

THINK

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Potential Warning Signs for Breast Cancer

Breaking Down The Stages of Breast Cancer

Treatment Options For Breast Cancer Patients

Side Effects That May Arise during Breast Cancer Treatment

What to know about prophylactic mastectomy

Breast cancer is the most common cancer diagnosed in American women, and is the leading cause of cancer death in less developed countries, says the Breast Cancer Research Foundation. According to Susan G. Komen, **more than 680,000 breast cancer deaths occurred worldwide in 2020.**

Breast cancer affects the anatomy of the breasts and can often spread to the lymph nodes. While breast cancer can affect just about any woman (as well as men), certain women are at higher risk for developing breast cancer than others. Such women include those with a family history of breast cancer and/or the presence of genetic markers called BRCA1 or BRCA2 gene mutations, according to the Bedford Breast Institute. Those women have a lifetime risk of up to 87 percent for getting breast cancer and 53 percent for developing ovarian cancer. Other risk factors include the presence of dense breast tissue, exposure to radiation at an early age and having already had cancer in one breast.



What is prophylactic mastectomy?

In instances when breast cancer risk is particularly high, women may opt to undergo prophylactic mastectomy, also called preventative mastectomy. This is the surgical removal of one or both breasts with the intent to dramatically reduce the risk of developing breast cancer.

Rate of risk reduction

The Mayo Clinic says prophylactic mastectomy reduces the risk of developing breast cancer by 90 to 95 percent among women with BRCA gene mutations. It is roughly the same risk reduction for women who already have had breast cancer or have a strong family history of the disease and then have a breast removed. Studies indicate that preventative mastectomy of the unaffected breast (called contralateral prophylactic mastectomy) in cases when breast cancer occurred in the other breast, when no genetic mutations or hereditary risk factors are present, has little to no effect on overall survival rate. This is a surgery only for those with very high risk.

Why isn't risk reduced completely?

Not all breast tissue can be removed during a prophylactic mastectomy. That is because breast tissue can sometimes be found in the chest, armpit, skin, above the collarbone, or on the upper part of the abdominal wall, states the Mayo Clinic. It is impossible to remove all breast tissue cells during surgery. Although risk reduction is significant after mastectomy, that risk cannot be eliminated entirely.

Risks associated with prophylactic mastectomy

There are some risks associated with prophylactic mastectomy, both during the procedure and afterwards. BreastCancer.org says bleeding or infection, fluid collecting under the scar, delayed wound healing, scar tissue formation, loss of sensation in the chest, and complications while being put under anesthesia are all possible. Women are urged to carefully consider the pros and cons before opting for the surgery.

Alternatives

Prophylactic mastectomy is only one option for women at high risk for developing breast cancer. Some alternatives include:

- Ultrasounds, physical exams, and mammograms every three to six months for the rest of the patient's life.
- Medication that can reduce risk of developing breast cancer.
- MRIs in addition to mammograms.
- Surgery to remove the ovaries, which can decrease both the risk of breast and ovarian cancers. It may reduce breast cancer risk by up to 50 percent if performed before age 50. Breast cancer risk is higher in some individuals, which may prompt discussions about prophylactic mastectomies.



A mammogram is an x-ray that allows a qualified specialist to examine the breast tissue for any suspicious areas.

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The link between diet and breast cancer

Cancer is an insidious disease that affects just about every part of the body, including the breasts. The World Cancer Research Fund International indicates there were more than 2.26 million new cases of breast cancer in women in 2020.

Women understandably want to learn what they can do to reduce their risk of developing breast cancer. One of the first considerations may be analyzing diet and determining if it is affecting breast cancer risk.

A variety of factors affect a woman's risk for developing breast cancer, and certain lifestyle choices, including diet, can play a role. However, according to Healthline, the risk factors with the biggest impact include sex, age and genetics. Lifestyle can influence breast cancer risk but not at the same levels as genetic markers, family history, gender, or age. However, women interested in doing all they can to stay healthy may want to take a closer look at the foods and beverages that can adversely affect breast cancer risk.

Healthy diet

Healthy food choices are linked to lower incidences of cancer and other conditions. Susan G. Komen states that eating plenty of fruits and vegetables may be linked to a lower risk of developing breast cancer. A pooled analysis of data from 20 studies found women who ate the most vegetables had a lower risk of estrogen receptor-negative breast cancer (but not estrogen receptor-positive breast cancer) compared to women who ate the least vegetables, according to a 2013 report published in the Journal of the National Cancer Institute. And it doesn't really matter if produce is organic or not. According to the American Cancer Society, the benefits of eating fresh fruits and vegetables outweigh any health risks linked to pesticide residue.

The complex relationship between fat, sugar and cancer

Though a single food will not lead to higher breast cancer risk, overeating and putting on excess weight can increase risk. That is why it is essential to get plenty of exercise each week and monitor calorie consumption. While women who are in their reproductive years may not see as much breast cancer risk from being overweight or obese, after menopause, that risk increases, says Susan G. Komen. The risk is not directly related to fatty foods, however. The American Cancer Society says an examination of the amount of fat eaten by women in the United States found no link between fat and breast cancer risk.

In addition, while consuming too much sugar may not be healthy in the long run, it's a myth that "sugar feeds cancer." Eating sugar may lead to weight gain, which may increase the risk of breast cancer, says the ACS.



Alcohol consumption

One component of diet that has been studied extensively is the effects of alcoholic beverages on breast cancer risk. Susan G. Komen reports that a pooled analysis of data from 53 studies found women who had two to three alcoholic drinks per day had a 20 percent higher risk of breast cancer compared to those who didn't drink alcohol. Alcohol should be limited to one drink per day for the average woman, or none at all, if possible.

Diet is only one factor in the risk for developing breast cancer. While important, there are other components that increase risk by a more significant margin.



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How to discuss a cancer diagnosis with your employer



It's not uncommon for people to experience a range of emotions upon being diagnosed with cancer. Fear, sadness and even confusion are just a few of the feelings people may experience after receiving a cancer diagnosis. Eventually, those emotions tend to settle down, even if the questions about living with cancer are just beginning.

Once the initial emotional whirlwind calms, adults recently diagnosed with cancer may wonder how to go about their daily lives. That includes what to do about work. Sharing a cancer diagnosis with anyone can be difficult, and some people may be nervous about revealing a diagnosis to their employer. Fears about how employers will react and the ramifications treatment could have on their careers may concern cancer patients. In recognition of that difficulty, the Cancer Treatment Centers of America offer these suggestions about sharing a cancer diagnosis with an employer.

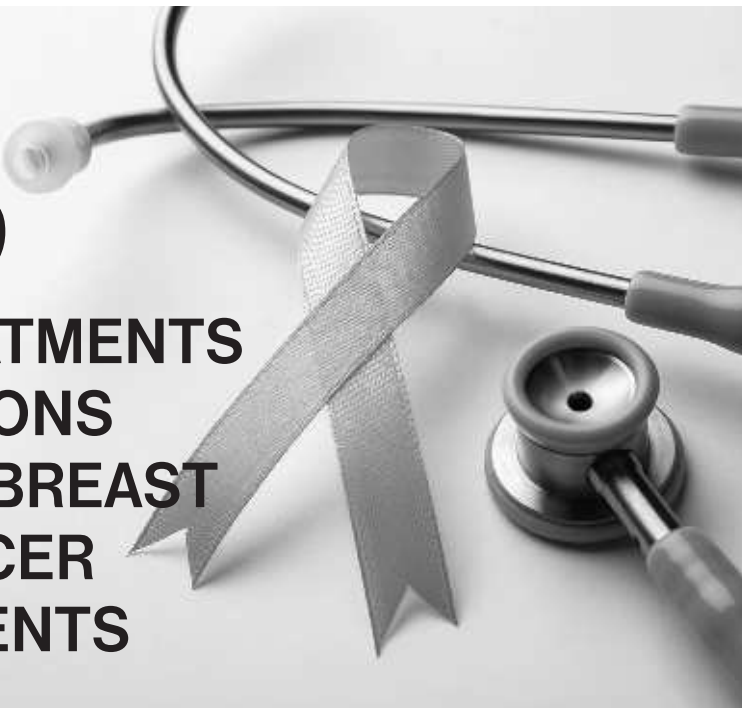
- **Be direct with your boss.** The CTCA recommends cancer patients find a private setting to share their diagnosis with their bosses directly. Bosses should not have to hear the news through a secondhand source like social media or a coworker. Speaking to your boss directly can open lines of communication regarding expectations and how to confront the challenges that could arise down the road.
- **Work with your human resources department.** Human resources professionals can help cancer patients learn about programs the company may offer and the resources at their disposal as they navigate this sudden change in their lives. HR professionals also can offer insight into how the company has dealt with cancer diagnoses in the past, including information on flexible working arrangements, such as reduced hours or remote working options.
- **Discuss how to share the news.** Once your boss and HR department has been notified, seek their input regarding how to break the news to your colleagues. If you routinely work with people across multiple departments, it may be best to inform everyone through email, as it can be exhausting to break the news to each colleague individually. But it's also alright if you prefer to keep the diagnosis under wraps. In the latter case, it might still be wise to inform those you work with closely each day, as that can help them prepare for increased responsibilities as your treatment progresses and potentially makes it hard for you to continue working full-time. When discussing how to share the news with an HR department, be specific about how much you want to share, as you may only feel comfortable discussing details of your diagnosis with certain coworkers, such as your boss.
- **Be willing to accept help.** It's easy for cancer patients to feel like they're suddenly seen as charity cases upon sharing their diagnosis with an employer and their colleagues. But offers to help come from a good place, and patients would likely offer to help if the shoe was on the other foot and a colleague revealed a cancer diagnosis. It's alright to tell people willing to help that you'll let them know if you need anything if and when a difficult situation arises. In the meantime, thank them for their kindness and prepare to lighten your professional load as treatment begins.

Sharing a cancer diagnosis with an employer and professional colleagues can be challenging. But working directly with a boss and HR professional can ensure the process goes smoothly.

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TREATMENTS OPTIONS FOR BREAST CANCER PATIENTS



Millions of women worldwide are diagnosed with breast cancer each year. Such a diagnosis is never welcome, but women should know that survival rates have improved dramatically in recent decades. In fact, the World Health Organization reports that, by the end of 2020, nearly eight million women were living despite having been diagnosed with breast cancer at some point in the previous half decade.

One of the reasons for the improved survival rates is the efficacy of various treatments. The National Breast Cancer Foundation, Inc.® notes that doctors have various options to treat breast cancer, and they often devise treatment plans that include some combination of treatments. Though no one wants to imagine receiving a breast cancer diagnosis, understanding the potential treatments for the disease can help women and their families be more prepared should that day ever arrive. The following are three treatment options physicians may discuss with women as they begin devising ways to overcome the disease.

1. Chemotherapy

Chemotherapy is used to treat various cancers, including breast cancer. Chemotherapy employs various drugs to destroy cancer cells or slow their growth. The drugs administered during chemotherapy are known as cytotoxic drugs and may be administered orally or intravenously. The NBCF notes that chemotherapy is offered to most patients, though doctors will consider a host of variables before deciding if chemotherapy is right for a given patient. Those variables include the type of tumor, its grade and its size.

2. Radiation therapy

During radiation treatments, high energy rays are used to kill cancer cells. Only cells in the part of the body that is being treated with radiation are affected, so patients needn't worry that other parts of their body will be hit with radiation. The NBCF reports that patients diagnosed with Stage 0 (DCIS) and most diagnosed with Stage 1 invasive cancer or higher can expect doctors to prescribe radiation therapy. Women who have

had a lumpectomy also are likely to be prescribed radiation. Two main kinds of radiation are generally considered for breast cancer patients. External beam breast cancer radiation treatment delivers cancer-killing rays through a large machine. Internal breast cancer radiation is a newer treatment that injects radioactive cancer-killing treatments into the affected area.

3. Targeted therapy

The NBCF reports that targeted therapy is commonly used in combination with traditional chemotherapy. Targeted therapy attacks specific breast cancer cells without harming normal cells, which is why it tends to produce less severe side effects than chemotherapy treatments. Targeted therapy employs drugs to block the growth of cancer cells in very specific ways. One example cited by the NBCF is the drug Trastuzumab, or Herceptin®, which is given to women whose breast tumors have too much of the abnormal protein HER2. Though the side effects of targeted therapies tend to be less severe, women may still experience issues like fever and chills, nausea, headaches, and other symptoms after drugs have been administered.

Expanding breast cancer treatments have done much to improve survival rates for patients. Women diagnosed with the disease are urged to play an active role in their treatments and ask any questions they might have before, during and after being treated.



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7 WAYS TO REDUCE BREAST CANCER RISK

Many women are concerned about the potential for developing breast cancer in their lifetimes. Breast cancer is the second-most common cancer among women in the United States and Canada. Despite that prevalence, there are ways for women to reduce their risk for breast cancer. While it is impossible to change family history or genetic markers like gene mutations that increase breast cancer risk, the following are seven ways women can lower their risk.

1. Exercise regularly and maintain a healthy weight.

Physical activity and monitoring calories can keep weight in check. The Mayo Clinic recommends at least 150 minutes per week of moderate aerobic activity or 75 minutes per week of vigorous aerobic activity. Strength training at least twice a week also is recommended. Being overweight or obese increases a woman's risk for breast cancer.

2. Consume a healthy diet.

The link between diet and breast cancer risk is still being studied. However, research suggests that a diet high in vegetables and fruit, and calcium-rich dairy products, but low in red and processed meats may lower breast cancer risk.

3. Avoid or limit alcohol consumptions.

Alcohol increases risk of breast cancer, even in small amounts. For those who drink, no more than one alcoholic drink a day should be the limit. The more a woman drinks, the greater her risk of developing breast cancer, states the Mayo Clinic.

4. Undergo genetic counseling and testing.

Women concerned about a genetic connection or family history of breast cancer can speak to their doctor about testing and counseling that could help them reduce their risk. Preventive medicines and surgeries might help those at elevated risk for breast cancer.

5. Limit hormone therapy.

Combination hormone replacement therapy for postmenopausal women may increase risk of breast cancer, indicates the Centers for Disease Control and Prevention. Similarly, taking oral contraceptives during reproductive years may increase risk. Women can speak with their physicians to weigh the pros and cons of taking such hormones.

6. Breastfeed children, if possible.

Breastfeeding has been linked to reducing a woman's risk of developing breast cancer.

7. Learn to detect breast cancer.

Women should get to know their bodies so they can determine if something is awry as early as possible. Early detection of breast cancer increases the chances that treatment will prove successful.

Women can embrace various strategies to reduce their risk of developing breast cancer.

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Family history increases risk for breast cancer



Millions of people across the globe will be diagnosed with breast cancer this year. In fact, only certain skin cancers affect more women than breast cancer within the United States and Canada.

Belgium, The Netherlands and Luxembourg had the highest number of breast cancer cases in 2020, while Barbados and Fiji had the greatest number of deaths attributed to the disease. Some of these high case numbers may be attributed to women with family histories of breast cancer —

something that increases risk significantly.

BreastCancer.org indicates that women with close relatives who have had breast cancer, such as sisters, mothers or grandmothers, are at considerably higher risk of developing breast cancer themselves. Also, breast cancer may occur at a younger age in women with family histories of the disease.

Understanding breast cancer risk is vital for women's health. The following breakdown, courtesy of the Centers for Disease Control and Prevention, can help women from all backgrounds understand their risk for breast cancer.

No first- or second-degree relatives with breast or ovarian cancer, or one second-degree female relative with breast cancer (in one breast only) diagnosed after age 50.

This is a somewhat higher risk that may not turn into breast cancer. It occurs when there is one or two first-degree or two second-degree female relatives with breast cancer (in one breast only), with both relatives diagnosed after age 50; otherwise, one or two first- or second-degree relatives with high grade prostate cancer.

Women with strong risks have much higher chances of developing breast cancer than the general population. Conditions like having one or more first- or second-degree relatives with breast cancer diagnosed at age 45 or younger, triple negative breast cancer, primary cancer of both breasts, and both breast and ovarian cancer in the same relative are warning signs of increased risk.

It's important for women with increased risk for breast cancer due to family history to discuss options with their doctors. More frequent mammograms and other screening tests may be recommended, and screening at younger ages than the standard age also may be considered. Women who are at high risk may be urged to undergo genetic counseling and testing for hereditary breast and ovarian cancer markers.

Breast cancer can be an especially scary prospect for women with family histories of the disease. By familiarizing themselves with their risks for breast cancer, women can take the necessary steps to protect their long-term health.

The World Cancer Research Fund International says breast cancer is the most commonly diagnosed cancer in women across the globe.

Does breast cancer run in families?

No woman is immune to breast cancer. However, some women with extensive family histories of the disease may wonder if they're more vulnerable to breast cancer than those without such a link. According to the Centers for Disease Control and Prevention, roughly 3 percent of breast cancers result from inherited mutations in the BRCA1 and BRCA2 genes that are passed on in families. Inherited mutations in other genes also can cause breast cancer (as well as ovarian cancer), but BRCA1 and BRCA2 are the most commonly affected genes. And it's not just women who can inherit these mutations. Though men account for only a small percentage of breast cancer patients, they can get the disease, and those who inherit mutations in BRCA1 and BRCA2 are more likely to develop breast cancer than other men. The CDC notes that not everyone who inherits a BRCA1, BRCA2 or other mutation will develop breast cancer, and women with such mutations can take steps to help lower their risk for the disease. Doctors can discuss those steps with women, but they may include genetic counseling and testing. The CDC also notes that, even in instances when counseling and testing is not ultimately recommended by a physician, women should consider talking to their doctors about starting mammography screening in their 40s. That's earlier than some organizations recommend, though physicians may feel it's worth it depending on the individual.

How to support loved ones who have breast cancer

Efforts to educate women about breast cancer have helped raise awareness of the disease and just how treatable it is when detected early. Despite that, a diagnosis can still be difficult for women and their families. When someone close to you is affected by breast cancer, priorities suddenly change and you may be wondering what you can do to provide the support needed to help this person navigate any ups and downs that could be on the horizon.



A breast cancer diagnosis does not produce a uniform response. While one loved one may embrace others wanting to help, another may feel she is a burden and exhibit an unwillingness to accept help. In the latter instance, being a supportive bystander may require walking on eggshells. Even still, there are some universal ways to lend support when a friend or a loved one has been diagnosed with cancer.

- **Offer practical support.**

Cancer affects the body in a number of ways. Energy levels may wane and certain symptoms may arise. Side effects from treatments also can make it difficult to continue with daily tasks. So an offer to help with tasks associated with daily living, such as cooking meals, gardening, washing clothes, or cleaning up around the house, can be practical and much appreciated. Approach the individual and ask questions in pointed ways. Rather than, "What can I do to help?", which may result in an answer of, "Nothing," figure out a way to pitch in and then ask if that would be acceptable. This may be, "Would you like me to run to the supermarket for you today?"

- **Offer emotional support.**

Someone with breast cancer may just need a person who can be there and listen. A hug, a nod of understanding or even a companion who can chat and take the person's mind off the cancer can be immensely helpful. Keep in mind that emotions may change on a dime, and some emotions may be directed at support systems. While it can feel hurtful, remember the real reason for any outburst is the disease. Patience is needed at all times. Continued on next page.

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- **Learn what you can about breast cancer.**

Research the type of cancer your loved one has, which may make it easier to understand what to expect. If the person is amenable, you may consider accompanying her to appointments to hear firsthand about the next steps in her treatment and recovery.

- **Maintain a positive attitude.**

It's never easy knowing someone you love is sick. They are going through their own emotional roller coaster, and support systems can lift their spirits by maintaining positive attitudes. Avoid wearing rose-colored glasses, but try to remain as upbeat as possible.

- **Find a support group.**

Professional support groups are great resources for coping with a cancer journey. Supporting a person with cancer takes its own unique toll, particularly when caring for a spouse, child or mother with breast cancer. Support groups for support networks can be helpful. Individuals diagnosed with breast cancer may need a little extra love and support. It's up to caregivers and friends to step up and provide what is needed.

Potential warning signs for breast cancer

Women are urged to report any abnormalities in their breasts to a physician immediately.



Breast cancer is the most commonly occurring cancer in women across the globe. According to the World Cancer Research Fund International, there are more than 2.26 million new cases of breast cancer in women in 2020. Such figures are sobering, but it's important to recognize that breast cancer survival rates have improved dramatically in recent decades, providing hope to the millions of women who may be diagnosed with the disease in the years to come.

Various factors have helped to improve breast cancer survival rates, and education about the disease is certainly among them. Women are their own greatest allies against breast cancer, and learning to spot its signs and symptoms is a great first step in the fight against this potentially deadly, yet treatable disease.

Knowing your body

The American Cancer Society urges women to take note of how their breasts normally look and feel. That knowledge is vital because it helps women recognize when something does not look or feel good to the touch with their breasts. Screening alone may not be sufficient, as the ACS notes that mammograms do not find every breast cancer.

Signs and symptoms

When women are well acquainted with how their breasts look and feel, they're in better position to recognize any abnormalities, which may or may not be indicative of breast cancer.

- **A new lump or mass:**

The ACS indicates that this is the most common symptom of breast cancer. A lump or mass that is cancerous is often painless, but hard and has irregular edges. However, lumps caused by breast cancer also can be soft, round and tender. Some even cause pain.

- **Swelling:**

Some women experience swelling of all or part of a breast even if they don't detect a lump.

- **Dimpling:**

The skin on the breast may dimple. When this occurs, the skin on the breast sometimes mimics the look of an orange peel.

- **Pain:**

Pain on the breast or nipple could indicate breast cancer.

- **Retraction:**

Some women with breast cancer experience retraction, which occurs when the nipple turns inward.

- **Skin abnormalities:**

Breast cancer may cause the skin on the breast to redden, dry out, flake, or thicken.

- **Swollen lymph nodes:**

Some women with breast cancer experience swelling of the lymph nodes under the arm or near the collarbone. The presence of any of these symptoms merits a trip to the doctor. Women with these symptoms should not immediately assume they have breast cancer, as the ACS notes that various symptoms of breast cancer also are indicative of noncancerous conditions that affect the breasts. Only a physician can diagnose breast cancer, which underscores the importance of reporting symptoms to a doctor immediately.

How ethnicity affects breast cancer risk



No one is immune to breast cancer. Even men can be diagnosed with breast cancer, though the threat of the disease looms much larger for women. In fact, the World Cancer Research Fund International reports that breast cancer is the most commonly occurring cancer in women across the globe. However, the World Health Organization indicates that, as of the end of 2020, roughly 7.8 million women who had been diagnosed with breast cancer in the previous five years were alive. So while no woman wants to receive a breast cancer diagnosis, millions of

women worldwide are living testaments to the effectiveness of treatments for the disease.

There are various things women can do to increase their chances of surviving a breast cancer diagnosis. Recognizing one's own risk of developing the disease is especially important, as it may compel women to prioritize screening and make changes that could reduce their cancer risk.

There are many risk factors for breast cancer, and ethnicity is one of them. Data from the National Cancer Institute and the American Cancer Society indicates that breast cancer rates and survival rates differ among ethnic groups. Though the relationship between ethnicity and breast cancer is complicated and intertwined with other risk factors, data from the NCI and ACS indicates that incidence and death rates are higher among certain ethnic groups than others.

The MD Anderson Cancer Center notes that socioeconomic factors such as education and income level and access to medical screening and services undoubtedly affect incidence and death rates among different ethnicities. But other factors, such as cultural practices and beliefs within certain ethnic groups, also affect those rates. Women concerned about breast cancer are urged to prioritize screening for the disease and discuss factors such as diet, physical activity and cultural practices to determine if there's anything they can do to lower their cancer risk.

Highest incidence rate:

White, non-Hispanic

Lowest incidence rate:

Korean American

Highest death rate:

African American

Lowest death rate:

Chinese American



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Breaking down the stages of breast cancer



Once a person is diagnosed with cancer, his or her physician will try to determine how far the illness has progressed, including whether or not it has spread to other areas of the body. This effort is known as “staging.” Each cancer has its unique staging characteristics, and breast cancer is no different.

The stage of the cancer ultimately refers to how much cancer is present in the body, indicates the American Cancer Society. Doctors treating breast cancer adhere to the TNM staging system, which is overseen by the American Joint Committee on Cancer. This staging uses both clinical and pathological (surgical) systems for breast cancer staging. Pathological staging may be more accurate because it examines tissues taken during surgery or a biopsy.



T categories

T in the staging system refers to the tumor’s size and whether it has spread to the skin or chest wall under the breast. Higher numbers refer to larger tumors and greater spread.

TX: A primary tumor cannot be assessed.

T0: No evidence of primary tumor.

T1: Tumor is 2 centimeters (cm) or less across.

T2: Tumor is more than 2 cm but not more than 5 cm across.

T3: Tumor is more than 5 cm across.

T4: Tumor is of any size growing into the chest wall or skin.

N categories

N in the staging system identifies if the cancer has spread to the lymph nodes near the breast, and if so, how many.

NX: Nearby lymph nodes cannot be assessed, which can happen if they were previously removed.

N0: Cancer has not spread to nearby lymph nodes.

N1: Cancer has spread to one to three axillary (underarm) lymph node(s), and/or cancer is found in internal mammary lymph nodes (those near the breast bone) on a sentinel lymph node biopsy.

N2: Cancer has spread to four to nine lymph nodes under the arm. One or more area of cancer spread is larger than 2 millimeters (mm).

N3: Cancer has spread to any of the following: 10 or more axillary lymph nodes with area of cancer spread greater than 2 mm; to lymph nodes under the collarbone, with at least one area of cancer spread greater than 2 mm; cancer found in at least one axillary lymph node (with at least one area of cancer spread greater than 2 mm) and has enlarged the internal mammary lymph nodes; cancer in four or more axillary lymph nodes (with at least one area of cancer spread greater than 2 mm), and to the internal mammary lymph nodes on a sentinel lymph node biopsy; to the lymph nodes above the collarbone on the same side of the cancer with at least one area of cancer spread greater than 2 mm.

M categories


M indicates if the cancer has spread to distant organs.

M0: No distant spread is present on X-rays or other imaging and physical tests.

M1: Cancer has spread to other organs, notably the brain, bones, liver or lungs as determined by a biopsy or testing.

Note that this staging system also uses substages within each category, which further breaks down breast cancer staging into more characteristics and combinations. The ACS says there are so many possibilities that can go into staging that two women at the same breast cancer stage may have different experiences.

Any sign of an abnormality in the breast or body merits a consultation with a doctor, who can determine if breast cancer is present. Lower numbers on staging are desired, and can be achieved by catching breast cancer early.



Side effects that may arise during breast cancer treatment

Navigating cancer treatment is a challenge unlike any other. Medical professionals often advise cancer patients to lean on their support systems during treatment, and heeding that advice can make it easier to manage the ups and downs that can arise when being treated for cancer. In addition to building a strong and trustworthy support system, individuals diagnosed with breast cancer can study up on what to expect

during treatment. Side effects of treatment may differ depending on the treatment plan devised by women's cancer care teams. Such plans are not uniform, and the National Breast Cancer Foundation, Inc.® notes that treatments often include a combination of therapies, including chemotherapy and radiation. In addition, no two women are the same, so they may respond differently to similar treatment plans than others have in the past. Despite the differences between treatment plans and patients, Johns Hopkins Medicine notes that women may experience an assortment of side effects, including:

- Fatigue
- Headaches
- Pain and numbness: The pain and numbness associated with breast cancer treatment is potentially linked to peripheral neuropathy, an umbrella term that the National Institute of Neurological Disorders and Stroke says refers to the many conditions that involve damage to the peripheral nervous system. The NINDS notes that this connection is due to certain chemotherapy drugs and not all patients will develop the pain and numbness associated with peripheral neuropathy.
- Dental issues: Among the potential dental issues that can arise during breast cancer treatment are mucositis (severe inflammation of the mouth), an increased risk for oral infections, difficulty swallowing, and pain that feels like a significant toothache, among others.
- Lymphedema: Lymphedema is swelling in an arm or leg that the Mayo Clinic notes can be caused by cancer treatments that remove or damage the lymph nodes.
- Musculoskeletal symptoms: Issues such as myalgia and muscle stiffness have been reported in a high percentage of patients who underwent aromatase inhibitor therapy for breast cancer.
- Bone loss and osteoporosis
- Heart problems: Breastcancer.org indicates that various types of treatment, including chemotherapy and targeted therapies, have been found to affect the heart, blood vessels and immune system, potentially increasing the risk for heart attack, stroke and heart failure.
- New cancers
- Cataracts
- Blood clots
- Absence of menstrual periods
- Menopausal symptoms
- Sexual difficulties: WebMD notes that a lack of sex drive, vaginal dryness and pain during intercourse are some of the sexual difficulties that can arise during breast cancer treatment.
- Infertility
- Concerns about memory loss and cognitive function, which is sometimes referred to as "chemo brain" Side effects vary during breast cancer treatment. Some women may not experience anything more than minor issues during treatment. But women are urged to discuss side effects with their cancer care teams and seek guidance about how to alleviate or overcome any symptoms that adversely affect their quality of life.



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