



Guiding women through a breast cancer diagnosis

... a supportive and personal approach

CANADIAN
BREAST CANCER
FOUNDATION™



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CANCER DU SEIN™

Ontario

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For what matters.

Breast cancer is one of CIBC's most strongly supported causes. In addition to funding initiatives that support research, prevention and programs for people living with breast cancer, CIBC and its employees have been proud supporters of the Canadian Breast Cancer Foundation for more than a decade.

Introduction

The time that passes between learning of your diagnosis and seeing a doctor at a Cancer Clinic can be very stressful. This booklet will help by providing you with information and letting you know where to go to find more information. It is also a handy reference you can look at whenever you need to. Family and friends may also find the booklet useful.

This booklet has five different sections:

- 1. I've just been diagnosed**
- 2. Preparing for surgery**
- 3. What to expect after surgery**
- 4. Questions about the Cancer Clinic**
- 5. Additional information**

This booklet has been arranged this way so that you can easily find the information you are looking for when you need it.

Breast cancer survivors from communities within Ontario helped decide what information should be included in this booklet. The information included gives answers to the questions they recall having at the time they were diagnosed with breast cancer.

For some survivors, the questions were answered fully for them and they found the information extremely helpful. For others, the questions were not answered and, looking back, they believe knowing the answers would have made their journey easier.

While reading the booklet, you may find the information given is triggering even more questions for you. These reactions are normal and helpful. The important thing is to begin to talk about your diagnosis and how you are feeling. By doing this, you will become more informed and more prepared for what is going to happen next. It is also helpful to know you are not alone and that there are many people available to help you along your way.



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I've just been diagnosed ...

What is happening to my body?

What is going to happen next?

Can I talk to someone who has had the same experience?

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What is happening to my body?

The female breast is made up mainly of milk-producing glands called lobules, and ducts, which carry breast milk from the lobules to the nipple. The rest of the breast is made up of fatty tissue, connective tissue, and blood or lymphatic vessels.

Breast cancer starts when breast cells begin to grow and multiply out of control. As the cells collect together, they form a growth or tumor.

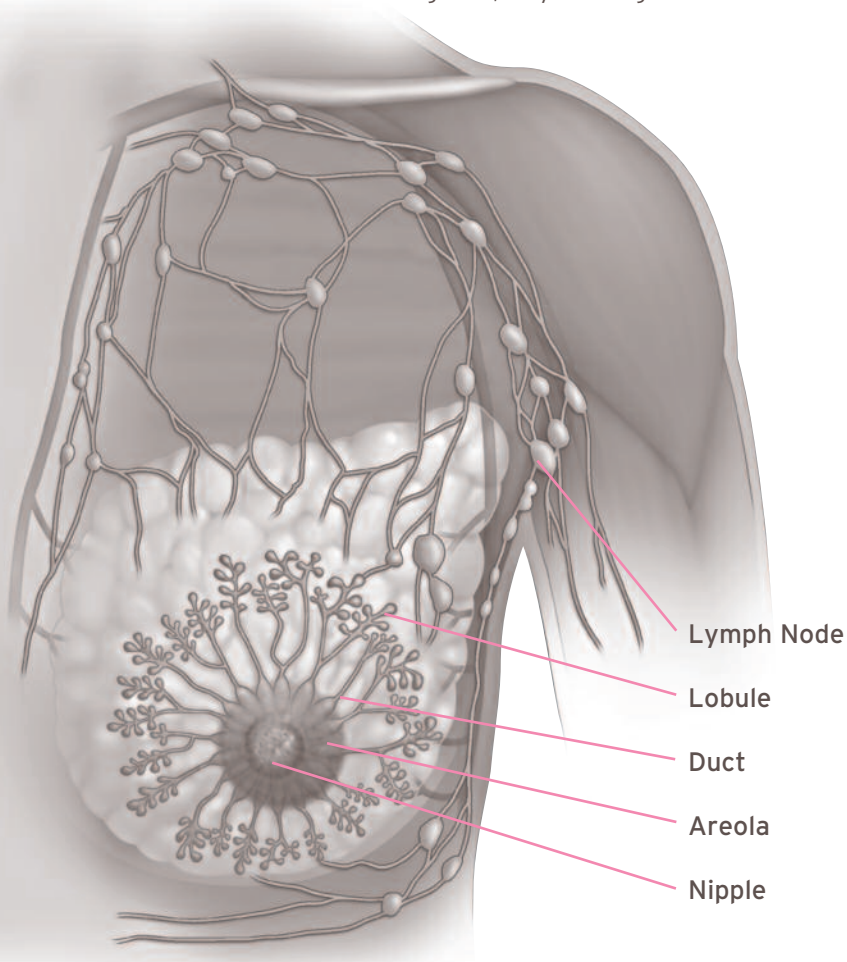


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There are different kinds of breast cancer:

Ductal Cancer - the cancer has formed in a breast duct. Ductal cancer is the most common type of breast cancer.

Lobular Cancer - the cancer has formed in a breast lobule.

Sometimes breast cancer can have features of both ductal and lobular cancer.

Other names of breast cancers you may hear include *Paget's disease*, *medullary*, *mucinous* and *inflammatory breast cancer*. They receive their names because of the way the cancer cells look.

There are two other terms that are used to describe breast cancer:

In Situ - means the cancer cells have grown and stayed inside the duct or lobule.

Invasive - means the cells have multiplied and broken through either the ductal or lobular wall. This may also be called '*infiltrating*.'

A tumor develops its own blood vessels. Cancer cells can then travel or spread from these blood vessels to the lymph nodes and other parts of the body by way of the body's circulatory system.

Invasive cancer does not mean the cancer has spread to the lymph nodes or another part of the body, only that it has spread outside the ductal or lobular wall.

Breast cancer cells grow microscopically over a period of time; they do not appear or spread overnight.

What is going to happen next?

1. An appointment will be made for you to see a surgeon. The surgeon will review your tests and health history and will examine you.
2. The surgeon will explain the surgical choices (lumpectomy or mastectomy) available to you and answer all your questions. They may also recommend which surgery is best for you and why.
3. If you have chosen to have reconstructive surgery at the time of your first surgery, an appointment will also be made for you to see a plastic surgeon who specializes in breast reconstruction.

Surgery is scheduled as soon as possible, often within 2 to 3 weeks.

4. After surgery, you will have a follow-up appointment with the surgeon, usually within two weeks. At this visit, the surgeon will check how well you are healing and will also talk to you about the results of the pathology tests on the tumor(s) removed from you, if the results are available.
5. Some extra tests like a bone scan, abdominal (liver) scan and/or a chest X-ray may be arranged for you either before or after you are referred to a Cancer Clinic.

You may want to ask the surgeon about breast reconstruction surgery and discuss whether you want to consider having it at this time.

Breast surgery (without reconstruction) is commonly day surgery and you are not kept in the hospital overnight.

Write your questions down ahead of time so you won't forget to ask them.

Plan for someone to go with you to see the surgeon. Ask your companion to write down the answers to your questions so you can listen more to what is being said.

Can I talk to someone who has had the same experience?

Talking with someone who has 'been there' can be a very good thing to do. This is someone who may have felt many of the same fears, emotions and concerns as you do. She knows first hand what it is like to experience breast cancer surgery, recovery and treatment. She is also an example of someone who has not only survived, but has gone on to live a full life.

The Canadian Cancer Society Peer Support Program (1-800-263-6750 in Ontario) and Willow Breast Cancer Support Canada (1-888-778-3100) are two programs that offer peer support. These programs may be able to match you with a breast cancer survivor with a similar diagnosis and life situation. You can talk to this person over the telephone or you may ask to be matched with someone in your community so that they can visit with you in person. Sometimes these women are the only ones who can give you the kind of support and understanding that you are looking for! Peer support is also available for family members, friends and others close to you.

There may be breast cancer support groups in your community. They give you the chance to talk to several women with different experiences at the same time. Call the Supportive Care Program at your Cancer Clinic or Willow Breast Cancer Support Canada to find out how to contact a support group in your area.

You may feel more comfortable calling or talking to someone you know who has had breast cancer. This can also be helpful, but you will want to be sure that the people you choose to talk with are knowledgeable and able to support you in a positive way.



I'm so afraid ...

Each person deals with a diagnosis of breast cancer differently. It is common and normal to feel afraid. You may also have feelings of sadness, anger, disbelief and even tiredness from having trouble sleeping or eating. It may be helpful to talk with others about how you are feeling. Some women also find spending quiet time alone and/or in prayer comforting.

Having more information about breast cancer and what you can expect from surgery and treatment will also help. Read through this booklet, ask your health care providers questions and contact the organizations listed starting on page 41 if you need more information.

You are not alone. Breast cancer is a risk for all women as they age, with more than 8,000 in Ontario being diagnosed each year. Most women diagnosed do not have a family history of the disease. Researchers have not yet found a way to prevent breast cancer from happening.

As you talk about your diagnosis with others, you'll quickly learn of many women who were diagnosed five, fifteen and even twenty years ago! Being positive and hopeful are realistic feelings for you, your family and friends to have. These are also feelings that will help in your treatment and care.

Ask questions of your care providers, and if you don't understand the answers, ask the questions again until you do!

You may want to start a journal about your breast cancer journey. Write about what you are experiencing and how you are feeling.

The good news is that because more and more women go for regular mammograms as part of their personal health care, many cancers are found while they are still small and can be successfully treated. Technology and expertise have also improved, so that cancers can now be found while they are still contained within the duct or lobule of the breast (in situ cancer).

How do I tell people about my diagnosis?

Who you tell about your breast cancer diagnosis and when you tell them is a very personal decision. There is no right or wrong way to do this.

At first, some women tell only their immediate family and closest friends. Others share the diagnosis with everyone they know. Some women prefer to have a close friend or family member tell others for them. This is your decision. Do it in a way that feels most comfortable for you.

Be prepared for people reacting differently to hearing about your diagnosis. Some will be extremely understanding and supportive, while others may be uncomfortable and not know what to say to you. Although concerned for you, some people may fear for their own health and even stay away from you.

You will likely find the most common reaction is overwhelming help and support. As one woman said, "My support group of family, friends and colleagues was absolutely the best. It was also a time to gain new friends and they have now become the best of friends!"

Some helpful tips:

- Expect to answer questions when you tell others. Be prepared ahead of time with the information you would like to share.
- Plan and practice how and what you will say.
- When telling young children, keep your explanations simple. Use language that they will understand. (The book *What About My Kids? A Guide for Parents Living with Breast Cancer* may be helpful. It is available online at: www.cbcf.org/ontario/whataboutmykids)
- Explain that no one did anything wrong to cause the cancer and that cancer cannot be 'caught' by another person.
- Be factual but hopeful. Explain that the doctors, nurses and you are going to work together to make sure you get the best care.
- Suggest ways that people can help you because people often do not know how to help.

Call a social worker at the Cancer Clinic for ideas and suggestions that will help when talking about your diagnosis with others, especially children.

At some point, you may also need to talk to your employer about your diagnosis. You will want to consider some of the information given on pages 35-37 before such a discussion takes place.

Maureen's Story

I was single, 57 years old and heavily into retirement travel plans. These plans changed when I was told I had Ductal Carcinoma In Situ. What a shock—I was very athletic and had never felt better in my life! After the numbness wore off I was very angry: I had done everything right; why was this happening to me?

My niece, who is a nurse, suggested I talk to someone who had breast cancer. She said someone who had been there would know exactly how I felt. I took her advice and called Cancer Connection asking to be matched with a breast cancer survivor in my community.

That's how I met Caroline. Caroline was there for me throughout my surgery and treatment. She listened to me when I needed to be listened to and gave me a gentle nudge when I needed to be pushed. She gave me encouragement and hope.

Retirement has come and gone. Not only am I doing lots of travelling, I also provide peer support for other newly diagnosed women. I know what a difference someone who has been there can make!

Preparing for my surgery ...

How can I prepare for my surgery?

Are there different kinds of surgery I can have?

Breast reconstruction—is it for me?

How can I prepare for my surgery?

Make sure your questions about your surgery have been answered so that you understand what to expect ahead of time.

If you don't have all the information you need, ask the questions again or contact some of the resources listed for you in this booklet.

You will be asked to attend a pre-admission clinic at the hospital before your scheduled surgery. This is also a good time to find out more about what to expect.

Write down your concerns and questions ahead of time. Remember to take the list with you when you go to see your surgeon!

Ask someone close to you to go with you to see your surgeon. They can take notes, ask questions you may not think of and help you remember what the doctor said.

Take care of yourself. Often, good health habits are neglected during stressful times. Not taking care of yourself will lower your energy level as well as your sense of well-being. Your body needs energy to help cope with stress. Eat well, try to get some sleep or rest and reduce the amount of caffeine and alcohol you have.

Do things that help you relax. Go for a walk, exercise, take a long relaxing bath or try some meditation.

Talk about what is happening and how you are feeling with a trusted friend or family member. Keeping a journal about your thoughts, feelings and activities may be very helpful.

Using voicemail or an answering machine will let you return calls at a time that is best for you.

Some women find comfort in their faith and through prayer. You may choose to talk to a priest, rabbi, imam, minister, elder or other spiritual advisor.

You may call the Supportive Care Program at the Cancer Clinic anytime after your diagnosis, even before you have surgery. The program has experienced social workers to talk with about how you are feeling and what to expect.

Questions you may have for your surgeon:

- Would you suggest one type of surgery or another for me?
- How common is it to have more than one surgery and why?
- How long will I have to wait to find out about my surgical pathology results?
- What are the risks of my breast cancer surgery?
- Should I consider breast reconstruction?
- If I don't have breast reconstruction, what are my other options?
- Will I have physical limitations after my surgery?
- How long will I be in the hospital?
- How quickly will I recover physically?
- Will I need help at home during my recovery from surgery?



Are there different kinds of surgery I can have?

There are two surgical choices for breast cancer: mastectomy or lumpectomy. Lumpectomy followed by radiation therapy or mastectomy will both give you an equal chance of living a long, full life.

Most women will have the choice of either surgery. In some situations a surgeon may recommend a mastectomy over a lumpectomy if, for example, the tumor is very large and you have very small breasts, or if you have extensive DCIS (ductal carcinoma in situ).

A **lumpectomy** may also be called a partial mastectomy. A lumpectomy removes the cancerous tumor as well as some surrounding healthy tissue. Surrounding tissue is removed to make sure no detectable cancer cells remain.

In a **mastectomy**, all of the breast tissue of the affected breast(s) is completely removed.

During both surgeries, some lymph nodes are also usually removed for examination. There are also two procedures that can be performed to remove lymph nodes.

Sentinel Node Biopsy

The sentinel node(s) is the first lymph node(s) that cancer cells spread to after leaving the tumor area. A sentinel node biopsy may be performed if the tumor is expected to be very small and there is very little chance the cancer cells could have spread to other lymph nodes. This is a highly specialized procedure where a blue dye and/or a radioisotope solution are injected into the breast before surgery. The injected solution goes through the lymph vessels to the lymph nodes. Once in the lymph nodes, the surgeon can see the nodes and surgically remove them so they can be looked at under a microscope. If cancer cells are **not** found in the sentinel node(s), an axillary node dissection may not be needed. If cancer cells **are** found in the sentinel node(s), an axillary node dissection will be needed to remove the lymph nodes from under the arm.

Axillary Node Dissection

This refers to the removal of a number of lymph nodes from under the arm or axillary area. After removal, these nodes are examined under a microscope to see if there are any visible cancer cells. If cancer cells are present, then they could have spread to other parts of your body. This is important information for the doctor to have when deciding what treatment is best for you.

In many communities, breast surgery is commonly done as day surgery and you do not stay in the hospital overnight. A community nurse may visit you at home to check your dressings and your needs following surgery. Most women report only minor pain after either type of surgery.

The surgery you choose to have is very personal. The decision does not have to be made right away. You may take a few days to gather information, think about your feelings and talk to others about the choices. Taking some time to make a decision will not have any negative effects for you. The Canadian Cancer Society has an excellent resource to help you make this decision called *"Making Decisions About The Removal Of My Breast Cancer: What Do I Prefer?"*

Linda's Story

I was 43 years old when I was told I had an infiltrating ductal carcinoma in my left breast. I remember being very frightened for myself and for my 7 and 9 year-old daughters. I wasn't sure if I was going to live and I was terrified of what breast cancer treatment would be like.

I decided that I was going to fight back and worked hard to remain positive and hopeful. I still felt sad and tearful at times, but for the most part my plan worked. The difference this made in how I felt physically and emotionally was amazing to me.

I read a lot and asked many questions. I learned how to navigate my way during several months of chemotherapy and radiation. When my treatment was over, I even hosted a celebration party for all my family and friends.

It is now six years later. My children are teenagers and my days are active and full. Life doesn't end with breast cancer; it begins again!

Breast reconstruction—is it for me?

Breast reconstruction is surgery done to rebuild a natural breast shape after the breast has been removed. It may be done at the same time as a mastectomy or up to several years later. OHIP covers the full cost of reconstructive surgery after breast cancer regardless of when the surgery is done.

There are two major types of reconstructive surgery: saline implant and 'flap' surgery, which uses tissue from your own body.

A **saline implant** involves placing a sac filled with saline gel under the chest muscle. When there is very little tissue left in the breast area after surgery, it may be necessary to expand the tissue. With the expander procedure, a hollow empty sac is placed behind the chest muscle and the overlying tissue is sewn up. Attached to this sac is a valve that allows the sac to be filled with saline. It is filled by the plastic surgeon at regular intervals over 3-6 months. This time period lets the muscle stretch to allow for the implant. Once the breast mound is the desired size, it will be replaced with a permanent implant. The replacement is done in a short surgical procedure.

Flap surgery takes muscle, fat and skin from another part of your body to make the breast mound. Tissue can be taken from the back, or more commonly, from the lower abdomen. The tissue can either be 'tunneled' under the skin to form the breast mound or lifted and placed on the chest area to form the breast mound. If you are thin or have had previous abdominal surgery, this type of surgery may not be the best for you. The recovery time for flap surgery is longer than for saline implants.

For both types of surgery, nipple tissue can be reconstructed as well. This is often done at a later date.

Reconstructive surgery usually has very good results. Even if you find that the reconstructed breast does not feel as soft or fall as naturally as your own breast, you will still look very natural in your clothing.

Having reconstructive surgery is not the right choice for everyone, but it is the right choice for some women. If you want to talk about this option in more detail, ask to be referred to a plastic surgeon who specializes in breast reconstruction.

*"The shoe that fits
one person pinches another;
there is no recipe for living
that suits all cases."*

C. G. Jung

What to expect after surgery ...

What will I look like after my surgery?

After my surgery, will I go for cancer treatment?

What will I look like after my surgery?

If you have a lumpectomy, the breast that has been operated on will look about the same as it did before surgery. Most women are surprised at the small change in the size of their breast after surgery.

If you have a mastectomy, all the breast tissue of the affected breast(s) will be removed. The chest area where your breast was will be flat and you will have a straight, slightly raised incision across your chest or breast area. The incision will eventually heal, flatten and fade to a very thin white line.

With a lymph node dissection, there will be a small incision under the arm. During surgery, a drain tube will be put in the underarm area to prevent the build up of fluid while healing takes place. The drainage tubing will be shortened and removed after a few days as the drainage slows down and stops.

One out of five women who have had breast cancer will experience mild to severe lymphedema during their life. Lymphedema can happen right after surgery or radiation treatment. It can also happen years later without warning.

See the next page for signs and symptoms.

If a Sentinel Node Biopsy has been performed, there is another small incision on your breast. It is usually in the outer area of the breast, close to the armpit. Sometimes the lumpectomy and sentinel node incision are made in the same area and you will only need one incision.

Artificial breast forms or prostheses are readily available. They can be secured inside your bra so that your clothing will fit well and your appearance will be very 'normal' looking. You can call the Canadian Cancer Society Peer Support Program at 1-800-263-6750 to arrange to have a woman who has had breast cancer visit you. She will give you a kit that includes a temporary prosthesis. Kits are also available to women receiving telephone support from this program. This prosthesis can be used until you have the time to shop and find the style that works best for you. The Supportive Care Program at the Cancer Clinic can also give you information about where to buy breast prostheses in your community.

After my surgery, will I go for cancer treatment?

If a diagnosis of breast cancer is confirmed by your surgery, you should be referred to a Cancer Clinic for a consultation with a cancer specialist (oncologist).

It is recommended that every woman receiving a breast cancer diagnosis, regardless of whether she plans to receive more treatment, be referred for a consultation with an oncologist.

There are two exceptions: If the surgeon you are seeing is also a surgical oncologist, they can assess whether or not you need more treatment.

If you have been diagnosed with Ductal Carcinoma In Situ (DCIS) and have had a mastectomy, a referral to a cancer specialist may not be needed.

During the consultation at the Cancer Clinic, you will have the chance to have your questions answered. You will also find out whether you need to consider having more treatment. Information will be given to you about your best treatment options. Cancer treatment may include radiation therapy, chemotherapy, hormonal therapy and/or other treatments.

Symptoms of lymphedema that you should tell your doctor or care provider about:

- Swelling/puffiness of your arm or trunk on the same side as surgery
- Enlargement of your arm
- Tightness of the skin and a feeling of heaviness in your arm
- Discomfort or a 'pins and needles' feeling in your arm
- Indenting of the skin when pressed on your arm
- Aching or heavy feeling of your arm
- Redness or other signs of an infection on your arm

- A feeling of warmth in the arm with no redness
- Bursting or shooting pain that happens off and on in your arm

Lymphedema cannot be completely prevented, but early arm movement and exercise after surgery helps. Ask what arm exercises you should do and how often. You also need to know how to gradually increase the difficulty of these exercises.

Lymphedema can be controlled with the right treatment and care.

Tips to reduce your ongoing risk of lymphedema:

- Protect your skin and keep it meticulously clean and moisturized using gentle unscented soap, moisturizer and sunscreen
- Treat any cuts, scratches or skin irritation promptly using standard first-aid protocols
- Avoid sustained extreme temperatures
- Avoid wearing jewelry or clothing that binds the affected arm (the arm closest to your surgical or radiation site)
- Avoid carrying heavy purses or bags on the affected shoulder
- Avoid straining the affected arm
- Use insect repellent and long sleeves when appropriate to minimize your risk of insect bites or stings
- Take periodic measurements of your affected arm to see if there has been any change in size
- Avoid using your affected arm for blood draws, injections, intravenous therapy or blood pressure monitoring
- Tell your doctor or care provider as soon as possible if you notice any symptoms that could suggest lymphedema

Questions about the Cancer Clinic

What can I expect when I go to the Cancer Clinic?

What information will the oncologist have about my breast cancer?

What can I expect when I go to the Cancer Clinic?

As you enter the world of cancer treatment, it may feel like your life now revolves around appointments and treatments. During this time, it is important for you to remember that first and foremost you are a person and as a person you must be involved in the decisions regarding your treatment and future. *You will get through this. There is life after cancer.*

You will get a patient referral package from the Cancer Clinic that will answer many of your questions about the Cancer Clinic and what to expect. Information about location, how to get there and parking are included in the package. If you do not already have a referral package, call the Cancer Clinic and ask for one.

Make a list of your surgery, special test dates and their results ahead of time to make it easier for you to provide this information.

List the names of the medications you are taking, including the dosage and how often you take them and give this to the nurse or doctor at the Cancer Clinic. You can bring the bottles with you if you prefer.

Your first visit will be a consultation with a cancer specialist (oncologist). Depending on your need, the oncologist will either specialize in radiation therapy or chemotherapy. Some women will need to have a consultation with both, but that may not happen until later in the treatment. It may take 6 to 8 weeks after surgery to see an oncologist.

Your first Cancer Clinic visit:

- When you arrive at the Cancer Clinic, check in at the reception desk. You may be asked for your health card now or at a later time.
- When you arrive in the appointment area, check in with the person at the desk to let them know you have arrived.

A nurse will:

- Review your medical history, asking about the tests and surgery you have had and the results;
- Ask about any other health problems;
- Ask for the names of all drugs you are taking, including prescription medicines, vitamins, herbs and supplements;
- Ask about major health problems within your immediate family such as heart disease, diabetes and cancer;
- Take and record your weight; and
- Discuss any problems or concerns you have. The nurse will give you more information about what to expect and will also make sure the doctor is aware of your concerns.

You will then see the oncologist who will be caring for you. They will review your history, take your blood pressure, complete a physical examination and answer your questions.

The oncologist will determine if further medical tests (i.e. scans) are needed and arrange them for you. Unless more medical information is needed, your treatment options will be fully explained to you and suggestions made. Most people do not start treatment at this first visit.

Your actual treatment usually starts two to four weeks after the consultation visit with the oncologist. For women having radiation treatment, treatment planning will be done before treatment starts. This is the visit where skin markings and radiation calculations are made.

Write down the questions you have for the oncologist as you think of them and bring the list with you to your appointment. Start the list with your most important questions.

If you are travelling from out of town, you may want to ask the nurses if there are places to stay overnight.

It is helpful to have a trusted friend or family member come with you to your appointment. They can ask questions you may have forgotten, take notes and help you remember the details of your discussion with the oncologist.

In total, it may take up to 12 weeks after your last surgery to actually start your chemotherapy or radiation treatment. Although this may seem like a very long time, you can be reassured that medically the wait will not affect the success of your treatment. However, everyone at the Cancer Clinic knows that this is an anxious time for you and your family. They will try to make your appointment as soon as possible.

The length of time you wait for your first appointment at a Cancer Clinic changes from time to time depending on the number of patients needing to be seen.

If everything seems a little overwhelming and you need some help to deal with what you are experiencing, ask to speak to one of the social workers at the Cancer Clinic. They are skilled, caring and specially qualified to help you.

Questions you may have for your oncologist:

- What type and stage is my cancer?
- What treatment are you recommending and why?
- How does the treatment help and how many women benefit?
- When, where and how often will treatments be given?
- What are the usual side effects? Will I feel bad?
- Are there any risks to the treatment?
- How long do the treatments take?
- What will happen if I refuse this treatment?
- What problems should I report and to whom?
- How can I contact you or the medical team between visits?
- Can I take other medications or drink alcohol during treatment?



What information will the oncologist have about my breast cancer?

The oncologist will review your health history, test results and examine you during your first visit at the Cancer Clinic. Most of the information about your cancer will come from the pathology report on the tissue removed at the time of surgery.

Information provided in the **Pathology Report** includes the following:

Histology: The type of cancer and the arrangement of the cells.

Grade: Refers to how normal and/or aggressive the cells appear. Undifferentiated cells mean the cells are featureless and no longer resemble breast cells. Nuclear grade refers to the appearance, size and density of the cell nucleus. Generally, aggressive cancer cells have a more altered or undifferentiated appearance and a higher nuclear grade.

Gross Description: What the pathologist saw, measured and felt when examining the tissue without a microscope.

Microscopic Description: What the tissue looked like to the pathologist under a microscope. The report will also indicate if the entire tumor was successfully removed, as indicated by 'clear' margins with no remaining signs of cancer.

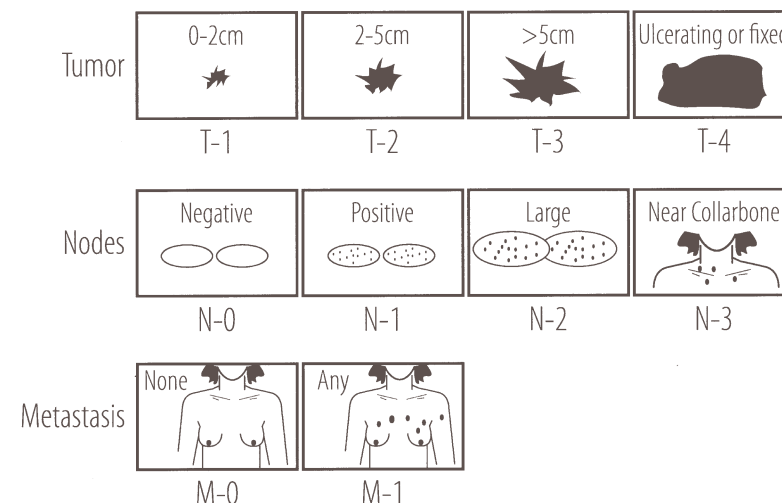
Stage of the Cancer: Two methods are used to describe the stage of a breast cancer: an International TNM Classification Staging System and a categorizing of breast cancer by 'stages.' Treatment recommendations depend on the stage your breast cancer has been given.

TNM Classification System:

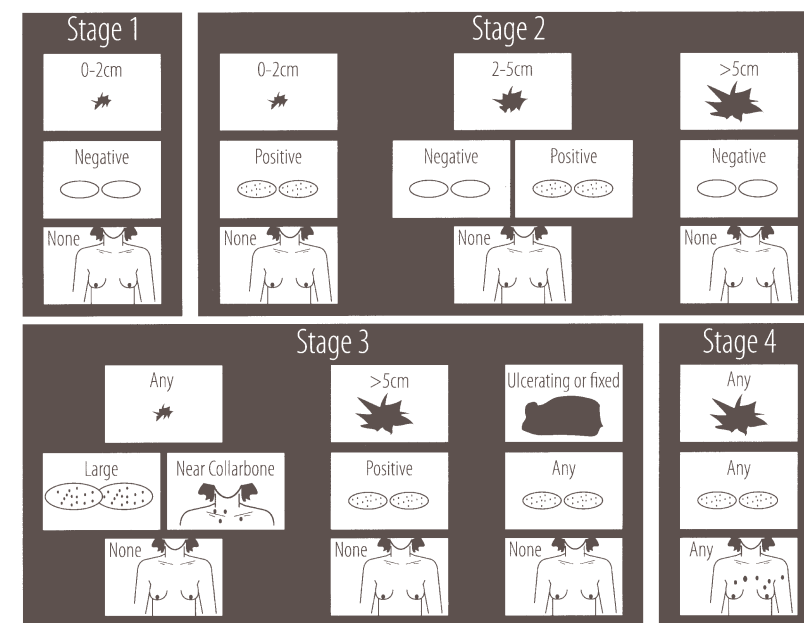
- T** refers to tumor size
- N** refers to the status of the nodes
- M** refers to the presence of metastasis

See chart on following page.

TNM Classification System:



Stage Categorizing System:



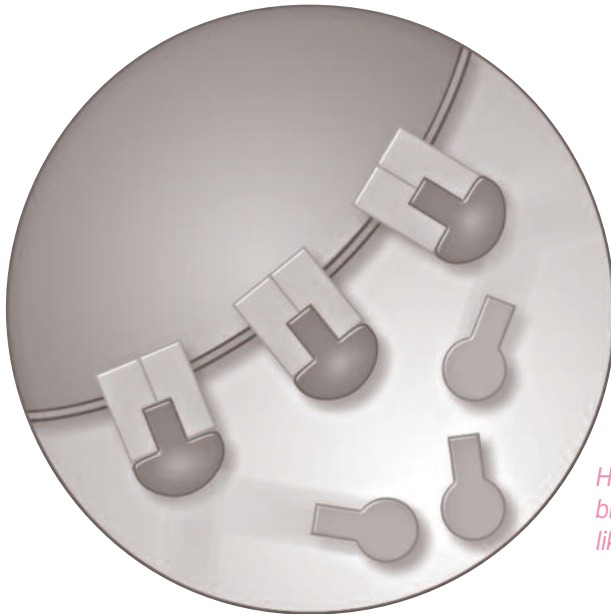
Adapted from Dr. Susan Love's Breast Book

In addition to staging information, the oncologist will consider the receptor status of the cells. Breast cancer cells may have specialized receptors into which the female hormone molecules (estrogen and progesterone) fit like a lock and key. If these receptors are present, these hormones encourage the tumor to grow.

Some tumors also overproduce a protein called Her-2-neu. If this overproduction is present, the protein tells the cancer cells to grow faster and faster.

This type of information is important because specific drugs can be included in the treatment plan to act against both these tumor growth messages.

Treatment plans are based on research and are regularly evaluated. Treatments are the same worldwide, so you can feel confident the best treatment combination for your specific cancer is being suggested.



Hormone molecules fit into breast cancer cell receptors like a lock and key.

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Additional information

Will I still be able to have children after my cancer treatment is over?

Is my daughter at risk for breast cancer?

Will I still be able to work while I'm having treatment?

How will I be able to manage financially?

Where can I go to find more information?

Resources

Words and terms you may hear

Your health care providers

Will I still be able to have children after my cancer treatment is over?

If you are pre-menopausal when you are diagnosed, your ability to become pregnant after cancer treatment will depend on your treatment plan. Radiation and surgical treatment will not affect your fertility. However, chemotherapy may affect it.

Chemotherapy decreases the levels of estrogen in your body. Stopping estrogen from circulating in your body is beneficial to your treatment. For most women, this means ovulation and menstrual periods stop.

Whether your cycles start again after chemotherapy is stopped depends on your age. They are more likely to start again in younger women and less likely to start again in older women. Under the age of 40, women have a 50-70% chance that their periods will start again. Over the age of 40, the chance is 10-30%. If your regular cycle starts again, it is also possible for you to become pregnant.

The ability to successfully harvest eggs before treatment starts is not fully developed and therefore is not a suggested option. Research studies continue and new discoveries are made every day.



Is my daughter at risk for breast cancer?

All women, as they get older, are at risk for breast cancer. Breast cancer risk increases with age. One in nine Canadian women is expected to develop breast cancer in her lifetime (this means by age 90), and 80% of breast cancer cases occur in women over age 50. Your daughter would be at greater risk than other women **only** if you have a mutation to a breast cancer gene that could have been passed on to her when she was born. This has happened in about 5-10% of all breast cancers diagnosed.

The most common breast cancer genes are called BRCA1 and BRCA2. Mutations in either of these genes can be passed on or inherited from either your mother or father.

To find out whether you have a mutation to a breast cancer gene or not, you would need to have genetic testing.

Some of the reasons you may want to consider talking to your doctor about being referred for genetic testing are the following:

- You have multiple, closely related family members diagnosed with breast cancer in more than one generation.
- You were under the age of 35 at the time of diagnosis.
- A male family member has been diagnosed with breast cancer.
- A family member has been diagnosed with both breast and ovarian cancer.
- You have breast cancer diagnosed in both breasts.

Will I still be able to work while I'm having treatment?

The length of time you may need to be off work will depend on your treatment plan. If your plan consists of surgery and/or radiation, the time may be minimal. If chemotherapy is required, this will take place over several months. You need to talk to your doctor about how long your treatment will take and how you might feel during treatment.

People react differently to cancer treatment. There are a number of physical symptoms you may have at some point during your treatment. Feeling tired is very common. At certain times some people feel nauseated or are sick to their stomach. Other people may not feel like eating. The body also has a harder time fighting infections such as colds. Simply dealing with a diagnosis of breast cancer can be overwhelming at times. All together, these reactions make it difficult for most people to continue working full-time during their cancer treatment.

The physical and mental demands of your job also need to be considered. It may be possible for you to work part-time hours, change the hours you work or use flex time. If you are interested in any of these options, you need to talk about them with your employer. Don't forget to ask if there will be any changes to your benefit plan if your hours are changed.

How will I be able to manage financially?

Most of your basic medical needs during surgery and cancer treatment will be covered through the Ministry of Health and Long-Term Care.

You are also entitled to income tax deductions for some of the expenses you will have during treatment. These include things like the cost of parking, travel, accommodation, meals and drugs. The expenses can be incurred both by you and the person who comes with you to your appointments. How much you can claim may change over time. Contact Canada Revenue Agency or visit their web site at www.cra-arc.gc.ca, clicking on medical expenses, to find out current and detailed information. A social worker at the Cancer Clinic will also be able to answer your questions.

You could be off work for a few weeks or several months. This may be financially difficult for you. Talk with your doctor to find out how much time you can expect to be off work. Then find out what short- and long-term benefits are available to you at your workplace. When these are gone, you may then be eligible for employment insurance sickness benefits. To qualify, you have to be medically unable to work but also able to show that you would be available for work if you were not having treatment. Your doctor will have to confirm why you are medically unable to work. In some situations, disability benefits may also be available through the Canada Pension Plan.

Finally, social assistance may be an option when all other resources have been used.

A social worker at the Cancer Clinic can help you make sure you are getting all the financial aid available to you.

If you do not have access to a drug plan, paying for some of the drugs used during chemotherapy can be difficult. If this is a problem for you, ask to speak to a social worker or pharmacist at the Cancer Clinic who may be able to provide you with other alternatives.

Explore the benefits associated with any extended health insurance or life insurance policies that you may have.

You may find some financial support during this time is a welcome way for family and friends to help and assist you.

Two excellent resources with more detailed financial information are a Willow publication entitled "Coping With Financial Concerns When You Have Breast Cancer," available at www.willow.org/info/05.asp, and financial information found on the Canadian Cancer Society's website (www.cancer.ca) in the section "Where will my money come from" in the Ontario support/services section of the site.

The Supportive Care Program at the Cancer Clinic can also provide you with more information.



Where can I go to find more information?

Books/Booklets

Breast Cancer: A Guide for Patients. Pamela Chart. Toronto, ON: Coles Publishing, 2000.

Breast Cancer: The Complete Guide. Yashar Hirshaut and Peter Pressman. 3rd Edition. New York: Bantam Books, 2000.

Dr. Susan Love's Breast Book. Susan M. Love, MD with Karen Lindsey. 4th Edition. Cambridge, MA: Da Capo Press, 2005.

Intelligent Patient Guide to Breast Cancer: All You Need to Know to Take an Active Part in Your Treatment. Ivo Olivotto, MD, Karen Gelmon, MD, David McCready, MD, Kathleen Pritchard, MD, and Urve Kuusk, MD. 4th Edition. Vancouver, BC: Intelligent patient guide, 2006.

Questions and Answers on Breast Cancer. A Guide for Women and Their Physicians. Canadian Breast Cancer Initiative. 2nd Edition. Ottawa, ON: Canadian Medical Association, 2001. http://www.phac-aspc.gc.ca/ccdpc-cpcmc/bc-cds/pdf/bc_qa_e.pdf

Making Decisions about the Removal of My Breast Cancer: What Do I Prefer? Booklet and audiotape. Canadian Cancer Society, 2001.

What About My Kids? A Guide for Parents Living with Breast Cancer. Linda J. Corsini. Canadian Breast Cancer Foundation - Ontario Region. Electronic edition, 2007. www.cbcbf.org/ontario/whataboutmykids

What You Need to Know about Breast Cancer: Diagnosis, Treatment and Beyond. Pat Kelly with Mark Levine. 6th Edition. Toronto, ON: Key Porter Books, 2002.

Note: Cancer Clinics have a variety of books/booklets available in their Patient and Family Libraries. Call the Cancer Clinic to ask how to borrow reading material from them.

Websites

Canadian Breast Cancer Foundation: www.cbcf.org

Canadian Cancer Society: www.cancer.ca

Cancer Care Ontario: www.cancercare.on.ca

Willow Breast Cancer Support Canada: www.willow.org

Canadian Breast Cancer Network: www.cbcn.ca

Breastcancer.org: www.breastcancer.org

Lymphovenous Association of Ontario: www.lymphontario.org

Lymphovenous Canada: www.lymphovenous-canada.org

Ontario Breast Cancer Exchange Partnership: www.obcep.ca

University of Toronto, Department of Plastic Surgery on Breast Reconstruction: www.breastreconstruction.ca

Wellspring, a network of cancer support centres: www.wellspring.ca

*"All you need to do
to receive guidance
is to ask for it and
then listen."*

Samaya Roman

The Internet can be useful to find information about breast cancer. It can also give inaccurate and confusing information.

Good websites to go to have a 'yes' answer to the following questions:

- Can you easily find who is sponsoring and contributing to the website?
- Is the website run by an accountable organization or is it one person's story?
- Is the same information repeated in different places (other websites, books?)
- Has the information been recently written?
- Have the reported studies been repeated by others with the same results?



Resources

How is this list organized?

The province of Ontario is made up of 14 different geographic regions, each of which is served by a Local Health Integration Network (LHIN). LHINs have a mandate from the Ontario government to plan, integrate and fund health care services in each region and to work with local health providers and community members to determine health service priorities. Ontario's 14 Regional Cancer Programs provide cancer care services in each of the different LHIN regions. Supportive care and community support services vary in each of these regions. The resource list below is divided by region and includes key local community support services as well as contact information for the Supportive Care Program of each Regional Cancer Program.

What is the purpose of this list?

This resource list is intended to help you access the resources and services available in your area. It is not intended to be an exhaustive list. To find out about additional resources and services in your area, including any breast cancer support groups near you, ask the Supportive Care Program at your Cancer Clinic or Willow Breast Cancer Support Canada.

What is a Supportive Care Program (at a Cancer Clinic)?

Supportive Care (sometimes called Psychosocial Oncology) Programs offer a variety of services to individuals and families at the time they are diagnosed with cancer and also during treatment at the Cancer Clinic. Social work is one of the services available. Social workers are experienced professionals you can talk with about your feelings and concerns around your breast cancer diagnosis. They will also have information about support groups and other resources available in your community. The service is strictly confidential and provided to you at no cost. Other types of services that may be available, depending on the specific Supportive Care Program, include physiotherapy, occupational therapy, pain and symptom management, as well as the services of dietitians, pharmacists, spiritual care advisors and psychiatrists or psychologists.

Please note: You may receive treatment at a hospital other than those listed here, as there are community cancer clinics or programs affiliated with each Regional Cancer Program. These hospitals may also have their own Supportive Care Programs that you can be referred to by any member of your health care team.

Province-wide resources

Willow Breast Cancer Support Canada

Phone: 1-888-778-3100 (toll-free)

Web: www.willow.org

Email: info@willow.org

Willow Breast Cancer Support Canada provides a variety of free services and programs to help Canadians affected by breast cancer. These include a peer support program, delivered via a support line staffed by trained breast cancer survivors, and information services.

Canadian Cancer Society Cancer Information Service

Phone: 1-888-939-3333 (toll-free)

Email: cis@ontario.cancer.ca

Canadian Cancer Society Cancer Information Service is a national, bilingual, toll-free service available to cancer patients, their families, the general public and health care professionals seeking reliable information.

Canadian Cancer Society Peer Support Program

Phone: 1-800-263-6750 (toll-free)

Canadian Cancer Society's Peer Support Program is a nationwide toll-free service that matches patients and caregivers with trained volunteers who have had a similar cancer experience and understand what it's like to live with cancer.

Caring Voices

Web: www.caringvoices.ca

Email: survivorship@uhn.on.ca

Caring Voices is a free on-line community for breast cancer survivors across Canada. It offers opportunities to learn from and interact with others who have had breast cancer and provides detailed information, a bulletin board, profile matching and live chat with breast cancer survivors. This innovative initiative is Princess Margaret Hospital's first national support platform for breast cancer survivors.

Sharing Strength

Web: www.sharingstrength.ca

Sharing Strength is a Canadian on-line resource and community for women with breast cancer. It provides easy on-line access to valuable support information and services of government agencies, health care organizations and patient support groups.

Regional resources

(organized by Regional Cancer Program)

Erie St. Clair Regional Cancer Program (LHIN 1)

Windsor Regional Cancer Centre (at Windsor Regional Hospital)

Web: www.wrcc.on.ca

- **Supportive Care Program**

Phone: 519-253-3191 ext. 58652

Web: www.wrcc.on.ca/webpage.cfm?site_id=3&org_id=204

Wellspring at The Hospice of Windsor and Essex County

Phone: 519-974-7100 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/windsor-and-essex-county.html or www.thehospice.ca

Wellspring at The Hospice of Windsor and Essex County offers programs at no charge and without referral for cancer patients at any stage of illness and their caregivers.

South West Regional Cancer Program (LHIN 2)

London Regional Cancer Program (at London Health Sciences Centre)

Web: www.lhsc.on.ca/About_Us/LRCP/index.htm

- **Supportive Care Program**

Phone: 519-685-8622

Web: www.lhsc.on.ca/Patients_Families_Visitors/LRCP/Supportive_Care

Wellspring London and Region

Phone: 519-438-7379

Web: www.wellspringlondon.ca

Wellspring London and Region provides a wide range of supportive care programs and educational services at no charge for people living with cancer and those who care for them.

Wellspring Stratford Program

Phone: 519-271-2232

Web: www.wellspring.ca/stratford-program.html

Wellspring Stratford Program offers a range of free programs to meet the needs of people living with cancer and those who care for them.

Waterloo Wellington Regional Cancer Program (LHIN 3)

Grand River Regional Cancer Centre (at Grand River Hospital, Kitchener)

Web: www.grrcc.on.ca

- **Supportive Care Program**

Phone: 519-749-4370 ext. 5781

Web: www.grhf.org/_grrcc/new_site/pub/treatServ/supportiveCare.asp

HopeSpring Cancer Support Centre

Phone: (Waterloo) 519-742-4673, (Cambridge) 519-624-5855

Web: www.hopespring.ca

HopeSpring was created to assist people to move beyond the fear, confusion, and frustrations surrounding a cancer diagnosis and treatment. They offer a variety of programs and services including personal and group support, a free wig boutique and a resource centre.

Hamilton Niagara Haldimand Brant Regional Cancer Program (LHIN 4)

Juravinski Cancer Centre (at Hamilton Health Sciences)

Web: www.jcc.hhsc.ca

- **Supportive Care Program**

Phone: 905-387-9711 ext. 64315

Web: www.jcc.hhsc.ca/webpage.cfm?site_id=37&org_id=1&morg_id=0&gsec_id=7535&item_id=7535

Wellwood Resource Centre (Hamilton)

Phone: 905-389-5884

Web: www.wellwood.on.ca

Wellwood is a community-based, non-profit organization providing information, supportive care programs and peer support to people who have received a diagnosis of cancer, their families and caregivers, and health care providers.

Breast Cancer Support Services (Burlington)

Phone: 905-634-2333 or 1-800-465-1902 (toll-free)

Web: www.breastcancersupport.org

Breast Cancer Support Services is a self-help organization offering a variety of free programs and services, including education and support for women and men with breast cancer.

Wellspring Niagara (Thorold)

Phone: 905-684-7619 or 1-888-707-1277 (toll-free)

Web: www.wellspring.ca/niagara.html

Wellspring Niagara offers a wide range of programs to people living in the Niagara region. Its mission is to provide free social, emotional, psychological, informational and spiritual support to individuals living with cancer, their families and close supporters.

Wellspring Stevensville Program

Phone: 905-684-7619 or 1-888-707-1277 (toll-free)

Web: www.wellspring.ca/nc/centres/niagara/ways-wellspring-can-help/calendar-and-whats-on/stevensville-calendar.html

Wellspring Stevensville Program offers a range of free programs to meet the needs of people living with cancer and those who care for them.

Mississauga Halton Central West Regional Cancer Program (LHIN 5 and LHIN 6)

The Carlo Fidani Peel Regional Cancer Centre (at the Credit Valley Hospital, Mississauga)

Web: www.cvh.on.ca/cancer

- **Supportive Care Program, Social Work**

Phone: 905-813-1100 ext. 6007

Wellspring Halton-Peel (Oakville)

Phone: 905-257-1988 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/halton-peel.html

Wellspring Halton-Peel serves individuals and families coping with cancer in the communities in and around the regions of Halton and Peel. The centre is also considered home to programs run by a number of other organizations offering cancer support in the region.

Wellspring Chinguacousy (Brampton)

Phone: 905-792-6480 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/chinguacousy-brampton.html

Wellspring Chinguacousy serves individuals and families coping with cancer in the communities in and around the regions of Halton and Peel. The centre is also considered home to programs run by a number of other organizations offering cancer support in the region.

Toronto Regional Cancer Program (LHIN 7)

Princess Margaret Hospital (Toronto)

Web: www.uhn.ca/pmh

- **Psychosocial Oncology and Palliative Care Program**

Phone: 416-946-4525

Web: www.uhn.ca/Clinics_&_Services/clinics/psychosocial_oncology.asp

- **Breast Cancer Survivorship Program**

Phone: 416-946-4501 ext. 2363 or ext. 4841

Web: www.survivorship.ca

Email: survivorship@uhn.on.ca

The Breast Cancer Survivorship Program provides support to breast cancer patients of Princess Margaret Hospital and to their families and friends. The Program offers survivors the opportunity to participate in a comprehensive reflective interview and create a survivorship plan, as well as offering various late-effect clinics such as Lymphedema, Neurocognitive, Fatigue, and the Function and Mobility Clinic.

Odette Cancer Centre (at Sunnybrook Health Sciences Centre, Toronto)

Web: www.sunnybrook.ca

- **Supportive Care** (also called **Psychosocial and Palliative Oncology Program**)

Phone: 416-480-4623

Web: www.sunnybrook.ca/content/?page=3542

Wellspring Sunnybrook (Toronto)

Phone: 416-480-4440 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/sunnybrook-toronto.html

Wellspring Sunnybrook has an excellent relationship with the Odette Cancer Centre and offers a number of programs that have been developed in collaboration with that Centre, as well as the regular roster of Wellspring support groups, coping skills sessions and expert-led educational presentations.

Wellspring Odette House (Toronto)

Phone: 416-961-1928 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/odette-house-toronto.html

Wellspring Odette House in Toronto offers free programs open to individuals and caregivers who are coping with any type of cancer, at any stage. Programs include individual and group support, coping skills, expressive therapies, energy work, and educational workshops and presentations.

Gilda's Club Greater Toronto

Phone: 416-214-9898

Web: www.gildasclubtoronto.org

Gilda's Club provides a meeting place where men, women, teens and children living with cancer, as well as their families and friends, can join with others to build social and emotional support as a supplement to their treatment of choice. Gilda's Club offers support and networking groups, lectures, workshops, and social events in a non-residential, home-like setting.

Central Regional Cancer Program (LHIN 8)**Regional Cancer Centre at Southlake** (Newmarket)

Web: www.southlakeregional.org/cancercare.html

- For Supportive Care services, ask for a referral from a member of your health care team

Wellspring at Doane House Hospice (Newmarket)

Phone: 905-967-0259 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/doane-house-hospice-newmarket.html or www.doanehospice.org

Wellspring at Doane House Hospice in Newmarket offers programs at no charge and without referral for cancer patients at any stage of illness and their caregivers.

Wellspring at Matthews House Hospice (Alliston)

Phone: 705-435-7218 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/alliston.html

Wellspring at Matthews House Hospice in Alliston offers programs at no charge and without referral for cancer patients at any stage of illness and their caregivers.

Central East Regional Cancer Program (LHIN 9)**R. S. McLaughlin Durham Regional Cancer Centre** (Lakeridge Health, Oshawa)

Web: www.lakeridgehealth.on.ca/index.php?id=A21-7C&navID=listMenuRootV

• **Supportive Care Program**

Phone: 905-576-8711 ext. 4703

Web: www.lakeridgehealth.on.ca/article.php?id=AA2-9L&navID=listMenuRootV

Hearth Place Cancer Support Centre (Oshawa)

Phone: 905-579-4833

Web: www.hearthplace.org

Hearth Place Cancer Support Centre provides community support for patients and their families dealing with cancer. The Centre offers peer support, information, a resource centre, wellness programs and an ongoing lecture and discussion series.

South East Regional Cancer Program (LHIN 10)**Cancer Centre of Southeastern Ontario** (at Kingston General Hospital)

Web: www.krcc.on.ca

• **Supportive Care Program**

Phone: 613-544-2631 ext. 2910

Web: www.krcc.on.ca/patient_visitor/patient_visitor_supportiveCareProgram.asp

Breast Cancer Action Kingston

Phone: 613-531-7912

Web: www.bcakingston.org

Breast Cancer Action Kingston is a survivor-led, charitable organization, working to educate and support women and men living with breast cancer, their families and the community.

Champlain Regional Cancer Program (LHIN 11)**The Ottawa Hospital Cancer Centre**

Web: www.ottawahospital.on.ca/sc/cancer/index-e.asp

• **Psychosocial Oncology Program**

Phone: 613-737-7700, ext. 70148

(or ask for Psychosocial Oncology Program Unit Coordinator)

Web: www.ottawahospital.on.ca/sc/cancer/cancer-programs/support-e.asp

Breast Cancer Action Ottawa

Phone: 613-736-5921

Web: www.bcaott.ca

Breast Cancer Action is a charitable organization whose goal is to ensure that each person diagnosed does not feel they need to fight alone. From pre-operative information sessions, peer support and rehabilitative exercise classes, the mission is to make a significant and meaningful difference to the lives of people affected by breast cancer or with breast health concerns.

Wellspring Ottawa (coming Fall/Winter 2009)

Web: www.wellspring.ca

Wellspring Ottawa will offer a range of free programs to meet the needs of people living with cancer and those who care for them.

North Simcoe Muskoka Regional Cancer Program (LHIN 12)**Simcoe-Muskoka Regional Cancer Centre** (Royal Victoria Hospital, Barrie)

Web: www.rvh.on.ca

- For Supportive Care services, ask for a referral from a member of your health care team

North East Regional Cancer Program (LHIN 13)**Regional Cancer Program of the Hôpital Régional De Sudbury Regional Hospital**

Web: www.neorcc.on.ca

- **Supportive Care Program** (also called **Psychosocial Resources**)
Phone: 705-522-6237 ext. 2175
Web: www.neorcc.on.ca/neorcc/DesktopDefault.aspx?TabId=193&TabIndex=303

BreastNorth.info

Web: www.breastnorth.info

Email: breastnorth@hrsrh.on.ca

The website www.breastnorth.info was developed by the Breast Action Coalition - Sudbury to create a virtual community for breast health/cancer information and support. The site contains information on a wide range of services available to residents living in the northeastern area of Ontario.

Wellspring at Warmhearts Palliative Caregivers Sudbury/Manitoulin

Phone: 705-677-0077 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/warmhearts-palliative-caregivers-sudburymanitoulin.html or www.warmhearts.ca

Wellspring at Warmhearts Palliative Caregivers Sudbury/Manitoulin offers programs at no charge and without referral for cancer patients at any stage of illness and their caregivers.

Northwestern Regional Cancer Program (LHIN 14)**Regional Cancer Care at Thunder Bay Regional Health Sciences Centre**

Web: www.tbh.net/programs_and_services/cancer_care.asp

• **Supportive Care Program**

Phone: 807 684-7310 or 1-877-696-7223 (toll-free)

Web: www.tbh.net/programs_and_services/cancer_care/supportive_care.asp

Wellspring at Hospice Northwest (Thunder Bay)

Phone: 807- 626-5570 or 1-877-499-9904 (toll-free)

Web: www.wellspring.ca/thunderbay or www.hospicenorthwest.ca

Wellspring at Hospice Northwest in Thunder Bay offers programs at no charge and without referral for cancer patients at any stage of illness and their caregivers.



Words and terms you may hear used:

Axillary

The area under the arm.

Benign

A term used to describe a tumor that is not cancerous.

Biopsy

The removal of a sample of tissue to see whether cancer cells are present.

Bone Scan

A picture of the bones using a radioactive dye that shows any injury, disease or healing. This test helps determine if cancer has spread to the bones.

Cancer

A general name for more than 100 diseases in which abnormal cells grow out of control. Cancer cells can invade and destroy healthy tissues and they can spread through the lymphatic system by way of the bloodstream to other parts of the body.

Cancer Clinic

Sometimes referred to as the Cancer Centre. A place dedicated to the diagnosis and treatment of cancer and the support of cancer patients and their families.

Carcinoma

Another word for cancer.

Carcinoma In Situ

Cancer that remains localized. It has not spread beyond the original site.

Chemotherapy

The use of drugs to treat cancer, also referred to as systemic therapy.

Clear Margins

An area of normal tissue that surrounds cancerous tissue, as seen during examination under a microscope.

Diagnosis

Identification of a disease from its signs and symptoms.

Ducts

Tubes in the breast that carry milk from the lobes to the nipple.

Estrogen

Female sex hormones produced by the ovaries, adrenal glands, placenta and fat.

Gene

A segment of the genetic material (DNA) inside the chromosomes in a cell nucleus, which controls protein production and hereditary traits.

Incision

The area on your body that is cut during surgery.

Invasive Cancer

Cancer that has spread from its original site to invade surrounding tissues.

Lesion

A general term indicating a change in the structure of any body tissue, often used as a synonym for cancer.

Lobules

The milk-producing or glandular parts of the breast.

Lymphedema

A swelling that occurs in various parts of the body from accumulation of lymphatic fluid. Fluid accumulation occurs because some of the channels and ducts that transport lymph fluid are missing and/or damaged.

Lymph Nodes

Are part of a gland system in the body that carries a fluid called 'lymph' to other parts of the body.

Lymphatic System

Made up of a number of lymph nodes throughout the body, the system removes waste from body tissues and filters the fluid and cells that help the body fight infections.

Lumpectomy

Surgical removal of the cancerous tumor in the breast as well as a small amount of healthy tissue around the tumor.

Malignant

Cancerous.

Mastectomy

Surgical removal of the breast.

Metastasis

When cancer cells break away from their original site and spread to other parts of the body.

Primary Cancer

The cancer in the original location where it was first detected.

Radiation Therapy

Cancer treatment with radiation (high energy rays).

Reconstruction Surgery

Re-creation of a breast that has been removed.

Recurrence

The reappearance of a disease after previous treatment had caused it to disappear.

Sentinel Lymph Node

The first lymph node(s) to which cancer cells spread after leaving the area of the primary tumor.

Staging

Classification of breast cancer according to its size and extent of disease.

Tumor

An abnormal growth of tissue. Tumors may be either benign (not cancer) or malignant (cancer).

Undifferentiated

Not clearly defined. Undifferentiated tumor cells do not look like normal cells.

Your health care providers:

Dietitian

A registered health care professional with specialized knowledge about the nutrients and minerals the body needs to be as healthy as possible.

Navigator

A health care professional who helps individuals through the breast assessment process by answering questions, booking appointments and providing support.

Nurse

A licensed health care professional dedicated to taking care of the health of individual people and communities.

Nurse Practitioner/Clinical Nurse Specialist

Advanced practice nurses who work closely with the surgeons, oncologists and nurses in managing your care.

Oncologist

A doctor or surgeon who specializes in treating cancer.

Medical Oncologist

An oncologist specializing in drug therapy (chemotherapy) for cancer.

Pathologist

A medically qualified doctor who specializes in identifying diseases by studying cells and tissues under a microscope.

Pharmacist

A licensed professional specializing in drug products and preparations.

Radiation Oncologist

An oncologist specializing in treating cancer with radiation.

Radiation Therapist

A licensed health care professional who performs the radiation treatment procedure.

Radiologist

A doctor who specializes in reading tests such as ultrasounds and X-rays. A radiologist may also perform core biopsies and use imaging techniques to guide treatment.

Social Worker

A health care professional who helps people by talking with them alone or in a group. The social worker can help with other problems that come with being sick such as finding money to buy medicine or arranging travel to go to another city for treatment.

Surgeon

A doctor who specializes in surgically removing abnormalities, such as breast tumors.

Technologist

A licensed health care provider who performs a variety of diagnostic tests such as ultrasounds and scans.

**The Canadian Breast Cancer Foundation**

As the leading national volunteer-based organization dedicated to creating a future without breast cancer, the Canadian Breast Cancer Foundation works collaboratively to fund, support and advocate for relevant and innovative breast cancer research; meaningful education and awareness programs; early diagnosis and effective treatment; and a positive quality of life for those living with breast cancer.

For more information about the work of the Foundation's Ontario Region, please contact us or visit us on-line.

Canadian Breast Cancer Foundation - Ontario Region
20 Victoria St., 6th Floor
Toronto, ON M5C 2N8
Phone: 416-815-1313
Toll-free: 1-866-373-6313
Fax: 416-815-1766
www.cbcbf.org/ontario

Guiding Women Through a Breast Cancer Diagnosis

... a supportive and personal approach

The time that passes between learning of your breast cancer diagnosis and seeing a doctor at a Cancer Clinic can be very stressful. This booklet will help you during this critical period by providing information and letting you know where you can go for additional information and support. Friends and family may also find the booklet useful.

This booklet is organized into five sections:

1. I've just been diagnosed
2. Preparing for surgery
3. What to expect after surgery
4. Questions about the Cancer Clinic
5. Additional information

This edition of *Guiding Women Through a Breast Cancer Diagnosis* is adapted from an existing community resource published in 2006 through the leadership of the Ontario Breast Cancer Screening Program - South and Southwest Regions with funding from the Canadian Breast Cancer Foundation - Ontario Region. The Foundation is pleased to be making this resource available throughout Ontario to further meet the needs of women who have been diagnosed with breast cancer. To order additional copies of this booklet please contact us at resourcesON@cbcf.org.

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