care and treatment options. When you participate in a cancer clinical trial, you are working with a specialized team of doctors, nurses, research coordinators, pharmacists and other healthcare professionals who monitor your care and progress. If you have questions about clinical trials or want more information contact the Cancer Institute or someone on your care team for assistance.

Cancer Rehabilitation:

Many patients undergoing cancer treatment may experience one or more of the following side effects: fatigue, pain, muscle weakness, decreased bone density, numbness in hands and feet, lymphedema, difficulty walking, difficulty sleeping, development of scar tissue, and muscle imbalances. Some side effects can be treated by professionals in the rehabilitation program. Ask a member of your care team about being referred to Saint Alphonsus Rehabilitation Services (STARS) Cancer Rehabilitation Program.



Talking to Children About Your Cancer Diagnosis

Talking to your children about your cancer diagnosis is very important because they will sense something is wrong and possibly imagine a worse situation. Also, if they hear about your cancer from someone else, they may be angry and not trust you when you do talk to them about it.

What should your child be told?

- The name of the disease. Use the word cancer because they will hear others use the word.
- Where the cancer is. “The cancer is in my breast, my blood etc.”
- How the cancer will be treated.
- What will happen during treatment, such as “I will lose my hair” or “I will get tired.”
- How the children’s daily lives will change. For example, who will cook their meals or drive them to soccer practice.
- How the child can help.
- Why you feel the way you do and that you are not angry with him or her.

What other things should you reassure your child about?

- The children did not do or say anything to cause your cancer.
- Cancer is not contagious. You cannot catch it or give it to someone else.
- It is okay to have strong feelings, such as anger or fear about cancer.
- You will do your best to keep things as normal as possible for them.
- People with cancer do not always die from it.
- You will let them know about any new information that comes up about your cancer.

How do I tell different aged children?

- Young children (up to eight-years-old) do not need a lot of detailed information. Reassure them they will be safe and loved.
- Older school age children (eight to 12 year-olds) can cope with more information. They usually worry about how the illness affects them socially. You commonly see anger before sadness and they try to cover up feelings in front of friends.
- An adolescent is able to understand the significance of serious illness. They may stay close to the sick parent or withdraw and show little emotion. Try to limit how much you increase their responsibilities and continue to maintain as much of their routine as possible.
- Reassure your child that it is okay to have strong feelings, such as anger or fear about cancer.

What are some things you should not do?

- Do not trouble them with frightening medical details or financial worries.
- Do not make promises you cannot keep.
- Do not be scared to say "I don't know."
- Do not pressure children to talk if they do not want to.
- Do not keep secrets.

What other things help children cope?

- Spend regular one-on-one time with each child. If you are unable to do this, ask another trusted adult.
- Keep each child's routine as normal as possible.

- Encourage questions.
- Give children permission to express any feelings.

Are there typical reactions I should look for?

- Reactions depend on the age of the child and their personality.
- Children usually express their feelings by their behavior.
- Children may regress or act younger when they are under stress.
- Your child may have problems paying attention at school.
- Let their teachers and guidance counselor know so they can help your child.

What if my child asks if I am going to die?

- Your answer will depend on how you understand your cancer and its diagnosis.
- The most important worry for children is who will look after them. You need to assure them no matter what happens they will be cared for.
- Tell them you are doing everything you can to get better. Reassure them that you will be honest with them along the way and when they have concerns, they should talk to you.



CLIMB

CHILDREN'S LIVES INCLUDE MOMENTS OF BRAVERY

CLIMB is a support program for children and teens ages 6-18 who have a parent, grandparent or guardian with cancer. Sessions are held at various times throughout the year and interpreters can be provided upon request.

Family dinners are held at the beginning of each evening. Parents, grandparents and other adult family members are encouraged to attend all sessions with their children or teens.

Adults, children and teens will break into separate support groups following dinner. Children will complete a weekly activity and teens will have group time with age appropriate activities and discussions.

- **FREE** to all families in the Treasure Valley affected by cancer
- Sessions of 6 consecutive weekly meetings held throughout the year
- Kids and teens complete activities with oncology staff and trained volunteers
- Adults have supportive group time led by an oncology professional
- Dinner is provided

What kids learn through CLIMB:

- What cancer is and how it is treated
- That they are not the only family facing cancer
- How to handle difficult emotions when someone you love is sick and life changes

Overall Format for Each Session

- Family Dinner
- Welcome/Warm-up Activity
- Feeling of the Day
- Content/Activity
- Closure

**For more information about sessions
offered in Boise and Nampa please call:**

(208) 367-3131



SURVIVORSHIP CARE



For more
information
please call:

(208) 367-3131

When you are told that you have cancer, your health care team shares a lot of information with you.

It is hard to remember all of the details about your cancer diagnosis, cancer treatments and the side effects that may happen while you are on treatment and sometimes continue after treatment has ended. You may also have questions after your treatment ends about your follow-up care, who to call about a problem, and how to manage changes caused by your cancer treatment.

To help you understand your cancer treatment and what you may need as a survivor, you will be given a survivorship care plan when your treatment is over. An advanced practice provider will meet with you, review this treatment plan, and try to answer the questions you may have. You can expect this visit to happen within six months of the date your active treatment ends.

THIS CARE PLAN MAY INCLUDE:

- The treatments and drugs you were given for your cancer.
- How often you need to make an appointment with your cancer doctor.
- The name of follow-up tests that you will need and how often the tests should be done.
- What doctor or other health care professional you should see for follow-up care.
- Information about the chance of your cancer returning or being diagnosed with another type of cancer.
- Signs or symptoms to watch for and who you should call if you see any changes.
- Common long-term side effects that may result from your treatment.
- How to maintain your health and well-being.
- Support groups and survivorship programs.

Survivorship care is an important part of your cancer journey. We are here to provide you with information, support, and resources to meet your unique needs as a survivor.



Contact Information

Nurse Navigators

Boise and surrounding area 208-367-3420
 Canyon County and surrounding area 208-205-0628
 Oregon and surrounding area 541-881-7132

Women's Specialty Clinic (Boise) 208-302-2200

Breast Surgery: Dr Elizabeth Prier
 Plastic Surgery: Dr Linsey Etherington

General Surgery (Nampa) 208-302-2700

Breast Surgery: Dr Forrest Fredline

General Surgery (Ontario) 541-881-2330

Dr. Frank Spokas and Dr. Pamela Bruce

Cancer Institutes (Boise/Nampa/Caldwell) 208-367-3131

Medical Oncology
 Radiation Oncology
 Genetics/Dietitians/Social Work/Financial Advocates

Cancer Institute (Ontario) 541-881-2310

Centralized Scheduling 208-367-8787

Hospital/Surgical Billing and Patient Financial Assistance

Boise 208-367-2130
 Nampa 208-205-1004
 Ontario 541-881-7035
 Baker City 541-523-6461

FREQUENTLY ASKED QUESTIONS

Q: Do I need to buy a bra to wear after surgery?

A: No, you will be sent home in a surgical bra that your doctor will recommend you wear until at least your first post-op appointment. If you prefer you can purchase a front closing sports bra that is comfortable to wear so you have a spare bra but this is not necessary.

Q: What do I do if I need to get in touch with my doctor at night or on weekends?

A: You may call your physician's office, regardless of the time or day. Your physician has an answering service for calls after normal business hours. If you have an emergency call 911 or proceed to your closest emergency room.

Q: I see a surgeon, medical oncologist, and radiation oncologist. Who do I call when I have a problem?

A: It depends on the problem. If you just had surgery, it would be best to contact the surgeon. If you are getting chemotherapy or hormone therapy, then your medical oncologist can answer the majority of your questions. If you are receiving radiation therapy, call your radiation oncologist. You may also call your nurse navigator; they can help you with any concern or contact your physician during normal clinic hours with non-urgent issues.

Q: What should I do if I need help coping with my diagnosis?

A: Your care team can help make a social work referral for you; the social worker has resources such as a list of counselors in the area.

Q: People ask me what stage of cancer I have. What does this mean and why should I know this?

A: Stage refers to the extent of your cancer, such as how large the tumor is or if it has spread. A final stage will be available after surgery and imaging results are available. Your doctor will review the stage with you.

Q: Who do I contact if I have questions about the financial costs of treatment or have questions about applying for financial assistance?

A: If you have questions regarding your account or financial assistance, you may contact the hospital and patient financial assistance program billing office. If you are receiving care at the Cancer Institute you may call the financial advocates for assistance and questions regarding your medical and/or radiation oncology treatment costs at 208-367-8930

Q: Is there a number I can call to get an estimate of what my care will cost me?

A: Price Transparency and Cost Estimate Line 208-367-COST (2678)

Q: What is the CPT code for my surgery?

A: Some common CPT codes that you may need to estimate your surgical and/or imaging costs include:

- Breast MRI 77049
- Lumpectomy 19301
- Sentinel Node Biopsy 38525
- Bilateral Mastectomy 19303-50
- Bilateral Reconstruction 19340-50

Q: Do I need to contact my insurance company to authorize surgery?

A: If treatment has been scheduled such as surgery, the clinic will ensure that your insurance authorizes procedures ordered by your doctor. If you have questions about the authorization process, please contact the clinic directly.

National Resources

American Cancer Society

800-227-2345 | cancer.org

Call to find out current offerings locally and nationally, cancer information specialists available 24/7 – side effects, procedure information, educational support

American Institute for Cancer Research

800-843-8114 | aicr.org

American Society for Radiation Oncologists

800-962-7876 | astro.org

Breastcancer.org

610-642-6550 | breastcancer.org

Cancer Support Community

888-793-9355 | cancersupportcommunity.org

Look Good Feel Better | Loodlookgoodfeelbetter.org or cancer.org/appearance

Look good feel better program administered by professional beauty foundation. In-person offering makeup and skin care solutions

National Cancer Institute

800-422-6237 | cancer.gov

National Coalition for Cancer Survivorship

877-622-7937 | canceradvocacy.org

National Comprehensive Cancer Network

215-690-0300 | nccn.org

Reach to Recovery Program | Reach.cancer.org

Patients are matched with a breast cancer survivor with a similar type of cancer and treatment. There is a mobile app and website.

Susan G. Komen

877-465-6636 | komen.org

Tender Loving Care or TLC | tlcdirect.org

Wigs, scarfs, and head coverings at discounted prices to help cope with appearance related side effects.

UpToDate | uptodate.com

Verma | Vermafoundation.org

Free, customizable wigs for cancer patients.

Local Resources

Angels in Your Corner

4111 W State Street • Boise, ID 83703 • 208-345-1551

Provides free wigs, hats, scarves and turbans to cancer patients.

Items may vary depending on availability. Appointments are required.

Please call for additional information.

Kathy's Wig Boutique

21 N Orchard • Boise, ID 83706 • 208-376-2995

www.kathyswig.com

Customized Hair

6711 N Glenwood, Suite 108 • Garden City, ID 83714 • 208-571-6247

A Renewed Image

10110 Overland Road • Boise, ID 83709 • 208-884-4245

Livestrong at YMCA

208-344-5502 ext 276

The YMCA has a physical activity program for cancer patients.

Prairie Medical Boutique

208-938-9134 • 800-627-0617

Accredited mastectomy fitters provide bras, post-surgical

clothing, compression sleeves, prosthesis and more in a boutique setting.

Brownfield's Prosthetics and Orthotics

208-342-4659

Bras, prosthesis, forms, recovery care garments, prosthetic nipple,

breast shapers, lymphedema compression garments.

When calling your health insurance provider to see if they will cover

wigs due to hair loss with chemotherapy treatment make sure to

ask about "cranial prosthesis".

BOISE



Saint Alphonus Regional Medical Center
1055 N Curtis Rd. | Boise, ID 83706
(208) 367-2121



**Imaging & Labs
Entrance S2**



**Boise Breast Care Center - Entrance W5
Women's Specialty Center - Entrance W4**
6200 Emerald St. | Boise, ID 83704
(208) 302-2200



Boise Cancer Institute
1055 North Curtis Rd. | Boise, ID 83706
(208) 367-3131



Boise Day Surgery - Entrance N7



Saint Alphonsus Medical Center - Nampa
4300 E Flamingo Ave. | Nampa, ID 83687
(208) 205-1000



Nampa Cancer Institute
4400 E Flamingo Ave. #130 | Nampa, ID 83687
(208) 205-0350



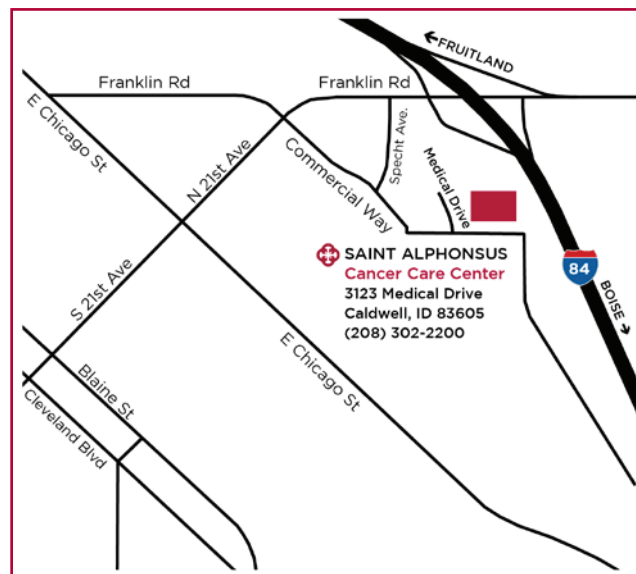
Nampa Breast Care Center

CALDWELL



Saint Alphonsus Caldwell Cancer Institute

3123 Medical Drive | Caldwell, ID 83605 | (208) 367-3131





Saint Alphonus Ontario Cancer Institute

351 SW 9th Street | Ontario, OR 97914 | (208) 367-3131



