Cancer Society
Te Kāhui Matepukupuku
o Aotearoa

Breast Cancer
Matepukupuku ā-Ū

Understanding Cancer

A guide for people with breast cancer

He aratohu mā te hunga kua pāngia ki tematepukupuku o ngā ū

ANY CANCER, ANY QUESTION
0800 CANCER (226 237)
Cancer Information Helpline

Your general practitioner: phone ________________________

Your cancer team: phone ____________________________

Your local Cancer Society: __________________________

24-hour emergency phone 111

PO Box 651, Wellington 6140

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You can get copies of Cancer Society booklets and information sheets from your local Cancer Society, by phoning the Cancer Information Helpline 0800 CANCER (226 237) or by downloading them from our website www.cancernz.org.nz.

Ka āhei koe ki te tono kape o ngā puka me ngā whārangi pārongo a te Kāhui Matepukupuku mai i tō Kāhui Matepukupuku ā-rohe, mā te waea atu ki te Waea-āwhina Pārongo Matepukupuku 0800 CANCER (226 237) mō tētahi kape, me tikiake rānei i tō mātou paetukutuku www.cancernz.org.nz.

More information about the Cancer Society can be found in the back of this booklet.
We value your feedback on the information we provide, such as this booklet. There is an online form you can fill in here:
www.cancernz.org.nz/cancer-information/other-links/feedback.

About this booklet

When you hear you have breast cancer you may have a lot of questions.

This booklet will help answer your questions about the different stages of breast cancer, how it is treated and living well during and after treatment. It gives information about the diagnosis, treatment, practical support and the emotional impact of breast cancer.

For some people, having information about what is happening to them can be a way of taking back some control at a time when you may be feeling overwhelmed and powerless.

The words in bold are explained in the glossary (what this word means) at the end of this booklet, and key points are translated into te reo Māori.

Ka rongo ana koe kua pā te matepukupuku ū ki a koe, tērā pea ka nui ngā pātai ka ara ake.

Ka āwhina tēnei puka ki te whakautu i ō pātai e pā ana ki ngā wāhanga o te matepukupuku o ngā ū, pēhea ai te maimoa, me te noho ora i te wā o ngā maimoatanga me ngā rā ka whai iho. Ka hoatu pārongo hoki mō te whakataunga, mō ngā maimoatanga, ngā āwhina whaitake, me te papātanga ā-whatumanawa o te matepukupuku o ngā ū.

Mō ētahi tāngata, mā te whai i ngā pārongo e pā ana ki ngā āhuatanga kei te pā ki a rātou, tētahi huarahi hei whakahoki anō i te mana ki a rātou, i te wā e pokea ana, e taumaha ana hoki rātou.

Ka whakamāramahia ngā kupu kua miramiratia, ki roto i te rārangi kupu (te tikanga o te kupu) kai te mutunga o tēnei puka, ā, kua whakamāoritia ngā kōrero matua ki te reo Māori.

> “Having cancer didn’t stop me from having a good life. I had lots of support from whānau, doctors and hospital staff as well as the Cancer Society. I really appreciated it because it was a difficult time.”
>
> Rangi

Contents

SECTION ONE: UNDERSTANDING BREAST CANCER

Key points

- Breast cancer is a disease of breast tissue cells. Breast tissue includes the lower armpit (axilla), which contains lymph nodes (glands).
- More than 3,000 women and a small number of men are diagnosed with breast cancer every year.
- You are more likely to survive breast cancer if it is found early.
- For most people, the causes of breast cancer are not known.
- Breast changes may be early signs of breast cancer and should be checked by a GP.

Ngā kōrero matua

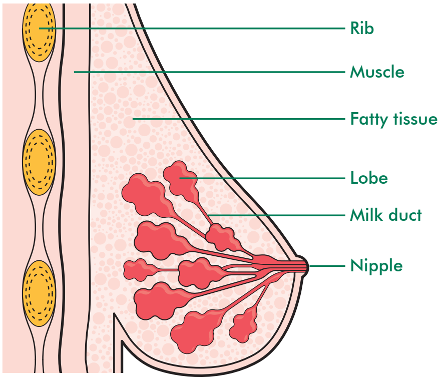
- He mate ki ngā pūtau kikokiko o te ū te matepukupuku ū.
Ka hāngai atu a whakararo o nga kēkē (axilla) ki te kikokiko ū, tērā e pupuri ana i ngā tīpona waitinana (repe waitinana).
- Neke atu i te 3,000 ngā wāhine me tētahi puna iti nei o ngā tāne whakataunga ai me te matepukupuku o ngā ū ia tau, ia tau.
- Ko te tikanga, ka ora mai koe i te matepukupuku o ngā ū mehemea ka tere kitea.
- Mō te nuinga, kāre i te mōhiotia, nā te aha puta ai te matepukupuku o ngā ū.
- Tērā pea, he tohu moata ngā panonitanga ki ngā ū mō te puta o te matepukupuku ū, nā reira me tirotirohia e tētahi rata.

Understanding your breasts

Women and men both have breast tissue. In women, breasts are made up of milk glands, connective tissue and fat. The milk glands consist of milk sacs (lobules), where milk is made, and tubes (ducts) that take the milk to the nipple.

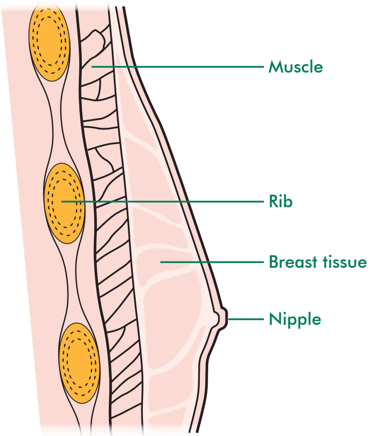
During puberty males produce large amounts of the male hormone testosterone, which stops the growth of lobules in their breast tissue.

Breast tissue is made up of millions of cells that are like tiny ‘building blocks’. Breast cancer affects these cells.



Female breast

Image: Macmillan Cancer Support UK



Male breast

Image: Macmillan Cancer Support UK

Breast tissue may include the lower armpit (axilla), which contains lymph nodes (glands). These are part of the **lymphatic system**, which protects us from infection and disease.

The lymph nodes near the breasts

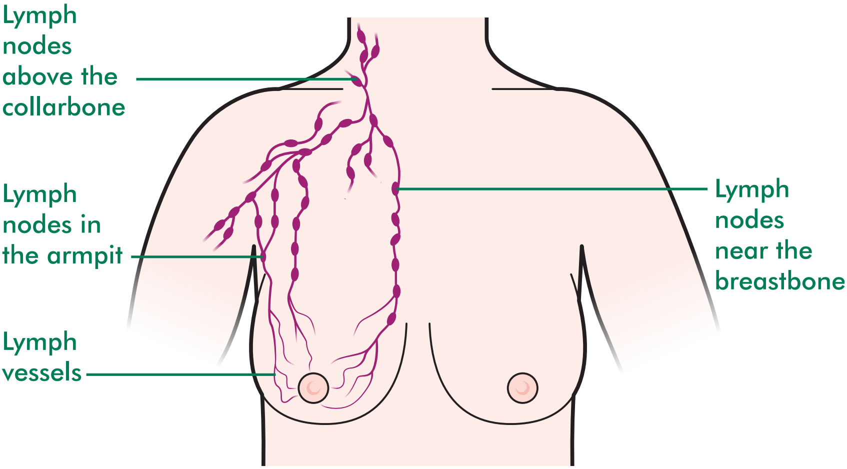


Image: Macmillan Cancer Support UK

Breast cancer cells can sometimes use the lymphatic system to spread to other parts of your body.

Breast cancer in New Zealand

Every year more than 3,000 women and a small number of men are diagnosed with breast cancer. Breast cancer mostly affects women over 50 years (70%) and a higher proportion of Māori women get breast cancer (130 per 100,000 in 2017) compared to non-Māori (90 per 100,000).

You are more likely to survive breast cancer if it is found early.

Research from 2014 shows that 88% of New Zealanders diagnosed with early or locally advanced breast cancer will live longer than five years.

New Zealand's breast screening programme

New Zealand has a free breast screening programme available to all New Zealand women aged 45 to 69. Mammograms can save lives by finding breast cancer early before it spreads. For more information about breast cancer screening, and the possible benefits and harms of having regular mammograms, you may like to visit the BreastScreen Aotearoa website www.timetoscreen.nz/breast-screening.

Te hōtaka ria ū o Aotearoa

Kua tū ki Aotearoa tētahi hōtaka ria ū mō te kore utu e wātea ana ki ngā wāhine katoa o Aotearoa kei waenga nui i ngā tau 45 ki te 69. He mea whakaora tāngata te mahi whakaata ū mā te rapu moata i te matepukupuku o ngā ū i mua i te horapatanga. Mō te roanga ake o ngā kōrero e pā ana ki te ria matepukupuku ū, me ngā hua tērā ka taea, me ngā wharanga o te whai auau i ngā whakaata ū, tērā pea ka hiahia koe ki te toro ki te paetukutuku BreastScreen Aotearoa www.timetoscreen.nz/breast-screening.

What causes breast cancer?

There is no clear reason why you might get breast cancer but some factors contribute to getting it. They include:

- increasing age
- a past diagnosis of breast cancer or DCIS (ductal carcinoma in-situ)
- atypical hyperplasia (increased number of abnormal cells) can be seen in a breast biopsy
- increased breast density
- a strong family history of breast cancer
- inheriting a faulty or altered gene that is linked to an increased chance of developing breast cancer (BRCA1 and BRCA2)
- lifestyle factors such as being overweight after menopause, physical inactivity, drinking alcohol and smoking
- use of **hormone replacement therapy** during menopause.

Having children before you are 30 and breastfeeding can both slightly reduce your risk of developing breast cancer.

Breast cancer in families

If you have any concerns about breast cancer risk for yourself or your family/whānau members, speak to your GP. It is thought that only about 5% of breast cancers occur in people carrying inherited faulty genes, the two most common of which are BRCA1 and BRCA2.

The chance of there being a family link is higher when:

- a number of closely related family members have been diagnosed with breast cancer or related cancers, such as ovarian cancer at a young age
- you have both ovarian cancer and breast cancer
- you or a family member have breast cancer affecting both breasts
- you have Jewish ancestry and a close relative with breast/ovarian or pancreatic cancer
- a man in your family has been diagnosed with breast cancer.

Symptoms of breast cancer

Breasts change as you age and it is normal to experience some changes during your menstrual cycle. However, some breast changes may be early signs of breast cancer. These include:

- a lump in your breast
- thickening of the tissue or dimpling of the skin covering your breast
- a lump or swelling in either armpit
- a change in the shape or size of your breast
- your nipple turning in (inverted nipple, unless the nipple has always been turned in)
- a rash on a nipple
- discharge or bleeding from one nipple
- pain or discomfort in your breast that does not go away.

Although these changes do not necessarily mean you have breast cancer, any breast change should be checked by your GP.

SECTION TWO: DIAGNOSING BREAST CANCER

Key points

- A biopsy removes a small sample of tissue from your breast to see if there are any cancer cells present.
- If your biopsy shows that you have breast cancer, further tests or scans may be done.
- Breast cancer is divided into two main types: ductal carcinoma in situ (DCIS) and invasive breast cancer.
- Staging describes the size of your cancer and if it has spread to other parts of your body.
- Grading describes what your cancer cells look like.

Ngā kōrero matua

- Ko te tikanga o te unuhanga, ka tangohia he tauira paku o te kikokiko mai i te `u ki te tirotiro mehemea kua puta he pūtau matepukupuku.
- Mehemea ka whakaatu te unuhanga kua pā te matepukupuku ū, tērā pea ka whakahaerehia anō ētahi whakamātautau, Mātāwai rānei.
- Whakawehetia ai te matepukupuku o ngā ū ki raro i ngā momo matepukupuku matua e rua: te ductal matepukupuku o te kiri in situ (DCIS) me te invasive matepukupuku o ngā ū.
- Ka whakaahua te whakawāhanga i te rahi o te matepukupuku, ā, mehemea kua hōrapa ki wāhi kē o tō tinana.
- Ka whakaahua te whakataumata pēhea te āhua o ngā pūtau matepukupuku.

Diagnosing breast cancer

If you have noticed any changes in your breast you will usually see your GP first. They will talk to you about your symptoms, examine your breasts and ask you about your family history of cancer.

If your GP is concerned that your symptoms may be signs of breast cancer, they will recommend further tests (mammogram or ultrasound) to be done or you may be referred directly to a breast cancer specialist.

If breast changes are noticed on your routine breast screening mammogram, your BreastScreen Aotearoa provider will arrange for further tests to be done or refer you to a breast cancer specialist.

If you need further tests or treatment there is no cost for this service through your local public health service (DHB).

Mehemea kua kite koe i ētahi rerekētanga ki ō ū, me haere ki te kite i tō Rata i te tuatahi. Ka kōrero rātou ki a koe mō ngā tohumate, ka titiro ki ō ū, me te kōrero ki a koe mehemea kua pā te matepukupuku ki tētahi atu ō tō whānau i ngā rā ki muri.

Mehemea ka māharahara tō Rata he tohu matepukupuku ū o tohumate, ka taunaki rātou kia whai koe i ētahi whakamātautau anō (whakaata ū, te ultrasound rānei), ka tono rānei i a koe ki tētahi mātanga matepukupuku ū.

Mehemea ka kitea he panoni ki roto i tō whakaata ū mō te matepukupuku ū, ka whakarite tō kaiwhakarato BreastScreen Aotearoa i ētahi whakamātautau atu, ka tono rānei i a koe ki tētahi mātanga matepukupuku ū.

Mehemea me whai koe i ētahi whakamātautau anō, kāore he utu mō tēnei ratonga mā te haere ki tō ratonga hauora tūmatanui (DHB).

Mammogram

A mammogram is an X-ray of your breast which uses a low dose of radiation. The dose of radiation used is very small and highly unlikely to be harmful. It will give your doctor more information about any lump or other change noticed.

Ultrasound

An ultrasound uses sound waves to show a picture of the breast tissue. It can show if a lump is solid (made of cells) or if it is a fluid-filled **cyst**. It can also show whether a solid lump is regular or irregular in shape.

MRI scan

An MRI scan uses magnetism to build up detailed pictures of your breast. The MRI scan may show areas that your doctor would like to take a closer look at. Some people may have a second ultrasound and biopsy after the MRI. MRIs are more often used for younger people or those with lobular breast cancer.

Breast biopsy

A biopsy removes small samples of tissue from your breast where changes were seen. Depending on the procedure, you will be given either a general or a local **anaesthetic** to help manage any pain. Some people find this procedure difficult and may experience more pain than others. Talk to your treatment team before the procedure about any concerns you may have.

> ***“If I was more prepared for my biopsy, I would have asked for an anaesthetic or more pain relief but I was told it was going to be only mildly uncomfortable.”***
> ***Victoria***

Tissue samples are looked at under a microscope to see if there are any cancer cells present. If cancer cells are seen in your biopsy sample, the information will help your treatment team to learn more about the type of breast cancer you have.

There are a number of ways to take a biopsy and you may need more than one type of biopsy.

Fine needle aspiration

A very thin needle is placed into the lump and some cells are removed with a syringe.

Core biopsy

A needle is used to remove a piece of tissue from the lump or area of abnormal tissue.

Vacuum-assisted biopsy

A small cut is made in your breast and a needle is put into the lump. The needle is attached to a suction device that gently removes a small piece of breast tissue.

Surgical biopsy

A cut is made in your skin and the lump or abnormal tissue is removed. This is usually done under general anaesthetic.

Hook wire biopsy

If your doctor cannot feel your lump, a fine guide wire may be inserted into your breast to mark the area of breast to be removed. The tissue is then removed under general anaesthetic.

If breast cancer is found

If any tests you have had confirm that you have breast cancer, one or more further tests may be done to learn what type of breast cancer you have. These tests will help you and your treatment team decide what treatment options will be best for you.

Hormone receptor tests

Hormone receptor tests will be done on the breast tissue that was removed. These tests show whether the cancer cells have hormone receptors on them. If these are present, the cancer is described as ‘hormone receptor positive’. This means the hormones oestrogen and/or progesterone may increase the growth of your breast cancer. These cancers are more likely to respond to hormone treatment (sometimes called endocrine treatment).

HER2 tests

HER2 is a growth factor protein that is found on breast cancer cells. If too much of this protein is present it can cause the cancer to grow faster. This is called HER2 positive breast cancer. This test is done on a small sample of your breast cancer cells taken during your biopsy.

A diagnosis of breast cancer

There are different types of breast cancer. Knowing the type of cancer you have helps your doctor to plan the best treatment for you. Breast cancer is usually divided into two types:

- **ductal carcinoma in situ (DCIS)** – DCIS means that there are cancer cells contained within the milk ducts of the breast but they have not spread in to any of the other breast tissue
- **invasive breast cancer** – invasive breast cancer means that cancer cells have spread from inside the milk ducts (in ductal breast cancer) or lobules (in lobular breast cancer) into the breast tissue and nearby lymph nodes. Invasive breast cancer that has spread to other parts of your body is called advanced, secondary or metastatic cancer.

Staging and grading breast cancer

When you are diagnosed with breast cancer, you may hear your treatment team talk about your cancer by its stage or grade. Knowing the stage and grade of your breast cancer is important as it helps your treatment team decide the best treatment for you.

Staging and grading can be hard to understand so ask your treatment team for more information if you need it.

I te wā kua whakataungia kua pā te matepukupuku o ngā ū ki a koe, tērā pea, ka rongo koe i tō kāhui maimoa e kōrero ana mō to matepukupuku mā ōna wāhanga, tōna momo taumata rānei. He mea nui te mōhio i te wāhanga me te taumata o to matepukupuku ū i te mea, ka mārama tō kāhui maimoa, he aha te maimoatanga pai rawa mōu.

He uaua tonu te whai māramatanga mō te mahi whakawāhanga me te mahi whakataumata nō reira, me tono atu ki tō kāhui maimoa mō ētahi atu pārongo mehemea ka hiahia koe.

Staging breast cancer

Staging describes:

- the size of your cancer (T)
- if there is cancer in your lymph nodes (N)
- if the cancer has spread to other parts of your body (M).

Your treatment team will use this TNM information to give your cancer stage a number from 0 to 4. In general, the lower the number the less your cancer has spread and a higher number, such as stage 4, means a more serious cancer.

Stage 0	Ductal carcinoma in situ (DCIS)	A non-invasive pre-cancerous change
Stage 1	The cancer is small and only found in your breast with no or only microscopic involvement of lymph nodes in your armpit	Early breast cancer
Stage 2	The cancer is larger than in stage 1 and/or is found in just a few nearby lymph nodes	Early breast cancer
Stage 3	The cancer is larger than in stage 2, or involves the skin of the breast, or the chest wall, or is a type of breast cancer called inflammatory breast cancer, and/or has spread from the breast to more than just a few lymph nodes close to the breast	Locally advanced breast cancer
Stage 4	The cancer has spread to other parts of your body	Advanced breast cancer

> ***“Your records and medical notes may record your cancer using a more detailed system than this, but the diagnosis is the same.”***
> ***Venise***

Grading breast cancer

Grading is a way of describing what cancer cells look like compared to normal cells. This tells you how quickly your cancer is growing and the risk that it may spread to other parts of your body.

The cancer cells are given a grade from 1 to 3: Grade 1 cancer cells look very similar to normal breast cells. Grade 3 cancer cells look very different.

Grade 1	Low grade	usually slow growing cancer cells and structures look more like normal breast cells
Grade 2	Intermediate grade	intermediate growth rate the cancer has fewer features of normal breast tissue
Grade 3	High grade	fast growing cancer cells look very different from normal breast cells

Blood tests

If you are having surgery a small sample of blood will be taken to check your general health.

Bone scan, PET and CT scan

If there is a concern that the cancer has spread to other parts of your body, you may have a **bone scan** and/or **CT scan**. Sometimes a **PET–CT** scan may be used to stage the cancer. The results of your tests will help to decide on the best treatment for you.

The emotional effect of a breast cancer diagnosis

> ***“It was a shock when I was diagnosed – I had a fast growing lump. But I didn’t want anyone to know except my husband. Then my sisters turned up at the hospital – I didn’t want them there – but I’m glad they were in the end. The doctors, staff, everyone treated me really well – that helped.”***
> ***Linda***

Everyone reacts differently when they learn they have breast cancer. This can be a confusing time and feelings can change from one moment to the next. This is normal and there is no right or wrong way to feel.

A diagnosis of breast cancer might have an unexpected impact on your personal relationships and you may find it difficult to keep to your usual routines. Some people worry about how treatment may change their appearance. Others want to know where to get support to help them cope with their diagnosis and any effects of treatment.

We suggest talking openly to others who can support you at this difficult time. We have trained staff that you can talk to through our Cancer Information Helpline on 0800 CANCER (226 237).

You may be interested in Cancer Connect, a peer-support programme run by the Cancer Society. This is a confidential phone support programme provided by trained volunteers who have experienced cancer. It is a free service available through the Cancer Information Helpline.

Questions you may wish to ask about your diagnosis

You may want to ask your treatment team some questions about:

- the stage and grade of your cancer
- if your cancer is curable
- other tests you might need before treatment starts
- the treatment advised for your cancer
- what side effects to expect from treatments.

SECTION THREE: MAKING TREATMENT DECISIONS

Key points

- The treatment choices you are offered will be based on all the information available about your cancer.
- From the time you are diagnosed with breast cancer you will be cared for by a team of different health professionals.
- Think about the questions you want to have answered and take a support person with you when you visit your treatment team.

Ngā kōrero matua

- Ka hāngai ngā kōwhiringa maimoa ka whakaratoa ki a koe mā runga i ngā pārongo katoa e wātea ana mō tō momo matepukupuku.
- Mai i te wā ka whakataungia kua whai koe i te matepukupuku ū, ka tiakina koe e tētahi kāhui e mau ana i ngā ngaio hauora.
- Me ata whakaaro koe ki ngā pātai ka hiahia koe kia whakautua, me to hari i tētahi tangata tautoko ka haere ana koe ki te kite i tō kāhui maimoa.

How treatment decisions are made

The treatment choices you are offered will be based on all the information available about your cancer. You will have the final say in what treatment you will continue with.

Recommendations will depend on:

- the grade, the size, the type of breast cancer, and number of lymph nodes involved
- the results of HER2 receptor and hormone receptor testing
- whether you have been through menopause
- your age and general health.

Pēhea ai te whakarite whakataunga maimoa

Ka hāngai ngā kōwhiringa maimoa ka whakaratoa ki a koe i runga i te katoa o ngā pārongo e wātea ana mō tō matepukupuku. Kei a koe te kōrero whakamutunga mō te maimoatanga ka whai tonu koe.

Ka hāngai ngā taunakitanga ki ēnei:

- te taumata, te rahi, te momo, me te nui o ngā tīpona waitinana kei roto
- ngā whakatau o ngā whakamātautau HER2 receptor me te hormone receptor
- mehemea kua eke te koero ki a koe
- tō pakeke me tō hauora whānui.

The treatment team

From the time that you are diagnosed with breast cancer you will be cared for by a team of health professionals including:

- your GP or family/whānau doctor who will often be the first person you see
- breast care nurses, who specialise in the care of people with breast cancer
- a breast surgeon, who specialises in breast cancer surgery and sometimes a breast reconstruction surgeon
- oncology nurse specialists who specialise in the care of people receiving cancer treatment
- a radiation oncologist, who specialises in the use of radiation treatment
- a medical oncologist, who specialises in the use of different medications to treat cancer
- radiation therapists, who prepare you for and give you any radiation treatment.

Your treatment team may include other health care professionals such as a social worker, psychologist, dietitian, physiotherapist, practice nurse, community health nurse, pharmacist, occupational therapist, or a palliative care specialist.

Talking to your cancer treatment team

When you first learn you have breast cancer you may have many questions. We suggest that, before you visit your cancer treatment team, you think about the questions you would like to have answered and what you do not want to be told. There is a lot of information to take in so it can be helpful to have a support person with you when you visit. See page 30 for some questions you may wish to ask your treatment team.

Asking for a second opinion

You may want to ask another doctor about your cancer or treatment, to help you feel more confident about your treatment decision, or if you feel uncomfortable in anyway with your medical team. You can ask your cancer doctor or GP to refer you to another cancer doctor as you are entitled to a second opinion if you want one.

Health and Disability Commission

Your rights as a health and disability service consumer are protected by the Health and Disability Commission's Code of Rights. If you have concerns about a health and disability service, independent advocates are available to support and guide you, or you can complain directly to the Health and Disability Commissioner. Go here to find out more www.hdc.org.nz/your-rights/the-code-and-your-rights/.

Interpreting services

New Zealand's Code of Health and Disability Services Consumers' Rights states that everyone has the right to have an interpreter present during a medical consultation. If you do not speak English as your first language or you are deaf, you may find it helpful to use an interpreter when you have your hospital appointments. Speak to a member of your health care team about arranging interpreters in your local area.

Talking to others

Once you have talked about your treatment options with your treatment team, you may want to discuss it with other people. Talking it over can help you decide what is right for you. You may want to talk to your family/whānau or friends, specialist nurses, your GP, the Cancer Society, a hospital social worker or chaplain or another person who has experienced breast cancer.

Family/whānau and friends will often want to give you advice. This can be helpful, but remember ‘your cancer is your own’. Sometimes they may be giving you advice based on a situation or experience that is very different from yours.

You may be interested in Cancer Connect, run by the Cancer Society. This is a free telephone peer-support programme. It is a confidential phone support programme provided by trained volunteers who have experienced cancer. Phone the Cancer Information Helpline 0800 CANCER (226 237) for more information on this programme.

> ***“If ONE MORE person had asked me if I’d cut out meat, dairy, wine or sugar when I was diagnosed I would seriously have got VERY CROSS.”***
> ***Venise***

Coping with waiting

Waiting is a big part of receiving your diagnosis and starting treatment. It can take several days, or even weeks for your treatment team to review your test results before they can discuss treatment options with you.

If you are finding the waiting difficult, contact your treatment team. We suggest you read our information sheet on Coping with waiting on our website https://cancernz.org.nz/assets/Uploads/Coping-with-waiting-2013FINAL1.pdf

Taking part in a clinical trial

There are many new and emerging treatments for cancer and clinical trials are a vital part of the search to find better treatments for cancer.

Clinical trials test new and modified treatments to see if they are better than existing treatments. In randomised clinical trials you will receive the standard treatment currently available or the new treatment being tested.

People all over the world have taken part in clinical trials that have improved cancer treatments, but not all treatments tested in trials turn out to be helpful. If you are asked to take part in a clinical trial, make sure you fully understand the reasons for the trial and what it means for you. The decision to take part in a clinical trial is yours.

Predictive gene testing

Some people may have predictive gene testing done. After surgery, some people may need other treatments such as chemotherapy, but others won't. For some people it may not be clear if further treatment is needed. Predictive gene testing can be done to identify if there may be a need for further treatment. This test is not funded but is available if you pay for it. It may be available in clinical trials. Tests are done on breast tissue that has been removed during surgery. If you would like more information you can discuss this with your treatment team.

Finding out more from your cancer treatment team

You may like to learn more from your cancer treatment team. Consider asking questions about:

- the possible advantages and disadvantages of different treatments
- what would happen if you don't have treatment
- how long your treatment might last and how often you will have to have it
- how your treatment will be given
- if you will need to stay in hospital
- how treatment might affect your day-to-day life now and in the future
- how likely it is that the treatment will work for your situation
- if there are any treatments you can have privately and what the costs might be
- if you have a breast reconstruction, what the breast prosthesis options are and if there are any extra costs
- if there is anything you need to be particularly careful about during and/or after treatment.

SECTION FOUR: BREAST CANCER TREATMENTS

Key points

- Breast cancer can be treated in different ways: surgery, radiation treatment, chemotherapy, hormonal therapy, and targeted treatments.
- Some treatments for breast cancer can make you infertile. Talk to your treatment team about fertility and contraception before treatment starts.
- After a mastectomy it may be possible for you to have a breast reconstruction.
- All breast cancer treatments have side effects. Talk to your treatment team about ways to manage these.
- Discuss with your treatment team, any other treatments you are considering using.

Ngā kōrero matua

- Ka taea te maimoa i te matepukupuku o ngā ū mā ngā huarahi maha: te pokanga, te maimoa te iraruke, te haumanu taiaki, me ngā maimoatanga whakahāngai rānei
- Tērā pea, ka matapā koe i ētahi o ngā maimoatanga mō te matepukupuku o ngā ū. Kōrero ki tō kāhui maimoa e pā ana ki te matapā me te ārai hapū i mua i te tīmatatanga o ngā maimoa.
- Whai muri i tētahi tangohanga ū (mastectomy), tērā pea ka āhei koe ki te whai hanganga hou ū.
- He pānga ki te taha tā ngā maimoatanga katoa mō te matepukupuku ū. Kōrero ki tō kāhui maimoa mō te āhua ki te whakahaere i ēnei.
- Matapaki me tō kāhui maimoa me ētahi atu maimoatanga e whakaarotia ana e koe hei whakamahi.

Contraception and fertility during treatment

Some treatments for breast cancer can make you infertile, for a short time or permanently. Talk to your treatment team about this before treatment starts so you have an opportunity to look at what fertility preservation may be available to you.

Even with the possibility of infertility, contraception should be used to avoid pregnancy. This is because the treatments used to treat breast cancer could harm a growing baby. Talk to your treatment team about the best contraceptive method for you.

If you are pregnant or you think that you may be pregnant, talk to your doctors **before** you start any cancer treatment. They are there to support you and to help you make the best choices for you and your unborn baby.

Te ārai hapū me te ngotongoto i te wā o ngā maimoa

Tērā pea, ka matapā koe i ētahi o ngā maimoatanga mō te matepukupuku ū, mō te wā poto, mō ake tonu atu rānei. Kōrero ki tō kāhui maimoa e pā ana ki tēnei i mua i te tīmatatanga o ngā maimoa. kia whai wāhi ai koe ki te titiro ki te rāhuitanga ngotongoto tērā pea ka wātea ki a koe.

Ahakoa tērā ka noho matapā koe, me whakamahi tonu i te ārai hapū kia kore ai koe e hapū. Ko te tikanga o tēnei, tērā pea ka whakamamae ngā maimoatanga ka whakamahia mō te maimoa matepukupuku ū, i tētahi pēpi e tipu ana. Kōrero ki tō kāhui maimoa e pā ana ki te huarahi ārai hapū pai ake mōu.

Mehemea kua hapū koe, kei te whakaaro rānei tērā pea kei te hapū koe, kōrero ki ō rata **i mua** i tō tīmata maimoa matepukupuku. Kai konā rātou ki te āwhina i ā koe ki te whai i ngā whiriwhiringa pai ake mōu me tō pēpi ā-muri.

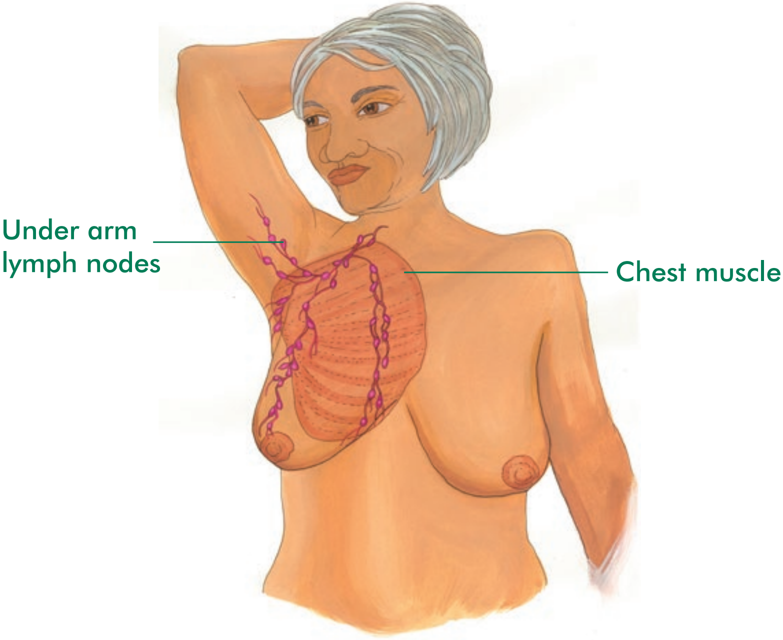
Surgery

If you have been diagnosed with early or locally advanced breast cancer, you are likely to be offered surgery to remove the cancer. Some people may be offered chemotherapy before surgery to shrink the cancer and make it easier to remove (neo-adjuvant treatment).

You may be offered:

- breast-conserving surgery – where only part of the breast is removed
- mastectomy – where the whole breast is removed.

You will usually have one or more of the lymph nodes in your armpit removed at the time of your surgery. After your surgery you may be offered a breast prosthesis or breast reconstruction. You may also be offered additional treatments such as: radiation treatment, chemotherapy, hormonal therapy or targeted treatment.



Lymph nodes and muscle in area of breast

Breast-conserving treatment

Breast-conserving surgery is sometimes called a lumpectomy or a wide local excision.

If your cancer is small compared to the size of your breast, you may be offered breast-conserving treatment. Breast-conserving surgery involves removing the breast cancer with some surrounding normal breast tissue.

This surgery will leave a scar and may change the appearance of your breast.

After surgery you will most likely have radiation treatment to reduce the risk of the cancer coming back in the remaining part of your breast.

If you need chemotherapy after your surgery (adjuvant treatment), any radiation treatment will be given after your chemotherapy is finished.

Mastectomy

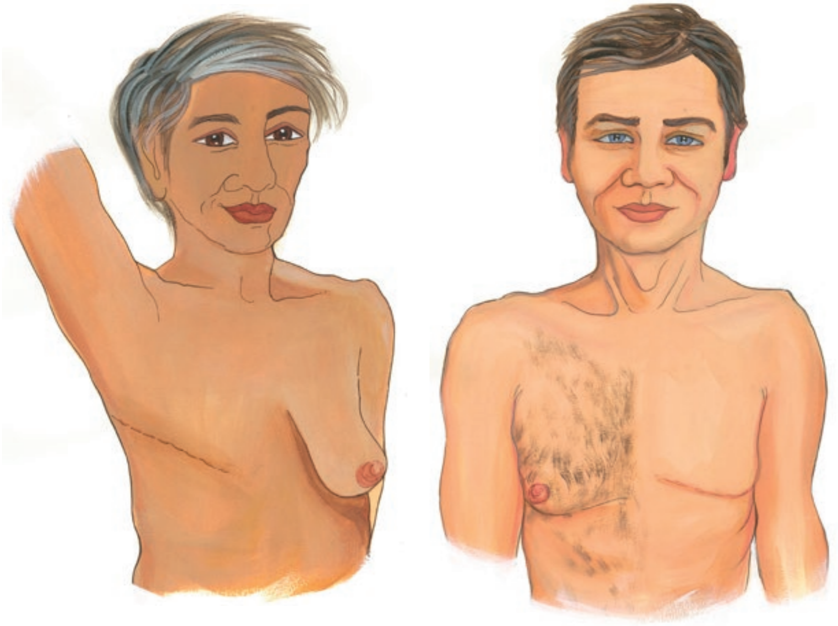
If the cancer is in more than one part of your breast (multifocal), or is large compared to the size of your breast, you may be offered a mastectomy. It may also be needed if breast conserving surgery is unlikely to be successful or the first surgery was unable to remove all of the cancer.

Some people prefer to have a mastectomy if given the choice between this and breast conserving surgery. Remember it is your body and your wishes are important.

A mastectomy is the removal of the whole breast including some of the skin and the nipple. In some cases it may be possible to keep the nipple. The chest muscles are not removed.

There will be scarring on your chest following your mastectomy. Breast reconstruction may be offered at the same time as your surgery or after any further treatment finishes.

After surgery you may be offered chemotherapy, hormone or targeted treatment.



After mastectomy

Checking the lymph nodes under your arm

Breast cancer cells can sometimes spread to the lymph nodes under your arm. You will have had an ultrasound of your armpit to check your lymph nodes. If the ultrasound is normal, then the sentinel lymph node(s) will be removed at the time of your breast surgery. This is to ensure there are no signs of cancer in the lymph nodes.

If the ultrasound shows abnormal lymph nodes, a biopsy will be done. If the biopsy shows cancer cells, then a lymph node dissection may be recommended. Or you may be referred for chemotherapy (neo-adjuvant chemotherapy) to treat the cancer before surgery.

For some people radiation treatment to your armpit may be recommended instead of further surgery.

Sentinel lymph node biopsy

The first few lymph nodes that a breast cancer drains into are known as the sentinel nodes. There may be more than one of these nodes.

The sentinel lymph nodes are found by injecting a radioactive isotype and sometimes a blue dye around the nipple – this dye can remain noticeable for some time after. This makes the sentinel lymph nodes slightly radioactive, bright blue, and easier for your surgeon to find. The sentinel nodes are removed so that they can be checked to see if they contain any cancer cells.

If the sentinel nodes do not contain any cancer cells, it is unlikely that the cancer has spread.

Lymph node dissection

If any of the sentinel nodes do contain cancer cells, you will need to have more lymph nodes removed. You may hear this being called a lymph node dissection or axillary clearance. This operation may be done at the same time as your breast operation or later in a separate operation.

After the lymph nodes have been removed, you may experience shoulder stiffness, nerve pain or numbness in your upper arm, or long-term **lymphoedema**.

After your surgery

You may have a small drain in your wound site that drains extra fluid into a small container. If the fluid is not drained it can cause discomfort, delay wound healing and cause infection.

Many people go home with their drain still in place. If this happens, your treatment team will show you how to care for it and you may have a community health nurse visit you at home. The drain will be removed when the amount of fluid draining is small. Removing the drain is quick and can cause discomfort. Your treatment team will advise you about this.

You will have a dressing over your wound. Follow any instructions given to you by your treatment team and ask them any questions you may have.

Check list of things to wear after surgery

- loose fitting nightwear that allows easy access to the breast, button-up shirts are helpful
- loose clothing to wear during the day
- a comfortable, soft bra – avoid wires and lace
- a singlet top, crop top or sports bras
- bra extenders – these can be helpful

He rārangi arowhai o ngā kākahu hei kuhu whai muri mai i te pokanga

- ngā kākahu tangatanga e māmā ake ai te toro ki ngā ū, he mea pai hoki nga hāte whai pātene
- kākahu tangatanga hei mau i te rā
- he pari whakatangatanga, pari ngāwari – hei aha ngā mea whai waea, whai rēhi rānei
- he hingareti, he tī hāte poto, he tī hāte hākinakina rānei
- Ngā pari horahora – he mea āwhina anō ēnei

Side effects of surgery

Side effects of surgery may include:

- bruising
- swelling caused by a build-up of fluid (seroma)
- wound infection
- pain in your arm due to changes in sensation or cording. Cording is often painful and looks like a tight cord running from your armpit, down your arm to the back of your hand
- reduced sensitivity of the inner side or down the back of your upper arm
- reduced range of movement in your shoulder
- risk of arm or chest wall swelling **(lymphoedema)**.

Discuss possible side effects with your treatment team before your surgery. Any problems after surgery should be reported to them.
See page 58 for more information on possible side effects and how to manage them.

The first time you look at your breast or chest after surgery can be overwhelming. Swelling and bruising should settle in a few weeks. In time the scar will flatten and fade.

He mea āpuru te wā tuatahi ka titiro koe ki ō ū, ki tō poho rānei whai muri i tētahi pokanga. Ka tau haere te pupuhitanga me te marūtanga i roto i ngā wiki. Mā te wā, ka papatahi te nawe, ka rerehu hoki.

Breast reconstruction

After a mastectomy it may be possible for you to have a breast reconstruction. Some people choose not to have further surgery.

There are three main types of reconstruction:

- a breast implant
- a flap reconstruction using your own tissue
- a combination of tissue and an implant.

Your cancer treatment team may refer you to a plastic (or reconstructive) surgeon who will discuss the options for breast reconstruction with you. A breast reconstruction may be done at the same time as your mastectomy, or at a later date.

- If you are likely to need radiation treatment after your mastectomy, you will be offered reconstruction surgery at a later date.
- if you choose not to have a reconstruction at the same time as your mastectomy, it can be done at a later date.
- Breast reconstruction using implants is not recommended for people who are smokers.
- Breast reconstruction using flaps of skin and tissue from other areas of your body, is not usually recommended for people who have diabetes, are smokers, or are overweight.

You may like to talk to your GP or treatment team about a Green Prescription or support to quit smoking.

Further information on breast reconstruction is available from your local Cancer Society or phone the cancer information nurses on the Cancer Information Helpline 0800 CANCER (226 237).

You may want to read the booklet: *Breast Prostheses and Reconstruction* written by Cancer Council Australia. You can get a copy sent to you from our 0800 information line or by going on line here: www.cancer.org.au/aboutcancer/publications/aftercancer

Breast prosthesis

If you do not have breast reconstruction you can get a soft, light-weight breast form to wear inside your bra. You can wear this straight after surgery until your wound heals and you can be fitted for a breast prosthesis.

A breast prosthesis replaces the shape of all or part of your breast that has been removed by surgery.

Most breast prostheses are made of a soft silicone gel covered by a thin film and are designed to fit inside your bra. Many people choose to wear a breast prosthesis, although some prefer not to.

When your wound is fully healed and any swelling has gone down (usually within six to eight weeks after surgery), you may choose to be fitted for a permanent prosthesis. Prosthesis fitting services are available across New Zealand – contact your cancer treatment team or local Cancer Society for details of your local service.

Breast prosthesis subsidy

The Ministry of Health provdes an entitlement known as the Breast Prosthesis subsidy. This entitles you to a grant every four years. At the end of the four year period any unspent money will be cancelled and another four year entitlement will be credited to you.

To claim the entitlement ask your surgeon or breast care nurse for a medical certificate, which you then take to a breast prosthesis supplier who will process the claim for you.

The payment can be used to purchase:

- a breast prosthesis, including swim form, foam filler, shell prosthesis and lumpectomy shells
- special bras to hold the prosthesis
- surgical bras
- normal bras (including modification of a bra or alternative undergarment to hold a breast prosthesis)
- modified swimwear to hold a swim form
- prosthetic nipples.

For more information see https://www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and-entitlements/breast-prosthesis-subsidy or phone the Ministry of Health Contact Centre on 0800 458 448.

Chemotherapy treatment

Chemotherapy uses medication to kill cancer cells or slow their growth. It affects cells throughout your body and is used to reduce the risk of cancer returning in your breast or growing in other parts of your body.

You may want to read a copy of the booklet *Chemotherapy/ Hahau* on our website www.cancernz.org.nz/cancer-information/treatment/chemotherapy/or phone the Cancer Society Information Helpline 0800 CANCER (226 237) to receive a copy.

When chemotherapy treatment is given

Chemotherapy is usually given after surgery and before radiation treatment. It may be given:

- if the cancer is hormone receptor negative
- if the cancer is HER2 positive
- when the risk of cancer returning is high.

If you are diagnosed with early breast cancer you may be given one or a combination of different chemotherapy medications.

How chemotherapy is given

Chemotherapy is given into a vein (intravenously). It may be given through a cannula, this is a small tube that is put into a vein in your arm or the back of your hand and is removed after each treatment. When there is difficulty finding a suitable vein, or when treatment is given for a long period of time, you may need a central venous access device (CVAD) such as a portacath or a PICC which stays in place for the whole of your

treatment. For more information on CVADs see our chemotherapy booklet https://cancernz.org.nz/cancer-information/treatment/chemotherapy/

Treatment is usually given to you as an outpatient at your local treatment centre, at regular intervals over several months. It may be helpful to know that not all people with breast cancer will receive the same treatment.

Chemotherapy before surgery (neo-adjuvant chemotherapy)

Some people may be offered chemotherapy before surgery to shrink the cancer and make it easier to remove or to reduce the chance of some higher-risk cancers returning.

Side effects of chemotherapy

Chemotherapy side effects vary depending on the combination of medications you receive. Some of the common side effects that you may experience include:

- increased risk of infection
- hair loss
- infertility
- fatigue
- forgetfulness and concentration problems (chemo brain)
- nausea and vomiting
- constipation or diarrhoea
- numbness and tingling in your hands and feet (peripheral neuropathy)
- sore mouth and ulcers.

See page 58 for information on managing side effects.

Some side effects of chemotherapy can be life threatening. You must contact your treatment team, or go to your nearest hospital emergency department **immediately and tell them you are receiving chemotherapy treatment** if you develop any of the following symptoms:

- **fever – a temperature over 38˚C**
- **chills – shivers or shakes, feeling hot or cold**
- **chest pain**
- **difficulty breathing**
- **vomiting that continues after taking anti-sickness medication**
- **diarrhoea**
- **gum or nose bleeds, or bleeding that doesn't stop**
- **pain or burning when passing urine or blood in urine.**

It is important that you do not wait until the next morning or after the weekend to seek assistance.

Tērā pea, he mea kaioraora ētahi o ngā pānga ki te taha o te mahi hahau. Me matua whakapā atu ki tō kāhui maimoa, me **haere tonu atu** rānei ki te taiwhanga mate whawhati tata o te hōhipera tata ki a koe, ka mea atu kai te whai maimoa hahau koe mēnā ka puta tētahi o ēnei tohumate:

- te kirikā
- te makariri – wiriwiri, tāwiriwiri hoki, te rongo i te wera me te makariri
- mamae te uma
- uaua te whakahā
- te ruaki ahakoa te kai rongoā ruaki kore
- mate tikotiko
- toto i te ihu, i ngā pūniho ānei, te kore mutu o te heke o te toto
- mamae ka mimi ana, toto i roto i te mimi

He mea nui kia kaua koe e tatari ki te rā e whai ake ana, kia mutu rānei te wikiene, ki te tono āwhina.

Radiation treatment

Radiation treatment is the use of radiation beams to destroy cancer cells or slow their growth. Radiation treatment only affects the part of the body that the beams are aimed at.

To read more about how radiation treatment works, see the Cancer Society's booklet *Radiation Treatment/ Haumanu Iraruke* on our website https://cancernz.org.nz/cancer-information/treatment/radiation-treatment/

When is radiation treatment offered?

Radiation treatment is usually recommended:

- after breast-conserving surgery to reduce the risk of cancer coming back
- after or even before a mastectomy, if there is a significant risk of the cancer returning on your chest wall
- if there were cancer cells in the lymph nodes under your armpit – radiation treatment may be given to this area.

How radiation treatment is given

External beam radiation treatment is given from outside the body by a machine called a linear accelerator. This is the most commonly used type of radiation treatment for breast cancer.

Treatment is usually given daily, for five days each week, for a period of three to five weeks. The machine is on for only a few minutes and the total amount of time spent in the treatment room is usually 10 to 20 minutes.

Treatment is carefully planned to do as little harm as possible to your normal body tissue. The length of treatment will depend on the size and type of the cancer and on your general health.

Where radiation treatment is provided

Radiation treatment is available at specialist treatment centres in Auckland, Hamilton, Tauranga, Palmerston North, Wellington, Christchurch and Dunedin. If you need to be away from home for your treatment, help may be available for transport and accommodation costs through the National Travel Assistance Scheme.

Your treatment centre, hospital social workers, the travel office at your local DHB or your local Cancer Society can advise you on what help may be available. Or go to www.health.govt.nz/new-zealand-health-system/claims-provider-payments-and entitlements/national-travel-assistance.

Side effects of radiation treatment

People react in different ways to treatment. These are the common side effects that you may experience:

- fatigue can occur during and after treatment
- there may be discomfort, as your breast may swell and become firmer
- the skin in the area being treated, may become red and dry

- very occasionally, your skin may become more inflamed and blister or weep.

You may require a dressing and some treatment centres provide Mepitel film to help protect the area being treated.

See page 58 for information on managing side effects.

Hormone treatments (endocrine therapy)

If the results of hormone receptor testing (see page 17) show that you have hormone receptor positive cancer you will be offered hormone treatment (endocrine therapy). This is used to slow or stop the growth of hormone receptor positive cancer cells.

If your cancer is not hormone receptor positive, you will not be offered hormone treatment.

When hormone treatments are given

Hormone treatment usually starts after surgery and/or when chemotherapy is finished. If you are having Herceptin (targeted treatment), hormone treatment may be given at the same time. Hormone treatment can sometimes be given before surgery (neoadjuvant treatment) to shrink the cancer and make it easier to remove.

Types of hormone treatment

These are different treatments that lower or block the level of oestrogen and progesterone in the body. The choice of treatment will depend on your age, if your breast cancer has hormone receptors on it and, for women, if you have reached menopause. Hormone treatment is not suitable for everyone with breast cancer. Your treatment team will advise you on the best treatment for you.

Treatment	Common side effects
Tamoxifen Taken as a tablet daily	- hot flushes/mood swings - vaginal changes such as increased discharge or sometimes bleeding, in women - in pre-menopausal women, changes to your menstrual cycle - for some men, difficulty getting an erection (improves over time).
Aromatase inhibitors Work by preventing oestrogen being produced. The main ones used are: Anastrozole (Arimidex), Letrozole (Femara), Exemestane (Aromasin)	- hot flushes - vaginal dryness - joint pain/stiffness
Ovarian function suppression Ovarian function suppression can be achieved by: - switching off the ovaries with medication such as Goserelin (Zoladex) injections - surgery to remove the ovaries	- early menopause

Before you begin any hormone treatment for breast cancer you should discuss hormone replacement therapy and safe contraception options with your treatment team.

Targeted treatment for HER2 positive breast cancer

If the results of HER2 testing show you have a higher than normal level of the HER2 protein, your breast cancer is identified as HER2 positive and you will be offered targeted treatment.

If your cancer is not HER2 positive, you will not be offered targeted treatment for early or locally advanced breast cancer.

How targeted treatment works

The most commonly used targeted treatment is trastuzumab (Herceptin). Pertuzumab (Perjeta) may be offered in some situations, but is currently only funded for advanced breast cancer.

In early and locally advanced breast cancer, Herceptin works by attaching itself to the HER2 protein on the outside of the breast cancer cells to stop the cancer growing and spreading.

How Herceptin is given

Herceptin is given at regular intervals for up to 12 months. The first few doses are given while you are having chemotherapy treatment. It is given into a vein (intravenous) and side effects are uncommon.

While you receive Herceptin you will have ongoing routine tests to check how well your heart is working. For a small number of people Herceptin can cause heart problems.

Treatment for advanced breast cancer

Advanced breast cancer is when the cancer has spread from your breast to other part(s) of your body. It may also be called secondary, metastatic, or stage 4 breast cancer. Advanced cancer is not curable and the aim of any treatment offered is to control the growth and spread of the cancer, relieve any symptoms you may be experiencing, and improve or maintain your quality of life.

The most common areas of the body that breast cancer spreads to are the bones, liver, lungs and brain.

Many people diagnosed with advanced breast cancer have been diagnosed with breast cancer before. For some people, a diagnosis of advanced breast cancer may be their first diagnosis of cancer.

The treatments recommended for you will depend on a number of things, including:

- where the cancer is in your body
- your symptoms
- what treatments you have had before and how long ago
- whether your breast cancer cells are positive or negative for hormone receptors or HER2
- your general health
- your wishes.

Your treatment team will recommend treatments that are most likely to control your breast cancer, with as few side effects as possible.
You may need to try different treatments before finding one that your cancer responds to. If your cancer stops responding to treatment, other options may be available.

Treatment for advanced breast cancer usually involves one or more types of treatment.

Hormone treatments are medications used to treat people who have hormone receptors on their breast cancer cells. Hormone treatment is usually used as the first treatment for advanced breast cancer and is sometimes used with other treatments.

Chemotherapy uses medications to slow or stop the growth of cancer cells. Chemotherapy may be used to treat people who do not have hormone receptors on their breast cancer cells. It may also be used after hormone treatment, or to treat advanced breast cancer that is growing quickly.

Targeted treatments stop the growth of particular types of cancer cells. Targeted treatments are only useful for some people with advanced breast cancer. They are usually used in combination with other treatments.

Radiation treatment uses high-dose X-rays to destroy cancer cells in one area of the body. Radiation treatment may be used to reduce the size of advanced breast cancers in some parts of the body and to relieve pain, especially in the bones.

Surgery may be used to treat advanced breast cancer that has spread to the bones, lungs or brain, and more rarely the liver, to relieve symptoms. If cancer is in the bone surgery may be used to treat a fracture or to stabilise a weakened bone.

Palliative care is care or treatments that help to reduce or control symptoms and improve your quality of life. People with advanced breast cancer can access palliative care services to help with physical and emotional symptoms and to get practical support.

More information about receiving treatments for advanced breast cancer can be found in the booklets: *Secondary Breast Cancer/Matepukupuku ā-Ū Tuarua, Chemotherapy, Immunotherapy and Targeted Treatments or Radiation Treatment/Haumanu Iraruke* at https://cancernz.org.nz/assets/Uploads/Secondary-breast-cancer-web.pdf

Advance care planning

Advance care planning helps you and the people important to you talk about the end of your life, and about the treatments and care you might want towards the end of your life. This will then guide your family/whānau and doctors when you can no longer tell them yourself.

Advance care planning is voluntary – no one can force you to do it. For more information, visit the Advance Care Planning website www.advancecareplanning.org.nz.

Other treatments

Complementary or alternative treatment

Complementary treatments (sometimes called integrative therapy) are healing practices or products that are not usually part of standard medical care. A number of practices are now being used to complement medical treatments. Examples include massage, meditation and acupuncture which are sometimes used to lessen the side effects of treatment.

When treatments are used instead of medical treatment they are considered alternative therapies and some alternative therapists may claim they are cancer cures.

It is important to discuss any additional treatments you are using with your treatment team. Some treatments may be harmful if they are taken at the same time as medical treatments, so discussing the benefits, medicine interactions and any safety concerns is advisable.

You can check for warnings on natural and herbal products on the **Medsafe** website www.medsafe.govt.nz.

For more information on complementary and alternative medicine go to www.healthnavigator.org.nz/medicines/c/complementary-and-alternative-medicine

Traditional treatments

Traditional Māori healing

Traditional healing has been a central part of Māori culture for generations. Values, belief systems and teachings from kaumātua and tohunga have seen Māori focus on total wellbeing that includes taha tinana, taha hinengaro, taha wairua and taha whānau (the physical domain, the domain of the mind and behaviour, the spiritual domain and the family/whānau or social domain).

Traditional healing methods can include rongoā Māori, romiromi or mirimiri to name a few customary remedies based on native plants, massage therapy and spiritual healing. More information on rongoā Māori and providers can be found here:

www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing

Hauora Māori
Mai rā anō te hauora Māori i noho ai hei wāhanga ō te ahurea Māori. Nā ngā uaratanga, te pūnaha whakapono me ngā akoranga a ngā kaumātua me ngā tohunga i kitea ai te arotahi a te Māori ki te oranga kotahi e rarawhi ana i te taha tinana, te taha hinengaro, te taha wairua me te taha whānau.

Ka huri ētahi Māori ki ngā kaupapa hauora Māori i ētahi wā mēnā he uaua ki te whakatau ko tēhea, ko tēhea ō ngā momo maimoa me whai. Tae noa rā ki te rongoā Māori, te romiromi, te mirimiri rānei, hei tauira atu. Ka hāngai katoa ki tarutaru otaota whenua me ngā rākau, te haumanu romiromi me te whakaoranga ā-wairua.

Mehemea he uaua ki te korere i ō hiahia ki ngā kaiwhakarato maimoatanga, rapua tētahi tangata hei kaitaunaki mōu, kia āhei ai ngā tohunga hauora me matanga maimoa ō ngā hōhipera ki te mahi ngātahi.

Pacific traditional healing

Traditional healing is also important for Pacific peoples to help in their recovery. It also involves taking a holistic approach to treating the person, where your mental, emotional, physical and spiritual needs are looked after together, rather than as separate parts. The treatment offered to each person can vary, depending on your needs. Medicinal plants and herbs may be used during the treatment process, as well as stones and massage.

If you are thinking about using these treatments, please talk about them with your cancer treatment team. Both aim to provide you with the best possible care that has minimal side effects. If you have difficulty expressing your needs to your treatment providers, find someone to advocate on your behalf so that both traditional healers and hospital treatment specialists are able to work together to support you on your cancer journey.

Questions you might like to ask your treatment team

You might like to know more from your treatment team:

- what other side effects you might experience
- if you will have to stay in hospital, or if you will be treated as an outpatient
- if you will you be able to drive after treatment
- if you can get help with transport to your treatment
- how long the treatment might take
- if there will be any costs for you
- how your breast cancer will be monitored after treatment
- if treatment will affect your sexual relationships and your fertility, what can be done to help manage these side effects
- if treatment might affect your ability to look after your children or grandchildren, or older people in your care
- what further treatment you might need and when it would begin
- other treatments that might be available that aren't currently funded
- where you can go for a second opinion if you want one
- what will happen if you choose not to be treated
- If your cancer is likely to be hereditary
- what the chance might be of your cancer coming back after treatment(s)
- what you can do to help improve your outcome
- information on any health professional who can support you through treatments or provide special help such as a dietician.

SECTION FIVE: MANAGING SIDE EFFECTS OF BREAST CANCER

Key points

- During treatment and after surgery, you may experience a number of side effects.
- **Any signs of infection should be treated immediately.**
- Cancer-related fatigue is one of the most common side effects.
- Remember that your mental health is as important as your physical health and there is support available to you.

Ngā kōrero matua

- I te wā o te maimoatanga me muri mai i te pokanga, tērā pea, ka rongo koe i ētahi pānga ki te taha.
- **Ki te puta he tohu mō te mate urutā, me tere tonu te whai maimoa.**
- Ko te huihi ā-matepukupuku te pānga ki te taha e kitea auau an.
- Me maumahara, he mea nui tonu tō hauora hinengaro pērā ki tō hauora tinana, ā, e wātea ana hoki he tautoko mōu.

Risk of infection

Some side-effects of treatment can be life threatening.

Chemotherapy can lower your ability to fight infection. **If you feel unwell, even if you have a normal temperature, if you are feverish, have chills and shivers, or your temperature is 38˚C or more, take action immediately.**

He kaioraora ētahi o ngā pānga ki te taha.

Ka whakaiti te mahi hahau i tō āheinga ki te patu mate urutā. **Mehemea e māuiui ana koe, ahakoa te pai tonu o tō pāmahana, kei te kirikā rānei koe, kei te makariri me te tāwiriwiri, mēnā kua eke tō pāmahana ki te 38˚C, neke atu rānei, kia kakama tonu tō whai āwhina.**

You must contact your treatment team, or go to your nearest hospital emergency department **immediately and tell them you are receiving breast cancer treatment** if you develop any signs of infection. It is important that you do not wait until the next morning or after the weekend to seek assistance.

Other signs of infection can include warmth, redness, swelling around any surgical wound or discharge coming from it, or feeling unwell without a fever.

Coping with fatigue

Fatigue is often confused with tiredness. Usually you know why you are tired and a good night's sleep solves the problem. Fatigue is overwhelming tiredness (physical and emotional) and is not relieved by rest or sleep.

Cancer-related fatigue is one of the most common side effects of cancer and its treatment. It can happen to anyone with any type of cancer and at any time, during and after treatment. Gentle exercise can help to relieve fatigue.

- If you need time to rest during the day don't be afraid to say no to visitors.
- Other things that may help include: planning ahead and pacing yourself, increasing fluid intake, having plenty of nutritious snacks on hand.

For more information on fatigue and suggestions on how to manage it, see the Cancer Society's information sheet Cancer-related fatigue on our website https://cancernz.org.nz/assets/Cancer-information/Managing-cancer-related-fatigue/IS-cancer-related-fatigue.pdf

Managing hormone changes

Treatments can cause a range of side effects that alter the quality of your life. These include: menopausal symptoms, hot flushes and weight gain. Women may have changes to their menstrual cycle resulting in early menopause. This may be temporary or permanent.

Keeping active, eating well and following the advice of your cancer treatment team will help in managing these side effects.

The Cancer Society has an information sheet you may like to read, Early menopause and cancer https://cancernz.org.nz/assets/Uploads/IS-EarlyMenopauseCancer-6July2011.pdf

Managing hot flushes

You may find that hot flushes reduce as your body becomes used to the treatment, but others may have ongoing problems. You can help manage these by:

- maintaining a healthy weight
- stopping smoking if you smoke
- drinking plenty of fluids and limiting alcohol and caffeine
- reducing the amount of spicy food you eat
- keeping your room at a cool temperature and using a fan
- using cotton fabrics rather than synthetics. If you sweat a lot at night, try using a cotton towel on top of your sheet when you sleep
- having lukewarm baths or showers
- talking to your GP or treatment team about any medications that might relieve symptoms
- trying acupuncture or hypnotherapy – some people have found that these help.

Mood changes, anxiety and depression

Having breast cancer can cause worry, stress and sadness, making it seem an effort to keep active and connect with family/whānau and friends. This can lead to isolation and may make it harder to manage the effects of treatment. Some treatments for breast cancer, such as hormone treatments, can put you at a greater risk of experiencing mood changes, anxiety and depression.

Two key signs of depression are constantly feeling down or hopeless, and having little pleasure in doing the things you used to enjoy.

Remember that your mental health is as important as your physical health. If you are concerned, talk to your GP or treatment team. There's a lot that can be done that can make a difference.

Mindfulness programmes, relaxation, meditation and exercise are all helpful things to try when you are feeling low. Talk to a trained counsellor about how you are feeling. Contact the Depression Helpline on 0800 111 757. This website has a range of tools to help you manage these emotions www.depression.org.nz.

Your oncology service, local Cancer Society, or the Breast Cancer Foundation may be able to offer counselling or a referral to a counselling service.

Coping with a changed appearance

Any treatment you have may change your appearance. Surgery may leave you without a breast and with scarring, while chemotherapy may cause a temporary loss of body hair. After radiation, your skin in the treated area may be slightly darker than the surrounding skin. You may gain weight from medications used during your treatment.

Any changes to your appearance may make you feel self-conscious. Some people may react differently towards you and this can be upsetting. If you are finding it difficult to deal with these changes there are people who can help you. Tell your family/whānau and friends how you are feeling so they can support you.

Focusing on yourself as a whole person, not just the part of you that has been scarred or altered, can help. Find a breast prosthesis (if you have had a mastectomy or your breast has reduced) that suits you and think about ways you can nurture and love yourself and your body. The next section on living well has some suggestions.

Changes in bone strength

Some hormone treatments can reduce the strength of your bones, making them weak (osteoporosis). You can help to keep your bones strong with regular weight bearing exercises such as walking and eating food rich in calcium and vitamin D. Your doctor may prescribe medication to protect your bones if you are at higher risk of osteoporosis.

Side effects of surgery

Some people may have problems with the effects of surgery for some time afterwards. These include:

- cording
- pain in your arm and changes to sensation
- changes to your arm or shoulder movement
- seroma (fluid collecting around the wound).

Cording

This may feel like a tight cord is running from your armpit to your hand – this is caused by hardened lymph vessels. You may have limited movement for some months after surgery. A physiotherapist can provide you with localised massage and gentle stretching exercises. Ask your treatment team to refer you to a physiotherapist. Massage can help too.

Pain and changes in sensation

You might continue to have numbness, tingling or pain in your upper arm because of swelling or injury to the nerves during surgery. Your treatment team can prescribe a pain medication if this does not improve within a few weeks.

Changes to your arm or shoulder movement

Arm and shoulder movement and strength usually improve after a few months. Doing exercises helps reduce the risk of long-term problems. Ask your GP to refer you to a physiotherapist if it doesn't improve. Cancer Council Australia has a useful guide for arm and shoulder exercises after breast surgery. https://www.cancer.org.au/content/about_cancer/factsheets/Breast_exercises_after_surgery_poster_July_2018.pdf

Fluid collecting around the wound (seroma)

Seroma is a build-up of fluid around, or very close to, your wound. It usually goes away within a few weeks. Talk to your treatment team if your swelling does not seem to be going away. They may need to drain the fluid.

Lymphoedema

Lymphoedema is a long-term side-effect after some treatments for breast cancer. This is swelling in an area of the body due to the lymph vessels being removed or blocked. In people with breast cancer, there is a small risk that the arm and chest wall on the side where you have had radiation treatment or surgery may be affected.

The best treatment for lymphoedema is a programme of exercise, massage and skin care, and a properly fitted compression sleeve or bandaging. Damage to the lymph nodes means it is not usually possible to reverse the swelling, so the aim of treatment is to control the swelling on a long-term basis.

Contact your local Cancer Society for details of lymphoedema therapists available in your area. See the Cancer Society information sheets Understanding lymphoedema and Living with lymphoedema

https://cancernz.org.nz/assets/Uploads/IS-Living-with-lymphoedema.pdf

https://cancernz.org.nz/assets/Uploads/IS-Understanding-lymphoedema.pdf

Losing your hair

Not everyone loses their hair during chemotherapy treatment for cancer. Some people find that their hair becomes thin and dry, while others lose all the hair from their head and their body. Whether this happens to you depends on what treatment you are given.

If you are having chemotherapy treatment for breast cancer you are likely to lose your hair.

Your cancer treatment team will advise you if this is a likely side effect of your treatment. Your hair may start to fall out two or three weeks after your first treatment, or it may take a while. Your scalp may feel hot, tender or itchy just before your hair starts to fall out.

It takes between 4 and 12 months for your hair to regrow after chemotherapy. Your head may be quite itchy as your hair begins to grow back and it is not unusual for your new hair to have a different texture or colour.

Managing hair loss

Many people find losing their hair very upsetting. For most people, hair will grow back. Until it does you might want to wear a wig, a scarf or a hat.

If you choose a wig it is a good idea to look at wigs before you start losing your hair so you can make sure it matches your style and colour. The Government offers a subsidy that helps to pay for the cost of a wig or alternative head covering. You must get a certificate from your cancer treatment team that states you are entitled to a wig.

> ***“When in turmoil or doubt, choose change. I chose change to ‘control a controllable’ – cutting my long hair short then shorter still and dyed in two bright colours. On the first day of my chemotherapy I shaved it. I’m enjoying the opportunity to reinvent, create and embrace the ‘new me’.”***
> ***Rachel***

More information on managing hair loss is available on our website: https://cancernz.org.nz/cancer-information/treatment/tips-for-managing-hair-loss/

Look Good Feel Better helps people affected by cancer to manage the appearance-related side effects of cancer treatment. It provides free, practical classes with skincare, make-up and headwear demonstrations, with the goal that participants leave feeling empowered and ready to face their cancer diagnoses with confidence.

You can find out more about these workshops from the Cancer Society or on the **Look Good Feel Better** website www.lgfb.co.nz.

Numbness and tingling (peripheral neuropathy)

Some medications cause pins and needles, tingling, a loss of feeling in fingers or toes or both, muscle weakness (particularly in the legs), a change in hearing, or ringing in the ears. This is called peripheral neuropathy. Chemotherapy treatments are most likely to cause this side effect.

If you start to have difficulty with simple tasks such as doing up buttons or tying shoe laces, let your cancer treatment team know. A slight change in your treatment may be needed.

Peripheral neuropathy usually gets better when treatment is over, but sometimes it is permanent.

Feeling sick (nausea)

There are many reasons why people with breast cancer may feel sick and there are ways to manage this. The following suggestions may be helpful:

- eat small meals at frequent intervals
- avoid fatty or fried foods
- rest before and after eating
- do not lie flat during or after eating
- drink plenty of fluids

- see a dietitian or nutritionist for dietary advice
- try relaxation exercises
- do something enjoyable as a distraction from feeling sick.

There are many different anti-sickness medicines that work in different ways. **Let your doctor know if you are feeling sick** or any prescribed medication is not effective. Most anti-sickness medicines take 20 to 30 minutes to work.

Forgetfulness and concentration problems (chemo brain)

Many people say they find it hard to concentrate, focus and remember during and after treatment with chemotherapy. This is often called chemo-brain. It can be very frustrating and it may help to know it can happen to anyone who has treatment and it usually gets better with time. There are useful ways of managing this:

- eating well, exercising regularly and getting enough rest
- creating lists and reminders
- doing memory exercises.

Bowel changes

Chemotherapy can cause constipation and/or diarrhoea. Constipation can usually be helped by drinking plenty of fluids, eating more fibre in your diet, and doing some gentle exercise. If needed, your GP can prescribe medications (laxatives) to help relieve constipation.

Let your treatment team or GP know if you have diarrhoea as it may need further treatment. It is important to keep up your fluid intake if you have diarrhoea, to replace the fluid you are losing.

SECTION SIX: LIVING WELL WITH BREAST CANCER

Key points

- For most people side effects of treatment begin to ease within a few weeks of treatment ending. Some side effects can last longer.
- Find positive ways to focus on your body.
- Talk with your employer about what support you might need at work while you are having treatment.
- Meeting and talking to others who are in a similar situation can help after you have a diagnosis of breast cancer.
- Fear of your cancer coming back is not unusual but many people who have had cancer say that, with time, they feel less anxious.

Ngā kōrero matua

- Mō te nuinga o ngā tāngata, ka iti haere ngā pānga ki te taha i roto i ngā wiki torutoru i mua i te mutunga o ngā maimoa, he roa ake ētahi pānga ki te taha.
- Rapua ngā huarahi hanga pai mō te arotau ki tō tinana
- Kōrero ki tō kaiwhakawhiwhi mahi e pā ana ki ngā tautoko tērā pea ka hiahia koe i te wā e whai ana koe i ngā maimoatanga
- He mea āwhina te hui me te kōrero ki ētahi atu e rite ana ki a koe whai muri i te puta o te tohumate matepukupuku o ngā ū
- Ehara i te mea hou ki te whakaaro ka hoki mai anō tō matepukupuku, he tini tonu ngā tāngata kua pā te matepukupuku e kī ana, ma te wā rā anō, ka heke haere te anipā.

Being breast aware and getting regular check ups

After treatment ends, you will need to have regular check-ups with your treatment team and have mammograms on any remaining breast tissue. Routine follow-up appointments will become less regular if you have no further problems.

Generally, people have a mammogram each year after treatment for breast cancer. These are free with a doctor's referral to your DHB. How long you should have annual mammograms should be discussed with your treatment team.

Five years after treatment is finished, women aged 45 to 69 can return to the two yearly, routine screening programme provided by BreastScreen Aotearoa. If you still need yearly mammograms, your GP will provide a referral.

As your follow-up becomes less frequent it is important to let your GP know if you notice any new changes in your breasts or chest or have any unusual aches and pains anywhere else in your body.

Be breast aware – know how your breasts normally look and feel, and discuss any changes with your doctor.

Te arokā ki ō ū, me te whai tirotironga auau

Ka mutu ana ngā maimoatanga, me whai koe i ngā tirotirohanga auau me tō kāhui maimoa, me tō whai whakaata ū mō ngā kikokiko ū e toi ana. Ka iti haere ake ngā hui tirotirohanga auau mehemea kua kore he raruraru.

Me arokā ki ō ū – me mōhio koe i te āhua o ō ū, me te tirotiro ki ō ū i ngā wā katoa mō ētahi panonitanga.

Adjusting to changes in body image, keeping active and eating well

Finding ways to focus positively on your body – such as eating well, starting a new exercise programme like yoga, and making positive lifestyle changes can help after breast cancer treatment.

Keeping active will help you maintain a healthy weight and can reduce stress and tiredness. It also helps to keep your bones strong and your heart healthy. There is also evidence that regular physical activity may help reduce the risk of breast cancer coming back.

Some people gain weight during cancer treatment because of the treatments, changes in appetite and lower levels of activity. If you want to lose weight talk to your GP about ways to do this safely.

> ***“Doing exercises and having healthy food, keeping positive. This helped me a lot – as well as the support from the group. We share our experiences and talk about treatments.”***
> ***Jacinda***

Te whakarite mō ngā panoni ki te āhua o tō tinana, te noho pakari tonu me te kai pai

Tērā pea ka āwhinatia koe mehemea ka rapu koe i ngā huarahi ki te arotau pai i tō tinana – pērā ki te kai pai, ki te tīmata hōtaka korikori pērā ki te yoga, me te whakamahi panoni toiora whai muri i te maimoa matepukupuku ū.

Ka piki te taumaha a ētahi i te wā maimoa nā runga i te maimoatanga, te whakarerekētanga ki tō hiakai, me te iti ake o ngā mahi korikori. Mehemea e hiahia ana koe ki te whakaiti i tō taumaha, me kōrero ki tō rata e pā ana ki ngā huarahi haumaru hei whai māu.

Eating well after treatment

Your body needs a variety of nutrients from the food you eat, so balanced eating is essential. The World Cancer Research Fund's diet and lifestyle recommendations (which are aimed at people with and without cancer) are summarised below. So when your appetite is good and your weight is normal, the following simple ideas can help you eat well.

- Maintain a healthy weight
- Keep active, and make it part of your everyday life
- Make wholegrains, vegetables, legumes (such as beans, chick peas and lentils) and fruit, the main part of your meals
- Lower your salt intake. This can be helped by reducing the amount of salty and processed foods you eat, especially takeaways
- Eat less red meat and limit processed meats
- Choose water over sugar-sweetened drinks
- Avoid or limit alcohol.
- Aim to meet your nutritional needs through a well-balanced diet.

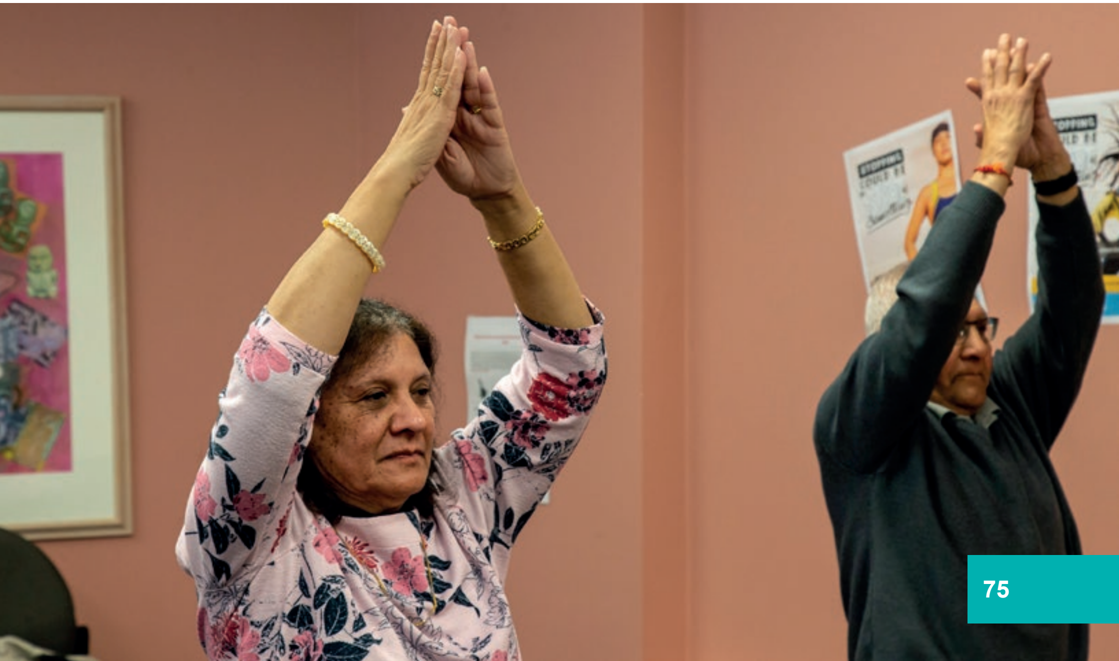
The New Zealand food and activity guidelines from the Ministry of Health provide more information:

- **Healthy eating, active living**
  www.healthed.govt.nz/system/files/resourcefiles/HE1518_Healthy%20eating%20active%20living.pdf
- **Eating for healthy vegetarians**
  www.healthed.govt.nz/system/files/resource-files/HE1519_Eating-for-healthy-vegetarians.pdf
- **Living well with cancer – eating well and keeping active** (available January 2020) from the Cancer Society.

Keeping active

There are some useful ways for you to increase your physical activity. Be sure to explain your health situation to the staff so that they provide support according to your needs.

- Some people find the support from a gym or a local weight loss club helpful. You may be able to find a local walking group to help you take part in regular moderate-intensity exercise.



- Others have found working with their GP through a Green Prescription useful and you can find more about that here https://www.healthnavigator.org.nz/healthy-living/physical-activity/green-prescriptions/
- You may find joining a PINC & STEEL programme helpful. They offer a range of exercise programmes designed to help people through every stage of their treatment and recovery, from individualised physiotherapy and exercises to specialised group exercise classes. PINC programmes are available through-out the country and if the cost of the service is difficult for you, they offer financial hardship funding through an application process: www.pincandsteel.com.

The Ministry of Health (2015) recommend:

Sit less, move more! Break up long periods of sitting

Do at least 2½ hours of moderate or 1¼ hours of vigorous physical activity spread throughout the week

For extra health benefits, aim for 5 hours of moderate or 2½ hours of vigorous physical activity spread throughout the week

Do muscle strengthening activities on at least 2 days each week

Doing some physical activity is better than doing none

Continuing to work while you receive treatment

Some people having treatment for breast cancer are still able to go to work, while others find that they need rest or feel too unwell to continue their usual work routines. Your doctor may suggest that you consider taking some time off work during your treatment and recovery.

If you continue to work

Whether or not you tell your employer and colleagues about your cancer is up to you. If your ability to do your job is not affected, you may not want to tell your employer straightaway. Most people find that there are things that can be done to make it easier for you to continue to work such as working part time or working from home. Talk with your employer about what you might need while you are having treatment.

It is useful to consider the following things if you continue to work.

- Talk to your employer about your need for time off for hospital appointments and treatment. Give them as much notice as possible and let them know when you will be able to return to work.
- Where possible, plan your treatment for later in the day or before the weekend to give you some time to recover.
- Having some extra help at home may mean that you have more energy for work.
- Make a list of your key duties at work so that when you are out of the office other people are able to help.

Taking a break from work during treatment

Some people choose not to work when they are having cancer treatment. Even with extra time off and good planning, it is sometimes too hard to continue working. If work has been a big part of your life, it can be hard to adjust. It may be useful to talk to a friend, family/whānau member, social worker or counsellor about your feelings.

Using your work entitlements: sick leave and annual leave

You may find yourself having to negotiate sick leave, leave without pay or annual leave. How you are able to use this leave will be in your employment contract. What leave is available to you is covered on this website: www.employment.govt.nz.

Returning to work

Deciding to return to work after you have had a period of time away can be difficult. For many people a job can start to bring back some normality, routine and financial security. It is common to feel nervous and to question whether you will be able to do your job in the same way as you did before.

It is useful to discuss a plan with your manager that will help you to return to work gradually. If you can, think about what parts of your role are the most important and focus on these until you feel stronger. It is also a good idea to make sure that you have the opportunity to take regular breaks throughout the day, and that you make use of this time to have a small snack and a drink to help keep up your energy levels.

You might find that your co-workers respond in many ways when you go back to work. It can help to think ahead and have a plan for how you will respond to their questions so that you do not feel pressured to share information or explain things if you are not comfortable doing this.

If you have any employment difficulties, talk to Community Law or seek legal advice from someone with experience in employment law.

Leukaemia & Blood Cancer New Zealand has some good information about this area on its website
https://www.leukaemia.org.nz/information/living-with-these
diseases/blood-cancer-and-your-job/

Tērā pea, he uaua te whakarite ki te hoki ki te mahi whai muri i te wā e ngaro ana koe. Mō te maha o rātou, mā te hoki ki te mahi e tau anō ai tō rātou āhua, ō rātou whakahaerenga, me te whakamarutanga pūtea. Kāore he aha mō te āwangawanga me te whakaaro anō mehemea ka āhei koe ki te mahi i ngā mahi pērā i ngā rā ki muri.

Financial support – benefits and entitlements

If you can no longer work because of the effects of your cancer, you may be entitled to receive income support from the Ministry of Social Development – Work and Income.

Mehemea kua kore koe e āhei ki te mahi nā runga i ngā papātanga o te matepukupuku, tērā pea, e tika ana kia whiwhi tautoko whiwhinga moni koe mai i te Manatū Whakahiato ora – Work and Income.

For more information, talk to a social worker or see the Cancer Society's information sheets *Benefits and entitlements and Benefits and entitlements:* What happens when you apply for Work and Income support?

You can get copies from your local Cancer Society, by phoning the Cancer Information Helpline 0800 CANCER (226 237) or by downloading them from our website https://cancernz.org.nz/cancer-information/living-with-cancer/benefits-and-entitlements/

Finding support

> ***“You're in the darkness, in distress and denial when the diagnosis comes. So it's good to hear from others, learn from their journey and get support – that's why support groups are so good. And whānau – they help a lot.”***
> ***Janis***

For some people, meeting others who are in a similar situation can help to decrease feelings of anxiety, isolation or fear. Support groups offer you the opportunity to share your experiences and learn different ways of dealing with problems.

The Cancer Society offer support groups that you may find helpful. Phone the **Cancer Information Helpline 0800 CANCER (226 237)** for further information.

Counselling

A counsellor can help you to talk about your feelings around the impact a cancer diagnosis can have, helping you work on healthy coping strategies.

To find a counsellor talk to your GP, your local Cancer Society, your treatment team or the Breast Cancer Foundation.

Cultural and spiritual support

Hospitals throughout New Zealand have trained health workers available to support your spiritual, cultural and advocacy needs. They may include Māori and Pacific health workers who will work with you and your family/whānau.

Hospital chaplains are available to offer support through prayer and quiet reflection. Community-based health workers at your local marae and Pacific health services may also be good sources of support.

For more information on this topic, see our information sheet *Cancer, wairuatanga and spirituality* on our website https://cancernz.org.nz/assets/Uploads/Information-sheet-Wairua-and-Spirituality-ID-23736.pdf

Tautoko ā-ahurea, ā-wairua hoki

Ka whai ngā hōhipera huri noa i te motu i ngā kaimahi hauora kua whakangungutia hei tautoko i ō hiahiatanga ā-wairua, a-ahurea, ā-whaitaua hoki. Tērā pea, hē puna āwhina ngā kaimahi hauora kei tō marae ā-rohe, kei tētahi ratonga hauora Moana-nui-ā-Kiwa rānei. E wātea ana hoki ngā minita ō te hōhipera ki ngā tangata katoa, ahakoa te whakapono, te kore whakapono rānei, me tā rātou whakarato tautoko mā te karakia me te hurihuringa mārie. Kōrero ki tō rōpū atawhai hauora mō ngā ratonga e wātea ana. Mō te roanga o ngā pārongo e pā ana ki tēnei kaupapa, tirohia tā mātou whārangi pārongo Cancer and spirituality.

Relaxation and massage

Some people find that relaxation, massage or meditation helps them to feel better. Your treatment team or your local Cancer Society may be able to advise you on local community programmes.

Your local Cancer Society may offer massage at a small cost. There are relaxation resources available through our website www.cancernz.org.nz

- Download a free copy of Cancer Society Auckland-Northland Division's *Relaxation and Mindfulness* CD https://auckland-northland.cancernz.org.nz/how-we-can-help/want-support/relaxation-and-mindfulness-cd/
- Download a free copy of Cancer Society Wellington Division's *Relaxation and Visualisation* CD on our website: http://bit.ly/2gmRdaN

Relationships and sexuality

There are a number of ways that breast cancer may affect your relationships and sexuality. You may have:

- a reduced sex drive
- menopausal symptoms (such as vaginal dryness) brought on by treatment
- changes to your body image
- difficulty being physically active due to pain.

> ***“It is quite a big issue that’s ongoing and I feel a bit guilty. He loves me, he does understand and that’s sad too, but I’m glad I’m here.”***
> ***Ruth***

Sexuality means different things to different people. It is about who you are, how you see yourself and how you connect with others. There are many ways you can be sexual and intimate – it is much more than sexual intercourse.

Even if you are not ready for sex, it does not mean you cannot enjoy being close. Be creative and take opportunities to express your sexuality in new ways.

Talk to someone you trust if you have concerns about your sexual relationship. Friends, family/whānau members, nurses or your doctor may be able to help. The Cancer Society can also provide information about counsellors who specialise in this area.

You may find the Cancer Society’s booklet *Sex and Cancer* useful https://cancernz.org.nz/assets/Cancer-information/Sex-and-cancer-booklet/P1121-Sex-And-Cancer-LOW-RES-for-web.pdf

Talking with your children

What you choose to tell children about your illness will depend on how old they are and your relationship with them. All children need to know that they will be looked after even if you cannot always do it yourself.

Children's understanding of illness varies depending on their age and family/whānau experiences.

The Cancer Society's booklet *Cancer in the Family* offers suggestions to help you talk with your child/children about cancer and is available here https://auckland-northland.cancernz.org.nz/cancer-information/living-with-cancer/cancer-in-the-family/.

Skylight is an organisation that offers support, information and counselling to young people experiencing loss and change. To get in touch with Skylight, phone **0800 299 100** or visit its website www.skylight.org.nz.

You might like to find the resource ‘Mummy’s lump’ to read to your children, see the books section on page (91).

> ***“The whānau go through the journey with us – we need to find ways to talk to them about it too.”***
> ***Janis***

Ka hāngai tō kōrero ki ō tamariki e pā ana ki tō mate, e ai ki tō rātou pakeketanga me tō hononga i te taha i a rātou. Me matua mōhio ngā tamariki katoa ka tiakina rātou nā te mea kāore e taea e koe i ngā wā katoa.

He rerekē te mōhio a tēnā tamaiti, a tēnā tamaiti ki tēnei mea te māuiui, e ai ki tō rātou pakeke, me ngā wheako a tō rātou whānau.

Ka whakarato whakaaro te puka a te kāhui matepukupuku, *cancer in the family* hei āwhina i a koe ki te kōrero ki ō tamariki mō te matepukupuku.

How families/whānau can help

As a friend or family/whānau member of someone who is diagnosed with breast cancer, you are also learning to cope with your own feelings and emotions. You may want to help but not know what to do. Here are some suggestions that may be useful.

- Learn about breast cancer and its treatment. This will help you to understand what the person you are supporting is coping with.
- Be thoughtful about offering advice. Listening while they talk or just being there with them, are good ways to show you care.
- Talk about your feelings together and be honest about what worries you.

- Offer to go to appointments with them. You can be there for support, take notes or, when appropriate, take part in the discussions.
- Respect that your family/whānau member or friend may want to talk to their treatment team alone.

> ***“Tell the men – just to take one step towards it. They find it hard to talk about what’s going on, but they don’t have to take the journey all at once.”***
> ***Joanne***

The Cancer Society offers a range of resources to support you. We suggest you read *Supporting Someone with Cancer* which is available on our website https://cancernz.org.nz/assets/Cancer-information/Supporting-someone-with-cancer-2/Website-PDF-Supporting-someone-DIGITAL.pdf

Pēhea āwhina ai te whanau

I roto i tō tū hei hoa, hei whānau rānei ki tētahi kua pāngia ki te matepukupuku o ngā ū, kei te ako anō hoki koe ki te whakarite i ōu ake kāre-ā-roto me o aronga nui. Tērā pea, ka hiahia koe ki te āwhina engari kāore koe e mōhio me aha. Anei ētahi whakaaro tērā pea ka āwhina:

- Me mārama koe ki te matepukupuku o ngā ū me ōna maimoatanga. Mā tēnei e āwhina i a koe kia mōhio ai koe ki ngā piki me ngā heke o te tangata e tautoko ana koe.
- Me ata whakaaro koe ki ngā tohutohu ka hoatu koe. Te whakarongo i te wā kei te kōrero rātou, te noho i tō rātou taha, ngā huarahi pai hei whakaatu i tō atawhai.
- Kōrero tahi mō o kōrua kāre-ā-roto, me pono tonu ki ngā mea e pēhi ana i a koe.
- Kōrero ki a rātou mō tō hiahia ki te whai i a rātou ki a rātou hui tirotirohanga. Ka āhei koe ki te tautoko i a rātou, tuhi i ngā kōrero, mēnā e tika ana - te whakauru ki roto i ngā kōrero.
- Me mārama, tērā pea ka hiahia kē tō hoa, tō whanaunga rānei ki te kōrero takitahi ki tō rātou kāhui tiaki.

Fear of cancer coming back

Feeling anxious and frightened about the cancer coming back (recurrence) is the most common fear for people after cancer, especially in the first year after treatment.

For some people, this fear may affect their ability to enjoy life and make plans for the future.

Many people who have had cancer say that, with time, they feel less anxious. You may feel more anxious at times like the anniversary of the day you were diagnosed, or hearing about cancer in the media.

> ***“Cancer will always leave a scar. The scars are internal, they’re emotional, they’re intellectual, and they are physical. The physical scars are probably the least of my worries. I found the emotional scars the hardest to cope with.”***
> ***Jill***

You may wonder how likely it is that your cancer will come back, or how long most people who have had your type of cancer live for. Your doctor is the best person to talk with about your situation, but they still won’t be able to tell you for sure what will happen. You may find this hard to accept and want someone to be able to give you definite answers. This is natural.

> ***“Make fear of recurrence a ‘back seat passenger’ in your life rather than letting it sit up front and annoy you all day and night. You can also book an appointment time for your recurrence fear, say 30 minutes a day. You can worry as much as you like during this time but after that you have to send it to the back seat and tell it to be quiet.”***
> ***Sue (GP)***

Ideas that might help with fears:

- talk to your treatment team or GP about how to recognise the difference between normal aches, pains, or sickness, and cancer symptoms
- attend your follow-up appointments, including routine mammograms
- join a support group online or locally
- make positive lifestyle changes
- focus on what you can control
- recognise signs of stress and anxiety and try mindfulness or talk to a counsellor
- try some creative expression of your fears through art or journaling.

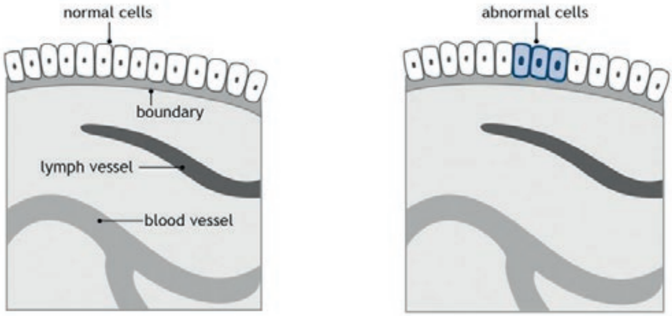
More questions you may want to ask

You might like to consider asking more questions about:

- how often your check-ups will be and what they will involve
- any problems you should watch out for
- when you will be able to return to work
- what you should tell your family/whānau
- the services that are available to support you and your family/whānau.

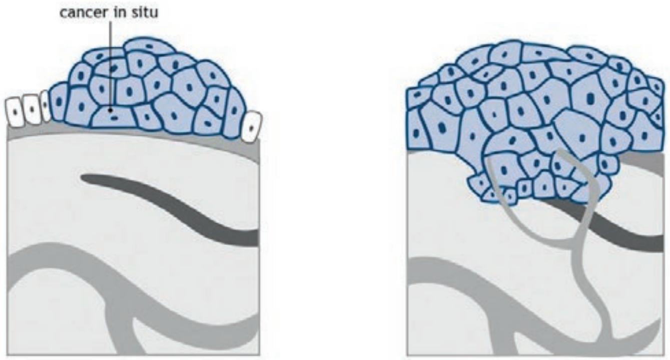
Appendix 1: What is cancer?

How cancer starts



1. Normal cells

2. Abnormal cells



3. Abnormal cells multiply

4. Malignant or invasive cancer

Cancer is a disease of the body's cells. It starts in our genes. Our bodies are constantly making new cells to allow us to grow, replace worn-out cells and heal damaged cells after an injury.

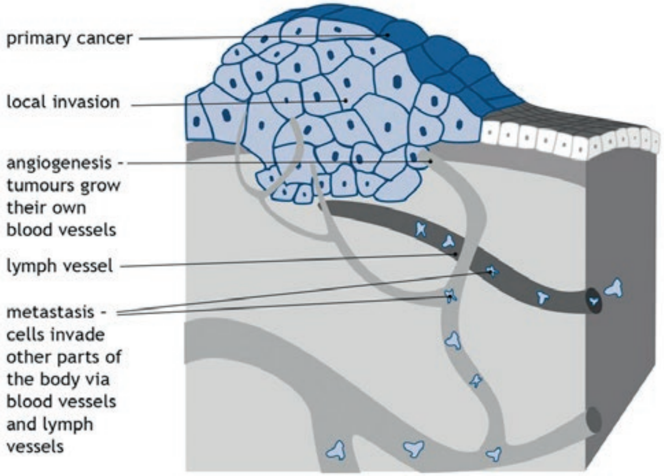
The process of making new cells is controlled by certain genes – the codes that tell our cells how to grow and behave. Cancer is caused by damage to these genes.

In a very small number of families/whānau, damaged genes may be passed through the generations. While these people have an increased risk of developing cancer, it does not mean they will definitely get cancer.

Tumours can be benign (not cancerous) or malignant (cancerous). Benign tumours do not spread to other parts of the body.

How cancer spreads

A malignant tumour is made up of cancer cells. When it first develops, the malignant tumour is usually confined to its original site. This is known as the primary site. Some tumours can become quite large within their organs of origin. With growth, the tumour may spread beyond the original organ boundaries and into surrounding tissues. This is called locally advanced cancer.



Sometimes cells move away from the original (primary) cancer through the bloodstream or **lymphatic system** and start to grow in other body organs. When these cells reach a new site they may form another lump or mass. This is called a *secondary cancer, advanced* cancer or *metastasis*. For example, breast cancer that has spread to the liver is called a liver **secondary** (or **metastasis**).

If the only place of spread is to nearby lymph nodes, this is called regional nodal spread. Your doctor will still refer to it as breast cancer even though it has spread to another part of your body.

Appendix 2: Suggested books and websites

Books

Dr Susan Love (2015) *'Dr Susan Love's Breast Book'* 6th edition, Da Capo Press, USA

Briony Jenkins, (2014) *How to Cope With Breast Cancer When You Have Children: Parenting for Breast Cancer Mums,* BCM Publishing

National Cancer Institute (2012) *When Cancer Returns: Support for people with cancer*. National Institutes of Health, U.S. Department of Health and Human Services. CreateSpace Independent Publishing

Forrest, G and Breast Cancer Care (2019) *Mummy's lump'* downloadable version: https://breastcancernow.org/information-support/publication/mummys-lump-bcc164

Websites

We suggest that you discuss any information you find with your treatment team.

You might like to begin with the Cancer Society's website **www.cancernz.org.nz**. For more information on using health websites and social media, see the Cancer Society's information sheet Using the internet for cancer information and support, available on our website.

Cancer Council Australia www.cancer.org.au

Breast Cancer Care (UK)
www.breastcancercare.org.uk/information-support

Macmillan Cancer Support (UK)
www.macmillan.org.uk/information-and-support/

Skylight (New Zealand) www.skylight.org.nz

Breast Cancer Aotearoa Coalition (New Zealand)
www.breastcancer.org.nz

BreastScreen Aotearoa
https://www.timetoscreen.nz/breast-screening

Breast Cancer Foundation
https://www.breastcancerfoundation.org.nz

Glossary (What this word means)

anaesthetic (general or local) – a medication to stop people feeling pain.

bone scan – a picture of the bones that can show cancers or metastasis.

cells – the ‘building blocks’ of the body.

CT scan – a scan done with X-rays to create a detailed image of the body and its organs.

cyst – a sac-like pocket of tissue that contains fluid, air, or other substances.

genes – nit of DNA able to pass on a single characteristic from parent to offspring.

glands – an organ or group of organs, that make and release hormones.

hormone replacement therapy – the use of the hormone oestrogen to replace the oestrogen that your ovaries no longer make after menopause.

Lymphatic system (lymph glands or nodes) – part of the immune system. It is a network of small vessels connected to lymph nodes, that help filter unwanted toxins and waste from the body.

malignant – a tumour that is cancerous and likely to spread if it is not treated.

MRI – a scan that uses magnetic resonance to detect abnormalities in the breasts, or of other body parts.

PET (positron emission tomography) scan – an imaging test to build up a detailed picture of the body to help show where cancer may be.

prosthesis – an artificial substitute for a missing part of the body such as a breast. It may help with balance and improve appearance.

sentinel node – this is the first lymph node to receive lymphatic drainage (and, potentially, cancer cells) from a tumour.

tissue – a collection of cells of a similar type.

tumour – a swelling or lump. Tumours can be benign (not cancerous) or malignant (cancerous).

ultrasound – sound waves of a very high frequency used to examine structures within the body.

Cancer Society information and support services

The Cancer Information Helpline is a Cancer Society phone line where you can talk about your concerns and needs with trained health professionals. Phone the Cancer Information Helpline **0800 CANCER (226 237)**.

Your local Cancer Society offers a range of services for people with cancer and their families/whānau. These may include:

- information and support
- volunteer drivers providing transport to treatment
- accommodation while you are having treatment away from home.

The range of services offered differs in each region, contact your local Cancer Society to find out what is available in your area.

Auckland/Northland

Domain Lodge
1 Boyle Crescent
Grafton
Auckland
09 308 0160

Daffodil House
73 Kamo Road
Kensington
Whangarei
09 437 559360

information@akcansoc.org.nz

Northland@akcansoc.org.nz

Waikato/Bay of Plenty

Divisional Office (Hamilton)
511 Grey Street
Hamilton
07 838 2027 or 0800 22 77 44
admin@cancersociety.org.nz

1235 Ranolf Street
Rotorua
07 349 4556 or 0800 22 77 44
rotorua@cancersociety.org.nz

111 Cameron Road
Tauranga
07 571 2035 or 0800 22 77 44
tauranga@cancersociety.org.nz

Central Districts

Young House (District office)
127 Ruahine Street
Palmerston North
06 356 5355

3 Koromiko Road
Whanganui
06 348 7402

TSB Cancer Support Centre
71 Lorna Street
Westown
New Plymouth
06 7573006

Morris Adair Building
Gisborne Hospital
Gisborne
06 867 1795

310 Orchard Road
Hastings
06 8767638

Addis House
135 Ruahine Street
Palmerston North
06 356355

Wellington

52-62 Riddiford Street
Wellington
04 389 8421

27 Kāpiti Road
Paraparaumu
04 298 8514

37 Te Ore Ore Road
Masterton
06 378 8039

102 Hardy Street
Nelson
03 539 1137

The Forum Building
Market Street
Blenheim
03 579 4379

info@cancersoc.org.nz

Canterbury-West Coast

97 Fitzgerald Avenue
Christchurch
03 379 5835

98 High Street
Greymouth
03 768 9557

32 Memorial Avenue
Timaru
03 688 0124

6B Kidman Street
Rolleston
03 925 9708

122 Kermode Street
Ashburton
03 307 7691

contact@cancercwc.org.nz
info@cancercwc.org.nz

Otago and Southland

283 Great King Street
Dunedin
(03) 477 7447
SupportiveCare@cansoc.org.nz

Waitaki District Community House
100 Thames Street
Oamaru
(03) 434 3284 or 027 674 4200

Arcade 84
5/37 Clyde Street
Balclutha
(03) 418 3916 or 027 277 7632

Alexandra Community House Office
14-20 Centennial Avenue
Alexandra
(03) 440 0754 or 027 580 0640

Wanaka Community House
40 McDougall Street
Wanaka

112B Aurum House
1092 Frankton Road
Queenstown
(03) 442 4281 or 027 536 0066

Southland
149 Spey Street
Invercargill
(03) 218 4108

National Office
39 The Terrace
WELLINGTON
04 494 7270
admin@cancer.org.nz

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Cancer Society

Te Kāhui Matepukupuku
o Aotearoa

www.cancernz.org.nz

ANY CANCER, ANY QUESTION

0800 CANCER (226 237)

Cancer Information Helpline

Time to screen

BreastScreen
Aotearoa

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